

Class V.

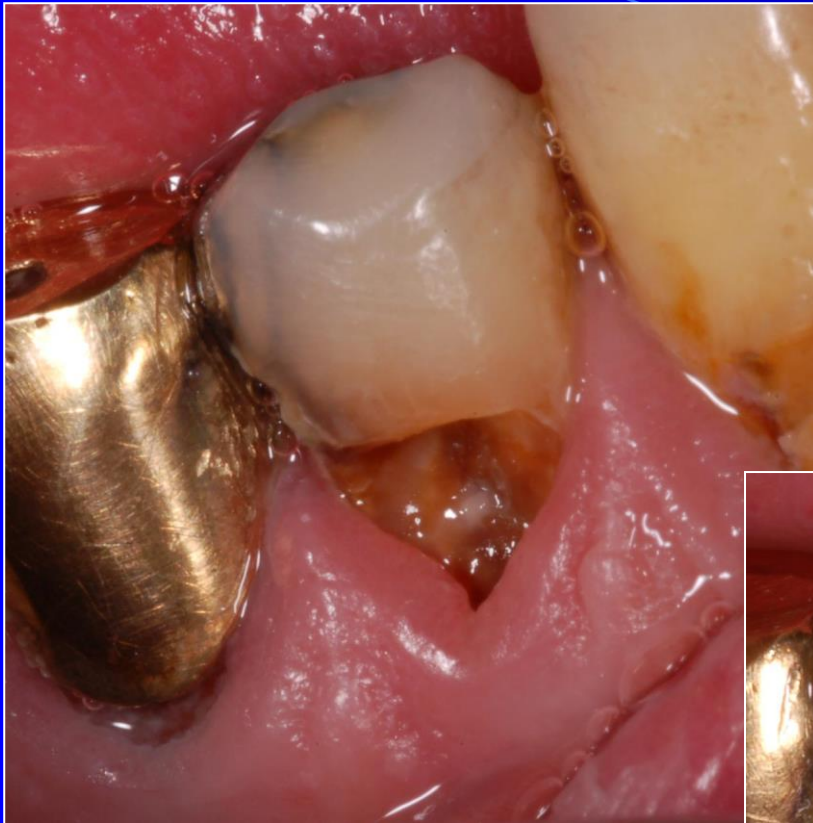
- Cervical defects
 - Dental caries
 - Non carious lesions (erosion, abrasion, V shaped defects)

Types of defects

- Caries
- Erosion
- Abrasion
- V shaped defects







Choice of material

- Amalgam (posterior area)
- Composite (mainly in anterior teeth where the defect is situated in enamel)
- Glassionomer: caries defects, esp deeper, situated out of enamel, higher caries risk, middleterm temporary.

V.Class Amalgam

- Posterior area



Access

- Elimination of the undermined enamel
 - Burs or diamonds (pear), tapered fissure bur
- Separation of the gingiva – temporary filling
guttapercha, fermit, clip, zinkoxidsulfate
cement, cavit, provimat).
- Ablation of ingrown gingiva – surgical
(scalpel, laser, high frequency current)

Cavosurface margins

Gingival: axial depth of 0,5 mm inside the DEJ.

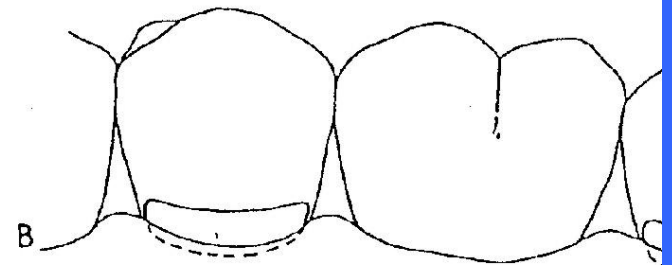
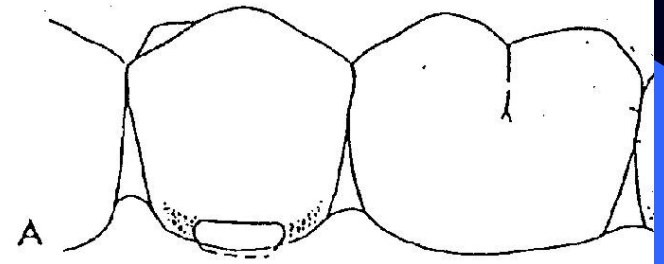
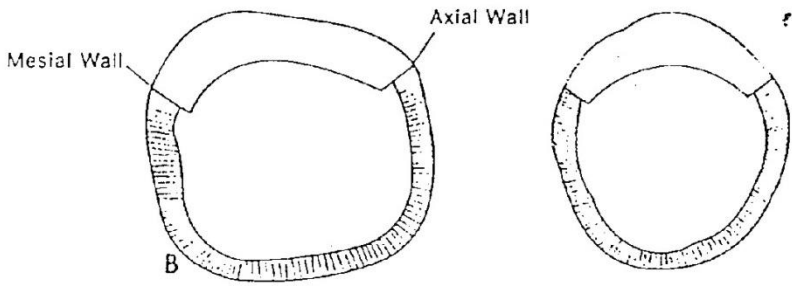
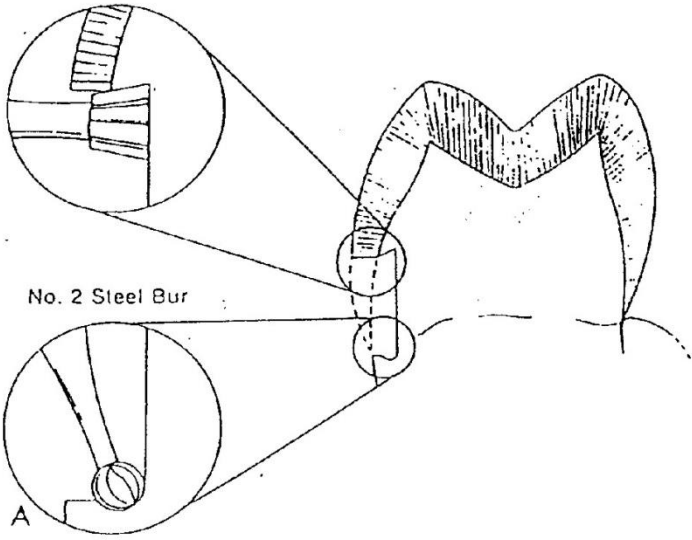
Extention of the preparation incisally,

Gingivally: 0,5 mm subgingivally

mesially and distally: to axial walls

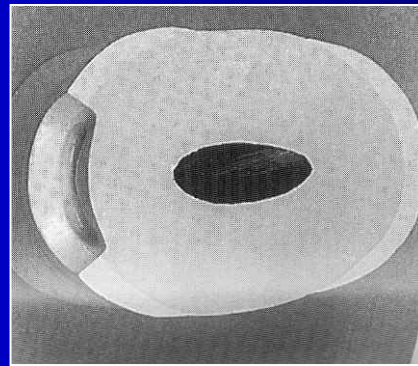
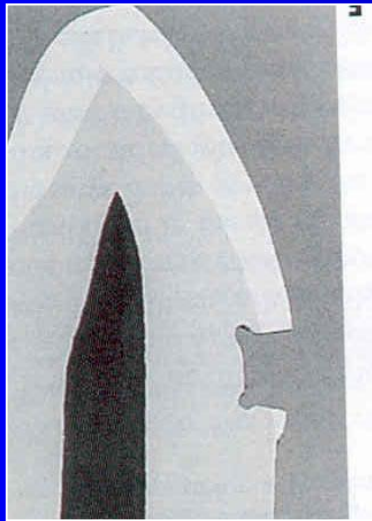
Or: untill the cavosurface margins are positioned in sound dental structure. (small cavities, good oral hygiene)

Total depth: 1 – 1.25 mm. If on root surface -0,75 mm



Retention

- Box 0,75 – 1,25 mm deep, undercuts,



Depth

Gingivally: axial depth of 0,5 mm inside the DEJ.

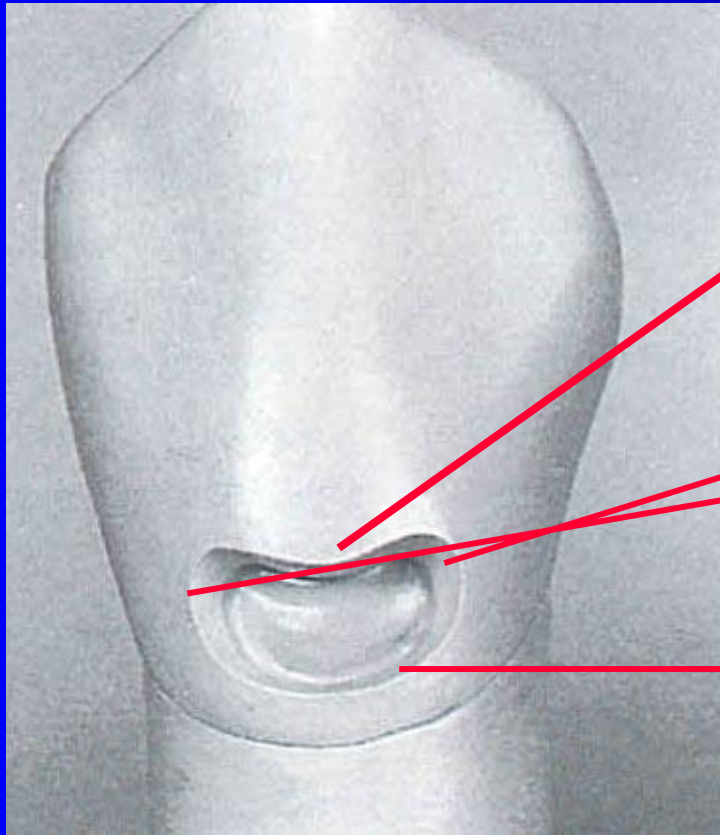
Total depth: 1 – 1.25 mm. If on root surface -0,75 mm

Resistance

No occlusal forces



The bottom of the cavity follows the convexity of the crown.



Occlusal margin

Mesial and
distal margin

Gingival margin

Filling

Base – pulpal wall

Amalgam – portion by portion, condensor with straight front, burnisher (spatula).

Class V. composit

- Aesthetic area
- Margin in enamel



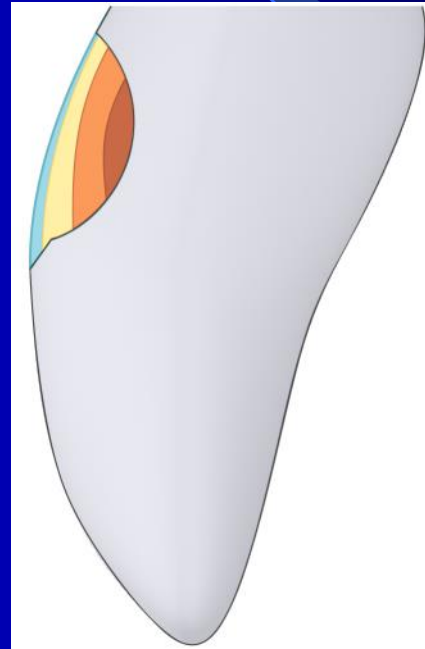
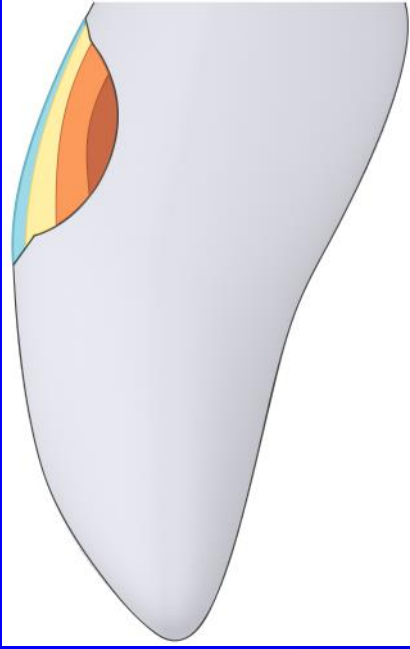
Preparation for composite, making filling

Cavity is limited on caries lesion only

Enamel must be beveled

Etching, priming + bonding

Placement of composite



Matrices

Transparent cervical matrices
Matrix band acc. to Belvedere







← Laser



← ultrazvukni nastroj



Class V. glassionomer

- Cavities with margins in cementum
- Or also in enamel or partly in enamel (in patients with worse level of oral hygiene)

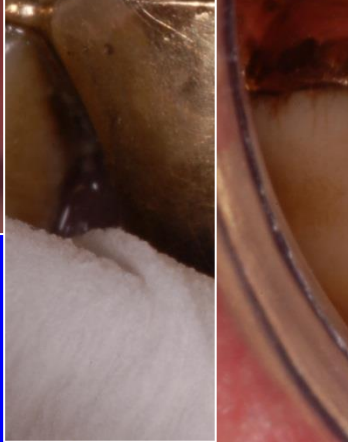
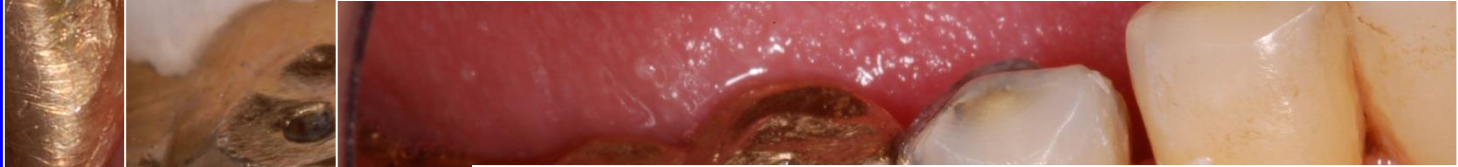


Glassionomer

- Bonds chemically
 - Realease fluoride ions
 - Thermal expansion similar to dentin
 - Acceptable aesthetics

Preparation for glassionomer making filling

- Cavity is limited on carious lesion only
- Margins should be smoothed (no bevel)
- Conditioner (polyacrylic acid) -20 s
- Washing
- Placement of glassionomer (one bulk)
- Matrix (transparent or aluminium cervical matrix)



Matrices for glassionomers

- Cervical transparent matrices with the holder for lightcuring composites and glassionomers



Matrices for glassionomers

- Cervical foils



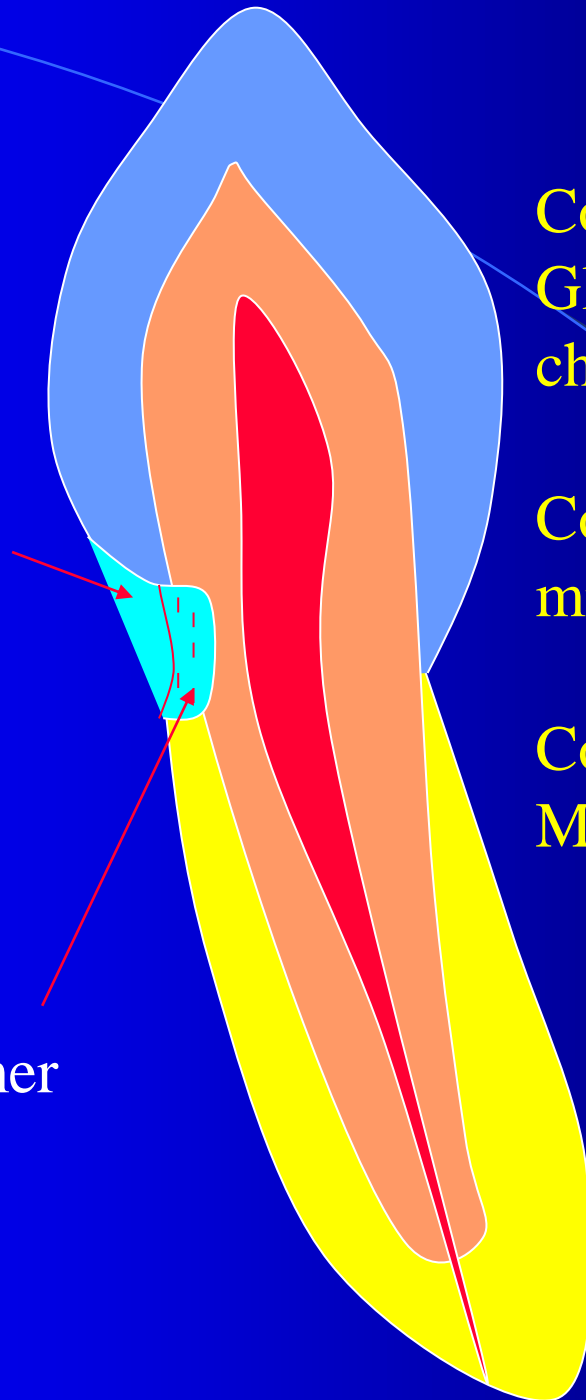
Have adaptable metal cervical matrices have a specially treated aluminium surface and are suitable for all self-curing composites and glass ionomers.

Combination of materials

- Glassionomer – replaces lost dentin
- Composite – replaces lost enamel

Composite

base of glassionomer

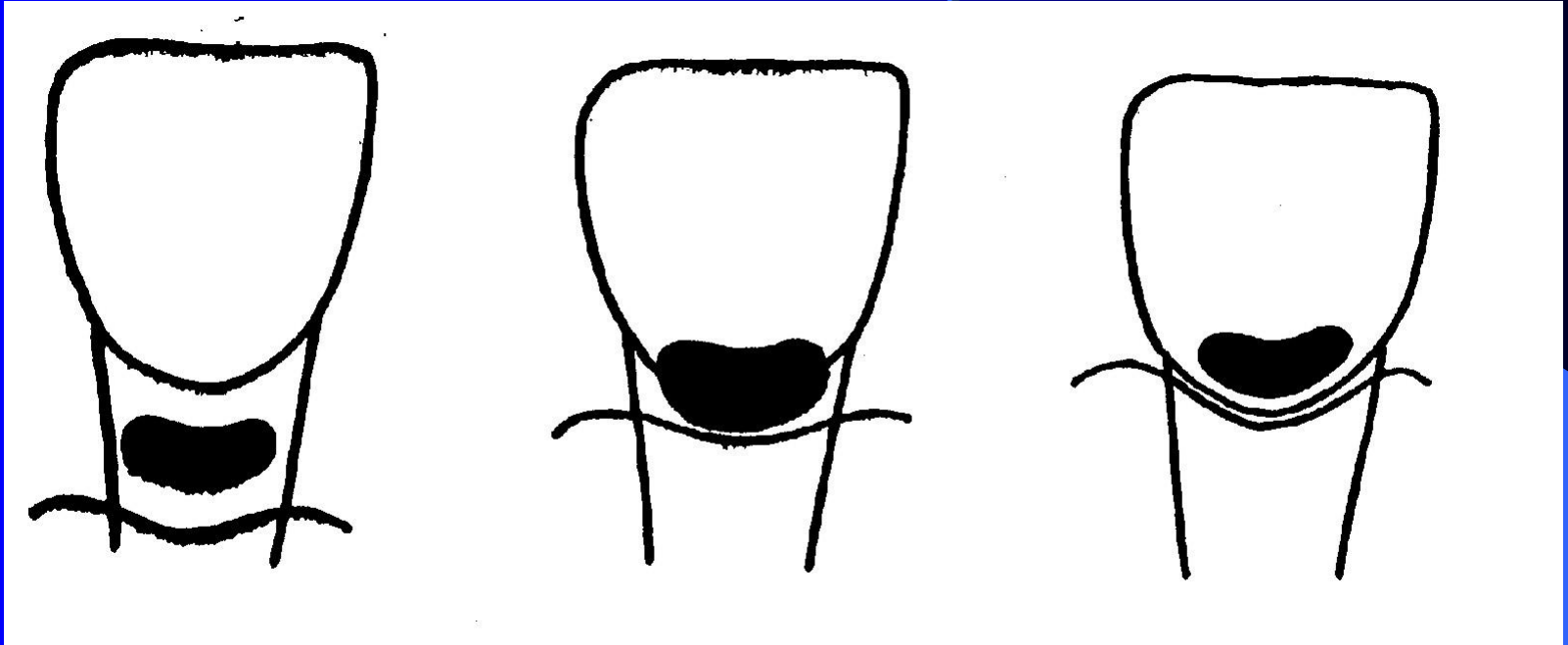


Connection
Glassionomer – tooth:
chemical

Composite – tooth:
micromechanical

Composite – glassionomer
Micromechanical.

Choice of materials



Glassionomer

Combination

Composite

Or amalgam in posterior area