Restorative dentistry I. 4 th lecture

Subgingival defects

Main problems

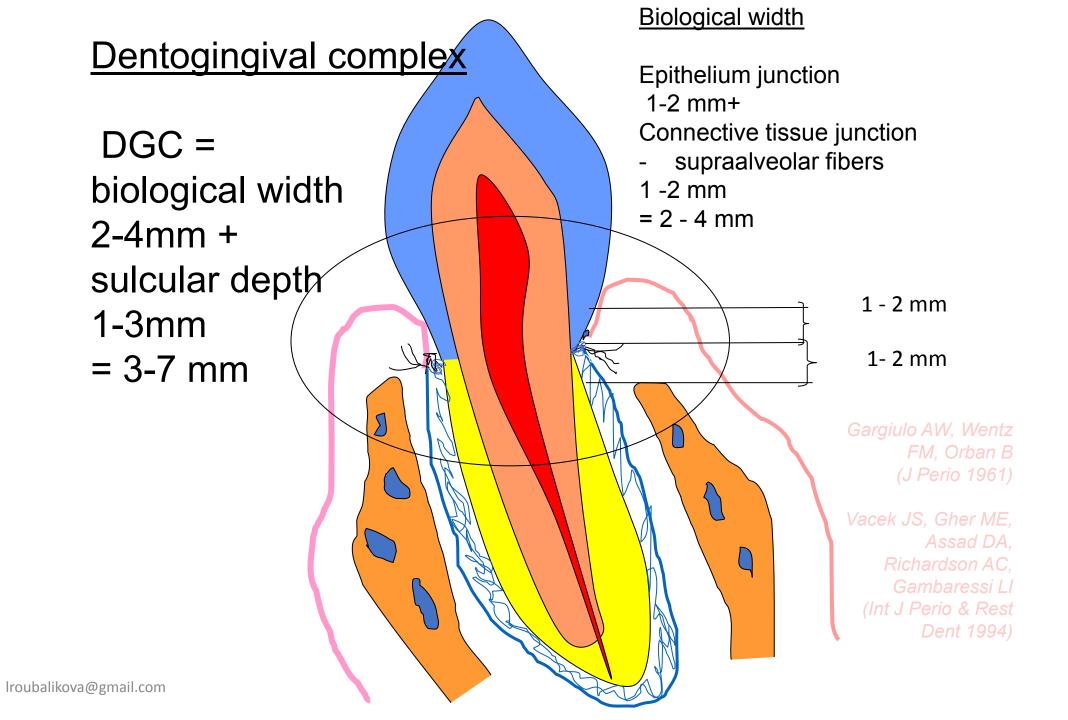
Substantial loss of hard dental tissues

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- Subgingival cervical borders difficulties with dry operative field
- (bleeding, sulcular liquid)
- Adhesive procedures in region without enamel
- consider selfetching adhesive

SUBGINGIVAL DEFECTS

- Technical parameters:
- Possibility to keep the operating field dry
- <u>Biological parameters</u>: measurement of distance between clean gingival border and insertion of periodontal ligament or crest of alveolar bone using periodontal probe and/or xray.
- Biological width



Classification of subgingival defects

• 1. Ruberdam is possible to use, gingival border can be seen.

• 2. Rubberdam does not allow complete isolation of operating field, biological width is ok.

• 3. Subgingival defect, biological width is affected.

Solution

• 1. Margin elevation – cervical margin relocation using flowable material or composite filling material

• 2. Gingivectomy + gingivoplasty

• 3. Elongation of clinical crown – crown lenghtening (gingivectomy + ostectomy)

Reconstruction: direct or indirect

Cervical margin relocation

• SEQUENCE OF OPERATION - MARGIN RELOCATION •

Consider possibility of effect of rubberdam and biological width

Cervical margin relocation

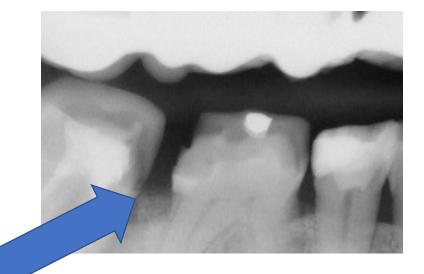
- Application of rubberdam
- Matrix band can be cut (appr.3 5 mm)
- Tihgtening of the matrix with the retainer
- Insertion of a wooden wedge
- Adhesive procedure consider selfetching adhesive system
- Flowable
- Composite











New margin









Gingivectomy and gingivoplasty

Cutting gingiva and shaping it anatomically :

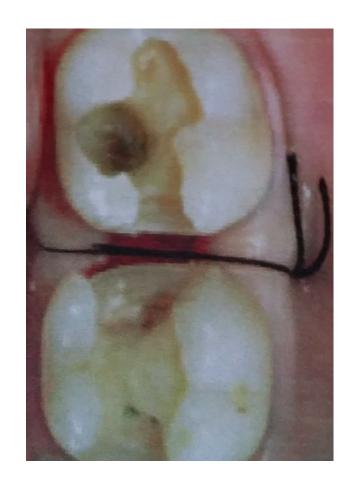
• Scalpel - Laser - Cauter

Gingivectomy Gingivoplasty



GIC as a temporary







Crown lenghtening

• Surgical procedure based on gingivectomy, gingivoplasty and ostectomy.

Closed and open











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Extrusion

- Extrusion orthodontic
- Fast
- Surgical

