GINGIVAL ABRASION FOR CORRECTION OF INTRAORAL RACIAL HYPERPIGMENTATION (A Clinical Study)

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ABSTRACT

This study was made to evaluate clinically the modified abrasion technique (Gingivabrasion) in management of intraoral ugly looking hyperpigmentation. 15 patients complaining of the racial hyperpigmentation in the anterior part of the mouth (attached gingiva) were selected for this study. The pigmented areas were abraded using number 8 round carbide bur in a low speed under local analgesia. Care was taken to extend the abrasion into normal epithelium, to reach the maximum depth without mutilating the periosteum and to abrade any remnants of retained pigmentation in the early days of follow up. Follow-up continued for a year. Eleven patients attended regularly till the end of the follow up period. No repigmentation was seen except for a few pigmented spots in two cases during the third postoperative month where one case was reabraded and the other was satisfied with the result. Gingivabrasion is a simple surgical technique that solves the problem of ugly looking mouth especially in the anterior region supported by the alveolar bone. Experimental studies of longer duration accompanied by histologic evaluation are being investigated.

INTRODUCTION

Racial intraoral hyperpigmentation is especially seen in dark-skinned people, due to melanin deposition either along the basal layer of the epithelium or in the upper most lamina propria^(5,6, 10,12).

Both lightly and darkly pigmented individuals have the same number of melanocytes in any given region of skin or oral mucosa; colour differences result from the relative activity of the melanocytes in producing melanin and from the rate at which melanosomes are broken down in the keratinocytes⁽³⁻¹¹⁾. Extensive melanin pigmentation of the attached gingiva causes embarrassment to sufferers. The psychogenic impact of this ugly looking gingiva forced many patients to seek for treatment^(4,9).

The different modalities used in cosmetic skin surgery (dermabrasions) have been tried intraorally, especially for removal of intraoral pigmentation with varying rates of success. These methods included, phenol peeling, abrasion using diamond stones, cryosurgery, LASER and autografting after excising the pigmented mucosa^(1,2,4,7, 8,9,13).

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