NEW MODERN TREATMENTS FOR PATIENTS WITH PERIODONT'S DISEASE IN YEAR

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ANNOTATION

The oral examination is carried out with a dental mirror and a dental probe. It is necessary to pay attention to the condition of the contact surfaces of the teeth a the interdental spaces. You must isolate the teeth from saliva, dry the teeth with the airstream and estimate the condition of the tooth proximal surfaces, namely, the change of the color, the contour and the consistency of the enamel. Visual examination reveals the loss of the natural gloss of the affected area of the enamel at the initial stage of caries (enamel demineralization). Dental tissues become more opaque, especially when they are dried. The affected enamel becomes light or dark brown in case of chronic process. Some researchers suggest to use the dental floss before the preparation.

Sharp margins of the cavity will disrupt the integrity of the dental floss or interfere with its removal in case of the presence of hidden cavities. When the carious process is accompanied by a significant impairment of proximal surfaces with the access to the vestibular or oral surface, it is possible to probe the cavity easily, determining its size and the level of the dentine demineralization. The final size of the cavity can be received only after a «test preparation».

In some clinical cases, when the carious process is localized in the region of the tooth equator and probing is difficult, it is necessary to use additional diagnostic tests:

Transillumination. This method involves scanning of the teeth with a halogen lamp or a lamp for curing composite materials. Affected dental tissues look darker («area of shading»), than the healthy ones. The method allows to detect the initial forms of caries, secondary caries around the filling material and cracks in the enamel of the tooth.

Caries diagnosis using laser devices. This device allows to detect areas of demineralization difficult for diagnosing, fissure caries, process on the proximal surfaces of the teeth and the level of necrotomy during the cavity preparation. Recently, the KAVO company has developed 2 types of such devices: DIAGNOdent and the portable device called DIAGNOdent pen.

X-ray method. Allows to detect:

– hidden carious lesions on the proximal surfaces;

– secondary caries;

– overhanging margings of fillings;

– dental calculus.

2. The main features of treating Class III and Class IV cavities,

depending on the location, the depth of the lesion and the choice of the

filling material.

Opening the cavity. An important step is the opening of the cavity. First of all it is necessary to determine the surface (vestibular or palatal) of preparation.

If the carious lesion is closer to the vestibular wall of the tooth, it is recommended to make an access from this surface, if it is closer to the palatal wall an access should be made from the palatal surface of the tooth.

All the enamel without dentine support must be removed during the opening of the cavity. If the incisal margin is represented by a thin layer of enamel, less than 2 mm, it must be removed as well.

Making necrotomy. The necrotomy stage has to be done thoroughly and carefully. You must remember that the pulp horn is closely located in the upper lateral incisors, lower central and lateral incisors. It is necessary to use only a low speed dental handpiece and round carbide dental burs matching the size of the cavity for the necrotomy. Remove the demineralized enamel in the part of the tooth

near the gingiva and on the proximal surfaces. Use caries-markers for controlling the necrotomy.

Forming the cavity. It is necessary to make round or oval «soft» contours, without sharp corners. Preparation of Class III and Class IV cavities in the front teeth requires making the bevel on the enamel not less than 2 mm. The length of the bevel depends on the size of the cavity or tissue defect: the bevel must be deep (the entire thickness of the enamel) at the base of the cavity and gradually come to naught on the incisal margin of the tooth. The contours of the bevel must be made wavy (three or four waves) to achieve the best aesthetic result.

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