

**Restoring Smiles the Perio-Prosthodontic Way**

<sup>1</sup>Lt Colonel (Dr) Karam Jeet Singh Jaiswal, MO (Dental), Periodontist. BDS, MDS, MBA, PHC J/Beri, HP Health Dept

<sup>2</sup>Dr. Md Asaraf. K, Senior Lecturer, Department of Prosthodontics and Crown and Bridge and Implantologist, Indira Gandhi Institute of Dental Science, Sri Balaji Vidyapeeth, Pondicherry

<sup>3</sup>Dr. D. Navin Kumar, MDS, Periodontology, Ragas Dental College and Hospital, Chennai

<sup>4</sup>Dr Nandita K, Consultant Periodontist and Oral Implantologist

<sup>5</sup>Dr. G. Siva Jyoti, MDS 3<sup>rd</sup> year, G.pulla Reddy Dental College and Hospital, Kurnool

<sup>6</sup>Dr. Hosuru Swetha, MDS 3<sup>rd</sup> year, G.pulla Reddy Dental College and Hospital, Kurnool

**Corresponding Author:** Lt Colonel (Dr) Karam Jeet Singh Jaiswal, MO (Dental), Periodontist. BDS, MDS, MBA, PHC J/Beri, HP Health Dept

**Citation of this Article:** Lt Colonel (Dr) Karam Jeet Singh Jaiswal, Dr. Md Asaraf. K, Dr. D. Navin Kumar, Dr Nandita K, Dr. G. Siva Jyoti, Dr. Hosuru Swetha, “Restoring Smiles the Perio-Prosthodontic Way”, IJDSIR- April – 2025, Volume – 8, Issue – 2, P. No. 70 – 74.

**Copyright:** © 2025, Lt Colonel (Dr) Karam Jeet Singh Jaiswal, et al. This is an open access journal and article distributed under the terms of the creative common’s attribution non-commercial License. Which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given, and the new creations are licensed under the identical terms.

**Type of Publication:** Original Research Article

**Conflicts of Interest:** Nil

**Abstract**

**Background:** The interdisciplinary synergy between Periodontology and Prosthodontics, often referred to as the “Perio-Prosthodontic” approach, is pivotal in achieving optimal functional and esthetic dental rehabilitation. This collaborative treatment modality plays a crucial role in managing complex restorative cases that involve both periodontal and prosthetic challenges.

**Objective:** This review aims to elucidate the significance of integrating periodontal and prosthodontic therapies, highlighting how this combined approach leads to superior clinical outcomes in terms of esthetics, function, and long-term stability.

**Methods:** A comprehensive review of the literature was conducted, encompassing clinical studies, case reports, and expert consensus guidelines published between 2000 and 2024. Emphasis was placed on evidence-based protocols, treatment planning, and clinical outcomes related to Perio-Prosthodontic collaboration.

**Results:** Successful smile rehabilitation requires addressing periodontal health, biologic width, gingival contours, and osseous architecture in tandem with prosthetic planning. A synergistic approach improves esthetics, minimizes biologic complications, and enhances patient satisfaction.

**Conclusion:** The Perio-Prosthodontic approach is indispensable in managing patients with compromised

periodontal support, missing teeth, or esthetic concerns. Interdisciplinary coordination leads to predictable and harmonious outcomes, ultimately restoring smiles both structurally and esthetically.

**Keywords:** Perio-Prosthodontic approach; interdisciplinary dentistry; periodontal therapy; prosthodontics; smile rehabilitation; biologic width; esthetic dentistry; periodontal-prosthetic synergy

## **Introduction**

Restorative dentistry has evolved from merely replacing lost structures to achieving harmonious function and esthetics that blend seamlessly with natural dentition. In complex cases, where periodontal support is compromised or the gingival esthetics are a concern, an interdisciplinary approach is essential. The integration of Periodontology and Prosthodontics—termed the “Perio-Prosthodontic” way—bridges the gap between soft tissue management and prosthetic design.<sup>1</sup>

The foundations of a lasting prosthetic restoration lie in healthy periodontal structures. Ignoring periodontal principles during restorative procedures may lead to gingival inflammation, recession, or prosthetic failure. On the other hand, considering prosthetic needs during periodontal treatment ensures that the final outcomes are not just biologically sound, but also functionally efficient and esthetically pleasing.<sup>2,3</sup>

This article explores the Perio-Prosthodontic synergy, reviewing treatment protocols, clinical considerations, and future directions that optimize restorative success.

## **Discussion**

### **1. Biologic Width and Prosthetic Margins<sup>4,5</sup>**

Biologic width—the dimension of space occupied by the junctional epithelium and connective tissue attachment—is vital in periodontal health. In prosthodontics, violation of this zone due to subgingival

crown margins can lead to chronic inflammation and attachment loss.

Periodontal crown lengthening procedures, including gingivectomy and osseous recontouring, help create adequate space for prosthetic margins without impinging on biologic width. These procedures also enhance crown retention and improve the gingival esthetic contour.

### **2. Gingival Contour and Smile Design<sup>6,7</sup>**

Gingival esthetics are as important as tooth form in smile design. Discrepancies in gingival zenith, asymmetrical contours, or altered passive eruption can significantly impair the smile’s appeal. Periodontal plastic surgeries like gingival reshaping, connective tissue grafting, and root coverage procedures lay the groundwork for aesthetically aligned prosthetics.

### **3. Management of Tooth Loss: Implant-Supported Prostheses<sup>8</sup>**

The role of periodontists in preparing the site for prosthetic implants is critical. From extraction socket preservation to ridge augmentation, periodontal surgeries directly impact the esthetics and longevity of implant-supported restorations. Proper soft tissue conditioning ensures a natural emergence profile and healthy peri-implant mucosa.

### **4. Tooth Mobility and Splinting<sup>9</sup>**

Periodontally compromised teeth with mobility can be preserved using prosthodontic splints. Fixed partial dentures or fiber-reinforced composite splints, designed with a periodontal perspective, distribute occlusal forces and stabilize teeth while maintaining esthetics.

### **5. Occlusal Considerations<sup>10</sup>**

Occlusion plays a critical role in the maintenance of periodontal health. Traumatic occlusion can exacerbate periodontal destruction, leading to tooth migration or prosthetic failure. Thus, prosthodontic rehabilitation

must include occlusal correction and periodontal splinting strategies.

6. Case Selection and Interdisciplinary Planning <sup>11</sup>

Every smile rehabilitation case begins with diagnosis and planning. Coordinated efforts between periodontists

and prosthodontists include diagnostic wax-ups, surgical templates, and mock-ups to visualize the final outcome. Periodontal parameters such as probing depth, mobility, and bone level should guide prosthetic design, material selection, and margin placement.

Table 1: Comparison of Key Periodontal and Prosthodontic Considerations in Smile Rehabilitation <sup>12</sup>

Parameter	Periodontal Consideration	Prosthodontic Consideration
Biologic Width	Maintain 2–3 mm for healthy attachment	Avoid subgingival margins violating biologic width
Gingival Contours	Perform reshaping, grafting, or crown lengthening as needed	Design prosthesis with ideal emergence profile
Tooth Mobility	Stabilize using splinting or regeneration	Incorporate mobility control into prosthesis design
Missing Teeth	Site preservation, ridge augmentation	Implant planning with occlusion and esthetics in mind
Soft Tissue Esthetics	Root coverage, papilla regeneration	Prosthesis must support soft tissue architecture
Occlusion	Eliminate traumatic forces	Ensure prosthetic occlusion is harmonious and balanced
Treatment Planning	Assess periodontal prognosis, perform surgeries if needed	Coordinate with perio team for margin placement, occlusal design

Future Directions <sup>13-15</sup>

The field of Perio-Prosthodontics is continuously evolving, with emerging technologies and biologics enhancing treatment precision and outcomes. Future directions include:

- **Digital Workflow Integration:** Intraoral scanning and CAD/CAM technologies allow for precise planning and fabrication of restorations that respect periodontal architecture.
- **Biologics and Growth Factors:** The use of platelet-rich fibrin (PRF), enamel matrix derivatives, and bone morphogenetic proteins may accelerate healing and improve soft tissue outcomes around prosthetics.
- **Minimally Invasive Techniques:** Microsurgical tools and magnification enable precise tissue

manipulation, reducing patient morbidity and enhancing esthetic results.

- **Regenerative Approaches:** Combined regenerative therapies using membranes, bone grafts, and biologics may allow even severely compromised teeth to be retained and rehabilitated.
- **Artificial Intelligence in Planning:** AI-assisted diagnostics and smile design software can aid interdisciplinary teams in crafting predictable and customized treatment plans.

Conclusion

The Perio-Prosthodontics approach exemplifies the power of interdisciplinary dentistry in restoring not only teeth but also the confidence and quality of life of patients. Periodontal health is the cornerstone of prosthetic

longevity and esthetic excellence. By integrating biological, functional, and esthetic considerations, clinicians can deliver restorations that truly restore smiles.

Collaboration, communication, and careful planning between periodontists and prosthodontists ensure that the final outcome is more than the sum of its parts. As dentistry continues to embrace technology and innovation, the Perio-Prostho model will remain central to comprehensive, patient-centered care.

## References

1. Priya K, Rahul D P, Varma S, Namitha R: Norms for Crafting a Beautiful Smile. *Amrita J Medic* 2013; 9: 1-44.
2. Goyal MK, Goyal S, Hegde V, Balkrishana D, Narayana AI: Recreating an esthetically and functionally acceptable dentition: a multidisciplinary approach. *Int J Periodontics Restorative Dent* 2013; 33(4): 527-532.
3. Babita Pawar, Pratishtha Mishra, Parmeet Banga, and PP Marawar: Gingival zenith and its role in redefining esthetics: A clinical study ; *J Indian Soc Periodontol* 2011; 15(2): 135-138.
4. Stephen J Chu, Jocelyn H-P Tan, Christian F J Stappert, Dennis P Tarnow: Gingival zenith positions and levels of the maxillary anterior dentition; *J Esthet Restor Dent* 2009; 21(2): 113-120.
5. Vaishnavi Rajaraman, Abby Abraham, M Dhanraj, Ashish R Jain: Symmetry of gingival zenith: Defining esthetic outcome; *Drug Invention Today* 2018; 10, 5.
6. Vadini M, D'Amario M, De Angelis F, Falco A, D'Arcangelo C: No-Prep Rehabilitation of Fractured Maxillary Incisors with Partial Veneers. *J Esthet Restor Dent* 2016; 28(6): 351-358.
7. Gresnigt M, Ozcan M: Esthetic rehabilitation of anterior teeth with porcelain laminates and sectional veneers. *J Can Dent Assoc* 2011; 77: b143.
8. Thorne I, Sutcliffe N: Sjögren's syndrome. *Br J Hosp Med (Lond)* 2017; 78(8): 438-442. doi: 10.12968/hmed.2017.78.8.438. PMID: 28783408.
9. Dipti Shah, Kalpesh Vaishnav, Sareen Duseja, Pankti Agrawal: Relative position of gingival zenith in maxillary anterior teeth- a clinical appraisal; *Inter J Healthcare Biomed Res* 2014; 3, 1: 77-81.
10. Carvalho W, Barboza EP, Gouvea CV: The use of porcelain laminate veneers and a removable gingival prosthesis for a periodontally compromised patient: a clinical report. *J Prosthet Dent* 2005; 93(4): 315-317. 14.
11. Moskowitz ME, Nayyar A: Determinants of dental esthetics: a rational for smile analysis and treatment. *Compend Contin Educ Dent* 1995; 16(12): 1164, 1166, passim; quiz 1186.
12. Tavelli L, Barootchi S, Nguyen TVN, Tattan M, Ravidà A, Wang HL: Efficacy of tunnel technique in the treatment of localized and multiple gingival recessions: A systematic review and meta-analysis. *J Periodontol* 2018; 89(9): 1075-1090. doi: 10.1002/JPER.18-0066. Epub 2018 Aug 13. PMID: 29761502.
13. Hatice Özdemir, Merve Köseoğlu, Funda Bayindir: An investigation of the esthetic indicators of maxillary anterior teeth in young Turkish people. *J Prosthet Dent* 2018; 120(4): 583-588.
14. Sukhada Arun Wagh, Sneha S Mantri, Abhilasha Bhasin: Evaluation of maxillary anterior teeth proportion with Chu's Gauge in a population of Central India: an in vivo study. *Medicine and Pharmacy Reports* 2020; 93, 1: 75-80.

15. Granell-Ruíz M, Agustín-Panadero R, FonsFont A, Román-Rodríguez JL, Solá-Ruíz MF: Influence of bruxism on survival of porcelain laminate veneers. Med Oral Patol Oral Cir Bucal 2014;19(5): e426-32.