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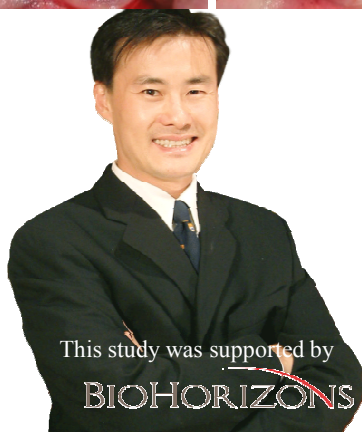


## **SLIDING OVERLAP PEDICLE FLAP DESIGN IN MANDIBULAR SECOND MOLAR SURGERY**

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### **ABSTRACT**

Reduction of periodontal pocket in the mandibular retromolar region has been clinically challenged by difficulty in access, osseous anatomy, quality and quantity of the gingiva, and by the presence of vital structure in the immediate surroundings. Distal wedge procedure and variations have been utilized commonly, however, the resective procedure does require abundance of gingiva pre-operatively, which may not be common. The lingual nerve, according to the literature, may lie within the retromolar triangle. The Sliding Overlap Pedicle (SOP) Flap was devised to reduce redundant tissue, but to ensure preservation of gingiva, and to honor vital structures. An oblique distal releasing incision is made from the disto-lingual line angle of second molar. It is approached facially as it advances distally as to follow the bony anatomy. Once reflected, the facial aspect of the flap is thinned appropriately. The lingual flap is raised in full thickness. On completion of osseous surgery, the flaps are reproximated, and the amount of tissue overlap assessed. The superficial aspect of the lingual flap is depithelialized via means of fine hemostat and surgical blade or scissors. The periosteum is left intact as this is most likely region where lingual nerve is housed. The excess buccal flap is overlapped, sliding over the depithelialized lingual flap and sutured appropriately. Predictable clinical results were observed in 164 consecutive cases, over a four-year period.



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