

Gingival depigmentation strategies: a narrative review of laser and scalpel approaches

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Abstract

Gingival melanosis (GM), a benign pigmentation of the gums, is a common aesthetic concern, especially among individuals with darker skin tones. Although harmless, it often prompts patients to seek treatment for cosmetic enhancement. This narrative review compares the efficacy of two primary treatment modalities, diode laser (DL) therapy and traditional surgical scalpel (SS) techniques, in managing physiological gingival pigmentation. By analyzing clinical data from recent studies, this review evaluates key parameters such as intraoperative bleeding, postoperative pain, wound healing, and repigmentation intensity. DL therapy demonstrates notable advantages, including immediate coagulation, reduced bleeding, minimal discomfort, and faster initial healing. While SS techniques remain practical and widely accessible, they are associated with more significant postoperative pain and slower early tissue recovery. Despite differences in the procedural experience, both methods achieve comparable long-term results in depigmentation and repigmentation control. Treatment choices should be tailored to individual patient needs, tissue characteristics, and



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aesthetic expectations. Although the DL presents several clinical benefits, more standardized and large-scale studies are necessary to confirm its superiority. This review provides practical guidance for clinicians to optimize outcomes in gingival depigmentation procedures.

Keywords: Gingival melanosis; diode laser therapy; gingival depigmentation; surgical scalpel.

Introduction

The oral cavity can present various pigmented lesions, appearing in shades such as brown, gray, or blue (1–9). These pigmentations may result from normal anatomical variations or exposure to external or internal substances or occur alongside systemic conditions (10–18). External pigmentation often stems from foreign materials, while internal pigmentation typically originates from substances like melanin, hemoglobin, hemosiderin, or carotene (19–30).

The epithelial tissue lining the oral cavity includes two primary types of cells: keratinocytes and melanocytes (31–39). Melanocytes in the basal layer are specialized cells that produce melanin through their cytoplasmic extensions (40–58). An overproduction of melanin or an increased number of melanocytes can lead to visible pigmented areas on the oral mucosa (59–82).

Such pigmentation is more frequently observed in individuals with darker skin tones, including people of African, Asian, and Mediterranean descent (83–86). These pigmented areas often begin in childhood and gradually intensify with age (87–92). Physiological pigmentation appears symmetrically on the attached gingiva, especially in the front (vestibular) region, and may also be present on the lips and tongue (93–104). A distinguishing characteristic of this condition is that the free gingival margin is usually unaffected, even in cases of widespread pigmentation (105–111).

Although gingival melanosis (GM) is a benign condition and poses no threat to health, many individuals seek treatment for aesthetic reasons (112–118). To address this concern, several surgical techniques have been developed (119–125). These include chemical treatments using agents such as alcohols, phenols, or vitamin C derivatives, as well as physical removal of the pigmented tissue through methods like abrasion, surgical scalpel (SS) excision, laser therapy, cryosurgery, electrosurgery, and radiosurgery (126–130).

Among these options, laser therapy has gained increasing attention. Initially introduced in dermatology, laser technology was later adapted to dentistry to improve the precision and comfort of treatment procedures (131–137). LASER stands for "Light Amplification by Stimulated Emission of Radiation." Different types of lasers are now widely used in dental practice, with treatment outcomes depending on factors such as the laser's wavelength, the tissue type, and the way the tissue interacts with the laser beam—whether it is absorbed, scattered, reflected, or transmitted (138–140).

In the oral environment, lasers interact with various

chromophores, such as melanin, hemoglobin, pigmented proteins, hydroxyapatite, and water (141–148). When the laser energy is absorbed by water in the tissues, the temperature rises, leading to vaporization and tissue removal. The energy can cause coagulation or tissue breakdown (149–152) when absorbed by pigmented structures like melanin.

Diode Laser

The diode laser (DL) is a compact, high-powered device that emits energy within the 800 to 1000 nm wavelength range. It can precisely cut soft tissues, creating minimal zones of thermal damage and providing adequate hemostasis. Additionally, DL helps reduce the bacterial load in periodontal pockets. Laser energy is typically delivered through optical fibers using sapphire tips in contact mode (153–160).

DL has become an essential tool in modern dentistry. They offer minimally invasive solutions for various treatments, including soft tissue surgeries, periodontal therapy, and cosmetic procedures. In periodontics, DL is used for gingivectomy, gingivoplasty, and crown lengthening (154–159). They allow for controlled and bloodless tissue removal, resulting in less postoperative discomfort (161–170).

Their role in endodontics includes disinfecting root canals and enhancing the healing of infections at the root tip. In cosmetic dentistry, DL is commonly used for teeth whitening and reducing pigmentation in the gums, significantly improving the smile's aesthetics (171–176). The benefits of DL include high precision, reduced discomfort, faster recovery, and greater patient satisfaction. As laser technology continues evolving, these devices will likely become even more central to dental treatment (177–181).

Surgical Scalpel

The traditional SS technique involves surgically removing the pigmented gingival epithelium, allowing the underlying connective tissue to heal secondarily. This method is straightforward, inexpensive, and does not require specialized equipment (178–182). While effective and associated with a lower risk of pigmentation recurrence, it is also linked to several drawbacks, such as intra and postoperative bleeding, discomfort, and the need for protective dressings during healing (183–187).

This technique may be unsuitable for individuals with thin gum tissue or narrow interdental spaces. The procedure, often called gingivectomy, aims to create a more uniform and aesthetically pleasing gum appearance by excising the discolored areas (188–197). It is typically performed under local anesthesia to ensure patient comfort. Following tissue removal, the surgical site is cleaned, and depending on the case, sutures may be applied. Postoperative care instructions are provided to facilitate healing and minimize complications (198–206).

This review explores the use of DL therapy compared to the conventional SS technique in the treatment of GM (Figures 1 and 2). The focus is on evaluating various clinical outcomes, including pain, bleeding, healing, and the recurrence of pigmentation (207–221).

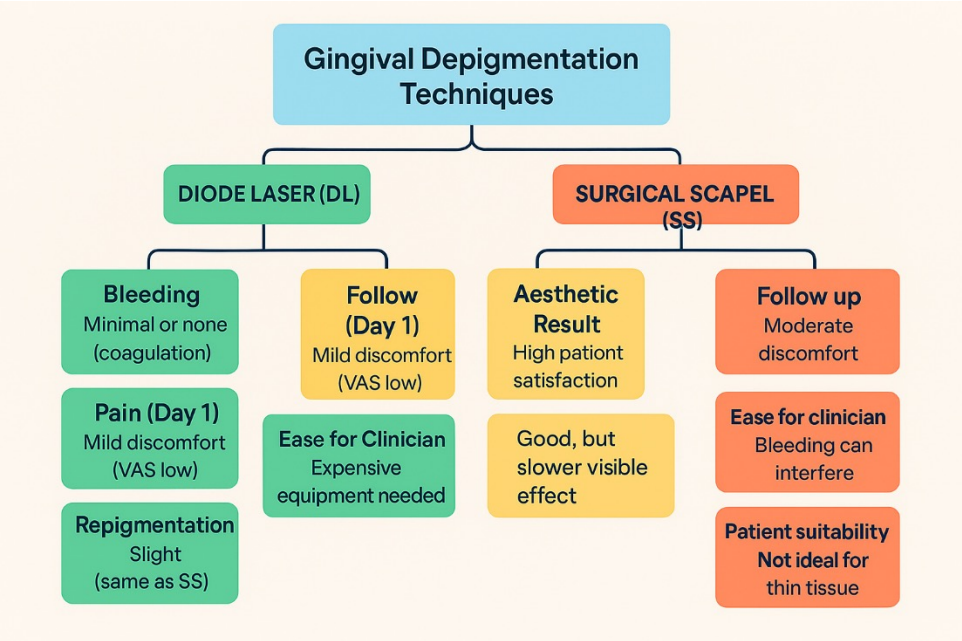


Figure 1. The diagram compares diode laser and surgical scalpel techniques for gingival depigmentation, focusing on key clinical variables such as bleeding, pain, healing, cost, and outcomes.



Figure 2. The photo shows a black patient with gingival melanosis.

Methods

A comprehensive literature search was conducted using electronic databases, including PubMed, Scopus, and Web of Science. The search covered publications from the past ten years, from March 2014 to September 2024. Keywords and Boolean operators were used to maximize relevance, including terms such as: “gingival melanosis,” “oral pigmentation,” “melanin hyperpigmentation,” “diode laser,” “laser depigmentation,” “surgical scalpel,” and “depigmentation techniques.”

The initial screening focused on titles and abstracts to identify studies on gingival depigmentation using diode lasers or scalpel-based surgical methods. Full-text articles were reviewed for relevance, with a preference

for clinical studies conducted in humans. Studies were included if they evaluated clinical and/or aesthetic outcomes related to either diode laser or scalpel depigmentation techniques.

Although this is a narrative review, the inclusion and exclusion criteria were modeled on systematic protocols. Included studies consisted of randomized controlled trials, cohort studies, and clinical comparative studies. Exclusion criteria involved animal studies, in vitro research, case reports, review articles, and studies investigating pathological (non-physiological) gingival pigmentation.

Data extracted from the included studies were synthesized descriptively to compare findings across different research designs and clinical settings.

Objectives of the Review

The primary objective of this narrative review is to summarize and evaluate current clinical evidence on the comparative efficacy of DL and SS techniques in the treatment of physiological GM. Specifically, the review focuses on analyzing:

- Intraoperative bleeding (222,223)
- Postoperative pain (224–226)
- Wound healing (227–229)
- Intensity of repigmentation (229,230)
- Aesthetic and clinical outcomes (231)

The aim is to help clinicians choose the most suitable depigmentation method, balancing effectiveness with patient comfort and satisfaction.

Key variables analyzed across the included studies were:

- Post-treatment pain (using the Visual Analog Scale – VAS)
- Intraoperative bleeding
- Wound healing status at various intervals
- Repigmentation intensity (using the Dummett-Gupta Oral Pigmentation Index – DOPI)

Results and Discussion

This review offers a comprehensive overview of clinical studies comparing the effectiveness of DL therapy and traditional SS techniques in managing GM. Carefully analyzing data from multiple sources reveals the nuances that differentiate these treatment approaches, providing valuable insights for clinicians making treatment decisions (232–240).

Intraoperative Bleeding

One of the most notable distinctions between the two techniques is their impact on intraoperative bleeding (241–245). DL demonstrated a clear advantage due to their ability to coagulate blood vessels immediately during the procedure. Most patients treated with the laser experienced minimal bleeding and, in some cases, no bleeding. This contributes to a smoother, cleaner surgical field and a less traumatic patient experience (246–253). In contrast, some individuals undergoing SS treatment experienced moderate to severe bleeding, making the procedure more challenging and potentially increasing post-surgical discomfort (254–264).

Pain Management

Pain perception following the procedures was assessed using the Visual Analog Scale (VAS). On the first day after treatment, patients who received DL therapy consistently reported lower pain levels compared to those treated with an SS (265). The discomfort in the laser group was generally mild, while the SS group experienced moderate discomfort in some cases. By the seventh day post-procedure, most patients from both groups reported little to no pain, though the laser technique was associated with a quicker resolution of discomfort. These results emphasize the DL's benefit in minimizing patient discomfort during the early stages of healing (266,267).

Wound Healing

Healing progression was another critical aspect evaluated in the reviewed studies. One week after treatment, a significant portion of patients treated with DL had already achieved complete healing, while others showed only partial healing (268–274). On the other hand, those treated with an SS showed slower recovery, with most experiencing only partial healing at the same point. However, by the one-month mark, both groups demonstrated similar healing outcomes. These observations suggest that DL may promote faster initial healing, although long-term results worsen (275–283).

Repigmentation

A consistent observation across all studies was the occurrence of slight repigmentation after treatment, regardless of the method used (284–286). Both DL and SS techniques showed comparable outcomes in this regard. This finding highlights that while each method varies in procedural aspects, they are equally effective in reducing pigmentation over the long term (287–292). The degree of initial pigmentation also did not appear to influence the success of depigmentation (293–301).

Clinical and Aesthetic Considerations

GM can significantly affect a patient's smile and self-esteem, making effective treatment essential for aesthetic satisfaction (302–307). Both DL and SS methods offer viable long-term results. However, DL offers distinct advantages when considering factors such as comfort, reduced bleeding, and ease of use (308–315). The treatment choice should be personalized, considering the patient's needs, expectations, and clinical condition (316–320). When selecting the appropriate approach, dentists should evaluate tissue type, healing capacity, and aesthetic priorities (321–330).

Limitations and Future Directions

While the review provides meaningful insights, it is essential to acknowledge its limitations. Differences in study designs, sample sizes, follow-up intervals, and treatment protocols introduce variability that can affect how results are interpreted (42,331–333). Additionally, inconsistencies in how DL was used, such as differences in wavelength or technique, make it challenging to draw universal conclusions. Some studies also had relatively small sample sizes, which may introduce bias and reduce reliability (334–338).

To overcome these issues, more extensive, well-designed clinical trials with standardized methodologies are necessary. Collaboration among researchers and clinicians will be key to advancing our understanding of the most effective and patient-centered approaches to treating GM (339–342).

Conclusions

DL and SS techniques effectively treat physiological GM and produce satisfactory aesthetic outcomes. However, the DL demonstrates several advantages that may enhance the clinical experience for both practitioner and patient:

1. Less intraoperative bleeding
2. Reduced postoperative pain
3. Faster early healing
4. Comparable long-term depigmentation results

While these findings support using DL as a preferred method in many clinical scenarios, the final decision should consider patient-specific factors, resource availability, and clinician expertise (343–351). Continued research is essential to refine treatment protocols and optimize outcomes, especially with standardized study designs and longer follow-ups.

Abbreviations:

DL	Diode Laser
GM	Gingival Melanosis
SS	Surgical Scalpel

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