



A clinical photograph showing a close-up of a patient's upper teeth. The central incisor has a large, light-colored, possibly ceramic or composite, restoration. The surrounding gingiva is red and inflamed. The text "CORRECTING FAULTY RESTORATIONS" is overlaid in large, bold, blue letters with a red outline. In the bottom right corner, there is a red digital timestamp "99 3 18".

CORRECTING FAULTY RESTORATIONS

99 3 18



**Overcontoured
restoration makes
the professional and
individual cleaning
impossible**



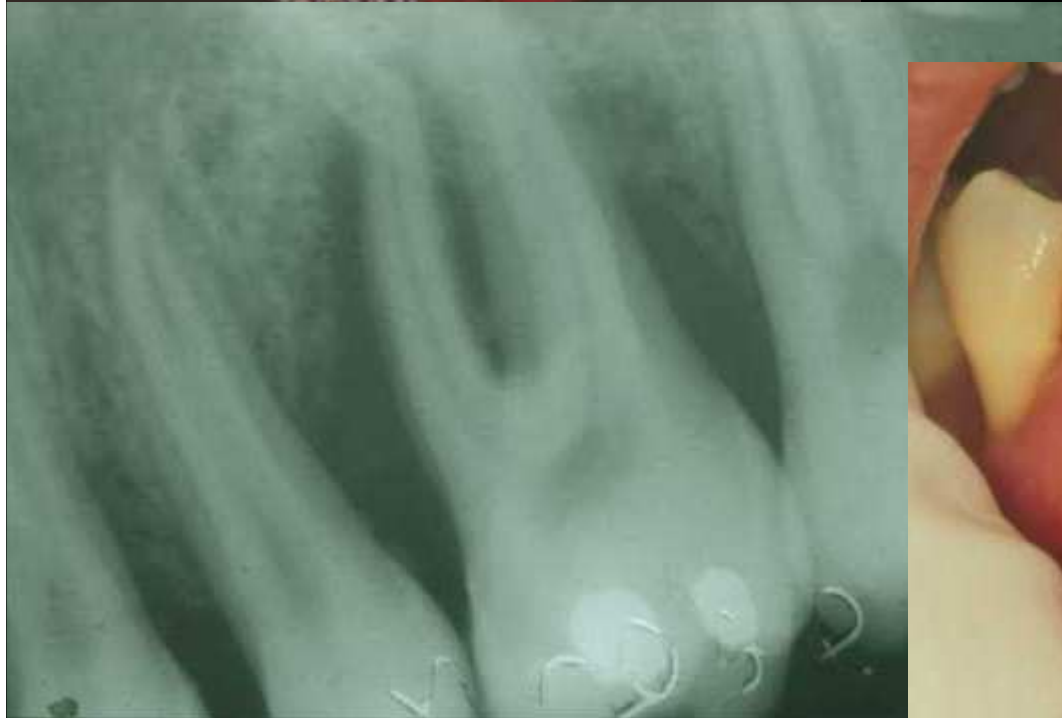
**The overcontoured
restorations
protects only the
plaque
accumulation**

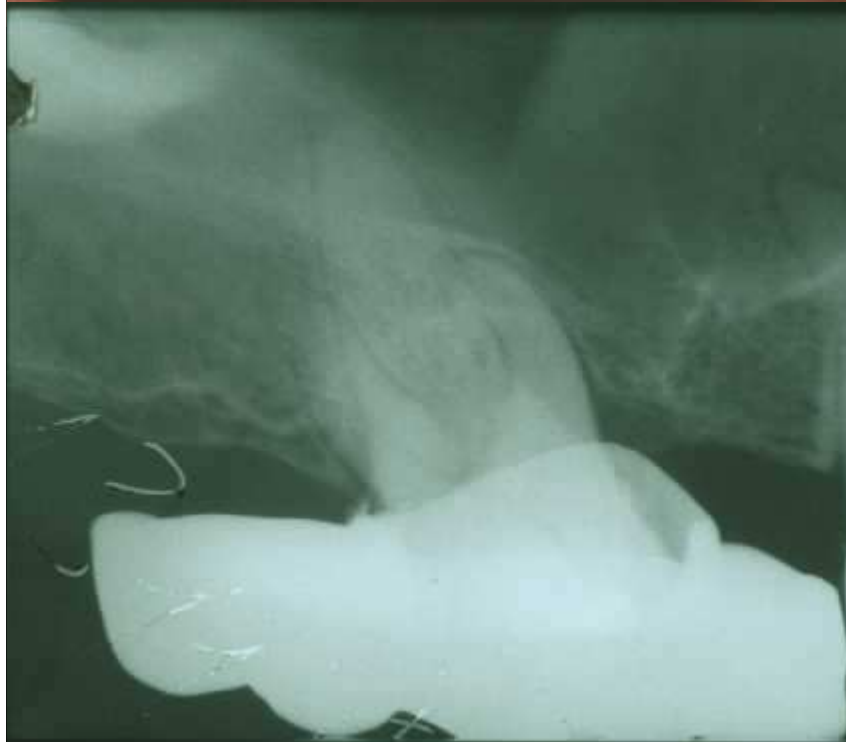
PLAQUE RETENTIVE FACTORS

★ ANATOMICAL FACTORS

★ IATROGENIC FACTORS

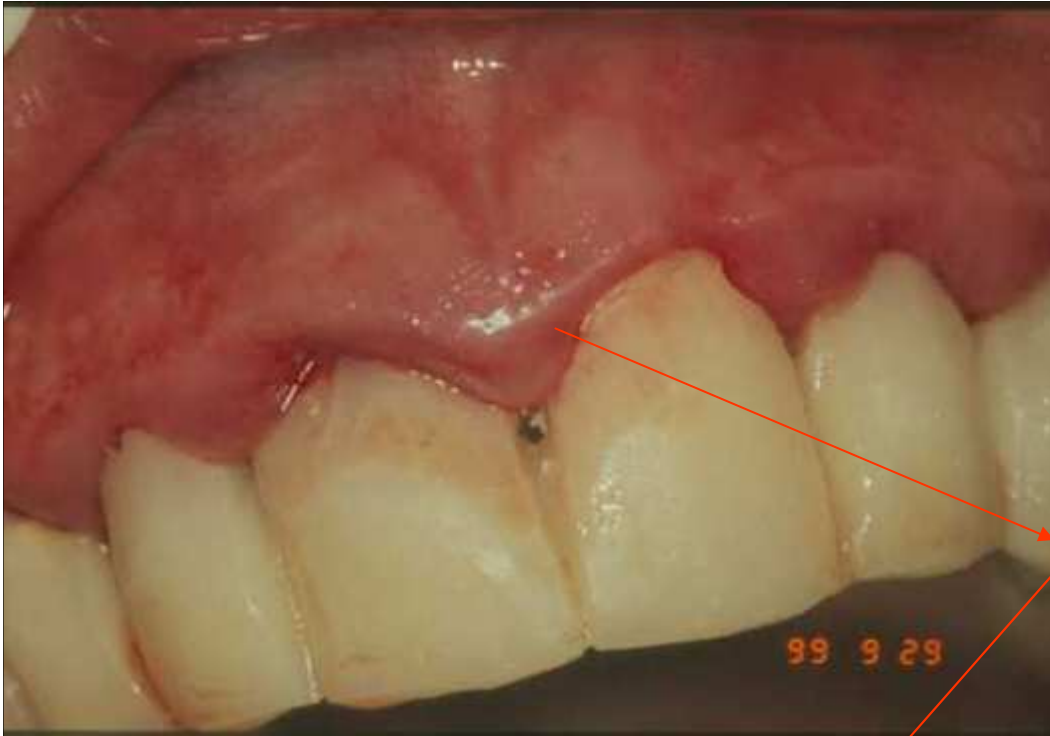






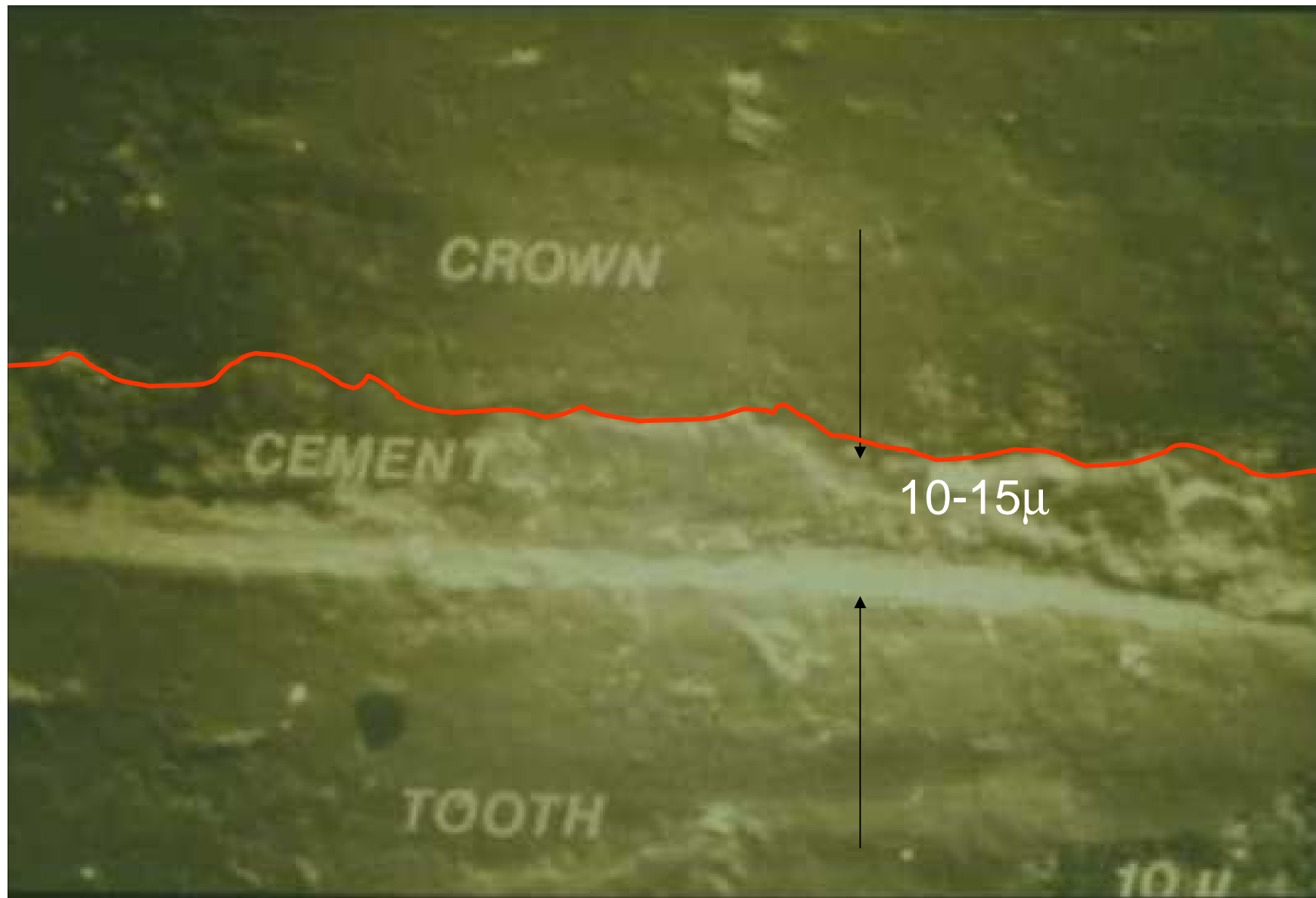
IATROGENIC FACTORS





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THE MAXIMUM ATAINABLE 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.



Lange D.: Attitudes and behaviour with respect to oral hygiene and periodontal treatment need in selected group in West Germany. In: Frandsen A. Public health aspects of periodontal disease. Berlin: Quintessence, 1984: 83-97









PERIOPROSTHODONTIC INTERRELATIONS

ETIOLOGIC FACTORS FOR THE DEVELOPMENT OF DENTAL PLAQUE.

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.

Lang P. N., Kiel A. R. , Anderhalden: Clinical and microbiological effects of subgingival restorations with overhangings or clinically perfect margins. J. Clin Periodontol 1983; 10: 563-578

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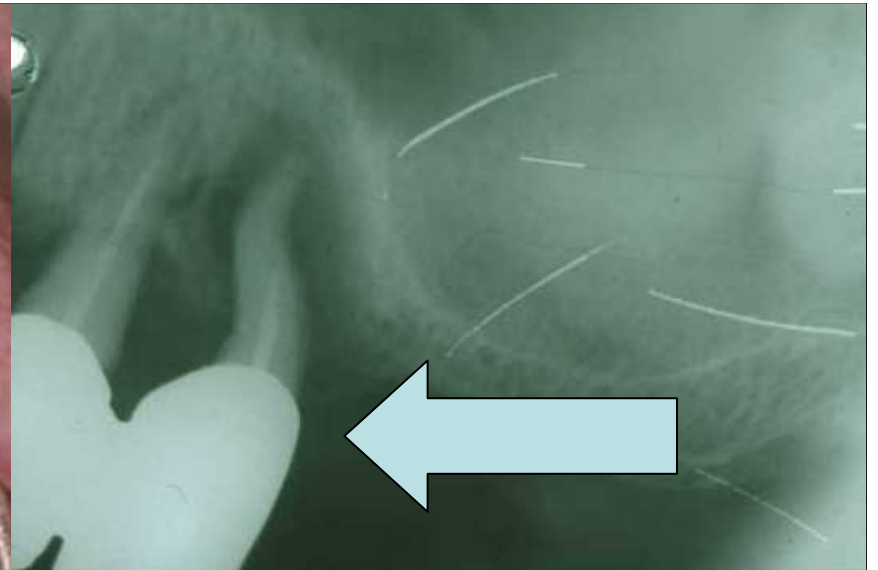
e) The effect of the position of the crown margin to the periodontium.

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.

Morman W. et al.: Gingival reaction to well filled subgingival proximal gold inlays. J. Clin Periodontol. 1:120, 1974.



Valderhaug J., H.Loe .: Oral hygiene in a group of supervised patients with fixed prosthesis. J. Periodontol. 1977; 48:221- 224



**Have the dentis
ever taken any
impressions?**





**THE GINGIVAL
RECESSION WAS
TOTALLY COVERED WITH
AN OVERCONTOURED
OVERHANGING CROWN**



**OVERCONTOURED
RESTORATION
WITH OVERHANGS**

**the class II furcation is totally
covered with the overcontoured
over extended restoration**



**OVERCONTOURED
RESTORATION WITH
OVERHANGS**



THE WHOLE SHANK OF THE DENTAL
PROBE FITS UNDERNEATH THE
CROWN MARGIN



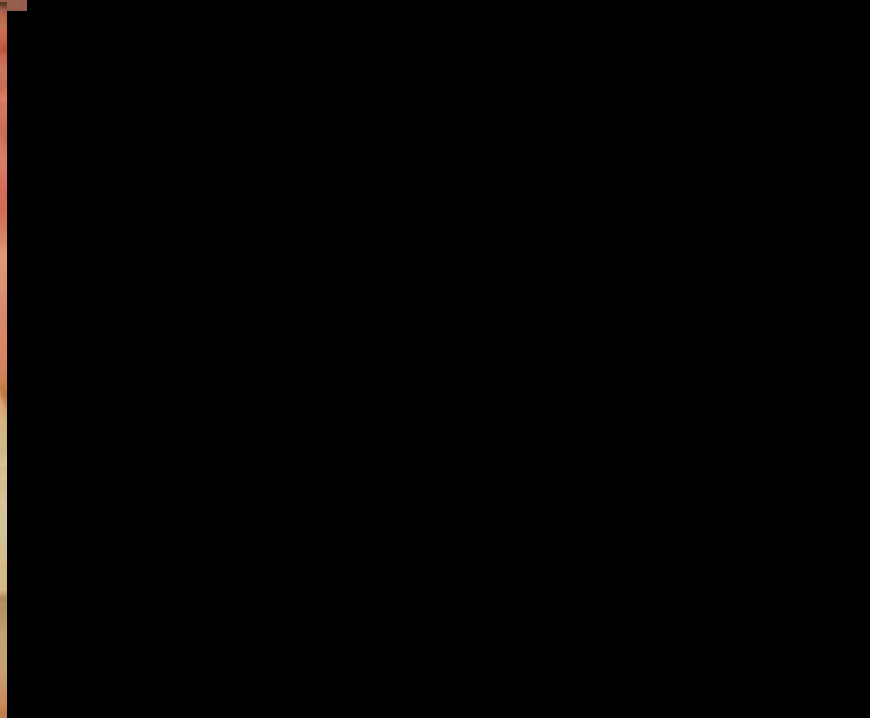
CORRECTING FILLINGS









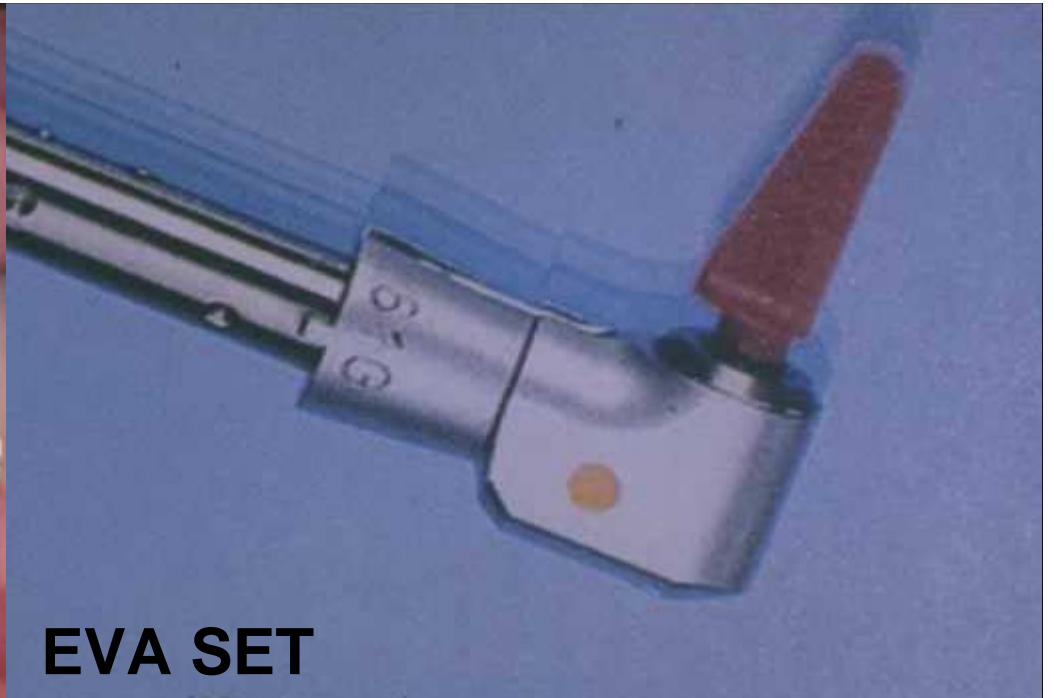




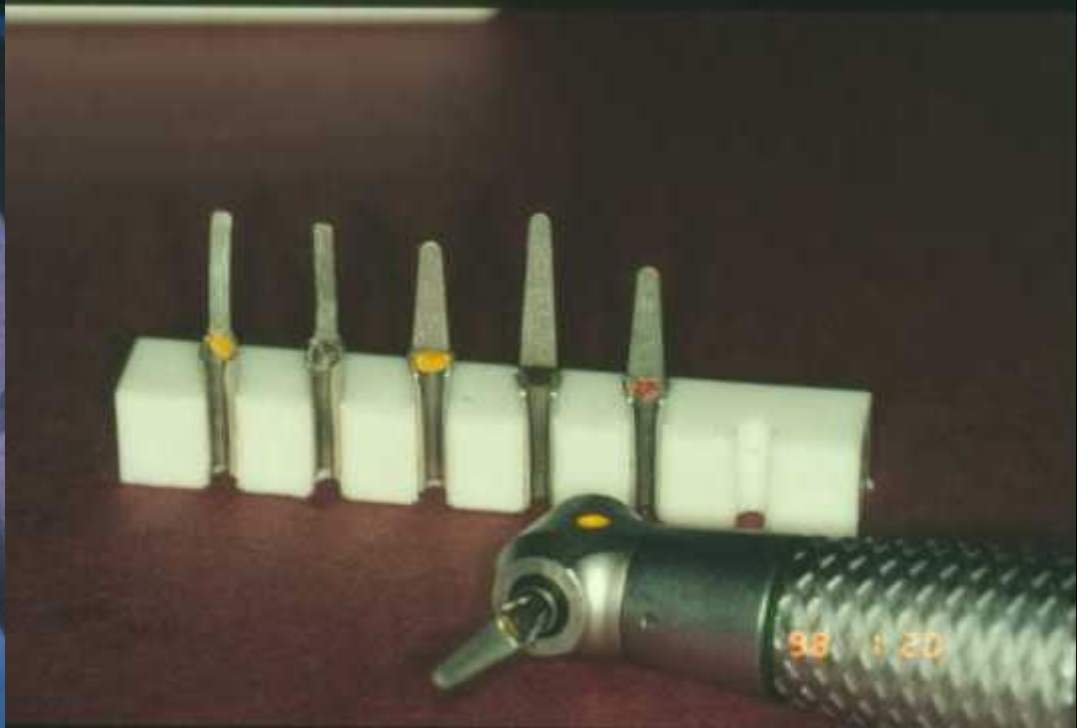








EVA SET



EXTRACTION WITH IMMEDIATE

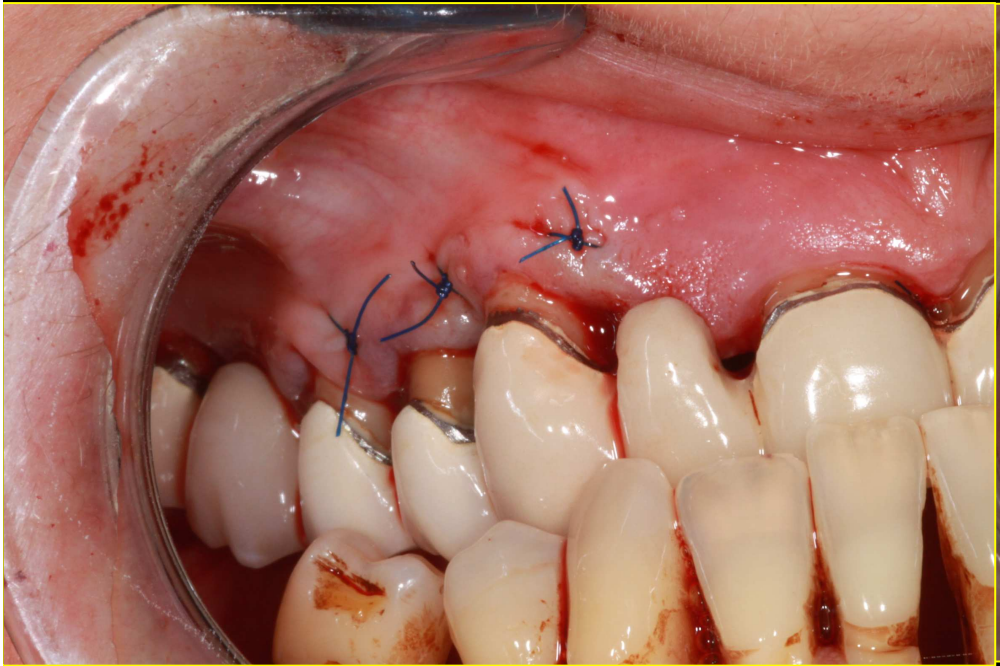
PROVISIONAL CROWNS OR DENTURES

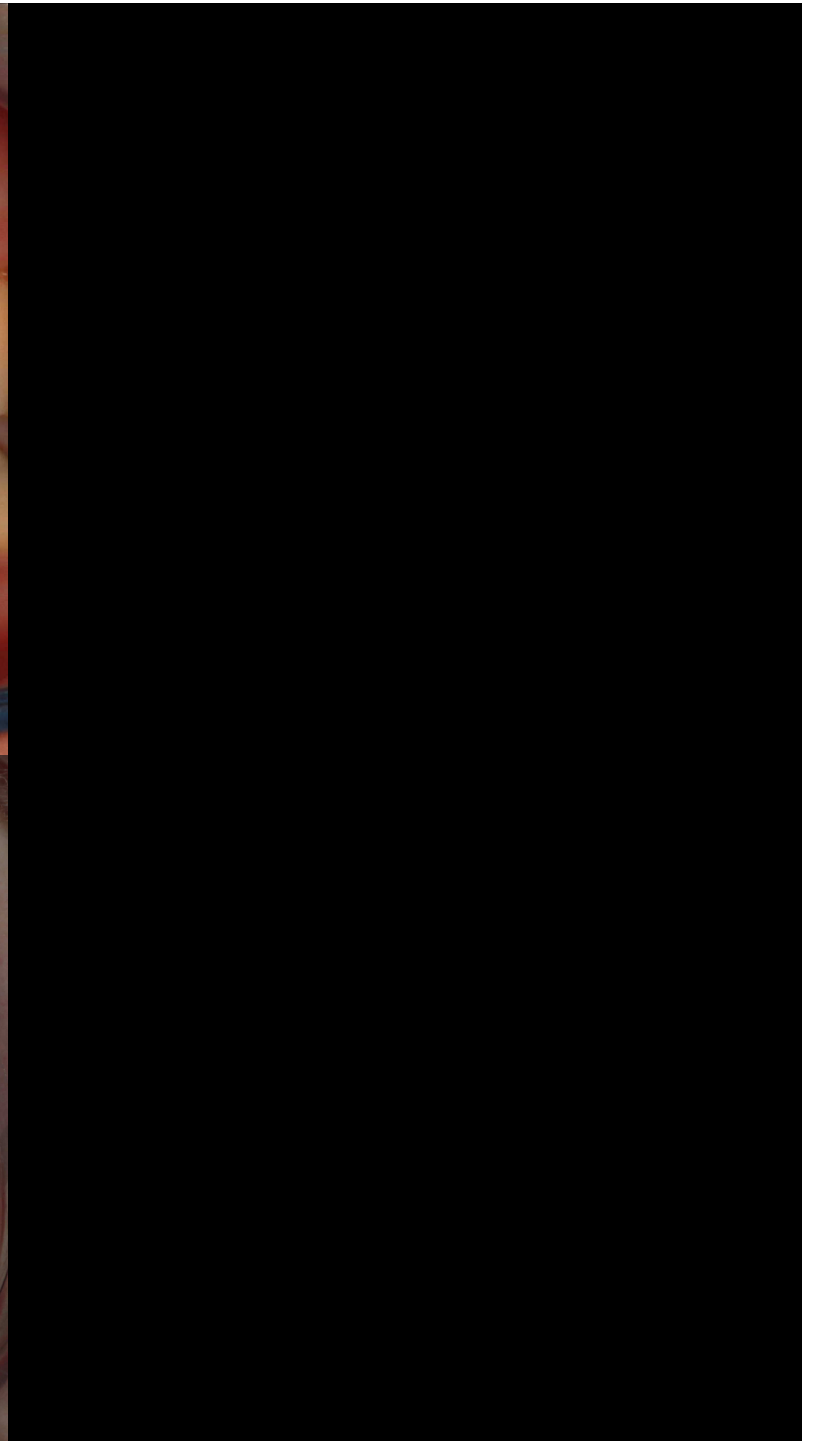




CROWN CORRECTION WITH REMOVING OVERHANGS AND

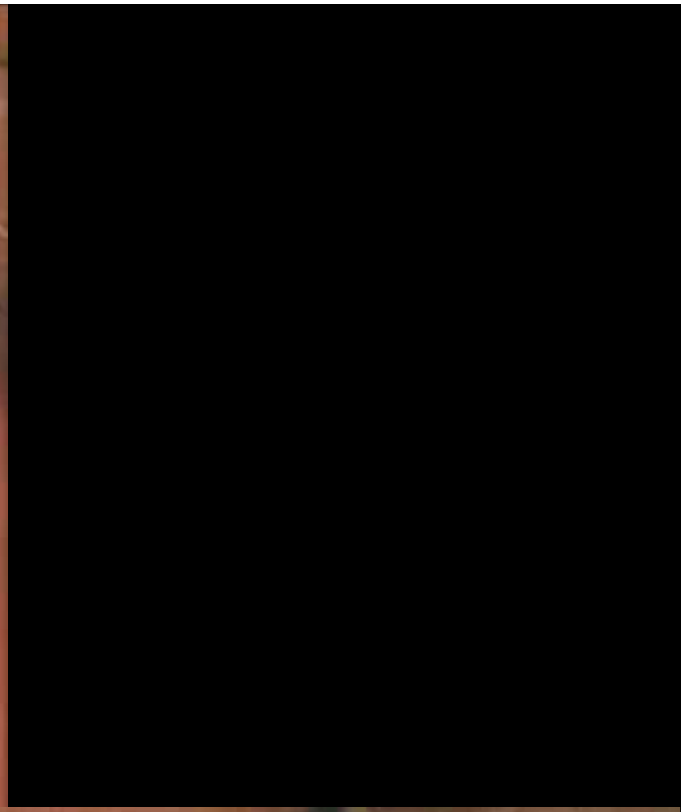
CONVERTING TO SUPRAGINGIVAL MARGIN







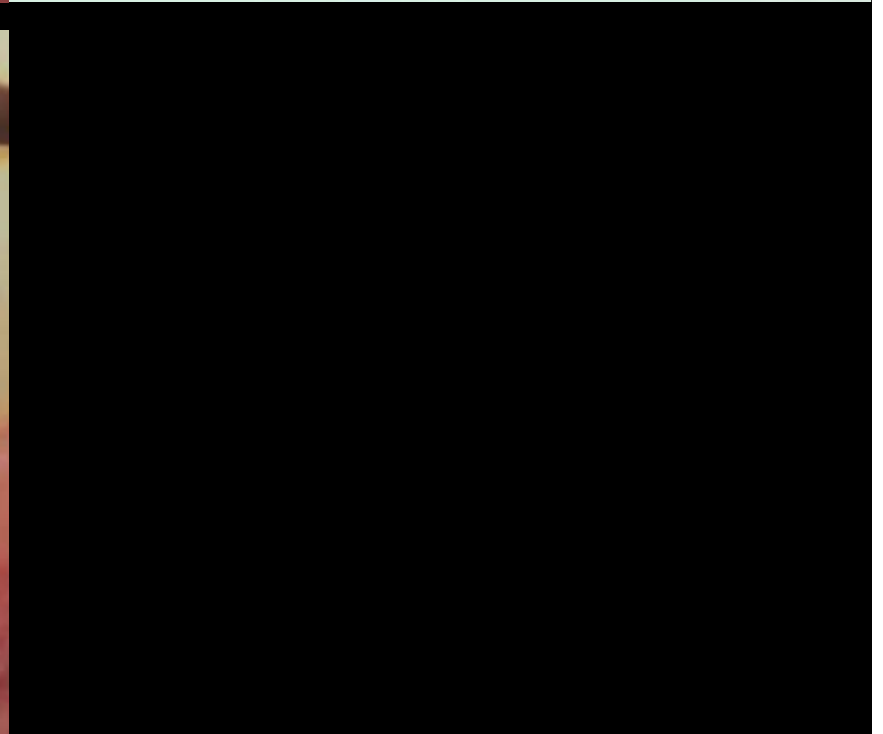
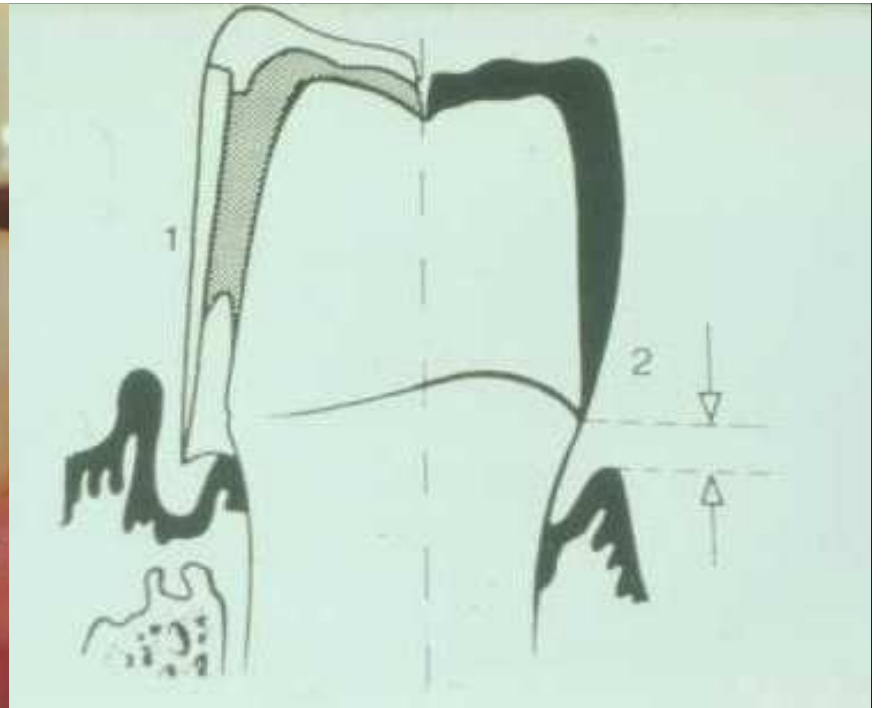


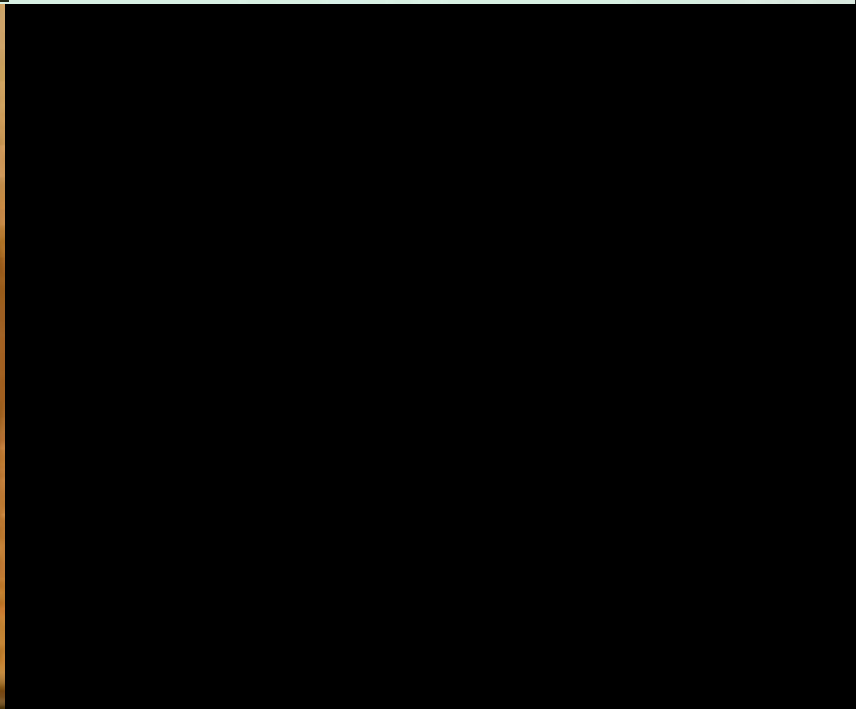
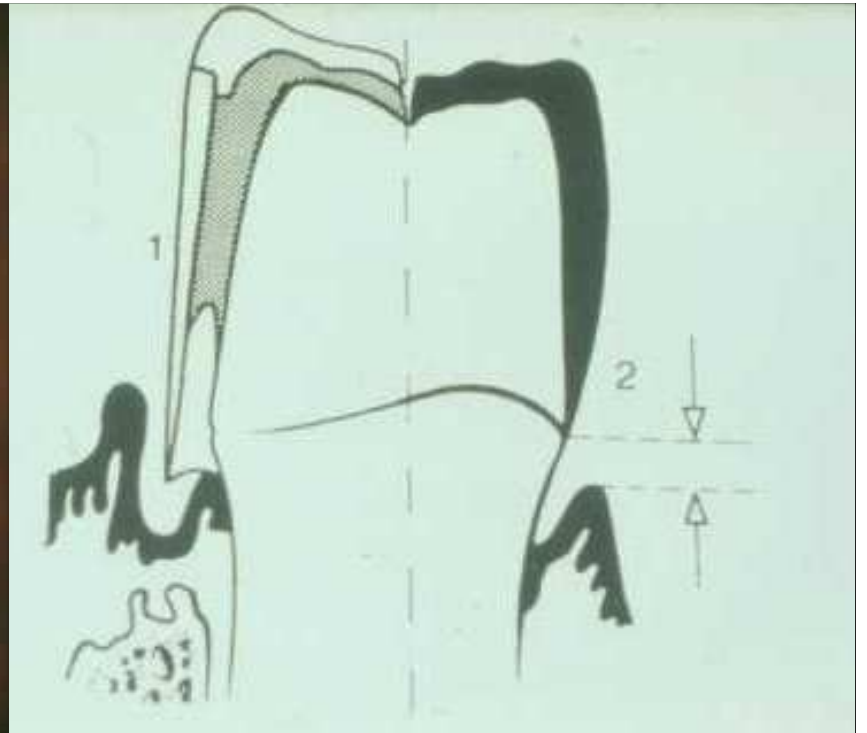






**IN MANY COUNTRIES
UNFORTUNATELY THE
ONE OF THE MOST
CRITICAL STEPS IN
THE PROFESSIONAL
ORAL HYGINE IS THE
MARGINAL
CORRECTION**

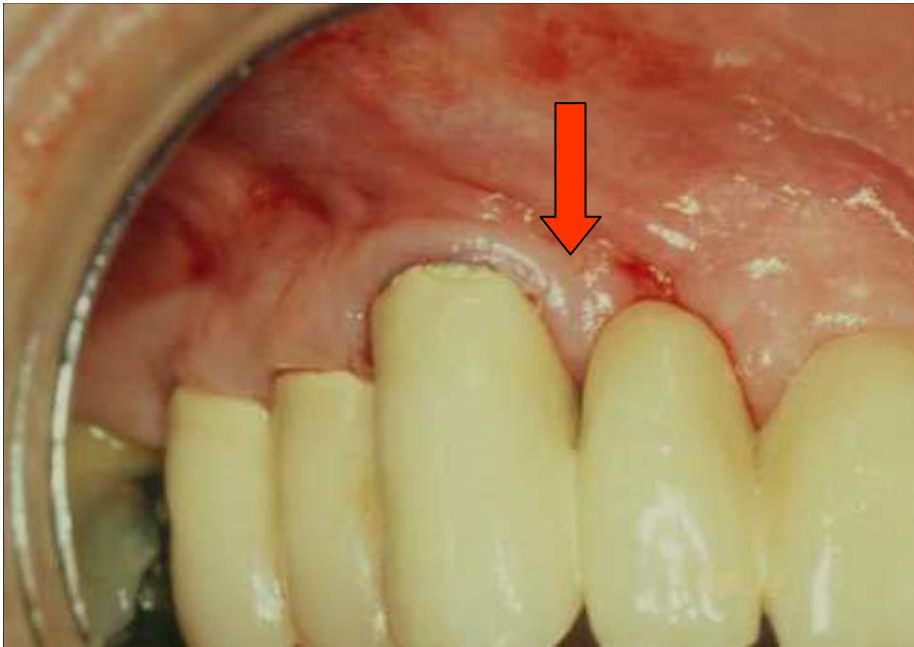






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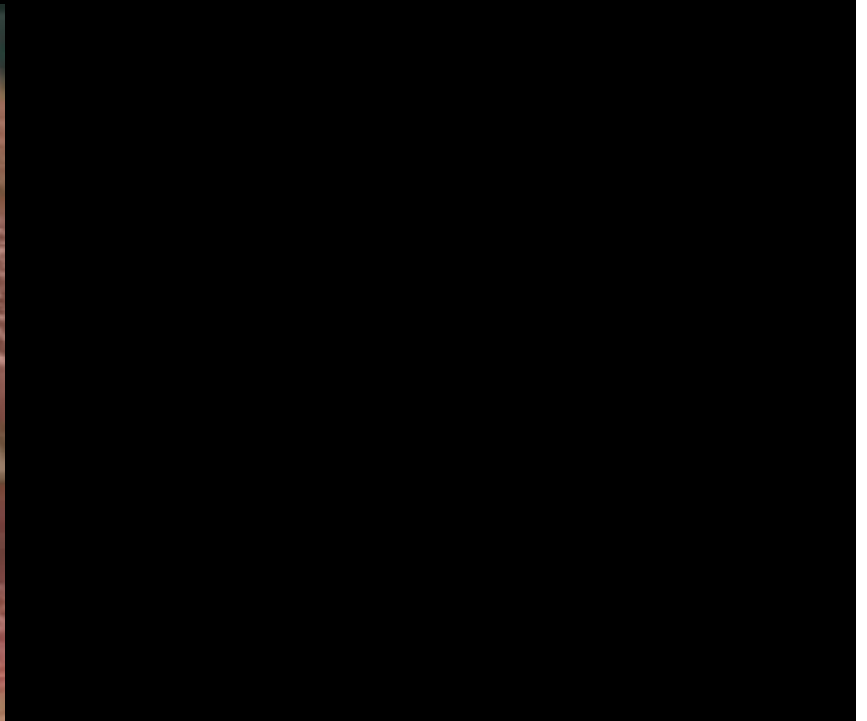




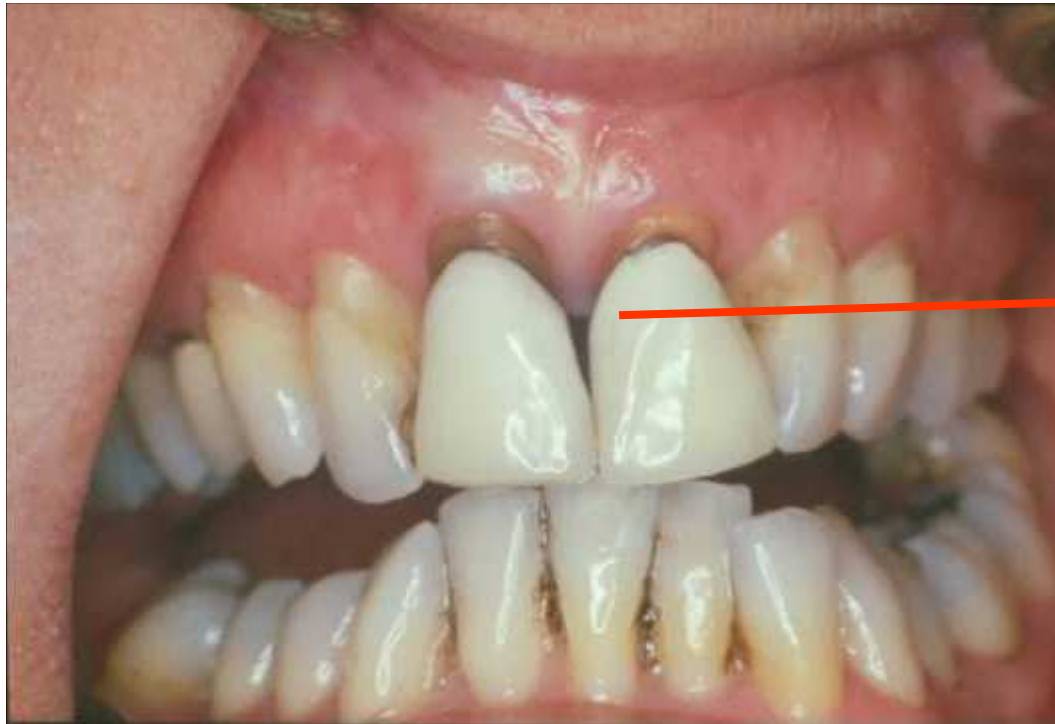
BRAND NEW BRIDGE WITH OVERHANGS











**THE SUPRAGINGIVAL
OVERHANGS HAS
LESS PLAQUE
RETENTIVE EFFECTS
AND THE MARGINAL
GINGIVA CAN BE FREE
OF INFLAMMATION**



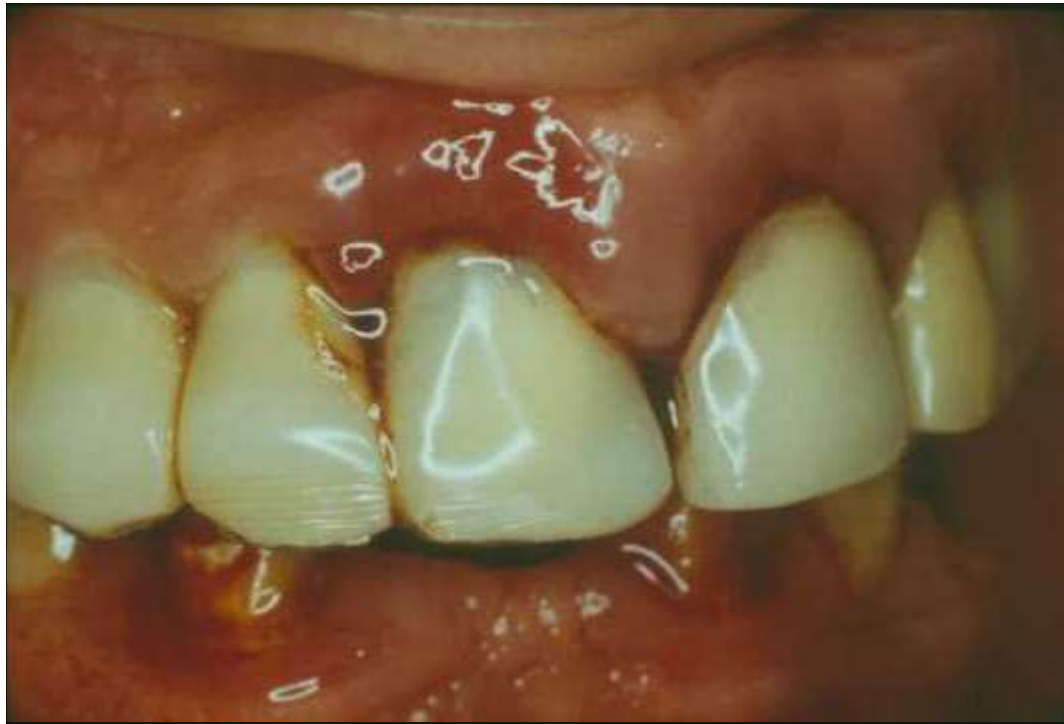








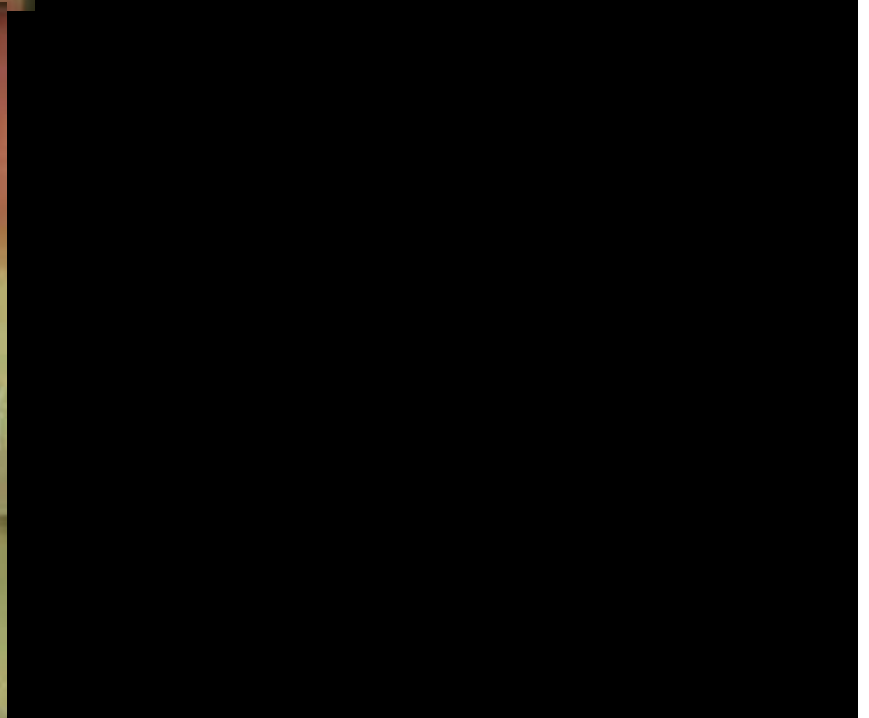






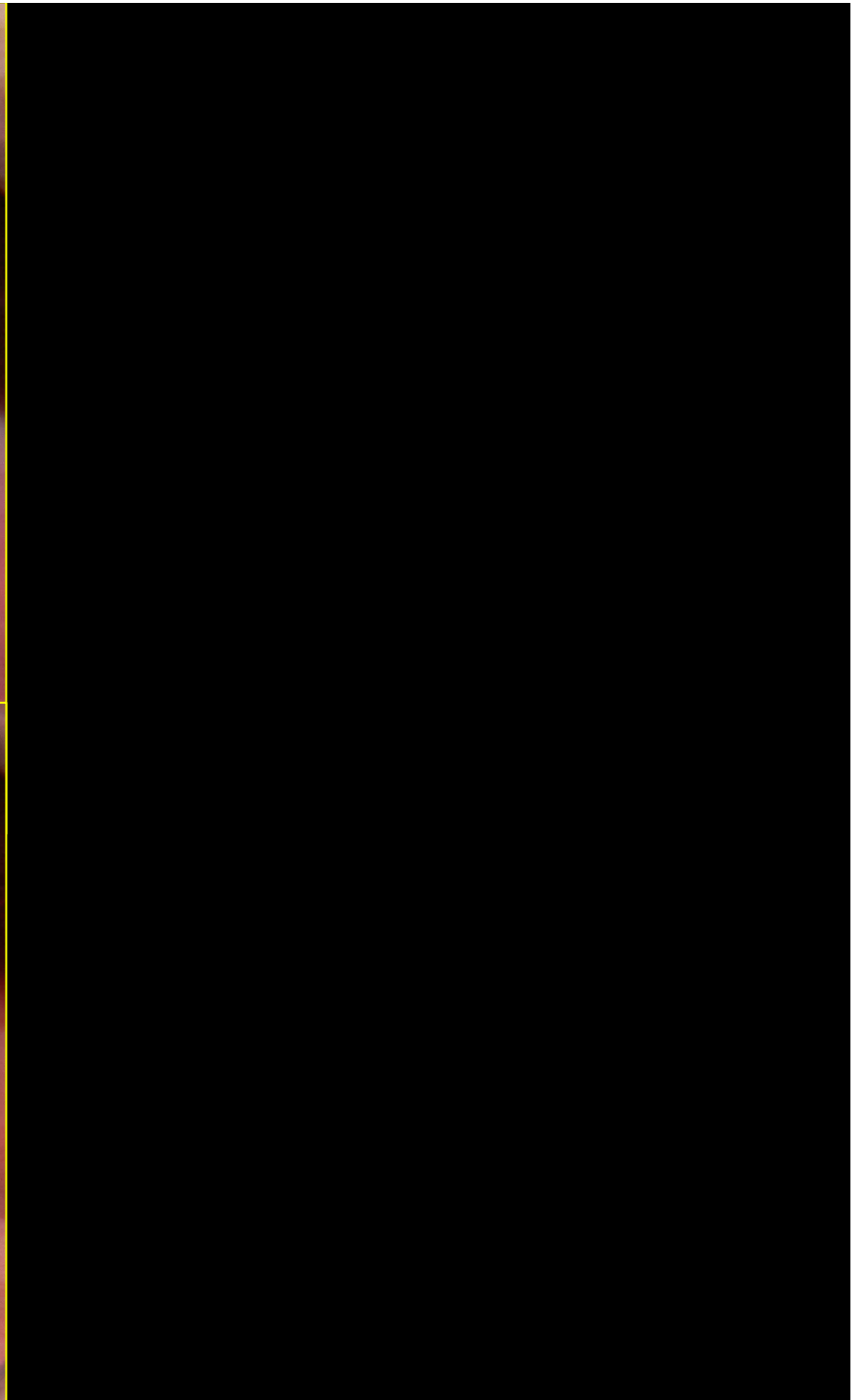
CROWN CORRECTION

WITH COMPOSIT FILLINGS





THE PLAQUE RETENTIVE PONTICS CORRECTION

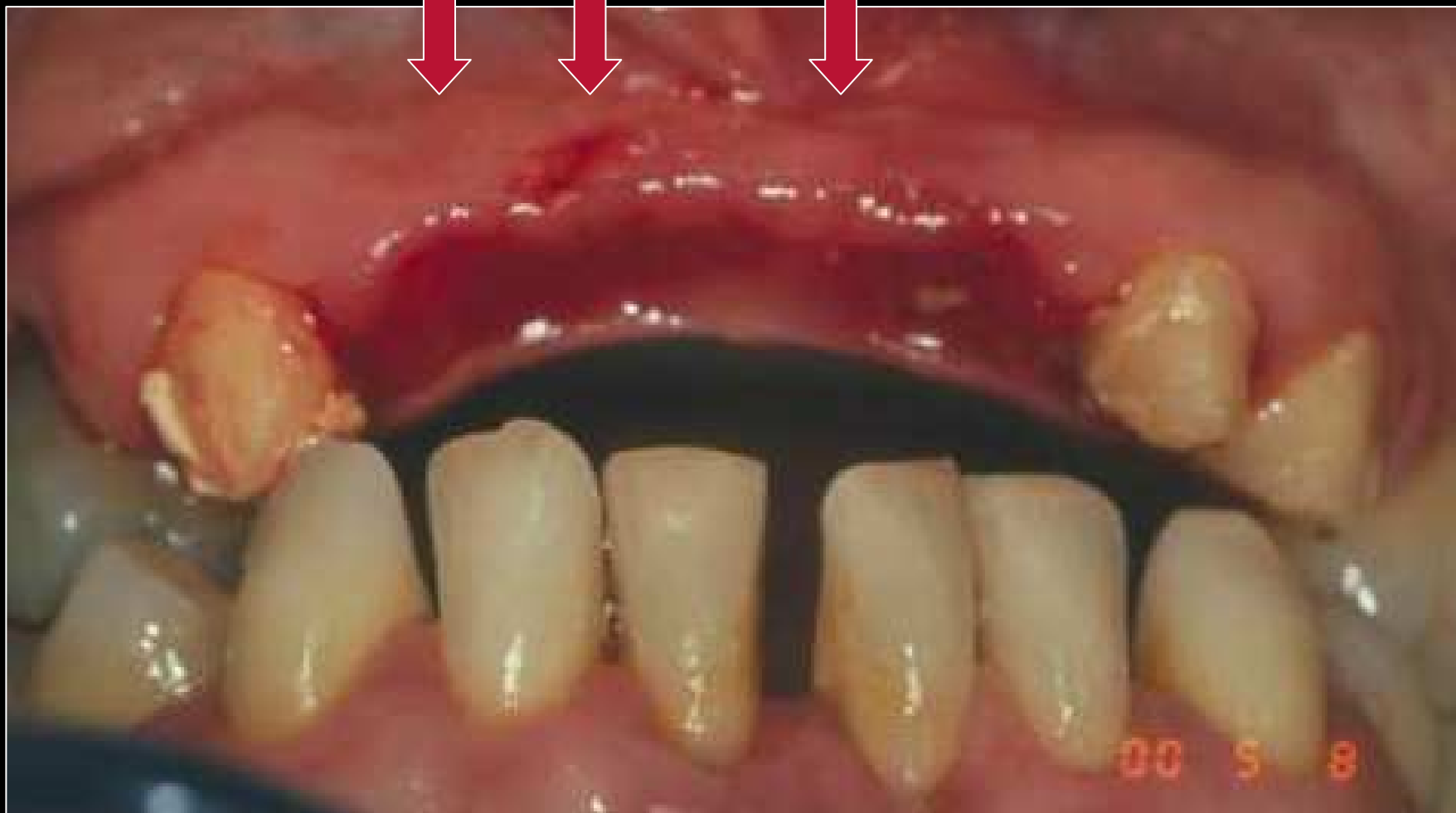






THE BAD PONTIC DESIGN CAN LEAD TO SEVERE INFLAMMATION AND ULCERATION ON THE EDENTULOUS RIDGE

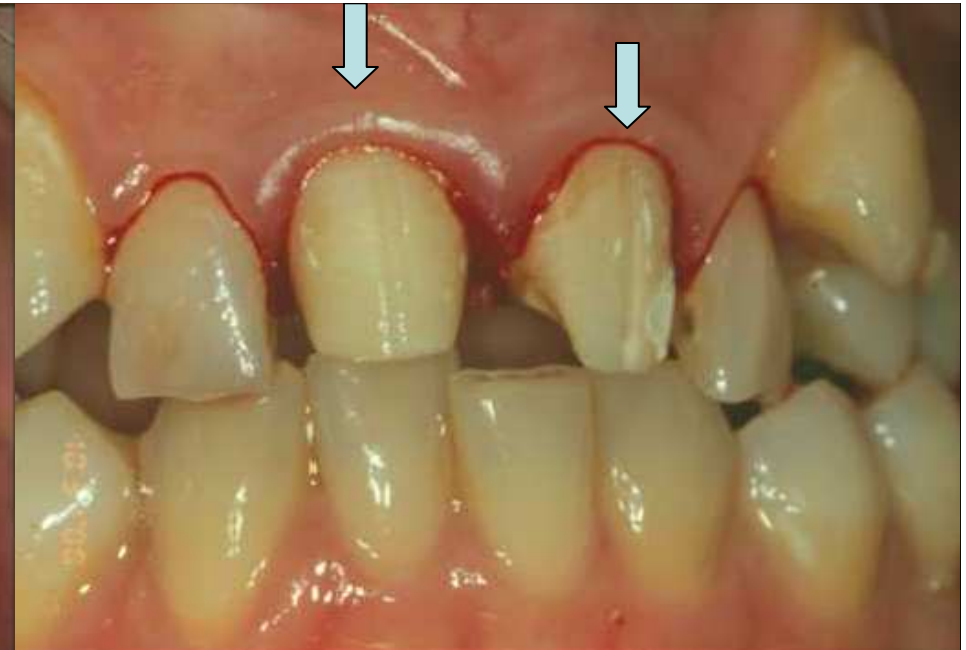




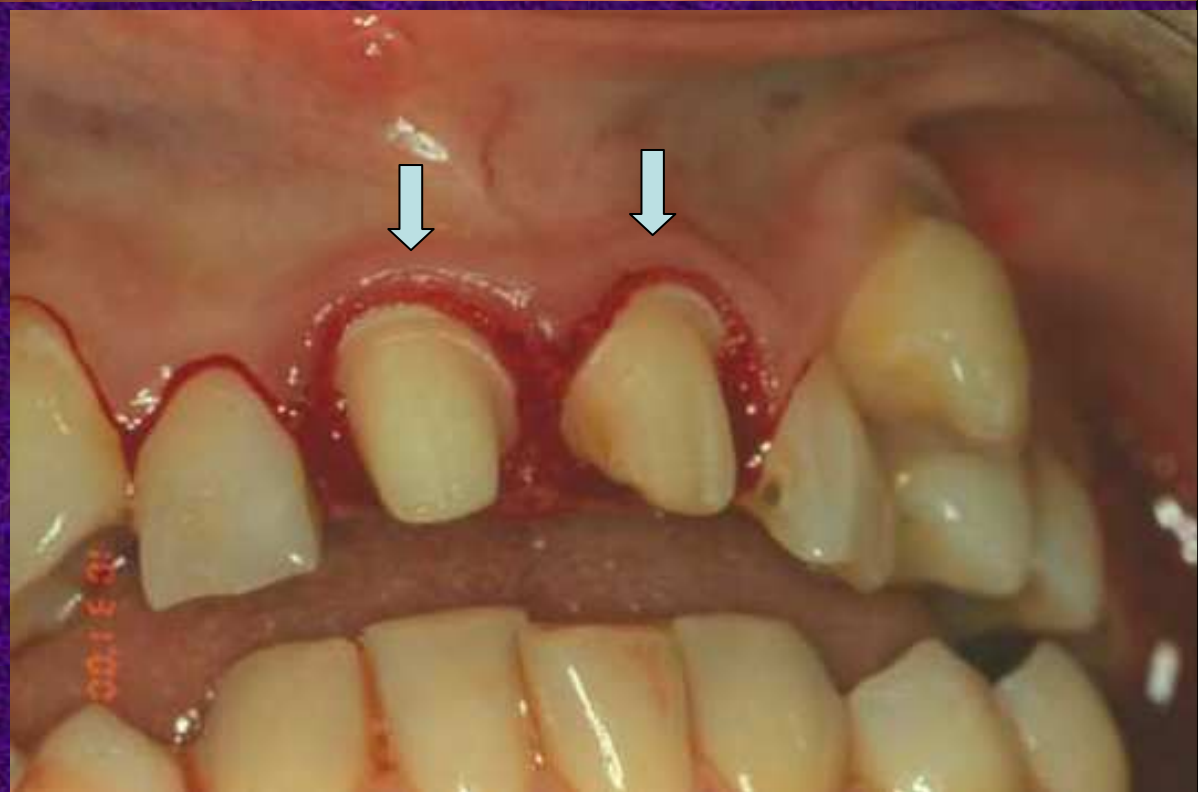


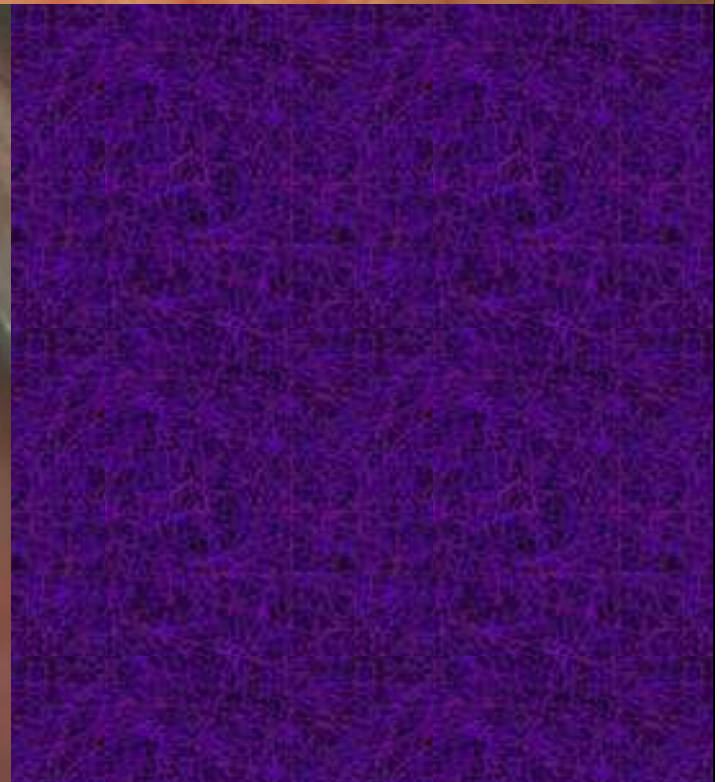


CORRECTION WITH IMMEDIATE CROWNS AND BRIDGES



the contour and size of the crown is primarily dependent on the dentist, the abutment preparation and the accurate impression taking



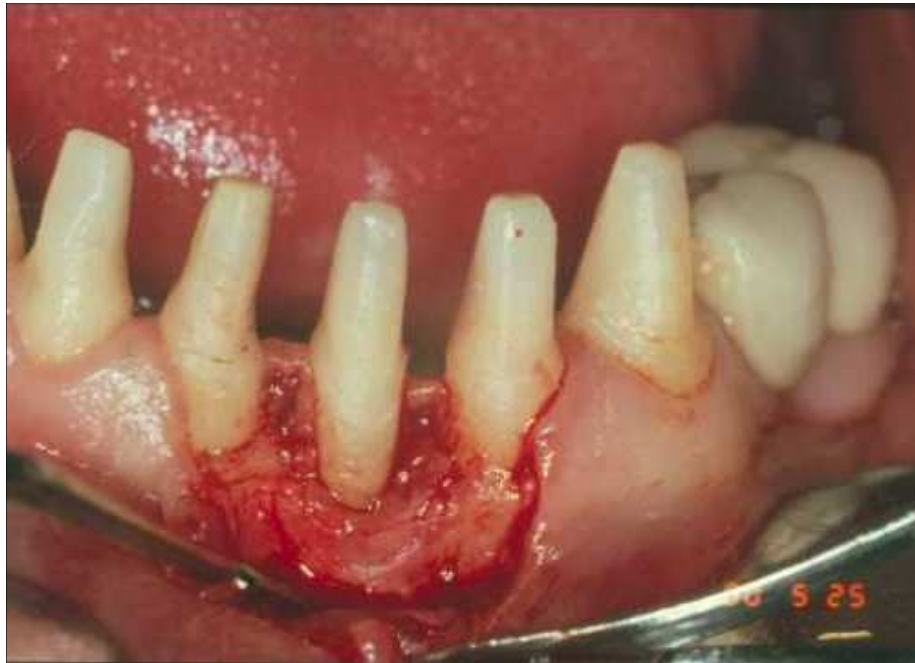


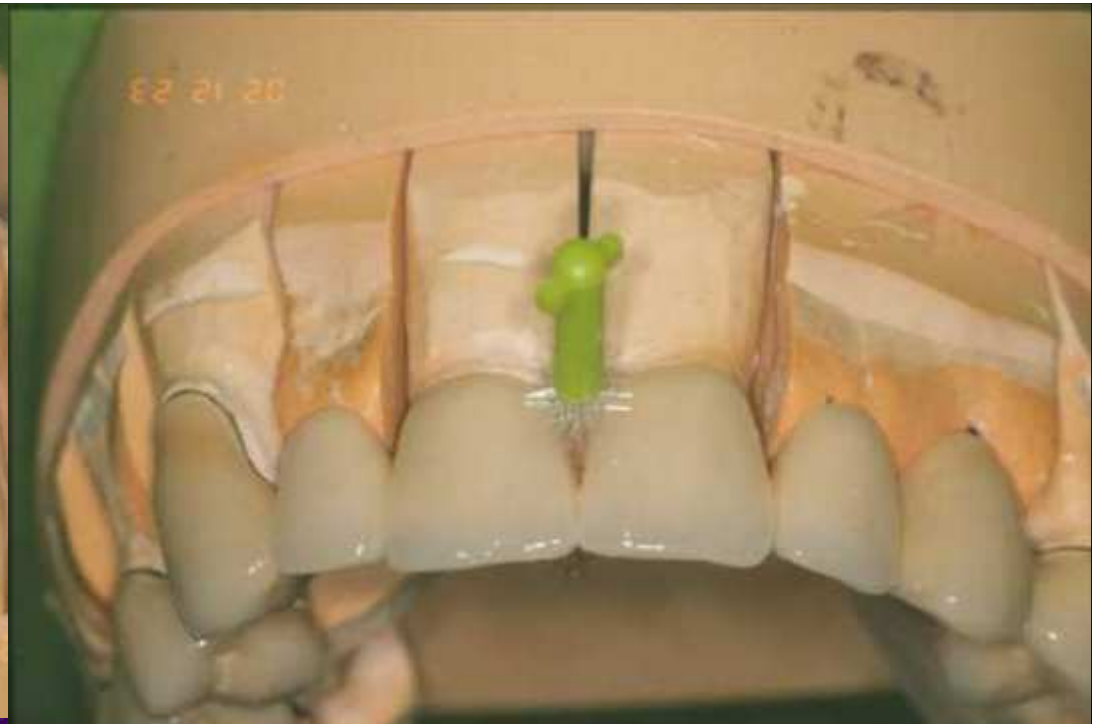
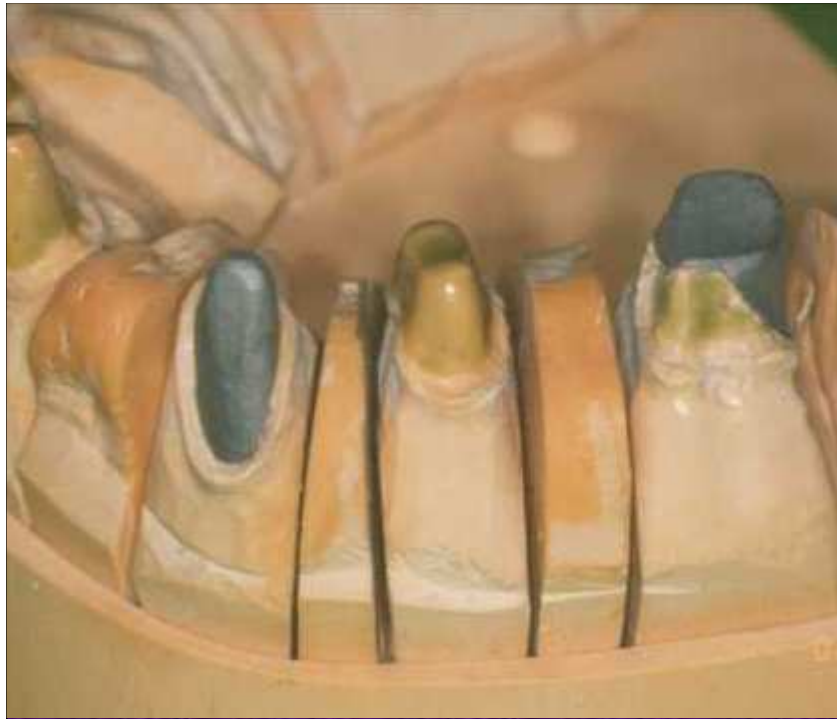
**IMMEDIATE
CROWNS WITH
CHAMPHER
PREPARATIONS**



**THE QUALITY AND THE MARGINAL
ADAPTATION OF A PROVISIONAL
RESTORATION SHOULD BE ALSO PERFECT**









The image consists of two side-by-side dental radiographs (X-rays) of a tooth. The left radiograph shows a cross-section of the tooth with a crown and a root canal filling. The right radiograph shows a similar view but with a different filling material. The text "ACCEPTABLE OR GOOD MARGINAL ADAPTATIONS" is overlaid on the left radiograph in red, bold, uppercase letters.

**ACCEPTABLE OR
GOOD MARGINAL
ADAPTATIONS**

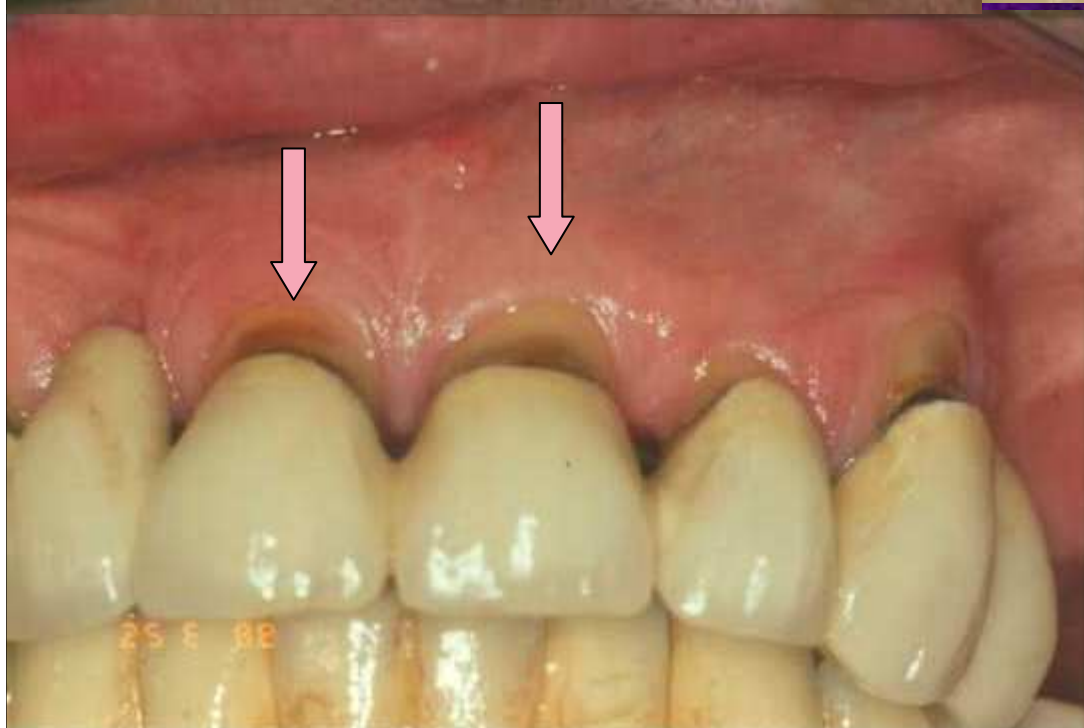




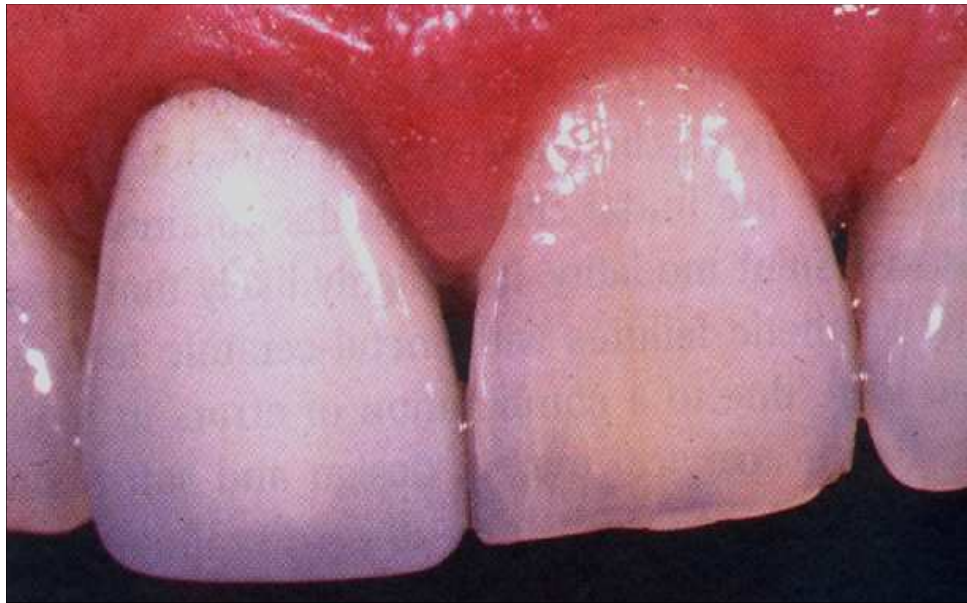


- SUPRAGINGIVAL MARGIN WITH METALLIC COLLAR
- 10 YEARS FOLLOW-UP





**NO CARIES AFTER
10 YEARS**



PERFECT MARGINAL ADAPTATION WITH SUBGINGIVAL MARGINS



