AIMS

The aim of this study was to compare reduction in the height of gingival recession and gain in soft-tissue thickness after treatment of Miller class 1 and 2 multiple recessions, using MCAT randomly combined with CM or SCTG.
As reduced surgery time may be an advantage of CM over SCTG, it would have been beneficial to add this parameter to the comparisons.

Using xenogeneic collagen matrix with MCAT may be considered for treatment of multiple gingival recessions in the mandible. However, reducing the post-surgical discomfort using xenogeneic grafting might be less of an advantage when compared to the superior clinical outcomes achieved with autogenous grafting.