39th IACDE National Conference

TITLE:- DEEP MARGINAL ELEVATION

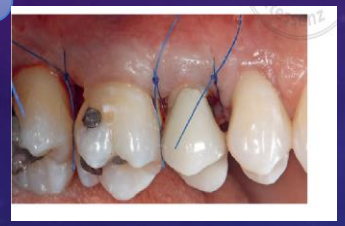
INTRODUCTION:- DME is the one of the minimally invasive and successful procedure performed in deep subgingival caries

BACKGROUND:- Crown lengthening, modified matrix adaptation technique, retraction cord, orthodontic extrusion

MATERIAL AND METHOD:- RMGIC, composite, rubber dam, matrix system and wedges

- Curved matrix for proper isolation and adaptation
- Height of matrix band should be cut by 2-3mm
- Immediate dentin sealing
- Followed by composite resin
- Bitewing radiograph for checking overhangs and gaps

Marginal band

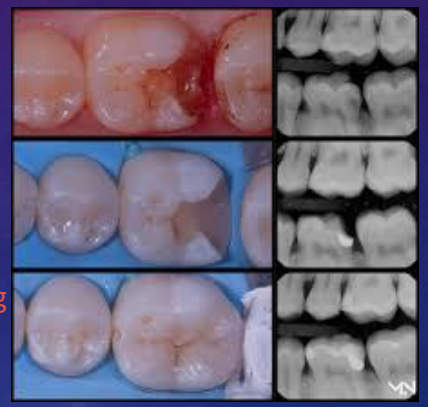


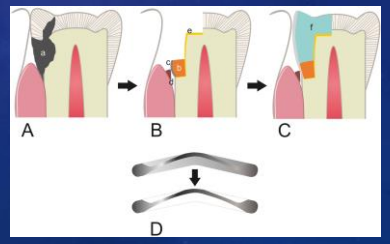
Surgical crown lengthening

Fig 4i Curved matrix following adaptation. The marginal seal is secured.

Matrix band adaptation

Garrison elevation kit





ADVANTAGES AND DISADVANTAGES:- maximum conservation of natural teeth structure,

- Non surgical procedure
- Provide more conducive location for placement of indirect restoration
- Proper isolation is needed and this is technique sensitive procedure

CRITERIA:- DME can be performed in all cases of deep proximal lesions when the following criteria are satisfied; first the working field should be completely isolated, secondly, the matrix should isolate the margins accurately and ensure a perfect seat around, third, the connective tissue of biological width must not be violated by the matrix

CONCLUSION:- DME is a promising technique in relocating cervical margin coronally and can be applied in both direct and indirect restoration, the available literature is limited mainly to in vitro studies therefore randomized clinical trials with followups are necessary for its validity in clinical practice.