

Class II. acc. to Black

Defects affecting one or both proximal surfaces of posterior teeth.



Morphology of proximal space

Contact point – area

The space below
(filled of interdental papilla,
the level of the papilla is decreasing
during the time)

The space above (habitually clean place)



Symptoms

- No symptoms
- Increased sensitivity (cold, sweet)
- Retention of food
- Defect (cariious lesion is open – the enamel is broken)
- Bite sensitivity (when cariious lesion is open)

Diagnosis

- Visual changes of tooth structure

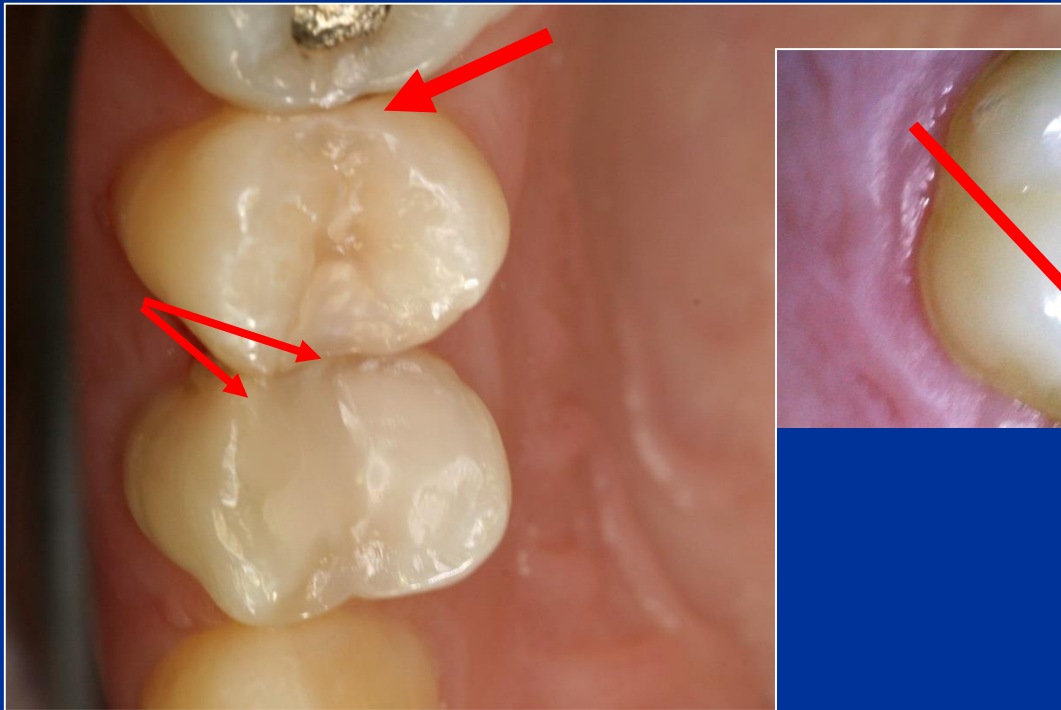
Inspection, good illumination, magnification

- Imaging methods

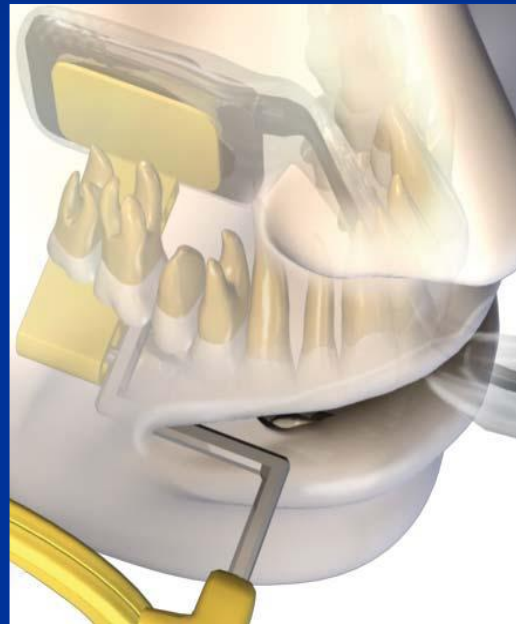
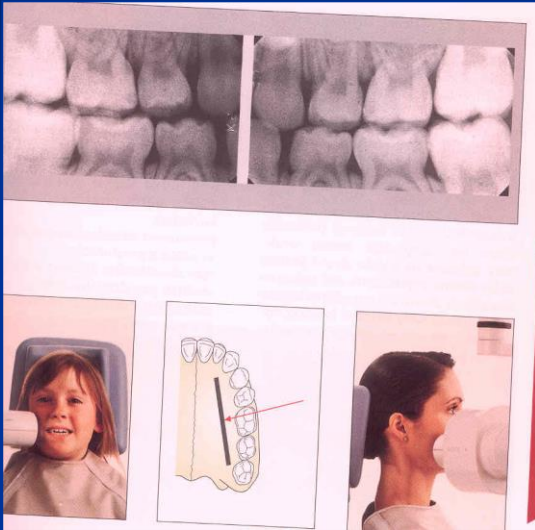
X ray - radiography

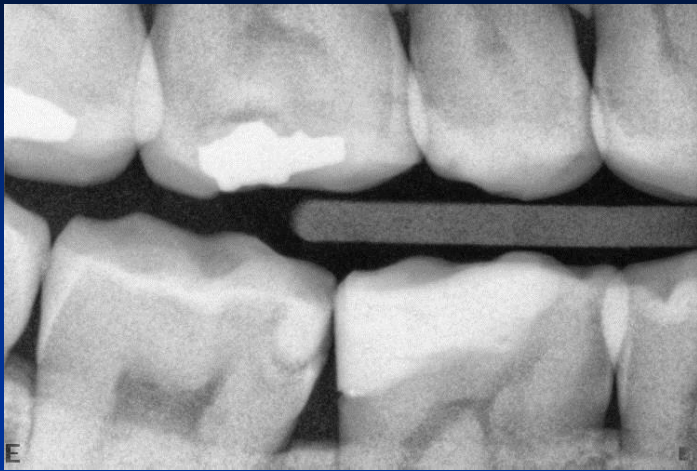
Transillumination (DIFOTI)





Radiography





Bite wing

DIFOTI

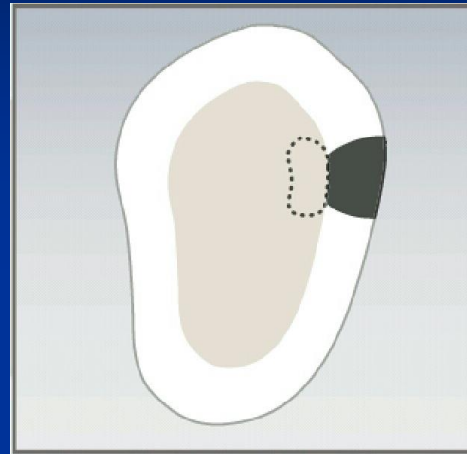
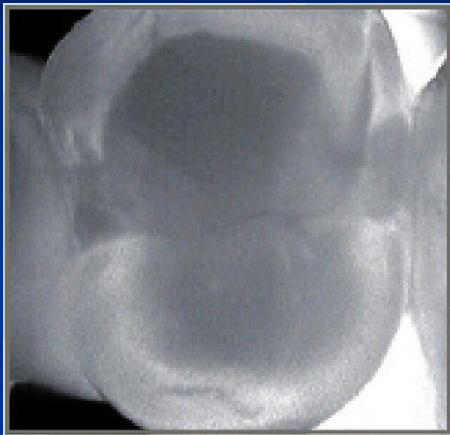
(**D**igital **F**ibre **O**ptic
Trans-**I**llumination)

- Digitální forma FOTI – zdroj bílého světla – kamera s CCD senzorem – počítač – zobrazení jako obrázek

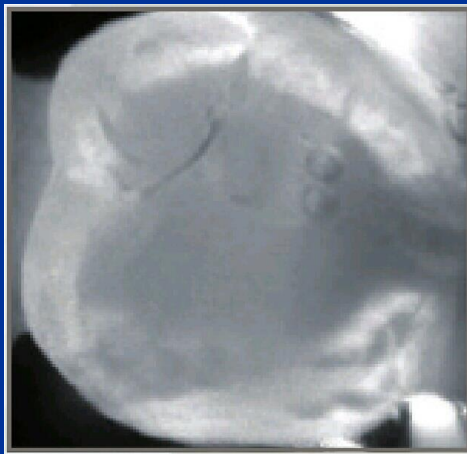


DIAGNOCam

- 4 – caries in dentin next to enamel



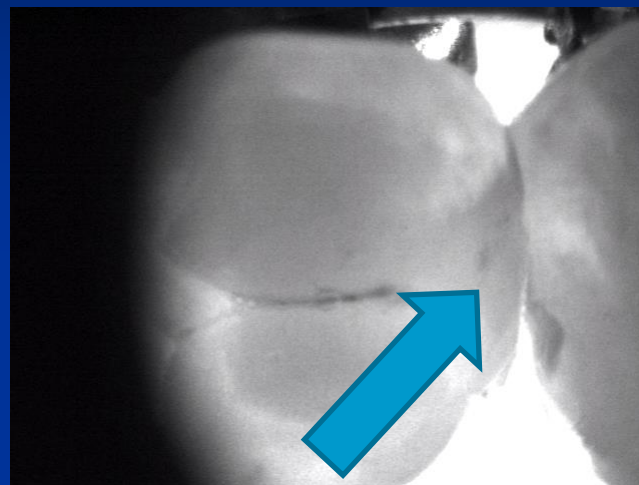
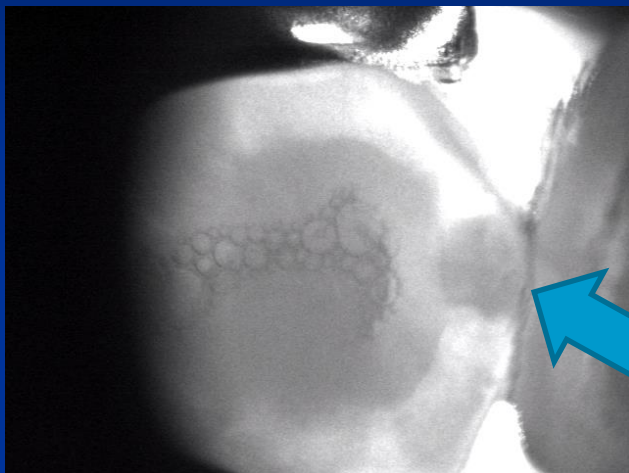
- 5 – large caries in dentin



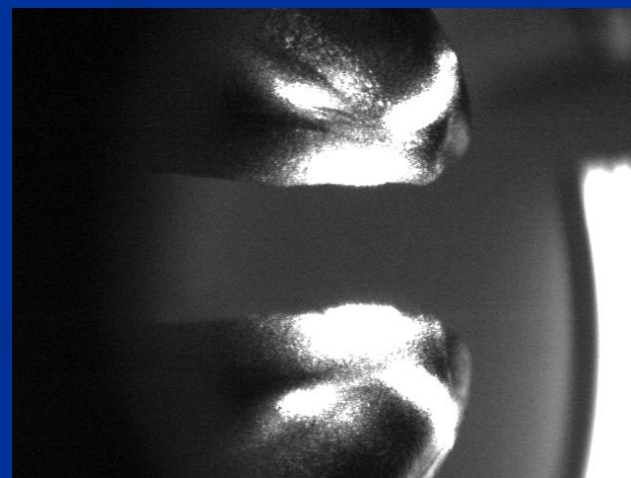
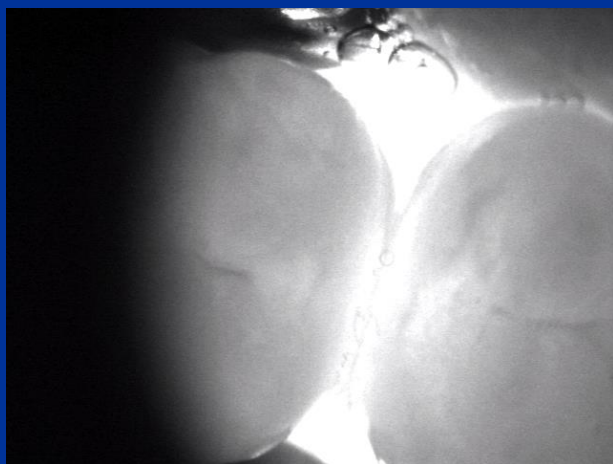
DIAGNOCam



- Nález kazu



- ???





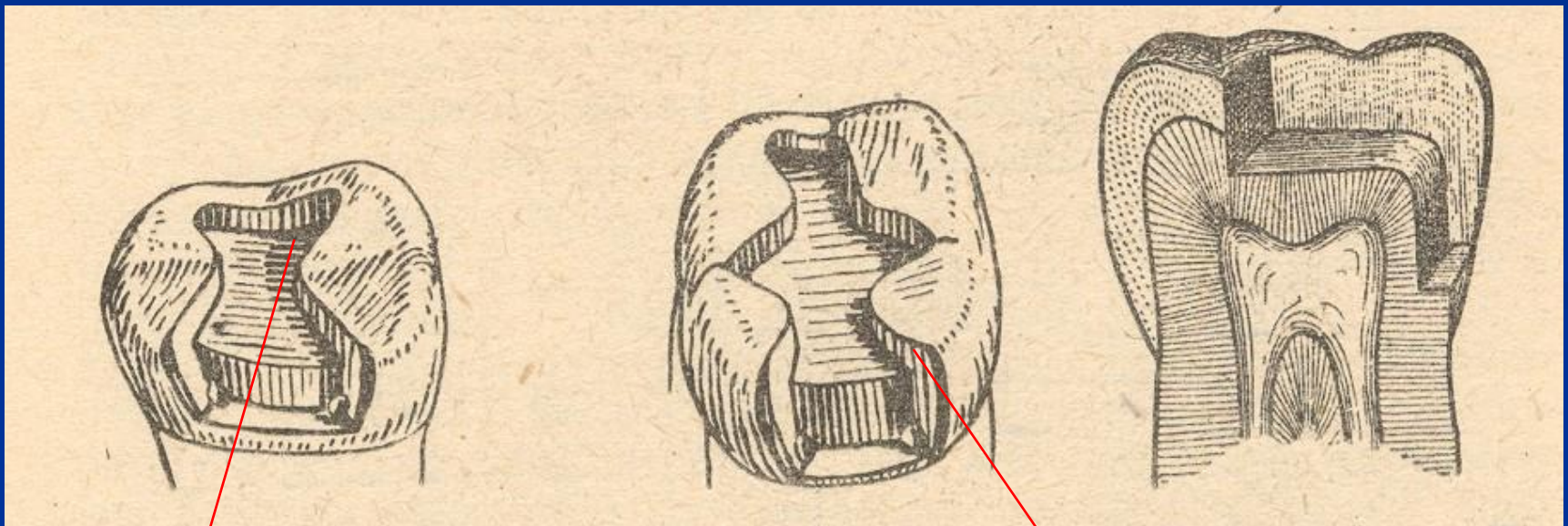
Preparation - amalgam

- Conventional preparation acc. to the Black's rules
- Slot preparation
- Large preparation – cusp(s) involved

Preparation - adhesive materials

- Conventional preparation for composites
- Adhesive slot
- Tunnel preparation

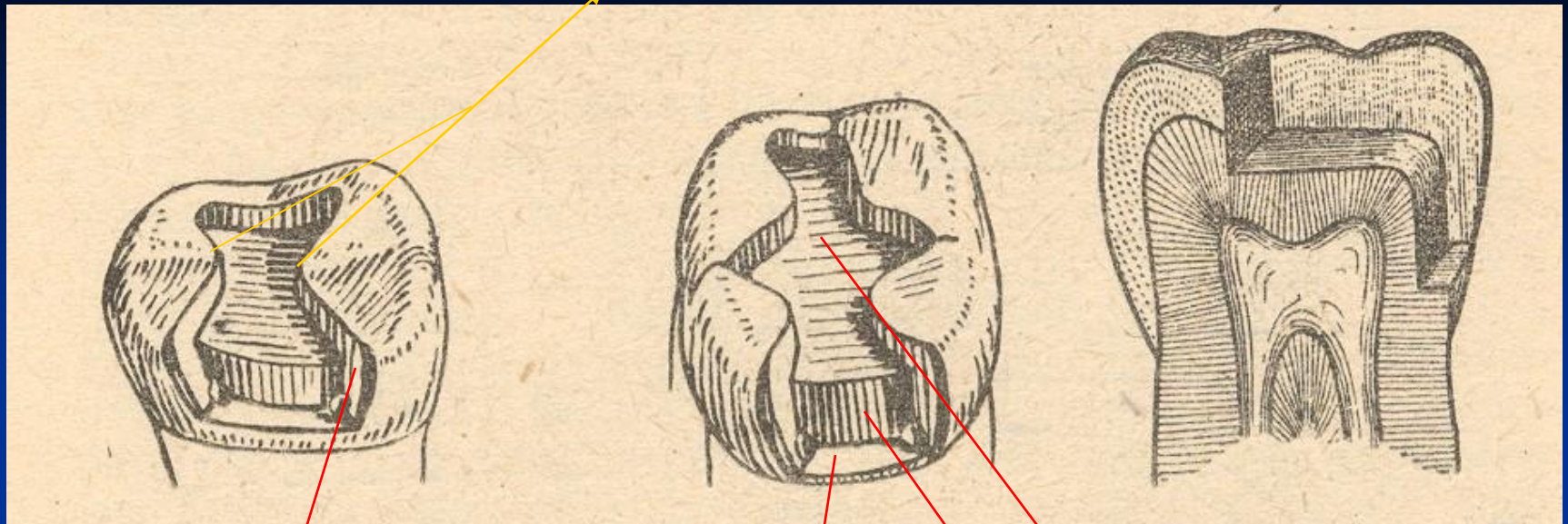
Conventional preparation



Occlusal cavity

Proximal cavity - box

Isthmus



Axial wall

Pulpal walls

Gingival wall

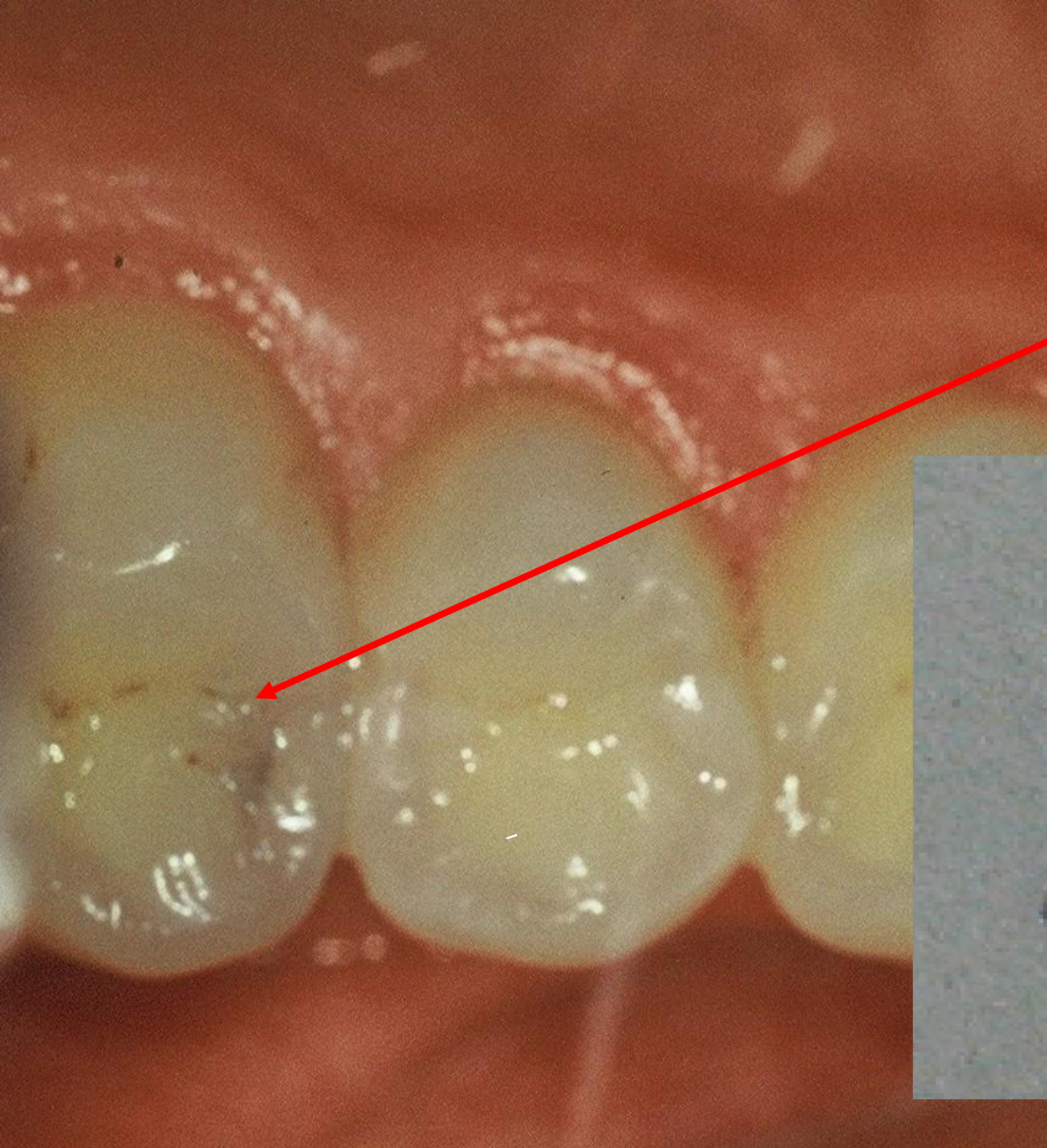
Access to the cavity

From the occlusal surface

Through the undermined enamel

Separation using wooden wedges is useful

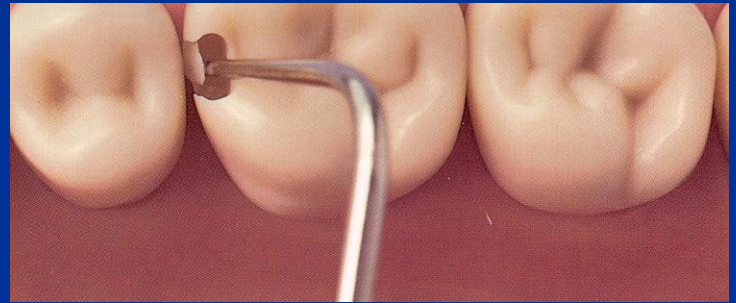
Pre op

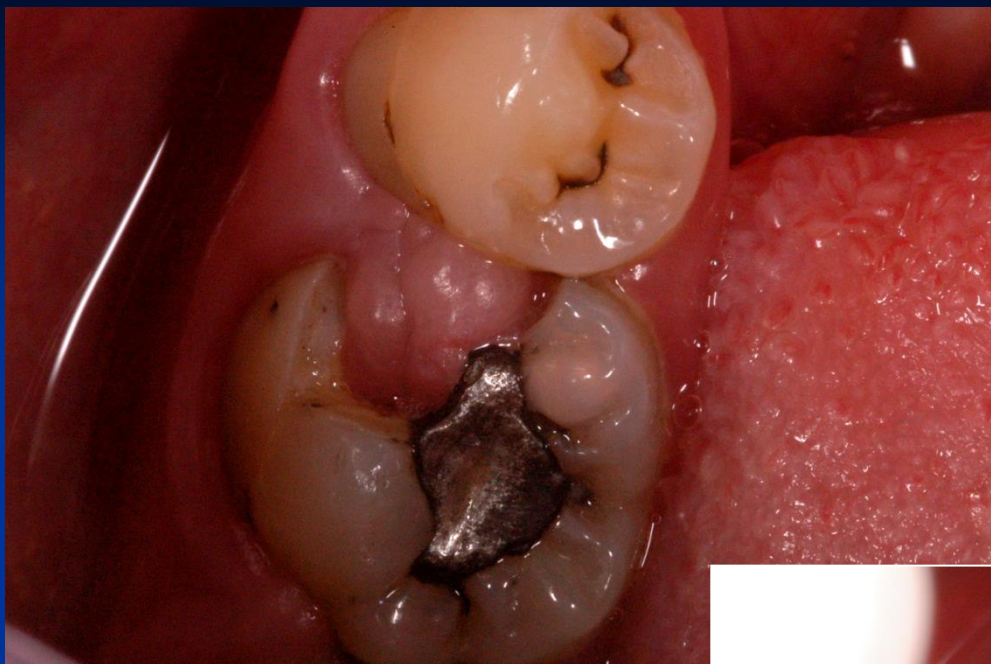




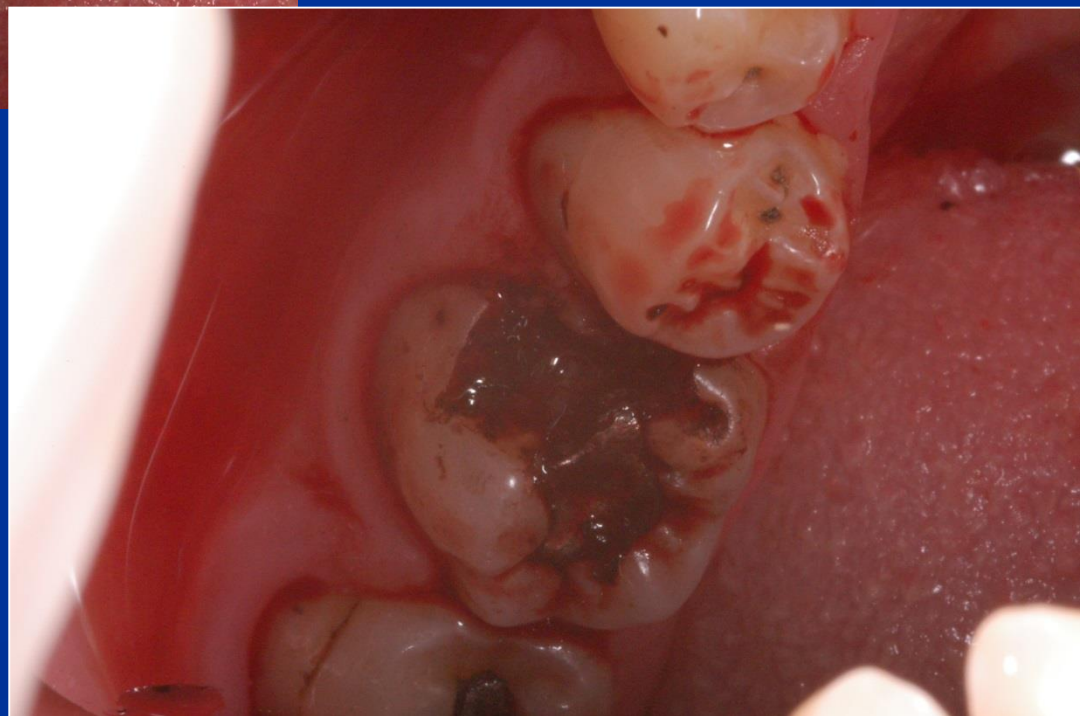
Access to the cavity

lroubal@med.muni.cz





- Scalpel
- Cauter
- Laser
- Temporary filling



Cavosurface margin and extention for prevention

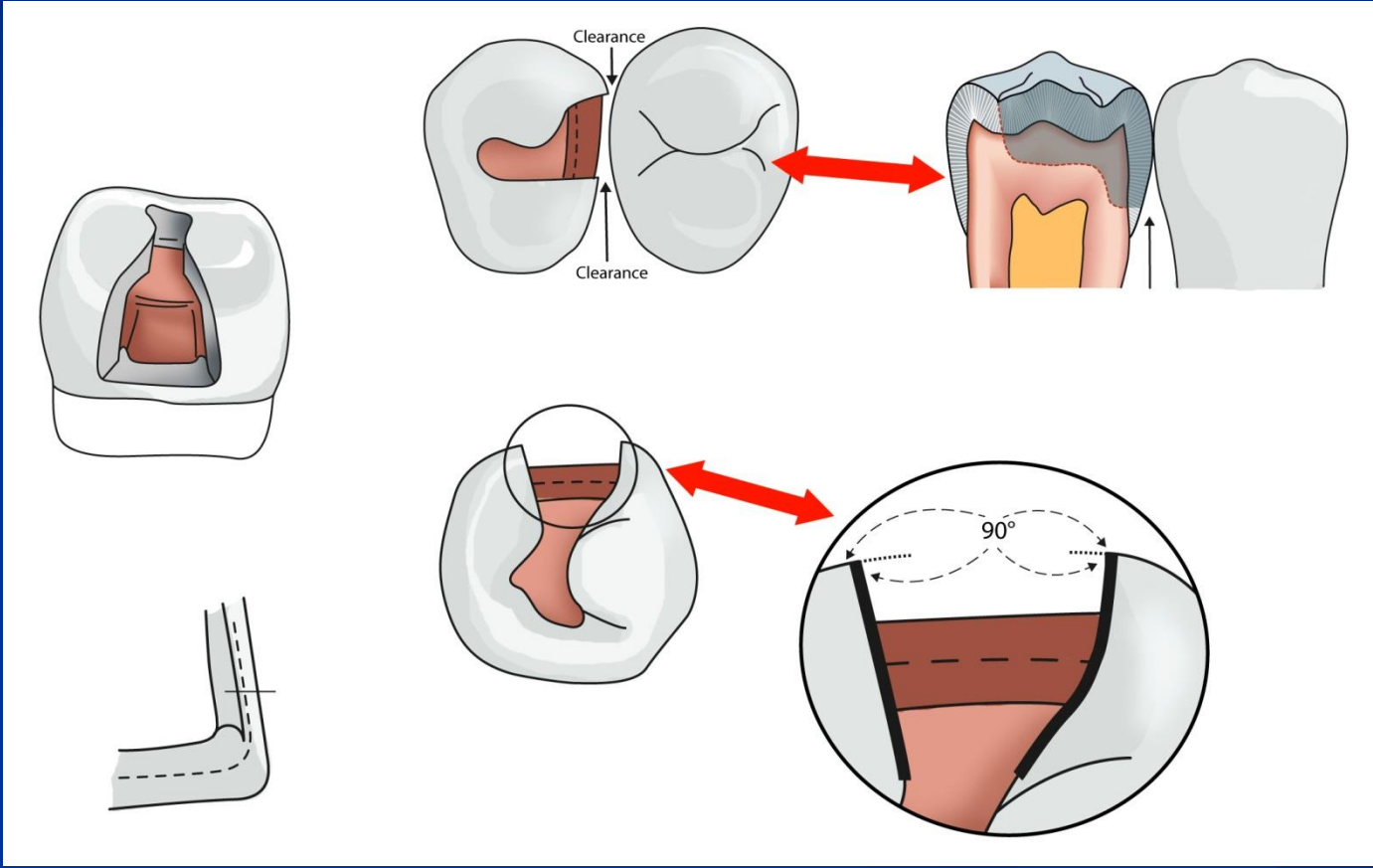
Proximal box:

Axial walls

Gingival wall

Occlusally

Class I.

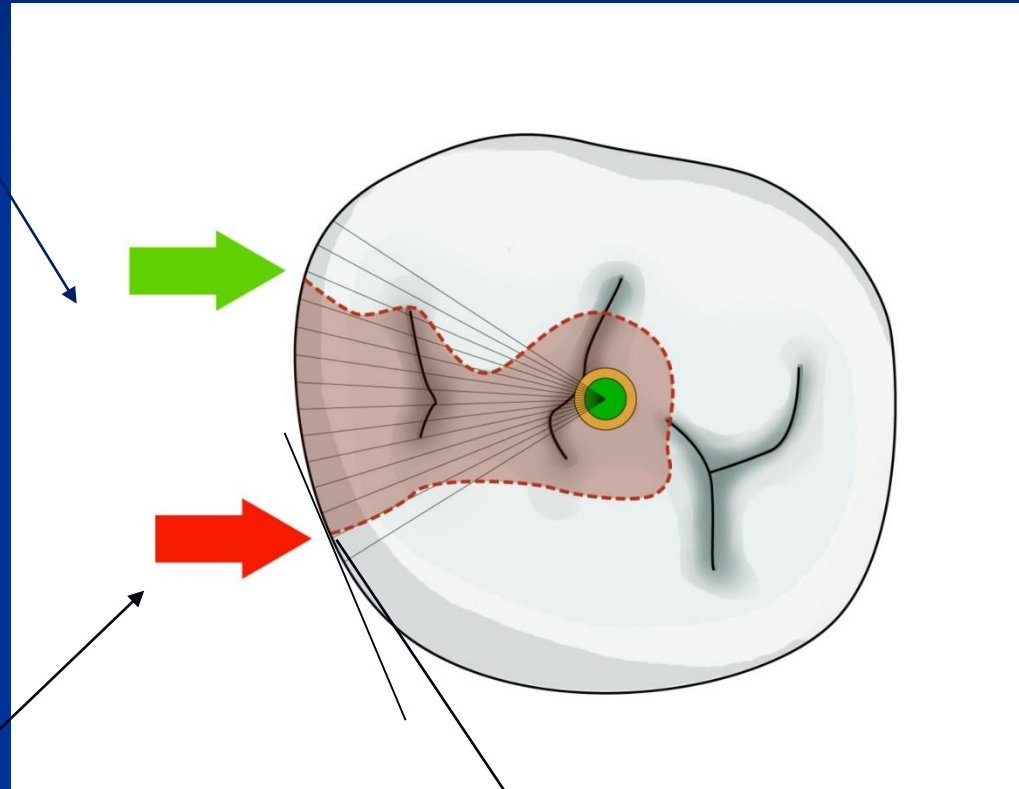


American rule is for orientation only

The contact area is crucial. The filling goes appr.0,5 over it

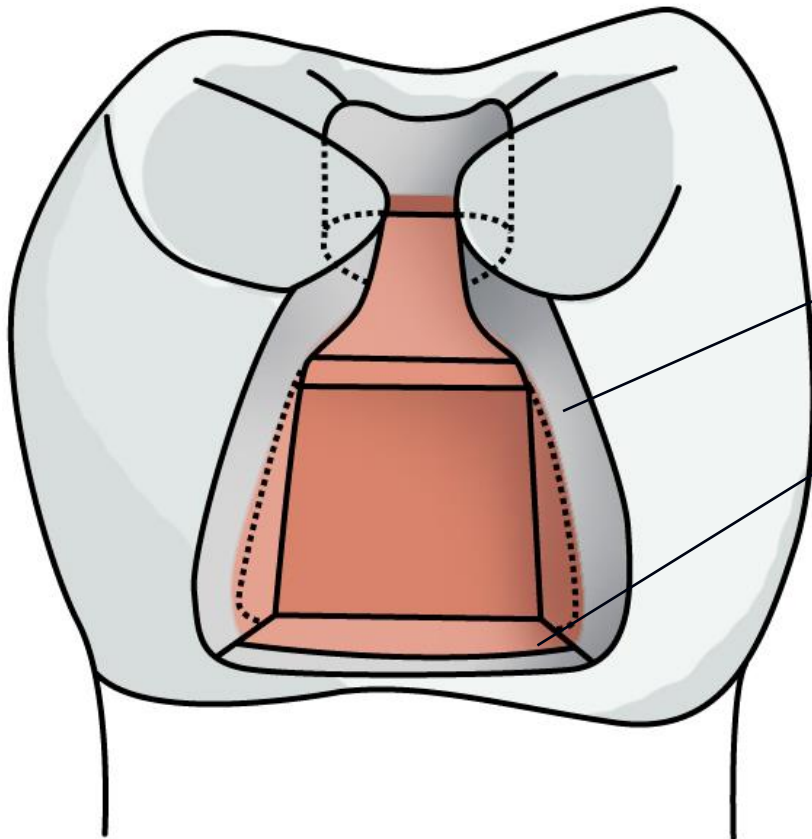
Keep the rule of reverse angle

Cavosurface angle
composit



Cavosurface angle -
amalgam

Angle 90°



Stěny v aproximální kavitě jsou :
axial, gingival walls

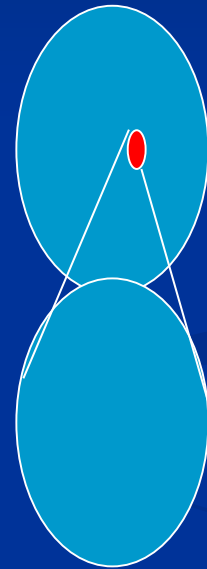
Divergent

Gingival wall

1. Is 1 – 1,5mm wide
2. The angle between pulpal wall and gingival wall is 90°
3. It goes parallel to cementoenamel junction

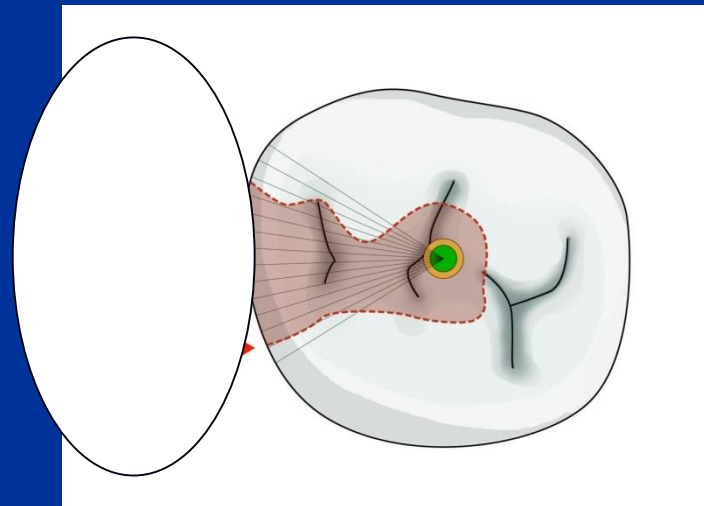
Cavosurface margin – axial walls

American rule obsolete



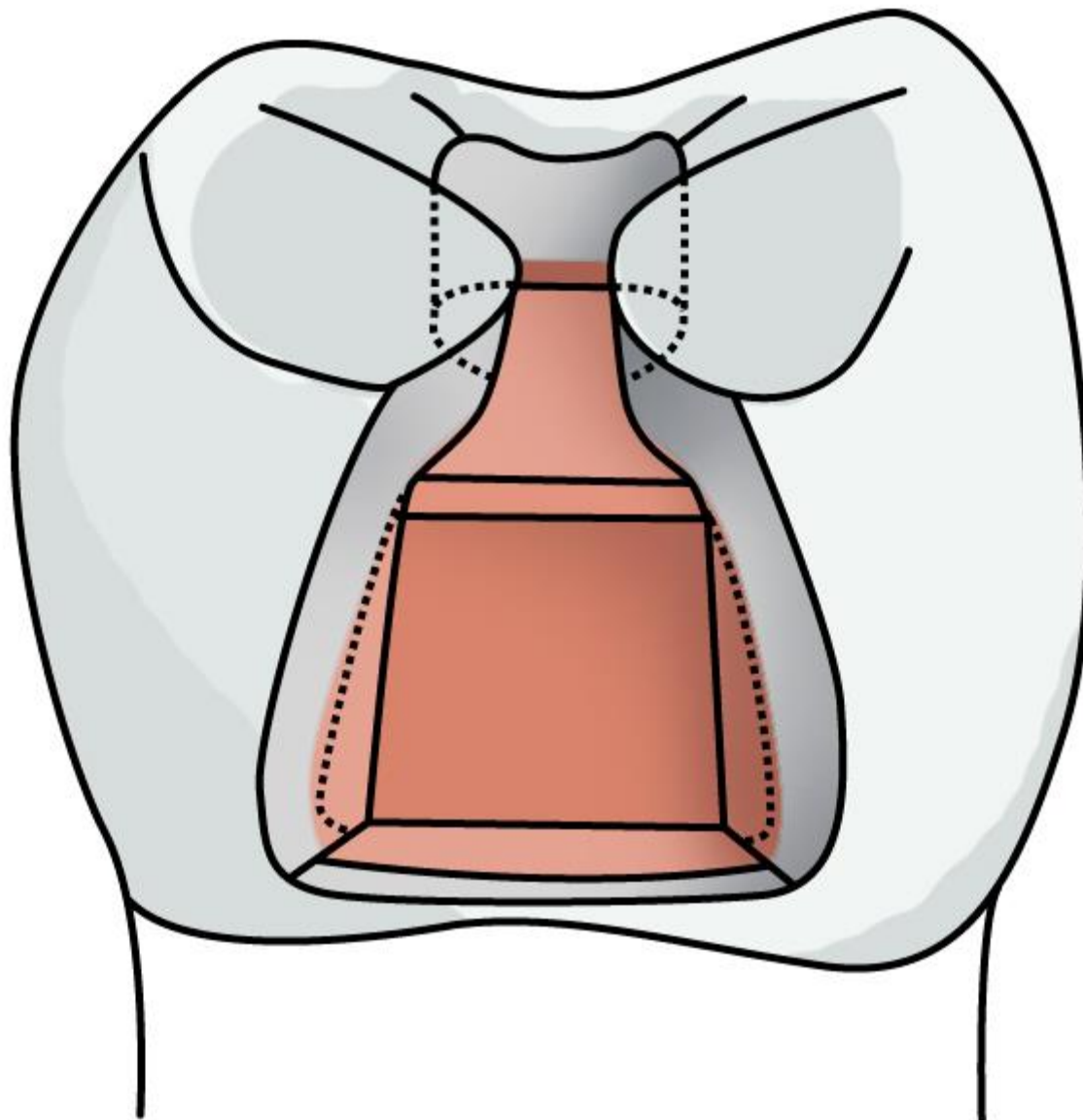
Cavosurface margin – axial walls

- Check the contact area – the filling must reconstruct the contact area –and be apprx. 0,5 mm over

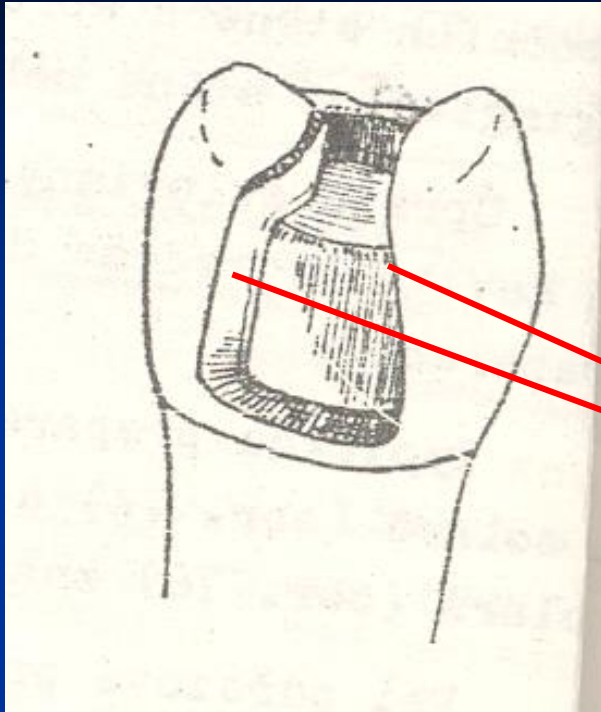


Retention

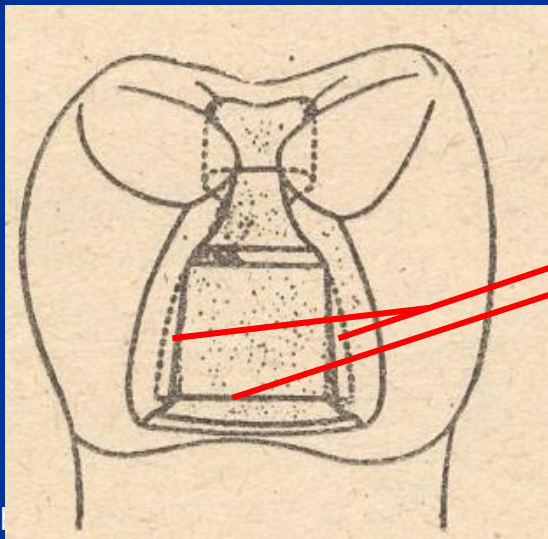
- Occlusal cavity with undercuts
- Divergency of axial walls
- Grooves







Divergency of axial walls

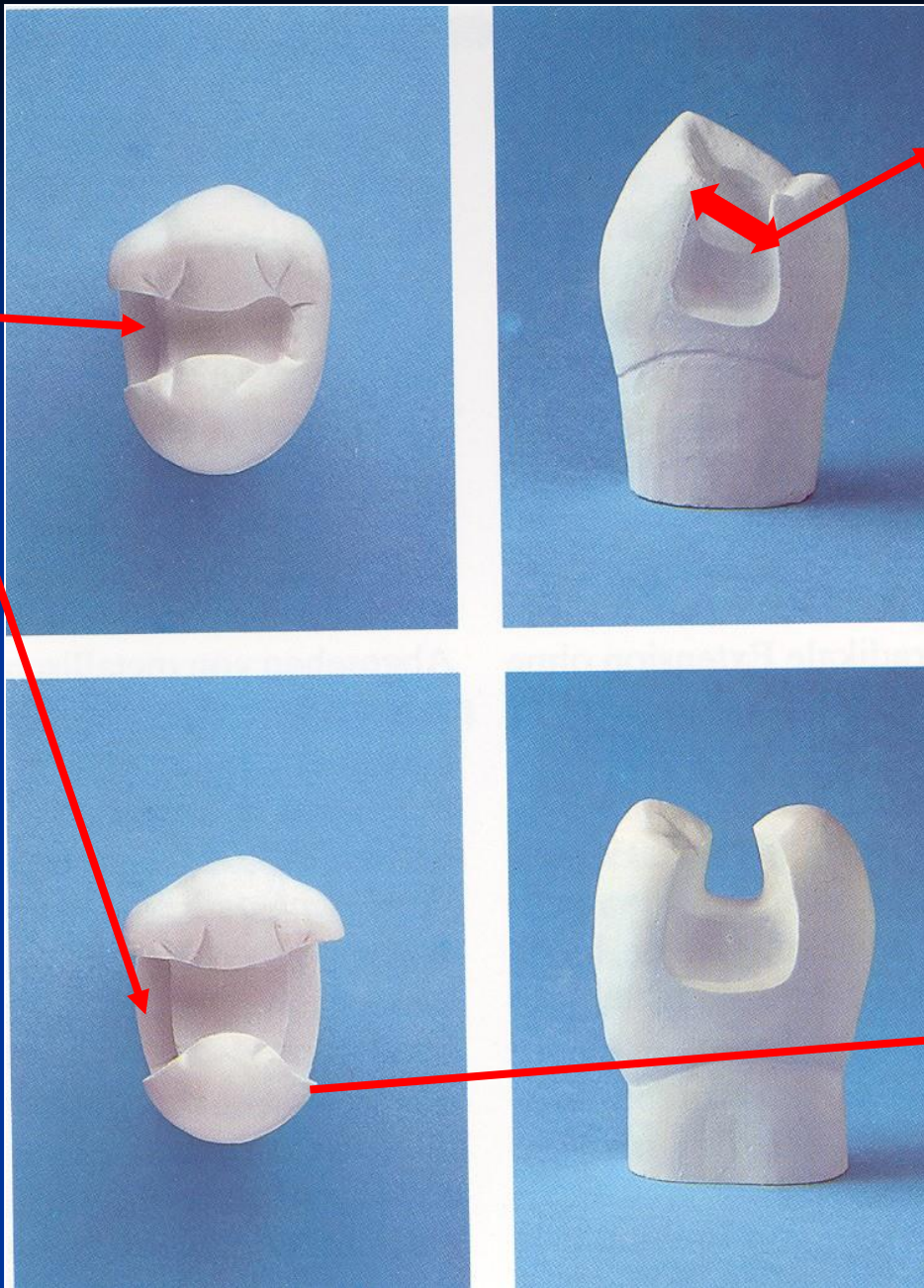


Grooves

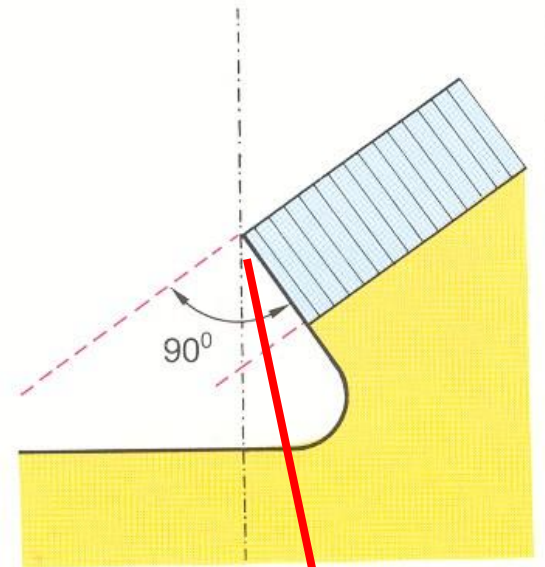
Resistancy

- No undermined enamel
- No sharp edges
- Isthmus is $1/3 - 1/4$ intercuspidal distance
- Angle between axial and gingival wall: 90° , or 85°
- Width of gingival wall is 1 mm at least
- Thickness of the filling 2 – 4 mm (4mm cusp replacing)

G. wall



Isthmus



Cavosurface angle

Excavation of carious dentin

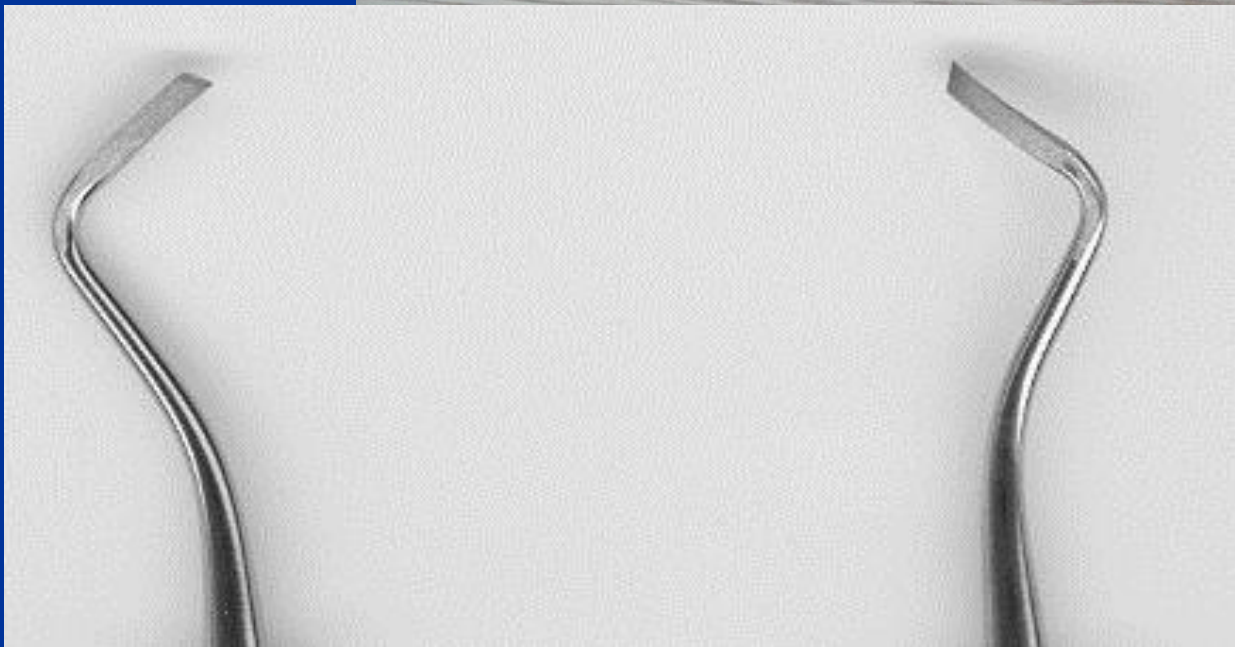
Rounded bur

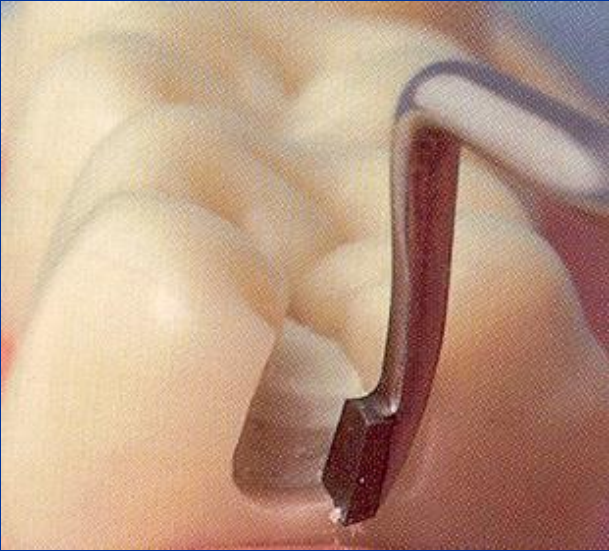
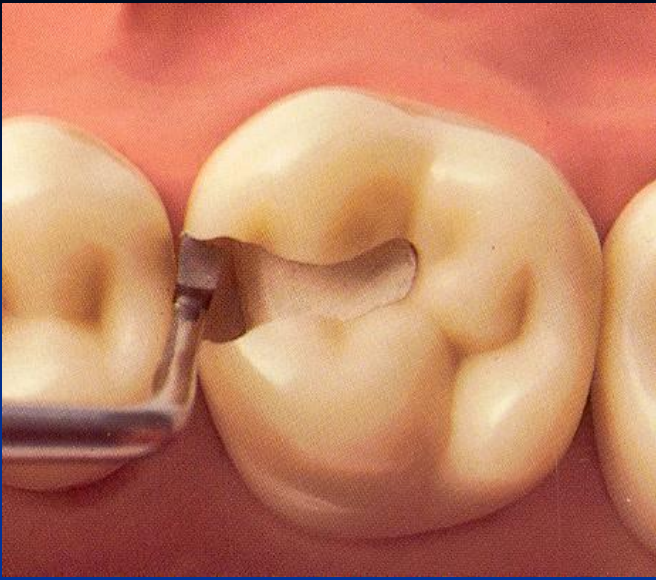


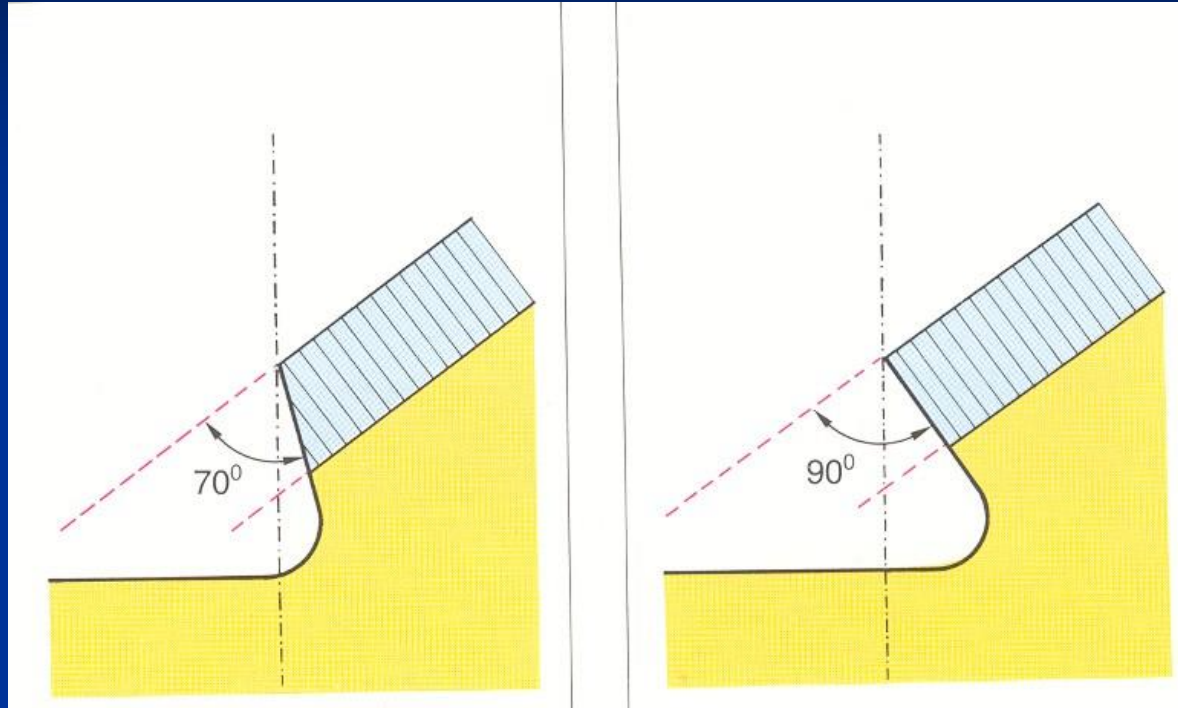
(Caries Detector, Kuraray, Japonsko; Caries Marker, VOCO, Německo)

Finishing of cavity walls

- Red coded diamond bur
- Chisel on the gingival wall (if in enamel)



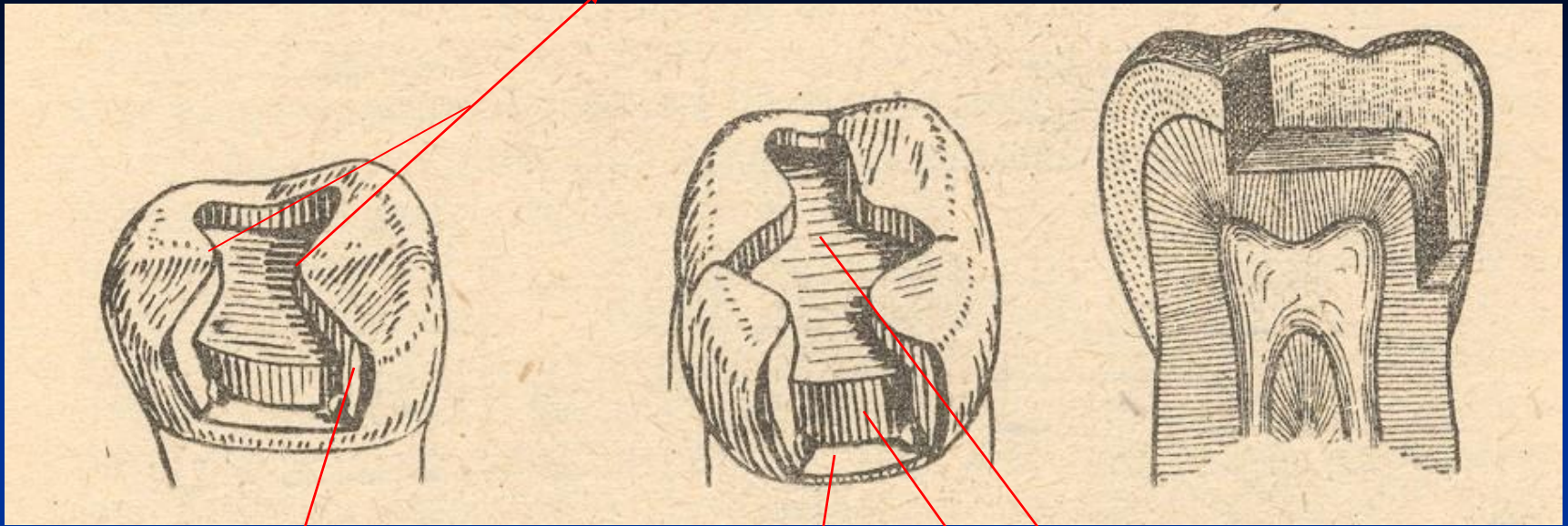




Final check

➤ Goog light, mirror

Isthmus



Axial wall

Pulpal wall

Gingival wall

Matrix placement

- Matrix primarily is used when a proximal surface is to be restored

The objectives:

- Provide proper contact
- Provide proper contour
- Confine the restorative material
- Reduce the amount of excess material

Matrices

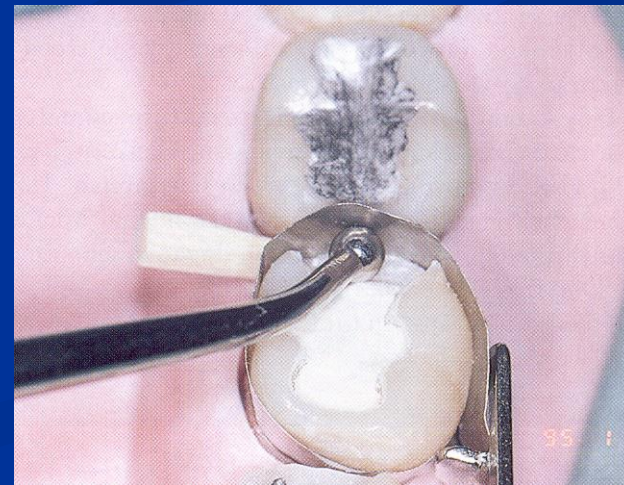
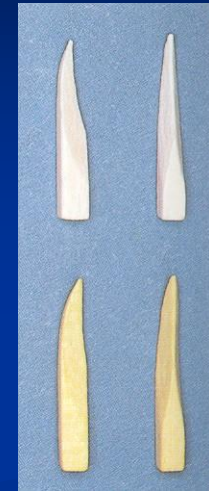
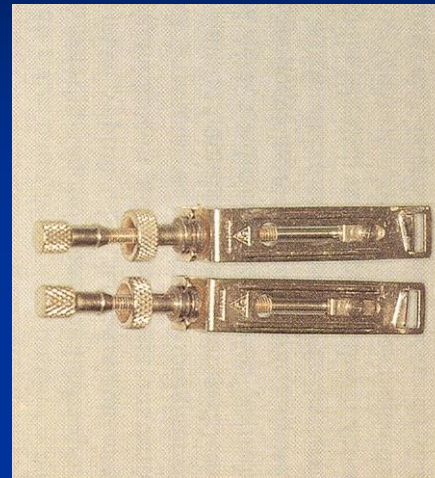
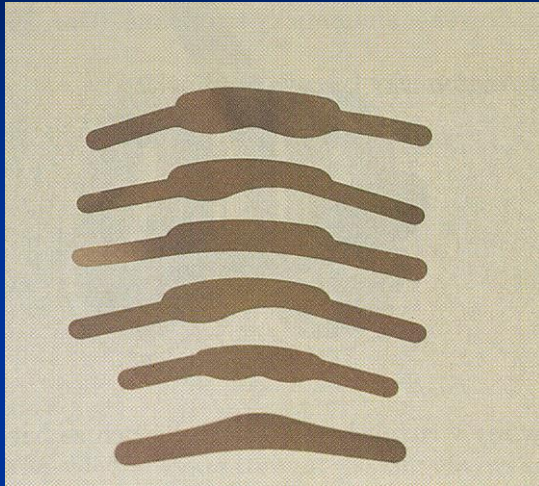
- Ivory I retainer Ivory 1
- Hawe Neos retainer Ivory 8
- Tofelmire matix and retainer

Wedges

- Wooden wedges
 - tighten the matrix band
 - compress the gingiva
 - separate the teeth

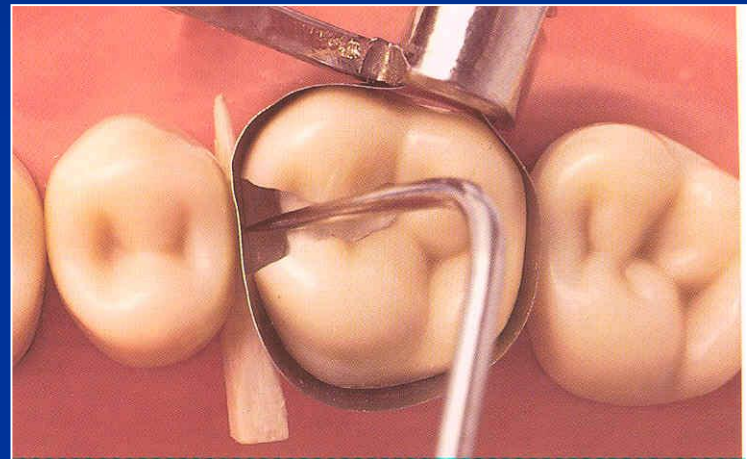
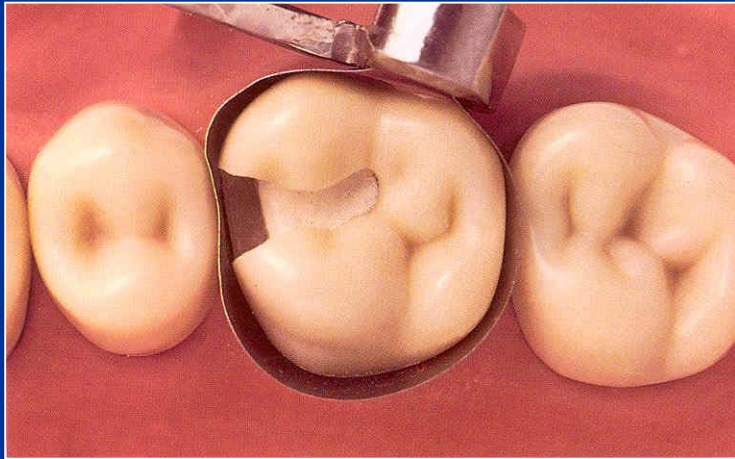
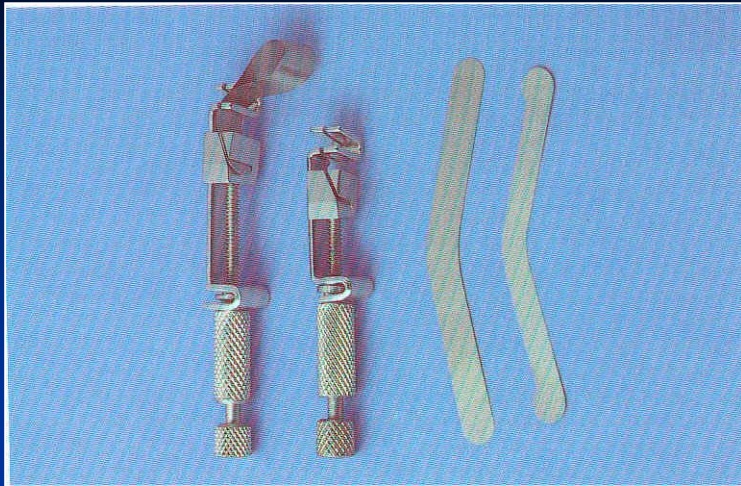


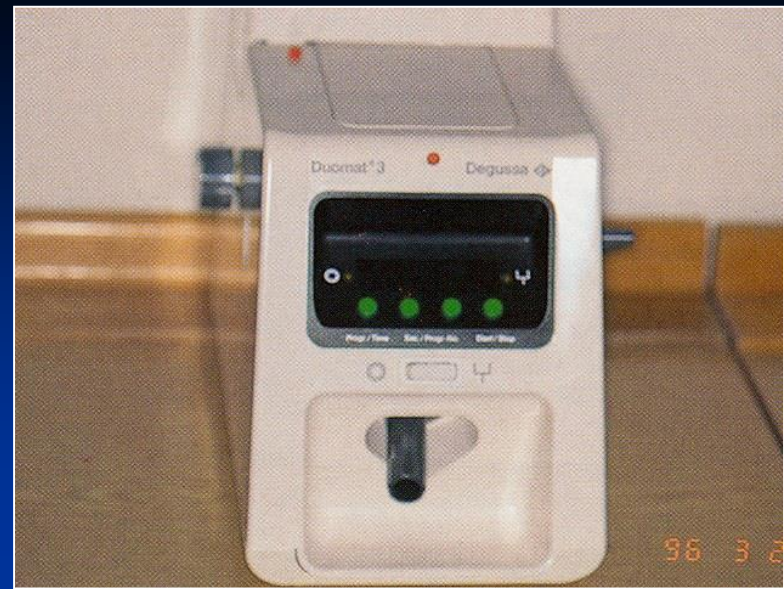
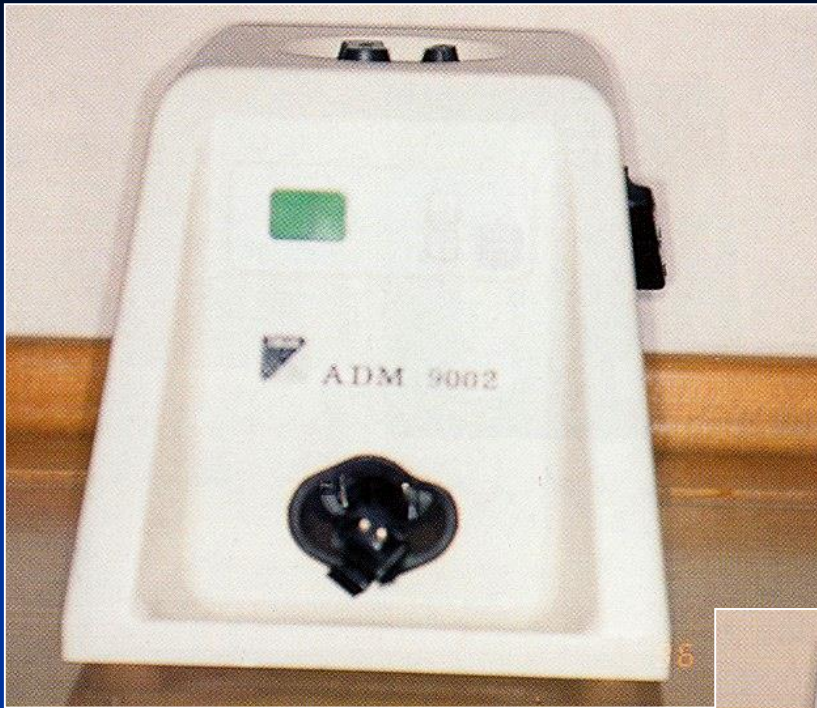
Matrix retainers and matrix bands, wooden wedges



Wedging

- Slip the matrix band over the tooth (apical to the gingiva margin – 0,5, - 1 mm)
- Tighten the matrix, check it with probe
- Place a wedge
- Turn the retainer $\frac{1}{4}$ counterclockwise
- Contour the band



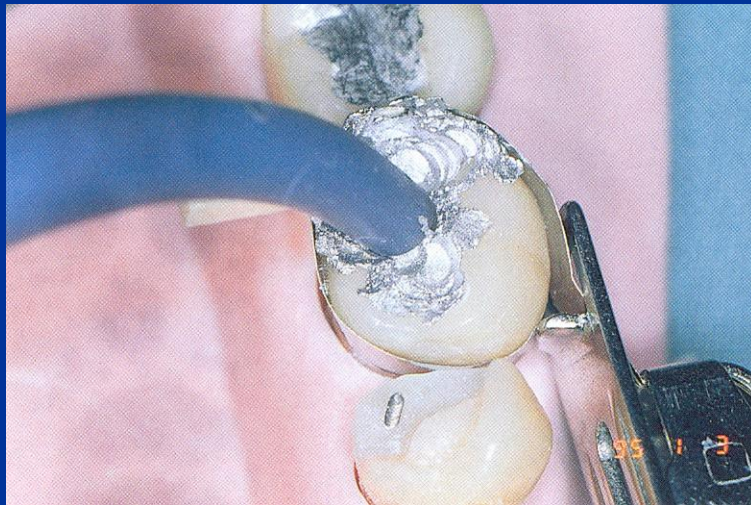
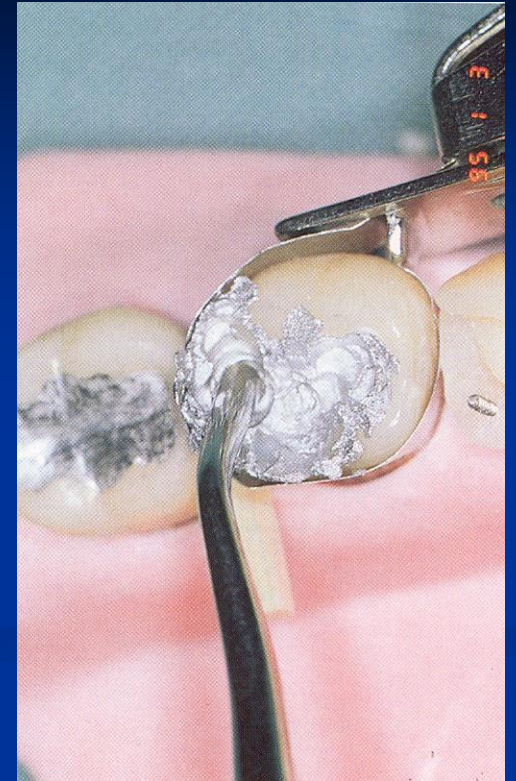


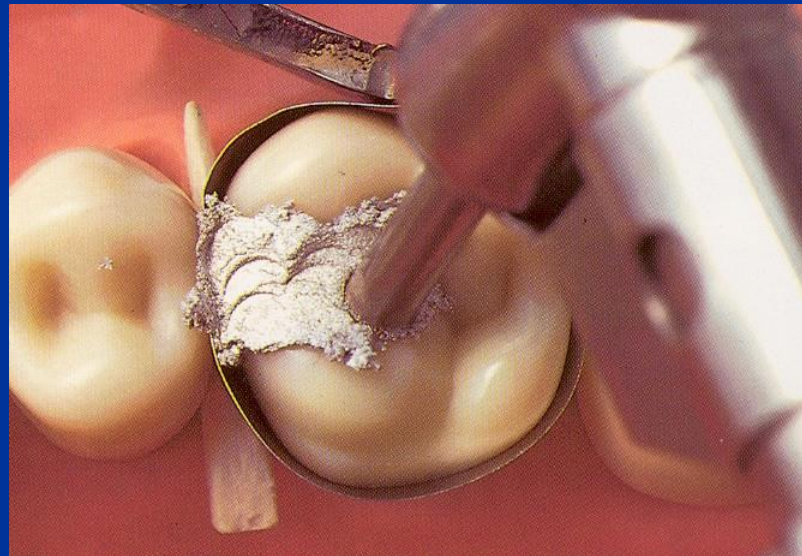
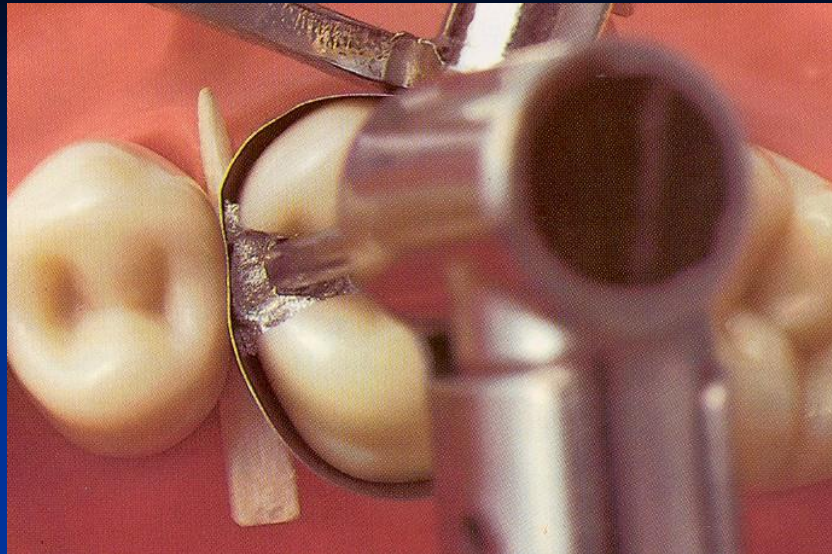
Trituration!

Condensation of amalgam

- Condensor – stamen is the best one
- Power driven condensation

How big the stamen should be??

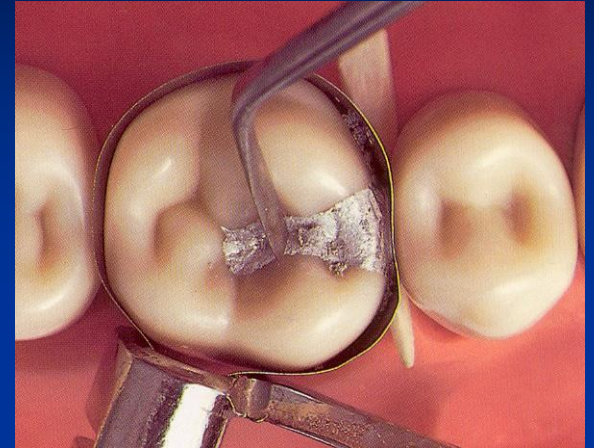
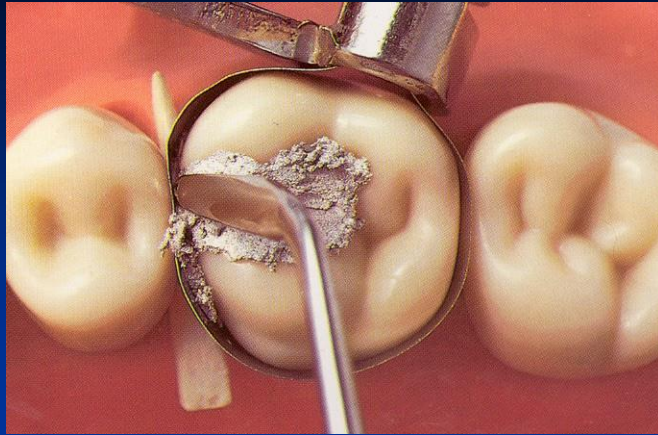










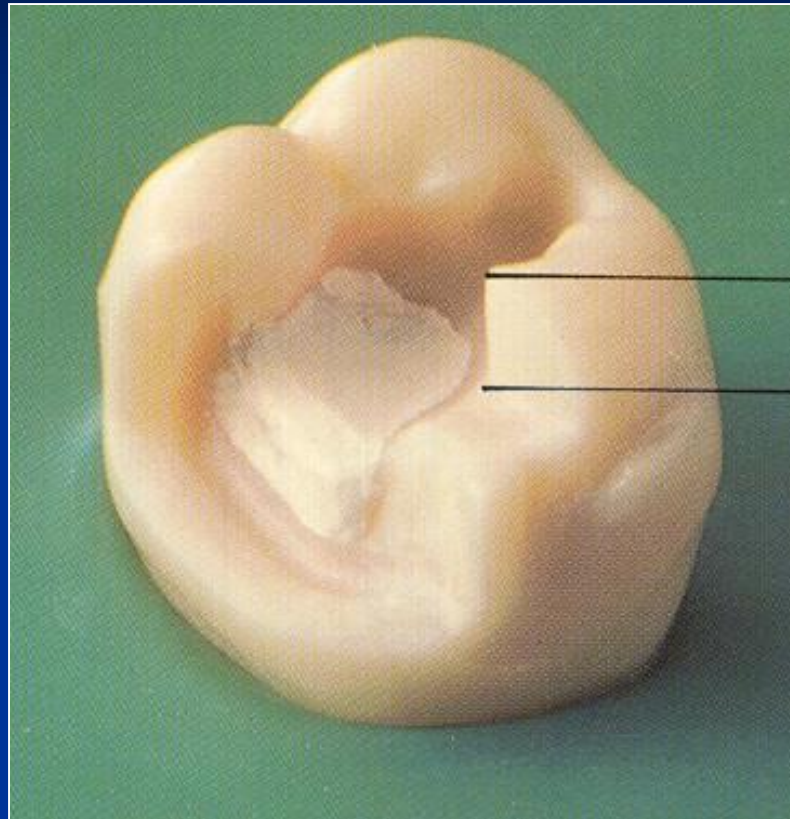


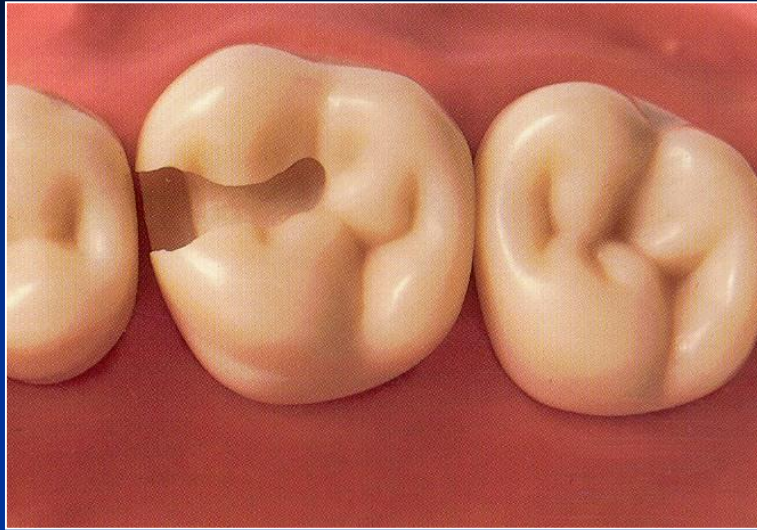


Base

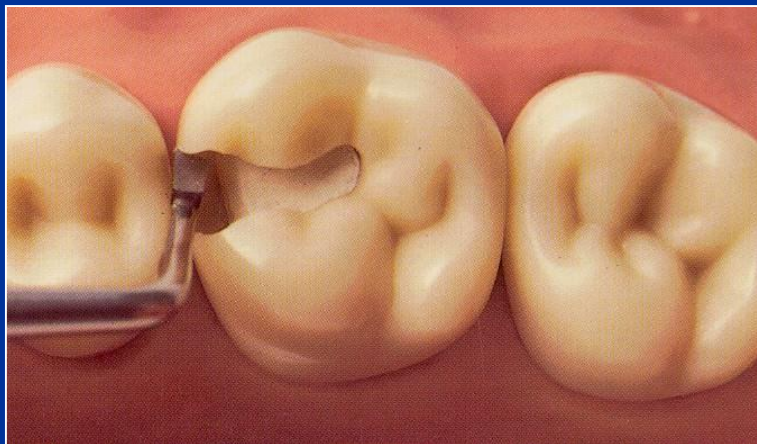
➤ Zinkoxidphosphate cement

On pulpal walls only!





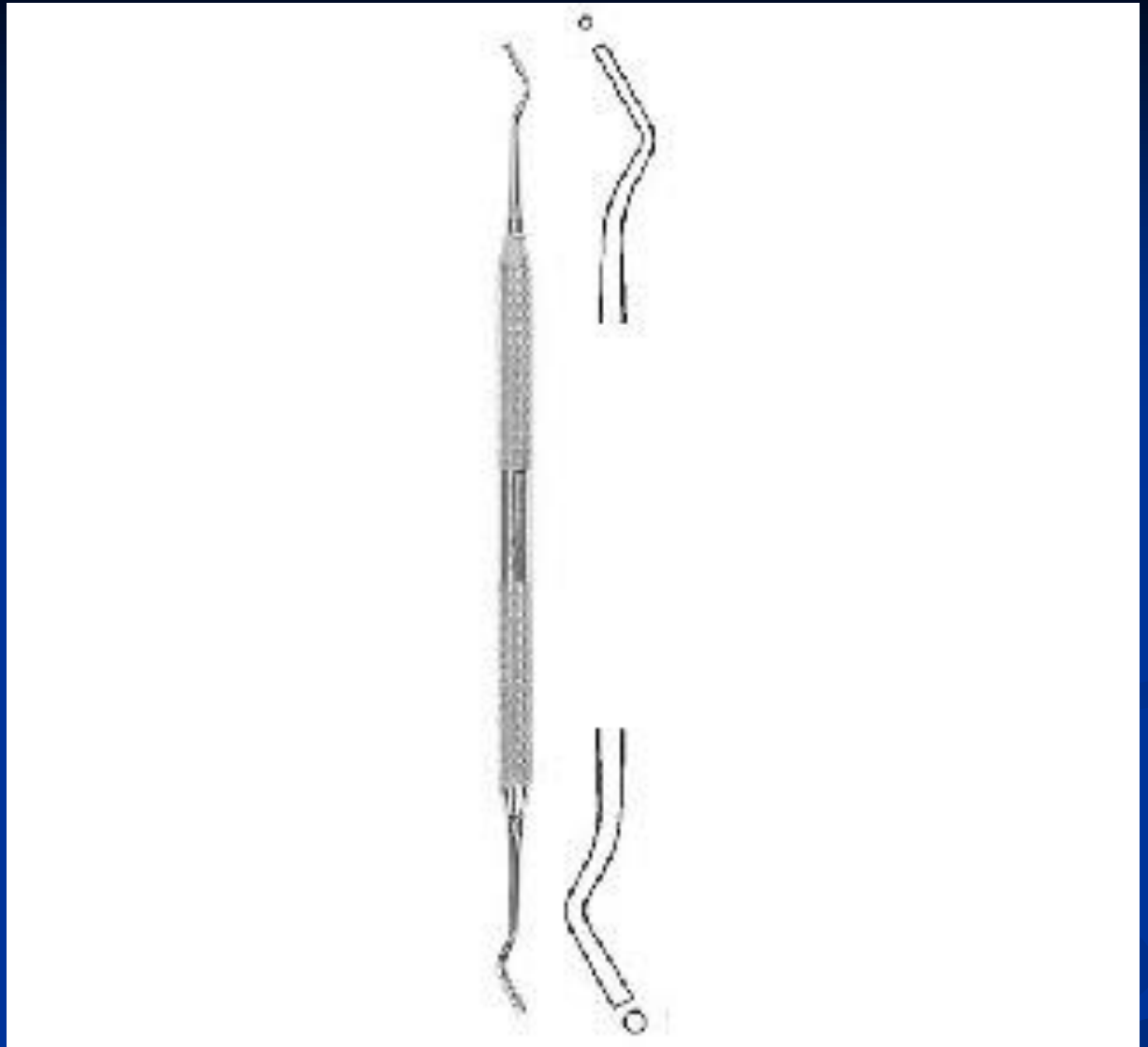
The base must be hardened



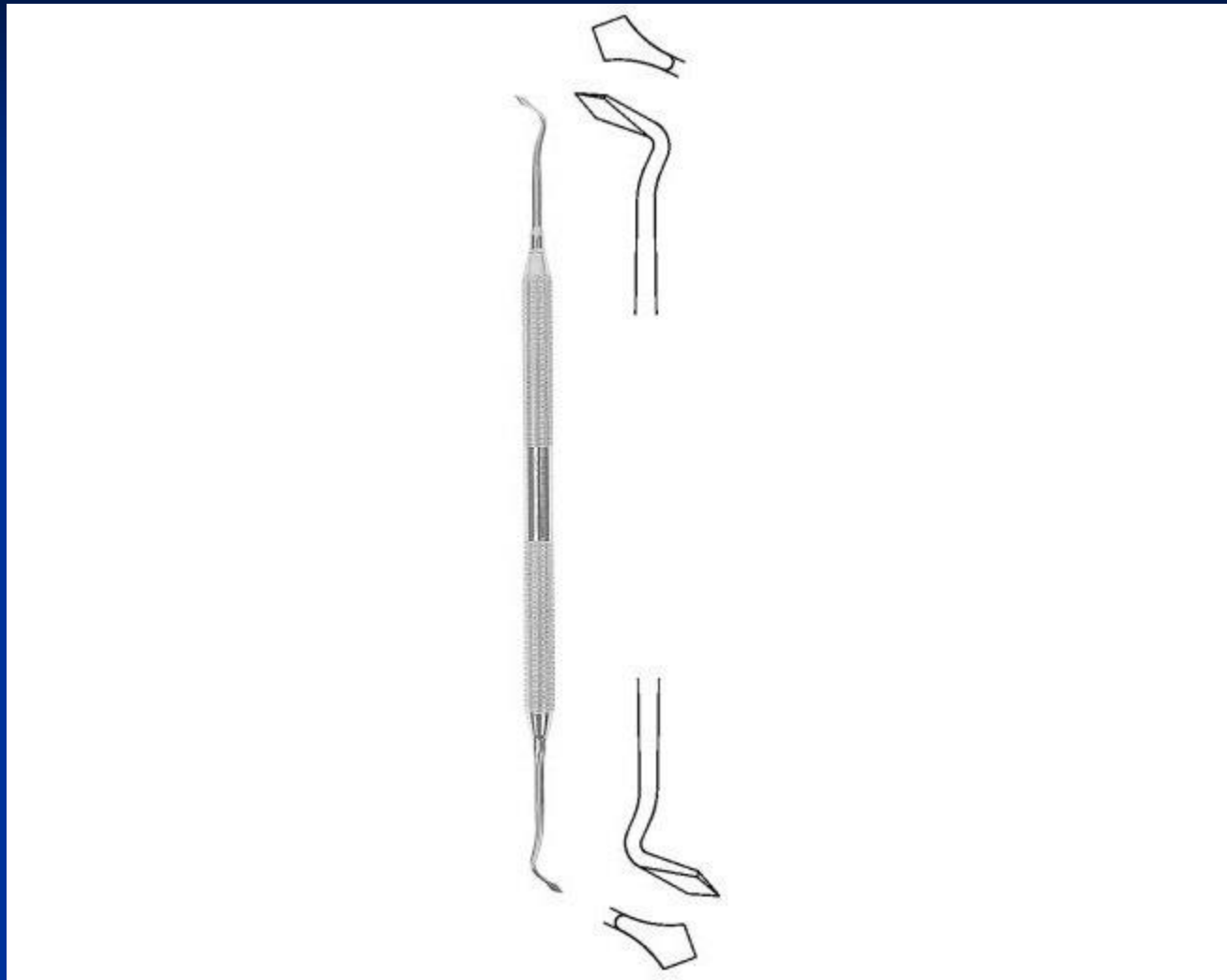
Instruments

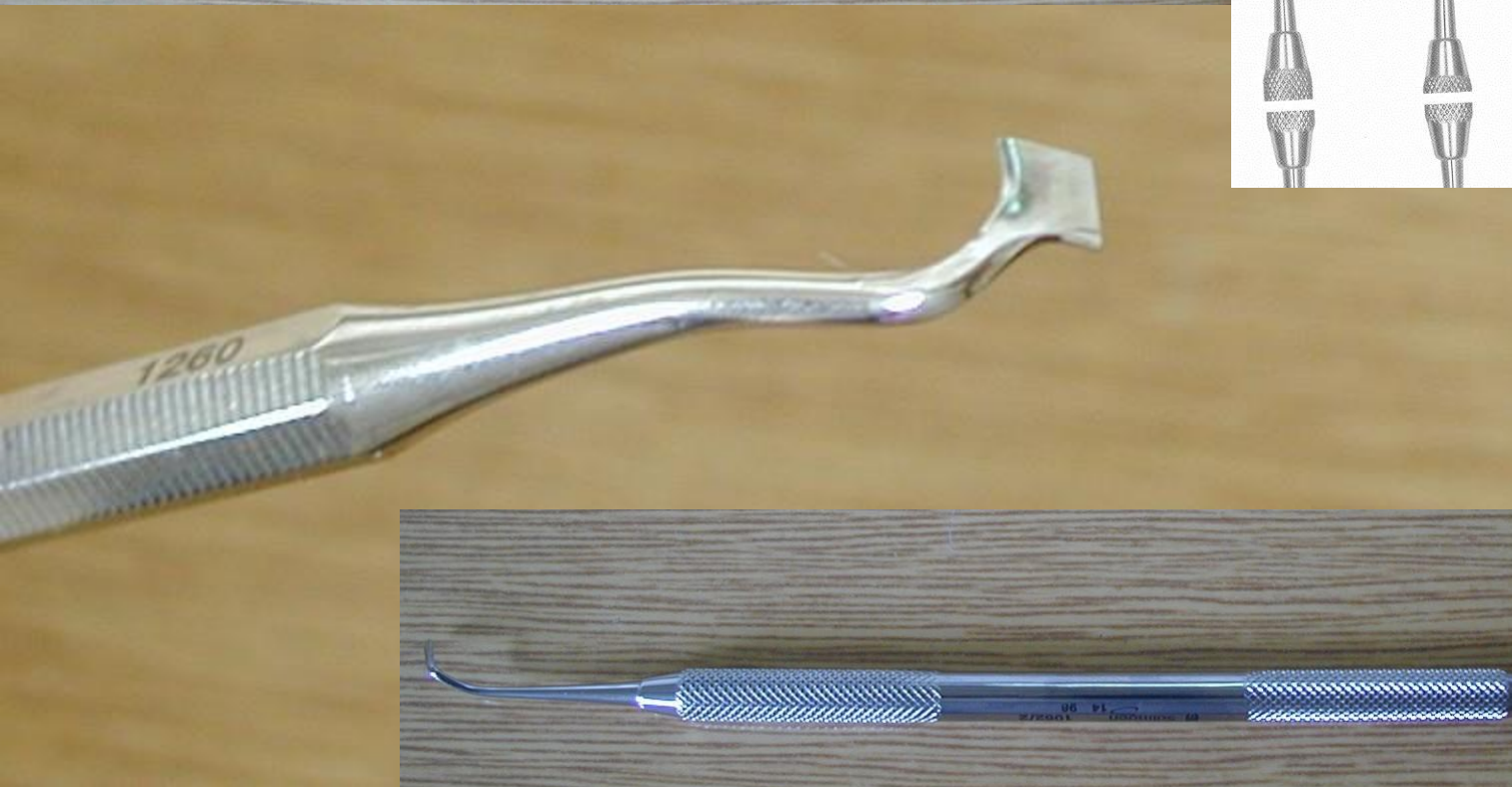
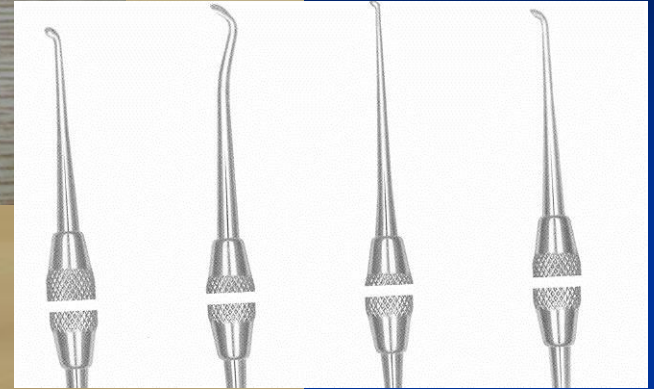
- Preparation
- Filling
- Finishing and polishing

Condensor with straight front



Frahm

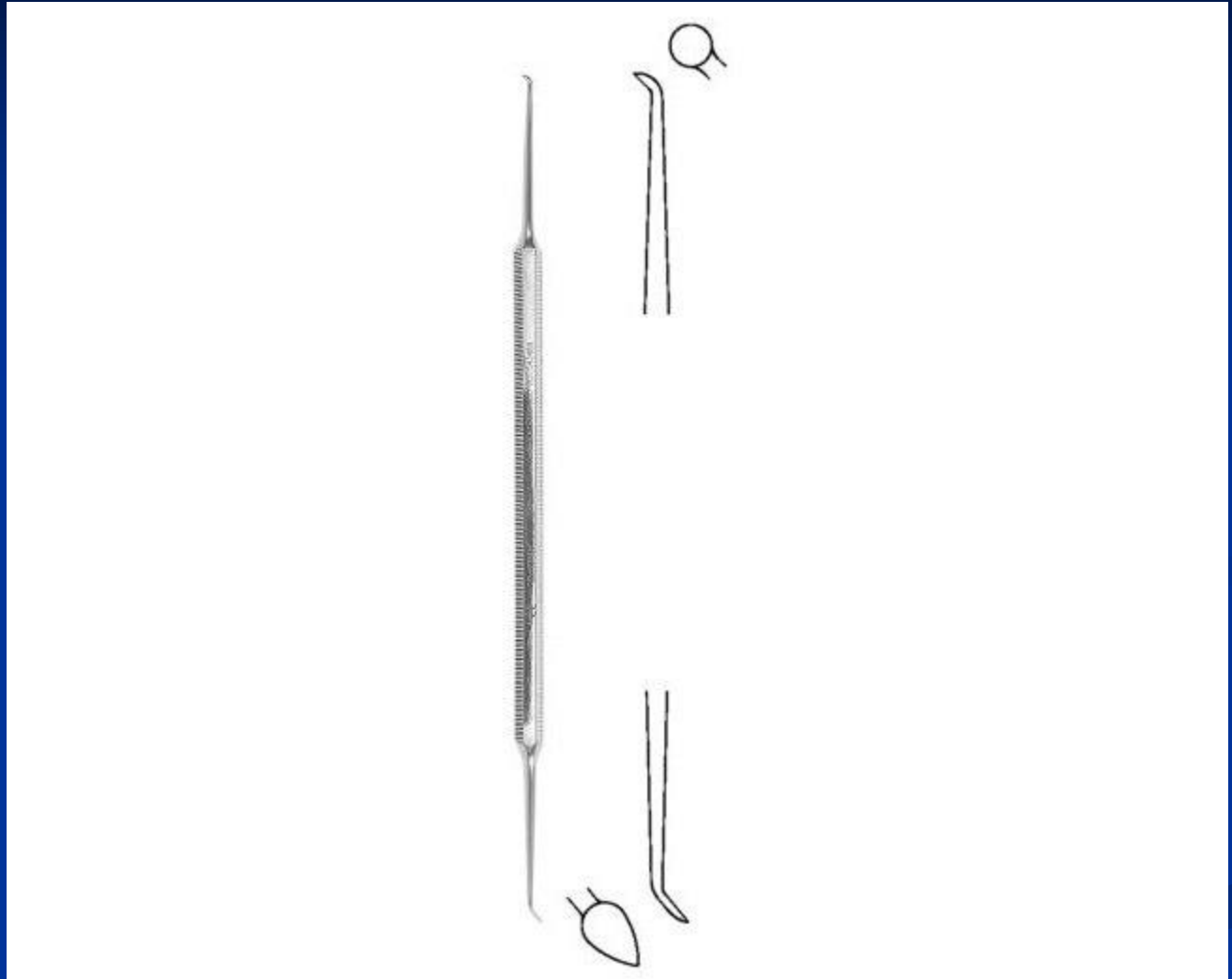




Sapin



Discoid-cleoid



Amalgam carrier

