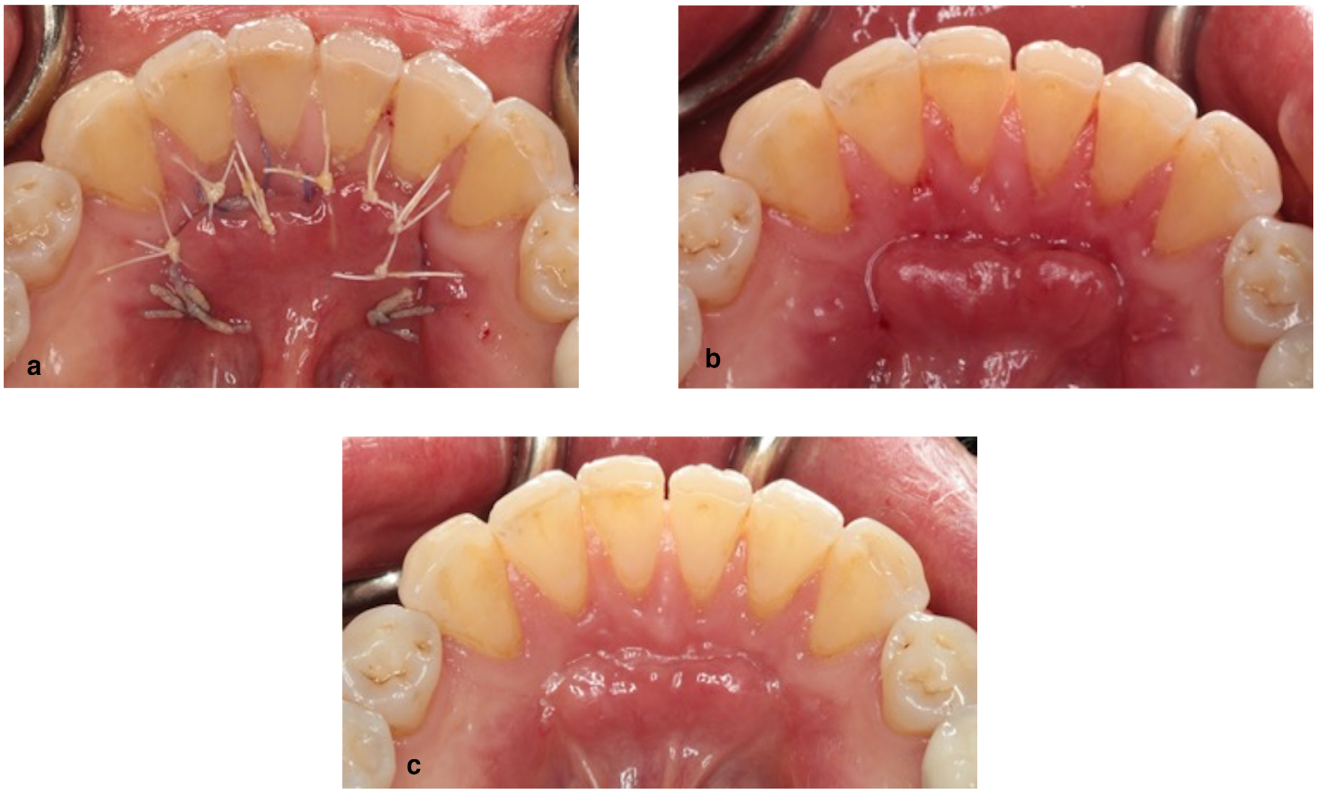

FIGURE 11 Postoperative healing phase. **11a** 1 week, **11b** 2 weeks, **11c** 3 weeks

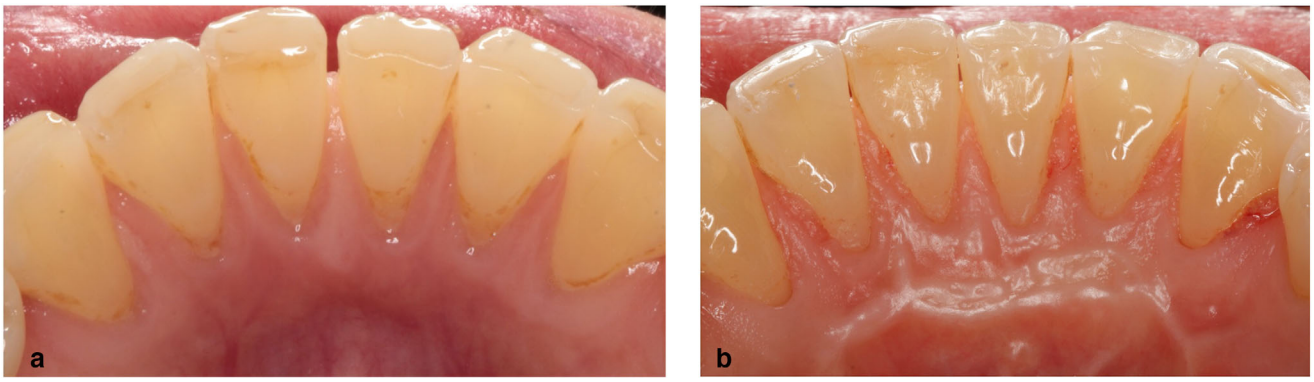

FIGURE 12 Three-year follow-up. **12a** Before: preoperative presentation; **12b** after: 3-year follow-up demonstrating increased KT, GT, and AG and decreased GR

the healed overlying mucosal surface will also be nonkeratinized, which from a clinical perspective is not as durable and protective as KT.

The mCAF + CTGkt approach for MAL GR: increases the probability of establishing durable, protective KT; decreases future GR risk; increases the probability of decreased GR over time; and facilitates KE migration from the CAF incisal edge and the apical aspect of the marginal tissue. It is speculated that the KT band of the CTGkt can also act as a temporary barrier, retarding epithelial migration from approximating tissue borders during the preliminary healing phase. This can increase the probability of establishing an increased KT zone especially when the approximating epithelium is nonkeratinized. Therefore, it is recommended to harvest CT grafts with retained KT bands (CTGkt) when treating MAL recessions.

Within the limits of this case presentation, and in the authors experience, routine treatment of anterior lingual mandibular GR with the modified coronally advanced flap in combination with an autogenous connective tissue graft with KT band (mCAF + CTGkt) is a well-tolerated, minimally invasive, predictable and effective treatment modality for phenotype modification to increase GT and AG; for KT band width increase; and for GR decrease.■