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## Cosmetic Dentistry Assisted by Laser

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#### Abstract

The aesthetic demand of our patients has become more and more pressing. Everyday we meet a growing demand for improving the quality of the smile. To meet these expectations, modern dentistry requires the acquisition of new knowledge and technologies.

Laser-assisted therapy is gradually establishing itself as one of the new standards of this modern dentistry. Dental lasers today offer real advantages over traditional techniques, allowing them to improve and optimize the final therapeutic result. The contribution of the laser (diode) in cosmetic dental surgery will be detailed per and postoperatively through two clinical cases of free rectomy and gingival depigmentation.

Keywords: Laser; Freerectomy; Gingival Depigmentation; Aesthetics; Surgery.

## Introduction

Nowadays, the laser has become more and more popular in the field of dentistry. It is a technology that aims to facilitate the work of the practitioner and make it much more precise and relevant. It thus gives the image of a modern dentistry more reliable than traditional practices and thus allows a clearer prognosis and comfort for the patient. However, our patients have become more and more demanding and sensitive to the smallest details because they know the possibilities that can be offered today by the new cosmetic dentistry.

Indeed, by virtue of its interactions with the soft and hard tissues of the oral cavity, the laser is of growing interest in the field of dental aesthetics. Laser-assisted therapy therefore seems to begradually establishing itself as one of the new standards of this modern dentistry.

In this article, we will focus more particularly on the aesthetic applications of lasers in dental surgery.

### Lasers Used in Dental Surgery

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According to their applications, lasers can be classified into two groups:

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- Hot lasers for surgical use:  $\mathrm{CO}_2$  laser, Erbium laser, Nd: YAG laser, Argon laser

- Cold lasers or soft lasers for gentlet herapeutic applications: The Helium-Neon laser, The diode laser (semiconductor lasers).

In this article, we deal with two clinical cases which illustrate the aesthetic applications of the diode laser in dental surgery.

The diode laser (semiconductor lasers)

It is very effective for soft tissue providing excellent incision, hemostasis and coagulation. The diode laser has similar characteristics to the Nd: Yag laser. Both offer high penetrability in biological tissues (fig. 1).

## Aestetic Applications Of Lasers In Dental Surgery

Clinical case nº1: Freinectomy

Frenectomy consists of the ablation of an iatrogenic brake in order to reduce the traction itexerts on the gingival mucosa, free the inter-incisorspace and improve aesthetics, especially in the presence of a high smile line.

In our case, we will focus on maxillary labial free rectomy. There are two main procedures for its realization: the simple horizontal incision and the V or rhomboid incision with or without papillary

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Research Article

recall. For this case, we will use the diode laser (fig. 2).

The intervention begins with a traction on the upper lip showing the brake (fig. 3) which is put in tension, the tip of the laser fiber is then directed according to the outline of the incision which will be in our case an incision in V (fig. 4). We then start by making an incision in the axis of the brake (fig. 5), which will be followed by a transverse incision until a rhomboid shape is obtained. The laser energy is delivered by pulse (20 pulses per second), the practitioner works in contact mode while keeping the laser fiberalways moving along the line of the incision, which is essential to avoid carbonization of the tissues and deep damage. In fact, the duration of tissue exposure is associated with the increase in temperature in situ.

The lip must bekept in tension throughout the procedure in order to maintain optimal cutting precision.

Keep in mind that the ablation time depends on the composition of the target tissue, therefore the frenumcord section maybe longer than the rest of the incision. We must not shred the fabricswith the fiber, we must let the laser energy make the cut. Hemostasis is controlled throughout the operation thanks to the coagulation effect of the diode laser (fig. 6). Sutures are not necessary and the wound will heal by second intention (fig 7.a and 7.b).

Laser frenectomy has many advantages over conventional scalpel surgery:

- Topical anesthesia which allows increased acceptance in patients, especially children

- Immediate hemostasis and increased intraoperative visibility

- Absence of pain per or post-operative without prescription analgesic

- Reduced edema
- Sterilization of the site: bactericidal effect of the laser used
- Fasthealing

Clinical case n° 2: Depigmentation/Freinectomy

Gingival hyperpigmentation due to melaninis a major aesthetic damage, especially in patients with a gum smile (fig. 8). This staining due to melanin varies from light brown to black and depends on the amount and distribution of melanin in the tissues. In our case, the patient consulted with the "blackishgum" as the main complaint (fig.9). Intraoral examination revealed general blackish pigmentation of the gum tissue, but the gum was healthy and completely free from inflammation. A low insertion of the maxillary labial frenulum was noted. A laser depigmentation procedure was planned, followed by a maxillary labial frenectomy using the same diode laser. The patient had not previously received anytopical or local anesthesia. The melanin-pigmented gingiva was resected by vaporization with the diode laser. The procedure was performed on all pigmented areas. The remnants of the resected tissue were removed using sterileg auzemoistened with saline solution. This procedure was repeated until the desired depth of tissue removal was reached. The labial frenectomy was performed identically to the first case (fig. 10). No periodontal dressing or stitches are necessary, and the wound will heal from the 2nd intension (fig.11.a and 11.b). Analgesic and 0.2% Chlorhexidine mouth washes have been prescribed.

Here again, the laser has certain advantages:



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<sup>-</sup> No sutures

It is considered the least painful technique thanks to the formation of a protein clot on the surface of the wound, which serves as a biological dressing and seals the endings of the sensory nerves. The effects of laser photo-modulation help in stimulation of fibroblasts, angiogenesis and acceleration of lymphatic flow, whichimproves tissue repair and regeneration.

It is an excellent hemostatic agent, which significantly improves visibility during the operation. Finally, he presents very little recurrence; in fact, no gingival repigmentation at 6 months of depigmentation by the laser has been observed, and this following the destruction of the epithelialcells of the basal layer by the laser beam. However, you have to becareful with the risks of gingival ulceration and recession, especially in the event of a lateperiodontium.

### Conclusion

Lasers providea real benefit for the success of our treatments in cosmetic dentistry but also in all other areas of dentistry (simplification of protocols, operative comfort, biostimulation, reduction of postoperative effects, etc.). The application of the laser appears to be an effective and safe method, if the choice of laser radiation is suitable for the case, and if the precautions indicated by the manufacturer are observed during its use.

#### References

- Yukna RA, Carr RL, Evans GH. Histologic evaluation of an Nd:YAG laserassisted new attachment procedure in humans. Int J Periodontics Restorative Dent. 2007 Dec;27(6):577-87. PubMed PMID: 18092452.
- [2]. Williams TM, Cobb CM, Rapley JW, Killoy WJ. Histologic evaluation of alveolar bone following CO2 laser removal of connective tissue from periodontal defects. Int J Periodontics Restorative Dent. 1995 Oct;15(5):497-506. PubMed PMID: 9601249.
- [3]. White JM, Goodis HE, Rose CL. Use of the pulsed Nd:YAG laser for intraoral soft tissue surgery. Lasers Surg Med. 1991;11(5):455-61. PubMedP-MID: 1816481.
- [4]. White JM, Chaudhry SI, Kudler JJ, Sekandari N, Schoelch ML, Silverman S Jr. Nd:YAG and CO2 laser therapy of oral mucosallesions. J Clin Laser Med Surg. 1998 Dec;16(6):299-304. PubMed PMID: 10204434.
- [5]. Watanabe I, Topham DS. Laser welding of casttitanium and dental alloy

susing argon shielding. J Prosthodont. 2006 Mar-Apr;15(2):102-7. Pub-Med PMID: 16650010.

- [6]. Tomasi C, Schander K, Dahlén G, Wennström JL. Short-termclinical and microbiologic effects of pocket debridement with an Er:YAG laser duringperiodontal maintenance. J Periodontol. 2006 Jan;77(1):111-8. PubMedP-MID: 16579711.
- [7]. Taylor JC, Hondrum SO, Prasad A, Brodersen CA. Effects of joint configuration for the arc welding of cast Ti-6Al-4V alloy rods in argon. J Prosthet Dent. 1998 Mar;79(3):291-7. PubMed PMID: 9553882.
- [8]. Shimizu N, Yamaguchi M, Goseki T, Shibata Y, Takiguchi H, Iwasawa T, Abiko Y. Inhibition of prostaglandin E2 and interleukin 1-beta production by low-power laser irradiation in stretched human periodontal ligament cells. J Dent Res. 1995 Jul;74(7):1382-8. PubMed PMID: 7560389.
- [9]. Smith DL, Burnett AP, Gordon TE Jr. Laser welding of gold alloys. J Dent Res 1972;51:161-7.
- [10]. Spitz SD. Lasers in prosthodontics: clinicalrealities of a dental laser in aprosthodontic practice. Alpha Omegan. 2008 Dec;101(4):188-94. PubMed PMID: 19166083.
- [11]. Sasaki KM, Aoki A, Ichinose S, Ishikawa I. Ultrastructur alanalysis of bone tissue irradiated by Er:YAG Laser. Lasers Surg Med. 2002;31(5):322-32. PubMed PMID: 12430149.
- [12]. Schwarz F, Aoki A, Becker J, Sculean A. Laser application in non-surgicalperiodontal therapy: a systematic review. J Clin Periodontol. 2008 Sep;35(8 Suppl):29-44. PubMed PMID: 18724840.
- [13]. Schwarz F, Olivier W, Herten M, Sager M, Chaker A, Becker J. Influence of implant bed preparation using an Er:YAG laser on the osseointegration of titanium implants: a histomorphometrical study in dogs. J Oral Rehabil. 2007 Apr;34(4):273-81. PubMed PMID: 17371565.
- [14]. Romanos GE, Everts H, Nentwig GH. Effects of diode and Nd:YAG laser irradiation on titanium discs: a scanning electron microscope examination. J Periodontol. 2000 May;71(5):810-5. PubMed PMID: 10872964.
- [15]. Romanos GE. Clinical applications of the Nd:YAG laser in oral soft tissue surgery and periodontology. J Clin Laser Med Surg. 1994 Apr;12(2):103-8. PubMed PMID: 10147186.
- [16]. Romanos G, Crespi R, Barone A, Covani U. Osteoblast attachment on titaniumdisk safter laser irradiation. Int J Oral Maxillofac Implants. 2006 Mar-Apr;21(2):232-6. PubMedPMID: 16634493.
- [17]. Romanos G, Nentwig GH. Diode laser (980 nm) in oral and maxillofacial surgical procedures: clinical observations based on clinical applications. J Clin Laser Med Surg. 1999 Oct;17(5):193-7. PubMed PMID: 11199822.
- [18]. Pick RM, Colvard MD. Current status of lasers in soft tissue dental surgery. J Periodontol. 1993 Jul;64(7):589-602. PubMed PMID: 8366410.
- [19]. Ozawa Y, Shimizu N, Kariya G, Abiko Y. Low-energy laser irradiation stimulatesbone nodule formation atearly stages of cell culture in rat calvarial cells. Bone. 1998 Apr;22(4):347-54. PubMed PMID: 9556134.
- [20]. Parker S. The use of the Nd:YAG dental laser as an adjunct to aesthetic restorative treatment. Dent Today. 2003 Dec;22(12):60-3. PubMed PMID: 15011544.
- [21]. Patil UA, Dhami LD. Overview of lasers. Indian J Plast Surg. 2008 Oct;41(Suppl):S101-13. PubMed PMID: 20174534.