





Black class I. and II. composite fillings
Dental matrix systems and its use

DR. KÁROLY BARTHA



Black Class I.

definition

extended fissure sealing



Black Class II

definition

► MO/OD/MOD



Limits of the use of composits

Not indicated:

- problems with isolation
- full contact with opposite tooth
- bruxism



Usual Steps of an Composite Restoration

- Medical history, diagnosis, (X-ray.) Anesthesia
- ► Shade selection
- Cavity preparation
- Isolation
- ► Adhesive technique
- ▶ Inserting and curing the composite
- Contouring and polishing the composite



Shade selection

- Drying and dehydration of the tooth
- Isolation (before-, color)

Applying and curing a small amount of the composite



Adhesive technique



Inserting and curing the composite

- Class I.
- Class II.



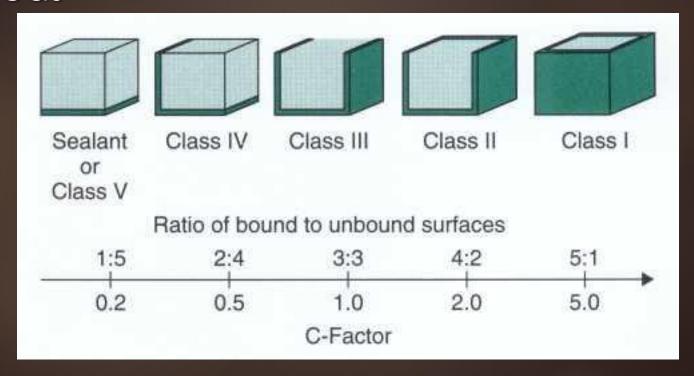
Disadvantages of the composite

- Polymerization shrinkage
- Higher thermal expansion coefficient
- No adhesion or chemical bond

Solution - adhesive technique

C-factor (configuration-factor)

The ratio of bound-to-unbound surface areas





Methods of reducing the polymerization shrinkage

- Further development of the composite
- Incremental filling technique
- Direction of the curing light
- Method of the curing



Incremental filling technique

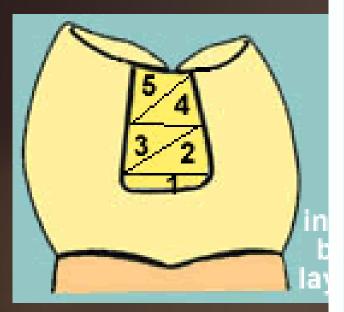
- Horizontal occlusogingival layering when cavity< 1/3 width of the toot</p>
- Oblique layering
- Faciolingual layering
- ▶ Bulk-fill
- ▶ Bio-mimetic
- Horizontal-split technique
- Centripetal technique

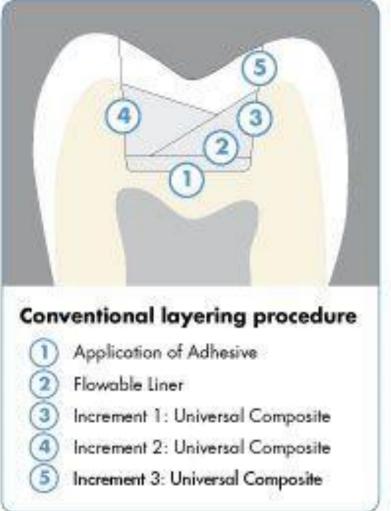


- occlusogingival layering
- Wide cavity fracture



- oblique la varina





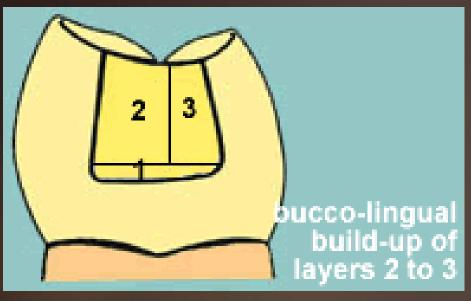


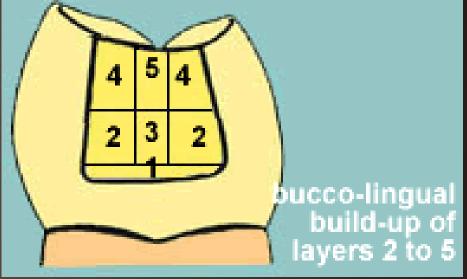


- use of flow composite
- Better marginal seal
- "Stress-breaker" function



- faciolingual layering







- bulk-fill









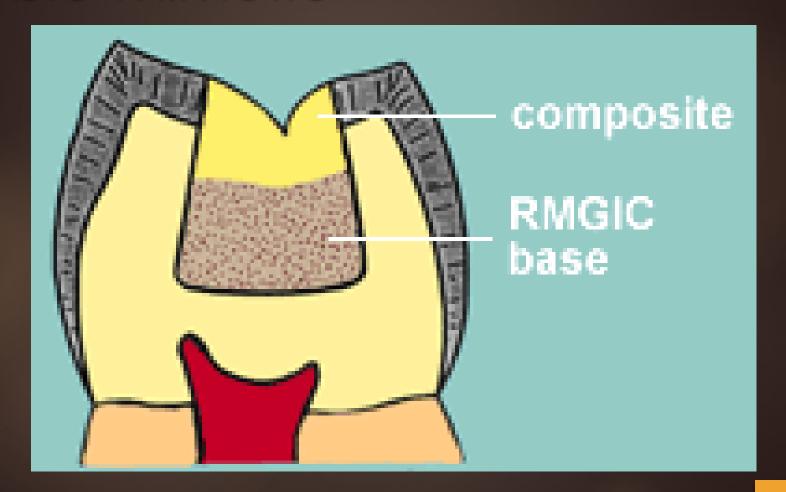


For better dentistry

DENTSPLY

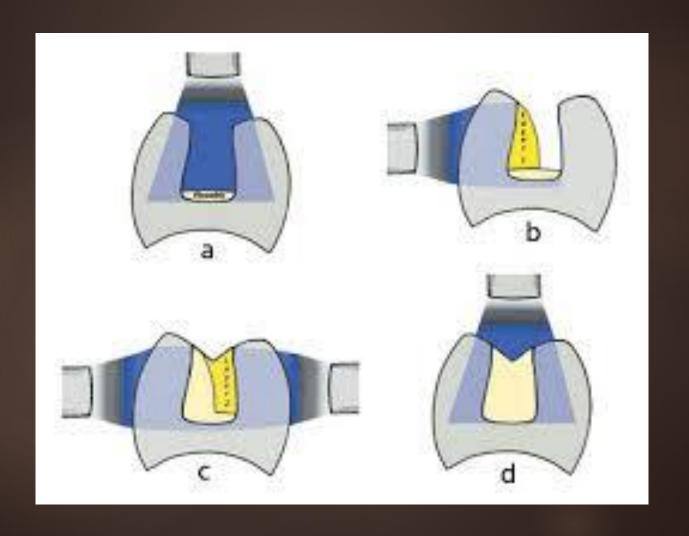


- bio-mimetic





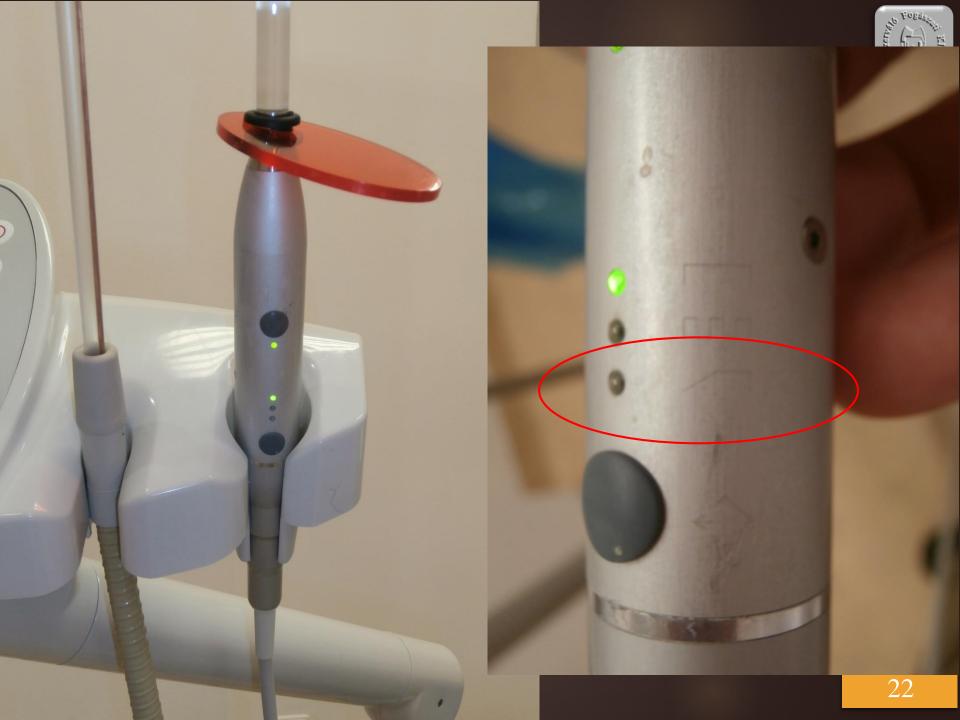
Direction of the curing light





Method of the curing

- "Soft start" polymerization
- As near as possible
- Metal matrix can inhibit
- Diameter of the light guide
- Cleanness of the light guide





Method of the curing

- "Soft start" polymerization
- As near as possible
- Metal matrix can inhibit the effect
- Diameter of the light guide
- Cleanness of the light guide



Black Class II. composite fillings





When are the matrix systems necessary?

- Preparation
 - to protect the neighboring tooth
- ► Plastic fillings
 - to shape (proximal contact)
 - for replacement of missing wall(s)
- during the cementation of inlays/onlays



Expectations - use of matrix system

- No gap, good seal
- Proximal contact
- Higher than the tooth
- Well fixed
- Easily removable
- Transparent
- Impermeable



Matrix is usable when...

- There are some place between the teeth
- ▶ If not, we make
 - ► Horico strip
 - Fast-separation (wedge)





We use the matrix strip (fast every time) with a wedge



Use of the wedge

- To put the matrix strip to the tooth.
- ▶ To fix the matrix strip
- Separation
- (Bleeding control)
- To protect the interdental papilla
- Light transmitting wedge polymerization



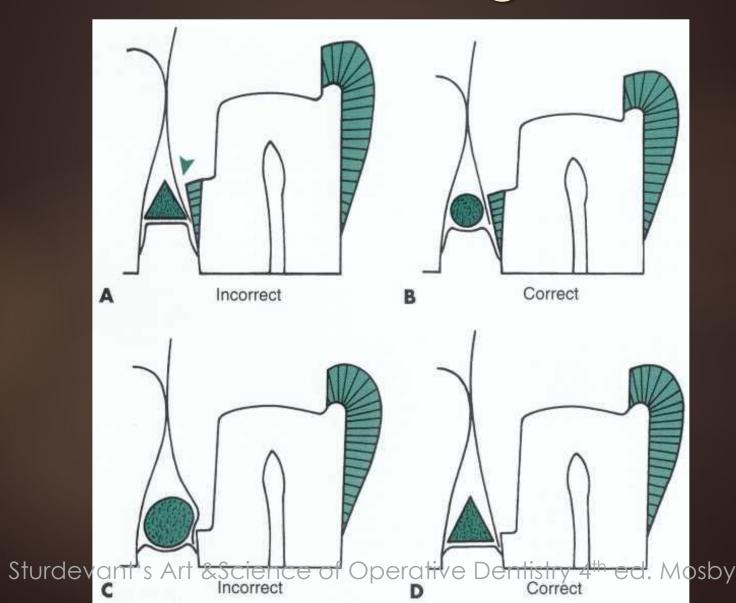
The use of the wedge





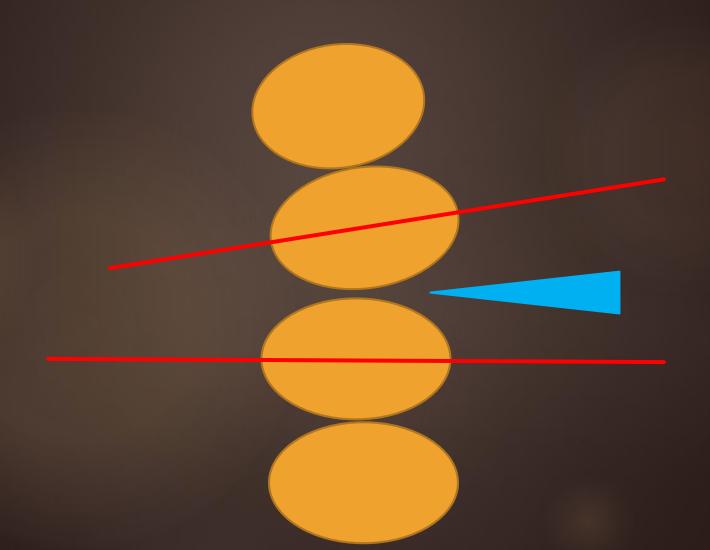


The use of the wedge





The use of the wedge





Wedges

Wooden







Wedges

right left

FOR district, Saling,



- ► Plastic
 - Formed
 - Curved (Curvy, VoCo)
 - ▶ V-shaped
 - ▶ Light transmitting













During preparation

- Common metal matrix
- Special product
 - "Matrix"
 - Wedge











Plastic fillings

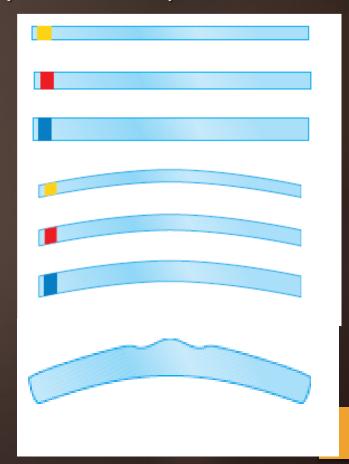
- Black Class III. and IV.
- Root surface fillings
- ▶ Black Class II.



Front-teeth - Black Class III.

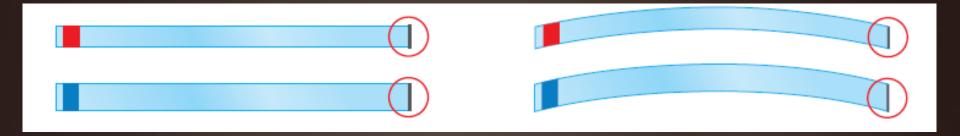
Transparent matrix – polyester strip

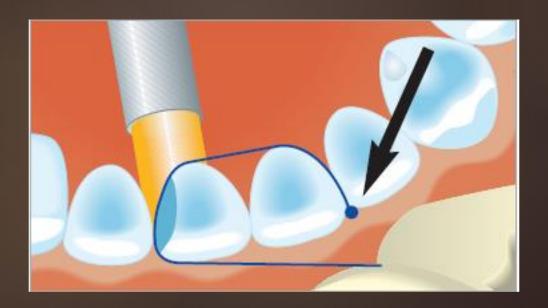






Hawe Stopsrip







Front-teeth Black Class IV.

- Polyester strip
- Silicone key



Use in U-shape (from Tuza E.)





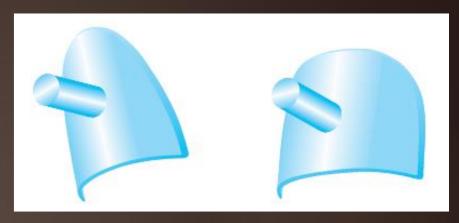
Silicone key (from Tuza E.)



Cervical fillings – cervical matrix

- Composite
- GIC







•	•					
Part No.						
851 S	852 S	853 S	854 S	855 S	856 S	857 S



Cervical fillings







Black Class II.

- Dental amalgam metal matrix
- Composite –metal- or plastic matrix



Matrix + matrix retainer or holder together (wedged)



Amalgam filling

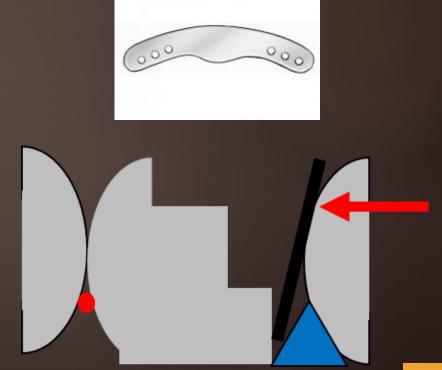
Dental amalgam is condensable - tight proximal contact



MO or OD cavity

Ivory matrix retainer + matrix band







MOD cavity

Conventional matrix retainer – with matrix

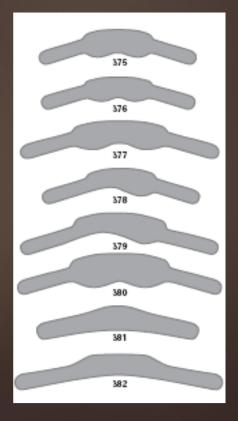


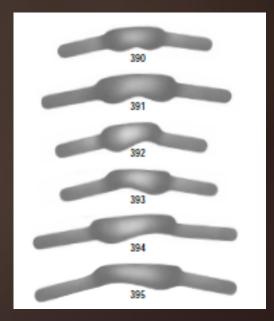


MOD cavity

Tofflemire matrix retainer with Tofflemire matrix band





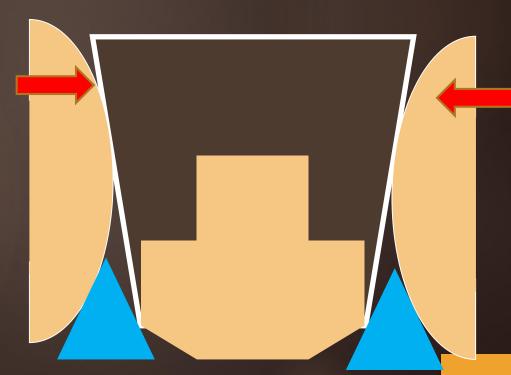




MOD cavity

► Tofflemire matrix retainer with Tofflemire matrix band







Conic matrix band – disadvantageous form

- During finishing proximal contact disappeared
- Fracture of filling





Composite filling

It could be difficult to achieve a tight proximal contact



Tofflemire matrix retainer with plastic matrix band

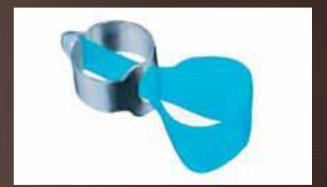






Lucifix (KerrHawe)









Special matrix systems

- AutoMatrix (Dentsply)
- MaximatPlus (Polydentia)
- SuperCap (KerrHawe)



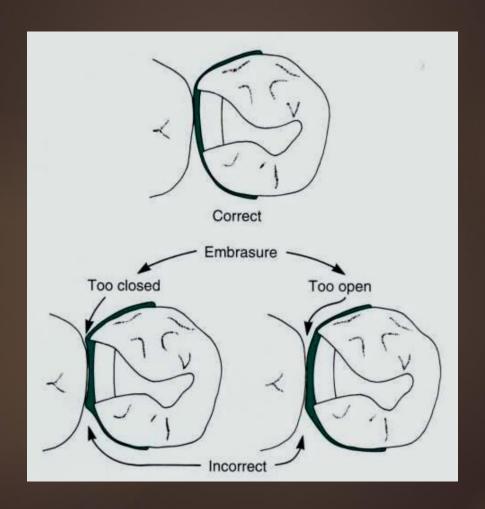






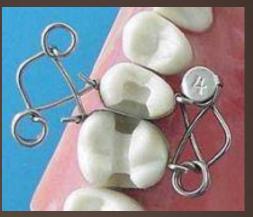


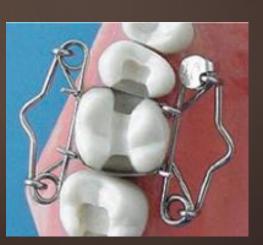
The use of matrices



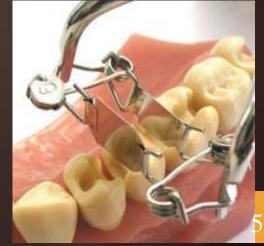
Special matrix system – Walser













Special matrix systems – sectional matrix

- Palodent / Palodent Plus (Dentsply)
- Hawe Adapt sectional matrix system (KerrHawe)
- Quickmat (Polydentia)
- V-ring (TrioDent)



Special matrix systems – sectional matrix

- Matrix is formed
- Ring to fix
- Forceps



Special matrix systems – sectional matrix





Special matrix systems









Acousting Representation of the Representati

Special matrix systems - rings











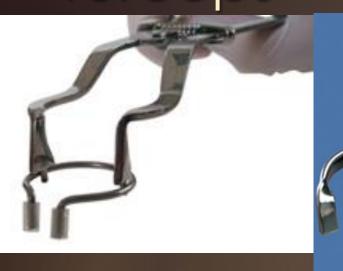








Special matrix syste forceps







Special matrix systems – the use







Thank you for your attention!