

HOW TO: **EMERGENCE** **PROFILE**

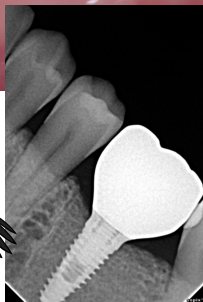


GUIDE BY
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HOW TO:

EMERGENCE PROFILE

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Listening and answering colleagues' doubts makes us better clinicians.

We strive for giving our patients the best results allied with kindness and fast care the same way we try to share the best protocols with our colleagues.

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PROLOGUE

Modern restorative dentistry aims to achieve an **invisible restoration**, where clinical intervention is indistinguishable from natural anatomy. To reach this level of excellence, practitioners must transition from being mere technicians to becoming architects of the smile who prioritize human outcomes over mechanical hardware. A critical component of this success is the **emergence profile**, a transitional zone between the biological site and the prosthetic crown that is often overlooked. Creating a **seamless aesthetic result** requires the **dentist and lab technician** to share responsibility through constant communication and precise clinical data. Ultimately, the clinician must ensure a **stable biological foundation** of bone and tissue to provide the technician with the ideal canvas for artistry. This collaborative approach ensures that every restoration is both **functionally sound and aesthetically perfect**.

1.

EMERGENCE PROFILE

To achieve a natural appearance in dental implants, clinicians must carefully manage the **subgingival emergence profile**, where the restoration meets the gums. This process involves dividing the area into **three distinct zones**, each requiring specific anatomical shapes to support the surrounding tissues effectively.

The **esthetic zone** is the most superficial layer, around 1mm long and uses a **convex** design to stabilise the gum line and mimic the look of a natural tooth.

Below this, the **bounded zone** provides essential support based on the implant's depth - ideally 3-4mm apically to the ideal zenith of the crown. When the implant is properly positioned, this area is around 2mm long and is typically **straight** or **concave**, assuming one has enough soft tissue volume, or is performing connective tissue graft.

The **crestal zone**, represented by the most apical 1,5mm of the abutment, remains **straight** or concave to protect the underlying bone and supra-crestal connective tissue..

Mastery of these contours is essential for **long-term stability** and ensuring the prosthetic crown integrates seamlessly with the patient's smile. Proper **provisional restoration** and strategic planning remain the foundations for maintaining healthy, attractive soft tissue results.

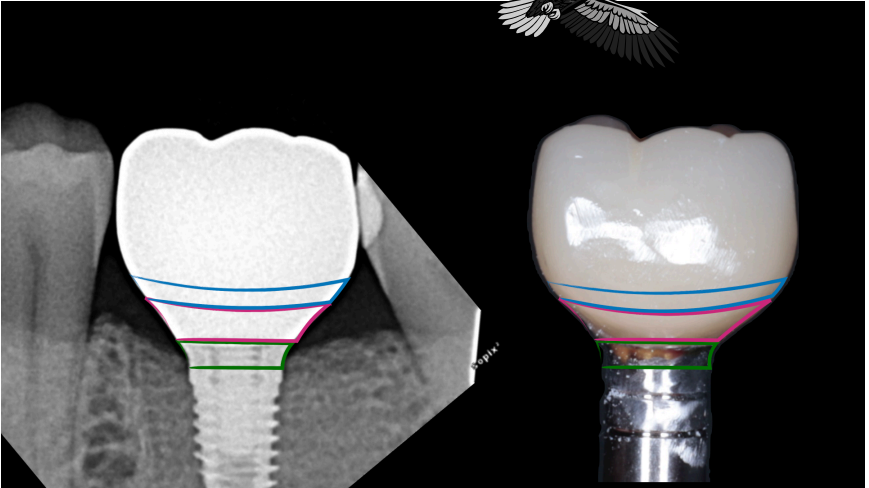


Figure 1. Clinical buccal view of the crown on the left lower first molar (mirror image)

Figure 2. Representation of the EBC concept on the periapical radiograph and after hand polishing the infra gingival portion of the screw-retained zirconia crown.
Green - C Zone; Pink - B Zone; Blue - E Zone.

- **What is the primary function of creating a convex contour in the Esthetic (E) zone of an implant emergence profile?**
 - A. To allow space for the supra-crestal connective tissue to attach.
 - B. To avoid pressure on the hard tissues adjacent to the restoration.
 - C. To support the free gingival margin (FGM) and establish the crown's cervical morphology.
 - D. To create the illusion of thicker tissues when a connective tissue graft is not used.
- **To prevent bone remodeling, what is the recommended design for the C zone, which is located immediately coronal to the implant platform?**
 - A. Highly convex to support the overlying soft tissue.
 - B. Convex, but only if a connective tissue graft was performed.
 - C. Shaped to match the contralateral tooth for symmetry.
 - D. Straight or slightly concave to avoid pressure on hard tissues.

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Let's focus on the **B zone**. The B zone is significantly influenced by the quantity of **available soft tissue** and **the 3D position** of the implant.

If the implant is far too vestibular, it is mandatory that this zone is **concave** to avoid pressure on the thin buccal tissues and avoid soft tissue recession.

But, if the implant is placed palatally, it is easy to think that maybe a convex B zone would be appropriate, as it would help to create the illusion of thick soft tissue. Not always! If you **grafted the site** previously, this zone should be concave as well to provide space for the soft tissues.

- **Influence on Outcomes:** This zone is used to manage the appearance of the gingival phenotype. In cases where the soft tissues are deficient, a convex design in the B zone can help create the illusion of thicker tissues (but never forget to give space in case of connective tissue graft)

- **Clinical Considerations:** If tissues are particularly thin, a connective tissue graft may be necessary alongside B zone management to enhance the phenotype and promote crestal stability.



ABOUT THE AUTHOR

Miguel Mendes de Oliveira lectures internationally on MODE - Mendes Oliveira Dental Education on advanced implantology, perioplastic surgery, and Perio-Prosthodontics since 2022.

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