Introduction

The harmonious combination of color, texture, shape and gingival architecture is of utmost importance in the aesthetic perception of the smile.

Objectives

Qualitative evaluation/comparison of patients and Dentistry student’s perceptions regarding the gingival architecture and aesthetic appearance of the smile.

Material and Methods

An observational, cross-sectional study approved by Ethics Committee of UFP. Two photographs were taken (intra/extra-oral) to 35 patients (74.3%-women) of Pedagogical Dentistry Clinic-UFP, which subsequently completed a survey (Personalized Esthetic Evaluation) on their gingival/smile appearance (Table 1). Thirty-eight students of FCS-UFP registered gingival criteria (Esthetic Checklist; Fradeani, 2004) after observing those photographs. Descriptive statistical analysis/comparison with chi-square test (α=0.05).

RESULTS

Patient’ self-assessment: 94.3% likes their gingival colour, 74.3% regular gingival margins, 77.1% has no gingival exposition, healthy gums 74.3%, but 48.6% would improve their gums. Checklist of gingival parameters by Students Graduation finalists in Dentistry (GDS): symmetric margin (60.3%), regular zenith (53.5%), papillae present (80%), alterations (gingival inflammation/recession) (61.9%), ordinary normal tonality (48.6%) and gingival aesthetic line (51.4%). Agreement relationship between patients and students perceptions, in all evaluated criteria (p<0.05) (Tables 2 to 6). More studies should be conduc to compare qualitative/quantitative aspects of the gingival architecture.

Table 1–Pairing between patient questionnaire questions and checklist questions for dentistry students (DS) for the statistical analysis of data.

Table 2–Comparison (%) of patient and dentistry student (GDS) perceptions about the color of the gums and the gingival exposure.

Table 3–Comparison (%) of patient and the GDS’ perceptions with gingival architectural parameters.

Table 4–Comparison (%) of patient perception about existence of healthy gums and GDS perception with gingival architectural alterations.

Conclusions

The comparison of patients and student’s perceptions were to be compliant in all assessed parameters of gingival/smile aspects, with occurring variation on the degree of agreement (low to high) in some parameters.

Clinical Implications

The analysis of the patient/professional perceptions, on gingival architecture/smile aspects, enables communication synergism on esthetic/cosmetic rehabilitator’s decisions.

Keywords

Gingival aesthetic, gingival contour, gingival architecture, smile aesthetic, macro-aesthetic, micro-aesthetic

References


Table 5–Comparison (%) of perception the patients about the question “improve your gums” and the register the GDS about gingival aesthetic.

Table 6–Comparison (%) of patient satisfaction about ‘gingival appearance’ and GDS evaluation of gingival architectural parameters.

Table 7–Comparison (%) of patient perception about existence of healthy gums and GDS perception with gingival architectural alterations.