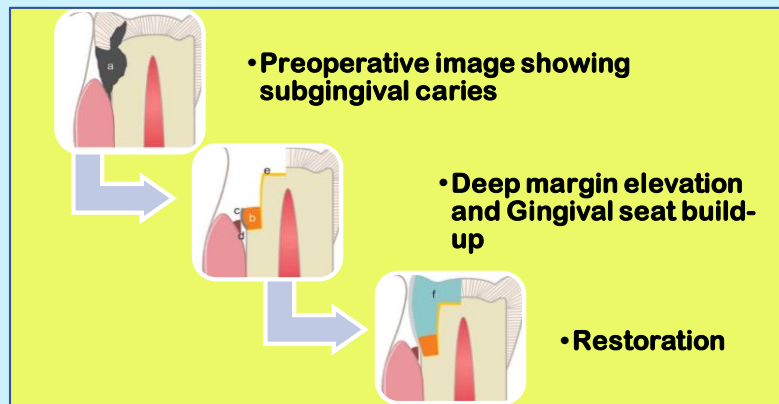


DEEP MARGIN ELEVATION

It is a minimally invasive restorative technique that repositions sub-gingival margins coronally using composite resin restoration for either a direct restoration or indirect restoration

CRITERIA FOR CASE SELECTION

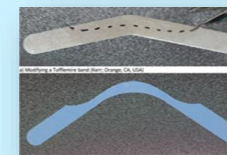
- Proper field isolation
- Perfect seal of the cervical margin by the matrix
- No invasion of Biological width



MATERIALS



MATRICES



TOFFELMIRE
GARRISON



REEL MATRIX

ADVANTAGES

Preserves
natural tooth
structure

Saves time
and money

Avoids
crown
lengthening

Facilitates
restorative
treatments

RISK ASSOCIATED

- Violation of Biological Width
- Impact on Periodontal Health
- Interfacial gap formation
- Secondary Caries
- Polymerization Shrinkage
- Bleeding on Probing
- Marginal adaption
- Microleakage

REFERENCES

Taylor A, Burns L. Deep Margin Elevation in Restorative Dentistry: A Scoping Review. Journal of Dentistry. 2024 May 12:105066.
Samartzi TK, Papalexopoulos D, Ntovas P, Rahiotis C, Blatz MB. Deep margin elevation: a literature review. Dentistry Journal. 2022 Mar 14;10(3):48.

CLASSIFICATION

Ghezzi et al classified DME as:

Type 1 non-surgical (DME)

Type 2a surgical (gingival approach)

Type 2b surgical (osseous approach)

- a- Deep subgingival caries
- b- Gingival seat build up with flowable composite
- c- Modified matrix band (reduced 2–3 mm with scissors)
- d- Wedge
- e- Immediate dentine seal
- f- Restoration with Bulk-fill composite

SNOWPLOUGH TECHNIQUE

A 'snowplough technique' combined a flowable composite and a viscous composite resin, moulded together in an unpolymerized state, followed by final polymerization of both material

