

## Does Soft Tissue Augmentation to be Considered a Fancy Surgery? Because “Grafting” is Trending or it is a Real Need?!

**Soulafa Mohamed Belal\***

*BDS, MSc in Periodontology, Oral Medicine, Oral Diagnosis and Oral Radiology, Faculty of Dentistry, Tanta University, Egypt and Master Degree in Periodontology, Bologna University, Italy*

**\*Corresponding Author:** Soulafa Mohamed Belal, BDS, MSc in Periodontology, Oral Medicine, Oral Diagnosis and Oral Radiology, Faculty of Dentistry, Tanta University, Egypt and Master Degree in Periodontology, Bologna University, Italy.

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For many years, soft tissue was considered a pink tissue that is important and for esthetic purposes in upper anterior zone only. It was never looked at it for its important functional roles, mainly for bone protection and guarantee the tooth/implant maintaining good health and stability. Although soft tissue is well known as “masticatory mucosa”, but it was rarely to be considered to be treated if we compare it to bone lose treatment options. That led to in the past to extract thousands of periodontally compromised teeth and also lose a lot of implants.

The reasons behind that are the neglected knowledge about the periodontal health and periodontal diseases diagnosis and treatment by the dentists and the fear of patients to go through surgical treatment if it is indicated for treatment of their periodontal disease. But nowadays this has changed a lot, thanks to the knowledge development and increase the requests by the dentists to learn more about periodontology generally and about soft tissue specifically, specially who are working in implantology field. Also increase the patient awareness about how important to keep their teeth sound and healthy at their mouths by good oral hygiene maintenance, and treat any dental or periodontal problem whatever it requires even if surgery is indicated.

The new concept in periodontology is that “teeth need attachment”, that means the attachment is not only limited to the original one which is periodontal ligament attachment with alveolar bone support, which is still the best one of course, but even long junctional epithelium attachment as well as connective tissue attachment have been proved to elongate the teeth life span and stabilize the periodontal condition of the teeth. This is thanks to the soft tissue augmentation surgery, using the gold standard autogenous soft tissue gingival graft, which provides a “soft tissue wall” if we can call it, provide periodontal health stability and prevent further deterioration. Adding to that, it was proved through many studies with long term follow up the ability of that soft tissue wall to “creep” by the time with attachment ability, providing root coverage partially and decrease the tooth mobility grade as well.

For implant also, for many years, soft tissue evaluation and compensation if it was deficient was neglected until peri-implantitis and peri-implant soft tissue dehiscence appeared. Recently, soft tissue deficiency was defined as a cause of peri-implantitis, and that led to requesting certain criteria for peri-implant soft tissue to be present, as keratinized tissue width, biotype, crestal tissue thickness and sufficient vestibular depth and no muscle pull, otherwise compensation through soft tissue augmentation should be done. Also, a new classification for peri-implant soft dehiscence had been published in 2017 with suggested treatment options of such cases, including either soft tissue augmentation alone or in concomitant with prosthetic changing.

We can conclude that, soft tissue augmentation is no more to be considered as a fancy surgery, it is in some cases a necessity to guarantee the tooth/implant stability and prevent any periodontal deterioration and further more to treat any periodontal/peri-implant problem that may show up in the future. Autogenous soft tissue graft is also not trending, since other alternatives as soft tissue substitutes, as alloderm or mucograft or growth factors as enamel matrix derivative (EMD) or platelets rich fibrin (PRF) didn't gave the same stable results as the autogenous one and their use requires certain conditions to be present, which present limitation of their use.

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