

Conservative treatment and Periodontium

Patients are seeking treatment of gingival inflammation.

Causes:

- I- Restored options in the oral cavity.
- II-The periodontium problems around teeth are to be referred to periodontist for treatment. It is imperative to treat the periodontal condition. Resolve inflammation prior to any restorative procedure. Other than an emergency procedures needed.

I-Restored options may be :

- 1-Periodontium related to dental implants.
- 2-Periodontium related to other types of restorations
 - 1- Periodontium around dental implants
- A dental implant is a titanium metal replacement for a root of a tooth that is surgically implanted in the jaw bone. As the body is heals for approximately two to six months after osteotomy. The bone around the implant fuses to the implant through a process called osseointegration. The **gums** around the dental implant hug the top of the dental implant. The top of the dental implant is highly polished. This allows the gums grow tightly to the polished surface and seal out food and debris. The **jawbone** around the dental implant holds it firmly in the mouth. The pressure from chewing is transmitted from the implant crown to the underlying bone, this way keeping the bone healthy. The bone needs stimulation or it will melt away. Dental implants are made of titanium, which is known to be the most biocompatible material.

It can easily last a lifetime. Dental implants stop the jawbone loss. Much of the jawbone exists to support your teeth, and when you lose teeth, the jawbone starts slowly melting away. Dental implants help to maintain the bone. Preventing the bone in the front of the mouth from melting away is probably the most important function of dental implants. Dental implants do not require sacrificing the adjacent teeth by cutting them down to be used as abutments for a bridge. Radiograph of a fully-seated prosthesis. Tissue which has failed to heal around the gingival formers/healing caps due to inadequate home care around dental implant must be treated.

2-Periodontium related to other types of restorative procedures.

a- Dental plaque is responsible for gingival inflammation. Demonstrated by:

1-Accumulation of plaques is around dental caries.

2-Preparation of cavities is below gingival margins.

Restorations should be away from the gingiva.

The gingival 1/3 of the tooth should not be involved in the restoration but that

Placed sub-gingival are:

i-A previous restoration extending.

ii-Presence of apical caries.

iii- Apical extension to establish retention.

vi-Subgingival placement for esthetics.

The position of the teeth is frequently altered in periodontal disease. Resolution of inflammation and regeneration of PDL fibers after treatment cause the teeth to move again. Restorations designed for teeth before the periodontium is treated may produce injurious tensions and pressures on the treated periodontium. The position of the healthy gingival sulcus must be established before the tooth is prepared. Margins of restorations hidden behind diseased gingiva are exposed when the inflamed gingiva shrinks after periodontal treatment.

3- Margins of restorations were below the gingival margin.

To avoid these potential problems to the supporting structures of the teeth, Clinical crown lengthening can provide adequate clinical tooth structure to enable the placement of margins either coronal to or at the gingival margin.

Furthermore, subgingivally prepared teeth exhibited deeper pockets than teeth prepared with the margin at the height of the gingiva or supragingivally. And with gingival recession. Also these restorations (in biologic width)will trap bacterial plaque, induce inflammation, and increase the severity of periodontal breakdown.

4-Retractor cord whether:

Fine- medium thick should not use epinephrine cord .

Healthy gingival tissues should return to normal after cord is used. Be sure to remove all cord after procedure. periodontal abscesses have formed.

5-Electrosurgery

Can be used in overgrown tissue for removal of the superficial part of the gingival crevice. Prevent placement of the cutting instrument close to bone or cementum.

6-The Embrasures

In health, the gingival embrasure is filled with soft tissue, but periodontal disease may result in open gingival embrasures. Inlays or onlays or crowns constructed on periodontally involved teeth, retain the enlarged embrasure . When esthetics is a concern, the gingival embrasure can be moved apically.

7-Over contour

Under preparation of the tooth results in overbulk the restorative material in the interproximal space. During the preparation for dies the need to visualize contours in the interdental space for embrasures is gone. If two models are poured the interdental solder joints are frequently carried too far apically and invades the embrasure space.

An improperly contoured crown in the area of the resected root the patient cant clean the area. Concavities need to be created in the areas of maxillary and mandibular furcations

8-Cementation.

Even with a perfect marginal fit, an extremely thin cement line is unavoidable.

Basic principles:

seat restoration as close to the tooth prep as possible with minimal cement line removal of all extra cement is key (may want to coat external surfaces with petroleum jelly)

8-Overhanging restorations.

Any, must be removed and then remake after healing of gingival inflammation.

9-bruxism

Bruxism is responsible for occlusal tooth wear but can not induce nor aggravate gingivitis or periodontitis. Bruxism induces jiggling forces, which cause a clinical tooth hypermobility, radiologically seen as a widened periodontal space. Bruxism and implant failure? Implant overload may lead to fractures of the components and bone loss.

9-Traumatic occlusion.

Repair of tooth wear is in many cases a challenge from a restorative/prosthetic perspective: esthetic and phonetic aspects play an important role along with the restorative and prosthetic choices as well as functional considerations the clinician has to deal with.

Due to tooth flexure wedge-shaped lesions, so-called abfractions, may develop. In the treatment of wear caused by bruxism, direct composite restorations may play an important role. Composite resin can be used to cover exposed dentin and to restore the incisor and canine guidance. In combination with a nightguard, such a treatment may prevent further wear.

10- Matrix manipulation.

Adjustment and matrix trimming is essential for preservation of periodontium during tooth fillings.

11-Use of wedge?

Whether for matrix adaptation or tooth separation

12- Galvanism. Different metal fillings?

Dissimilar metals & implant. Corrosion of amalgam and how it will affect periodontium?

13-Clamps claws ?

Fluoride in both GI & Composite and dental implants ?

14- Effect of chemicals ? as

Acid etch and others !!!!

15-Composite and plaque ?

m□Macrofill: 1 to 100

m□Small: 1 - 5

m□Medium: 5 - 10

m□Large: 10 - 20

Microfill: < m□0.04

Hybrid: combined

16-Bleaching agents & Implant and how does it will affect periodontium

17- Dental floss?

18-Impression materials and techniques.?

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