CORRECTING FAULTY RESTORATIONS
Overcontoured restoration makes the professional and individual cleaning impossible.

The overcontoured restorations protects only the plaque accumulation.
PLAQUE RETENTIVE FACTORS

ANATOMICAL FACTORS

IATROGENIC FACTORS
IATROGENIC FACTORS
THE MAXIMUM ATTAINABLE PERCISION OF MARGINAL ADAPTATION
20µ

UNFORTUNATELY MANY TIMES THIS GAP IS  1000-2000µ
According to a German survey, every margin that shows at least 0.2 mm overhang or openness associated with gingival inflammation and alveolar bone loss. They found only 18.2% clinically and radiographically perfect marginal adaptations.
2 IATROGENIC ETIOLOGIC FACTORS

d) Effect of bad restoration quality on periodontal health.

Subgingival microbiological samples coming from the overhanging margins composed a microflora resembling that of chronic periodontitis.

Increased proportions of Gram-negative anaerobic bacteria, black-pigmented Bacteroides (Porphyromonas and Prevotella species) and an increased anaerobe : facultative ratio were noted. The overhanging restorations disturb the ecological balance in the periodontal pocket and allow a group of disease associated organisms.

2 IATROGENIC ETIOLOGIC FACTORS

e) The effect of the position of the crown margin to the periodontium.

Experimental studies have shown that the supragingival margins should be chosen whenever possible during cavity or crown preparation, and furthermore, that restoration margins already placed subgingivally should be re-exposed by, for example, surgical lengthening of the clinical crown.


Valderhaug J., H.Loe .: Oral hygiene in a group of supervised patients with fixed prosthesis. J. Periodontol. 1977; 48:221-224
Have the dentist ever taken any impressions?
THE GINGIVAL RECESSION WAS TOTALLY COVERED WITH AN OVERCONTOURED OVERHANGING CROWNS
the class II furcation is totally covered with the overcontoured over extended restoration

OVERCONTOURED RESTORATION WITH OVERHANGS
OVERCONTOURED RESTORATION WITH OVERHANGS

THE WHOLE SHANK OF THE DENTAL PROBE FITS UNDERNEATH THE CROWN MARGIN
CORRECTING FILLINGS
EVA SET
EXTRACTION WITH IMMEDIATE
PROVISIONAL CROWNS OR DENTURES
CROWN CORRECTION WITH REMOVING OVERHANGS AND
CONVERTING TO SUPRAGINGIVAL MARGIN
IN MANY COUNTRIES UNFORTUNATELY THE ONE OF THE MOST CRITICAL STEPS IN THE PROFESSIONAL ORAL HYGIENE IS THE MARGINAL CORRECTION
IN MANY COUNTRIES UNFORTUNATELY THE ONE OF THE MOST CRITICAL STEPS IN THE PROFESSIONAL ORAL HYGIENE IS THE MARGINAL CORRECTION
BRAND NEW BRIDGE WITH OVERHANGS
THE SUPRAGINGIVAL OVERHANGS HAS LESS PLAQUE RETENTIVE EFFECTS AND THE MARGINAL GINGIVA CAN BE FREE OF INFLAMMATION
CROWN CORRECTION
WITH COMPOSITE FILLINGS
THE PLAQUE RETENTIVE PONTICS CORRECTION
THE BAD PONTIC DESIGN CAN LEAD TO SEVERE INFLAMMATION AND ULCERATION ON THE EDENTULOUS RIDGE
CORRECTION WITH IMMEDIATE CROWNS AND BRIDGES
the contour and size of the crown is primarily dependent on the dentist, the abutment preparation and the accurate impression taking
IMMEDIATE CROWNS WITH CHAMPER PREPARATIONS
THE QUALITY AND THE MARGINAL ADAPTATION OF A PROVISIONAL RESTORATION SHOULD BE ALSO PERFECT
ACCEPTABLE OR GOOD MARGINAL ADAPTATIONS
- Supragingival margin with metallic collar
- 10 years follow-up
NO CARIES AFTER 10 YEARS
PERFECT MARGINAL ADAPTATION WITH SUBGINGIVAL MARGINS