

**Faste protesers ytre form**  
**Seminar, videreutdanningen i protetikk, 26/2/1992**  
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Faste protesers komponenter består av:  
Kroner --- Pilarer ---- Ekstensjons eller mellomledd

De ytre former vil være avgrenset av:

- I. Okklusalflaten
- II De vertikale flater
- III. Den gingivale relasjon

De ytre former må utformes med hensyn til:

1. Materialtekniske krav
2. Estetisk passform
3. Biologiske krav

Spesielle hensyn vil gjelde for hver enkelt komponents former.

Seminaret tar sikte på å diskutere forholdene slik de er beskrevet i de kliniske rutiner i forhold til ulike typer studier :

Histopatologiske  
Eksperimentelle design  
Mennesker  
Dyr

Kliniske  
Eksperimentelle & Observasjonelle (epidemiologiske)  
Plaqueindeks  
Gingivalindeks  
Lommedybde  
Loss of attachement  
Røntgenologisk bentap  
Mengde excudat fra gingivallomme  
Leucocytinnhold i excudat fra gingivallomme  
Bakteriesammensetningen i plaque

En literaturliste med relevante referanser til seminaret blir distribuert.  
Referanselisten inkluderer 2-3 sentral arbeider fra før 1970, samt en relativt komplett liste over arbeider siden 1970.

## I. Okklusalflaten

### Materialtekniske krav

Materialvalg

Dimensjonering

Broledd, bucco-lingual bredde

### Estetisk passform

Sulcusmorphologi

### Biologiske krav

Optimal artikulasjon, dvs ingen interferens

Belastning på resttannsettet

Valg av pilarer, omtales av Bjørdal & Saxegaard d. 8/4

Belastning på periodontiet

Høyde

Broledd, buccolingual bredde

lengde på ekstensjonsledd

## Kliniske studier:

### Eksperimentelle

Nyman et al, 1975

### Observasjonelle

Randow et al. 1986

Kleber et al. 1988

## II. De vertikale flater

### Materialtekniske krav

- Materialvalg
- Dimensjonering
- Broledd, axio-cervicale lengde

### Estetisk passform

- Lengde & Bredde
- Akse & Prominens
- Konveksitet mesialt-distalt & axio-cervicalt
- Konkavitet proksimalt
- Broledd, axio-cervicale lengde

### Biologiske krav

- Estetisk passform og effekt på gingiva/periodontiet
- Kontaktpunkt og effekt på gingiva/periodontiet

### Histopatologiske studier:

#### Observasjonelle design

- Koivumaa & Wennström 1970
- Kandelmann et al 1974

### Kliniske studier:

#### Eksperimentelle

- Pilot 1972
- Youdelis et al 1973
- Silness & Ohm, 1974

#### Observasjonelle (epidemiologiske)

- Larato 1971
- Hüttner 1971
- Hancock et al 1980
- Grasso et al. 1984

### III. Den gingivale relasjon

#### Materialtekniske krav/ Estetisk passform & Biologiske krav

##### Materialvalg

Prepareringsalternativ - (diskutert av Kristiansen & Støvne 11/3)

##### Biologiske krav

Axiocervicale beliggenhet av kronekant

Effekt på gingiva/periodontiet

Effekt på kariesrisiko

##### Broledd

Utforming gingivalt

Utforming proksimalt

##### Histopatologiske studier

##### Eksperimentelle design

###### Mennesker

Wærhaug 1953

Koivumaa & Wennström 1970

Dragoo & Williams 1982

Tarnow et al. 1986

###### Dyr

Wærhaug 1953

Marcum 1967

Karlsen 1970

Smales et al. 1979

##### Kliniske studier:

###### "Eksperimentelle" design

Silness 1970a,b,c, 1974, Silness & Ohm 1974

Bergmann et al 1971

Richter & Ueno 1973

Kröncke 1973

Newcomb 1974

Renglli 1974a,b, Mörmann et al. 1974

Valderhaug & Birkeland 1976, & Heløe 1977, 1980

Kerschbaum T Meier F. 1978

Nyman & Lindhe 1979

Lang et al 1983

Müller 1986

Flores de Jacoby et al. 1989

Reichen-Graden & Lang 1989

Bader et al. 1991a

###### Observasjonelle design (epidemiologiske)

Rantanen 1970

Fuhr et al 1971

Løe et al 1978

Koth 1982

Rohner et al. 1983

Grasso et al. 1984

Orkin et al 1987

Freilich et al. 1990

Felton et al. 1991

Kleber et al 1991

Bader 1991b

## Eksperimentelle studier

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- Koivumaa KK Wennström A. 1970 A histological investigation of the changes in gingival margins adjacent to gold crowns. *Odont Tid* 68:359-373
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- Valderhaug J Birkeland JM. 1976 Periodontal conditions in patients 5 years following insertion of fixed prostheses. *J Oral Rehabil* 3:237-243 & Valderhaug J Heløe LA. 1977 Oral hygiene in a group of supervised patients with fixed prostheses. *J Periodontol* 48(4):221-224
- Kerschbaum T Meier F. 1978 Intraindividuelle unterschiede am marginalen parodontie bekrorter und nicht bekrorter, topographisch identischer zähne. *Dtsch Zahnärztl Z* 33:499-504
- Nyman S Lindhe J. 1979 A longitudinal study of peridental and prosthetic restorations. *J Clin Periodontol* 5:163-169
- Smales RJ, Nixon KC, Joyce KP. Effects of subgingival restorations in beagle dogs. Part II. Gingivitis. *J Prosthet Dent* 41:522-527
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- Larato DC. 1971 Relationship of food impaction to interproximal intrabony lesions. J Periodontol 42:237
- Hüttner G. 1971 Nachuntersuchungen von kronen und brückenzahnersatz in bezug auf den kronenrand und das marginale parodontium. Dtsch Zahnärztl Z 26:724-729
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- Rohner F Cimasoni G Vuagnat P. 1983 Longitudinal radiographic study on the rate of alveolar bone loss in patients of a dental school. J Clin Periodontol 10:643-651
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- Felton DA Kanoy BE Bayne SC Wirthman GP. 1991 Effect of in vivo crown margin discrepancies on periodontal health. J Prosthet Dent 65:357-364

## Oversiktsartikler

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I de kliniske rutiner angis prinsipper for faste protesers ytre form på ulike steder:

#### Side 14, pkt 9. Prøving av krone

Kontroller approksimale kontakter og okklusjonskontakten i IP

Kontroller okklusjonskontakten i pro- latero- og mediotrusjon

Kontroller form med henblikk på estetikk og hygienevennlighet

#### Side 15, pkt 11. Kontroll før godkjenning

\* Dersom ikke spesielle forhold tilslører diastemata, skal kronen ha fast kontakt mot nabotennene i den insisale/okklusale del av approksimalflaten, og det skal være god føring for tannstikker/tråd/interdentalbørste.

\* Vestibulære flater skal ha kurvatur i harmoni med resttannsettet, eller være underkonturert i forhold til dette

\* I IP og ved laterotrusjon skal dens antagonistkontakt være i harmoni med resttannsettet

\* Unngå kontakt på kronen ved mediotrusjonsbevegelser.

#### Side 41, pkt 3,4,5 & 6. Tilpasning av kroner

##### 3. Passform mot nabotennene

\* Kontaktpunktene skal ligge høyt incisalt/okklusalt,

\* med harmonisk krumming ned mot gingivalranden.

Approksimalrommet skal gi plass for interdentalpapillen og god styring for rengjøringsredskap (tantråd, tannstikker eller interdentalbørste).

##### 4. Passform mot gingiva

\* Kronen skal ikke være overkonturert. Approksimal- vestibular og oralfatene skal ha krumming i harmoni med resttannsettet, eller skal være underkonturert i forhold til dette.

\* Lengden skal passe eksakt med prep.grensen, men ha en viss tykkelse som tillater substanstatp under sluttarbeid på laboratoriet.

##### 5. Passform i okklusjon og artikulasjon

\* Kroner skal ha kontakt med antagonist i interkuspidasjonsposisjon.

\* Normalt skal de også ha pro- og laterotrusjonskontakt i harmoni med resttannsettet, men

\* ikke mediotrusjonskontakt

#### 6. Estetisk passform

\* Hovedelementene i formgivningen er tannlengde, tannbredde, aksestilling, kuspevinkel/insisalkantens helning, kontaktpunkters beliggenhet, vestibulærflatens krumming vertikalt og horisontalt og dens prominens.

#### Side 18, pkt 13. Siste broprøve

\* Kontroll/justering skal ta hensyn til følgende:

Anlegg mot alveolarkammens slimhinne

Festenes gingival tilslutning

Kontakt i IP

Kontakt ved pro- latero- og mediotrusjon

Form med henblikk på estetikk

Form med henblikk på hygienevennlighet

## **Okklsual**

Nyman har vist at med god hygiene spiller det mindre rolle hvordan okkl ser ut

Kleber fant ingen sammenheng mellom perio og "kvalitet2 på bitt

Randow- viste at faren for fraktur øker med forlengede sveveledd

## **Prox Contour**

Wærhaug 1953 There is no such thing as a smooth transition between a dental restoration and the tooth, and plaque accumulates in the irregularities

Vanskelig å skille denne faktoren fra hygiene og plassering av kronekanter.

Larato 71 & Hüttner 71 viser at ved åpne kontakter økte perio.

Inadequate contour of the proximal part has been used as a criterion in quality evaluations (Table 7). On the other hand, it has not been established if there truly exists an optimal restoration contour.

The evaluation of the interproximal contacts and axial contours are often subjective judgements (Nuckles & Fingar, 1975). It is well known that poor interdental contact and excessively overcontoured restorations affect the periodontal status (Hancock et al, 1980).

It is uncertain how the size, the location (Pilot 1972, Hancock et al# 1980) and the quality (Soumi 1971) of the proximal contacts affect the gingiva ;

Grasso,Nalbandian 1984 Definite or positive parameters related to the restoration are the location of the contact and the axial contour of the restoration

## **Smooth surfaces**

Vanskelig å skille denne faktoren fra hygiene og plassering av kronekanter.

Kandelmann et al. 1974 fant ingen forskjeller mellom "god" og dårlig kontur.

Koivumaa ea 1970 fant at overkontur representerer et periodisk risikomoment

\* Mechanical trauma may stem from overcontouring of the crown, which prevails on the buccal surfaces (Youdelis et al# 1973),

## **Axiogingival**

Histo

Wærhaug, 1956: Questioned earlier theories of mechanical irritation. Advocated instead that rough surfaces promoted the retention of plaque. Definite or positive parameters related to the restoration is the roughness of the restorative material

Marcum, 1967: Placed gold crowns with different marginal depths in 6 dogs. Found more inflammation when placed supragingivally. No criteria given to judge marginal fit, and no xray were taken

Karlsen, 1970: Used 2 dogs and 3 monkeys, cut crowns or small cl.V sub and supragingivally, restored with gold or acrylic. Found significant differences between subgingivally placements and other categories

Tarnov et al# 1986 showed in a short term clinical study a very rapid recession of the gingival unit following crown placement

Eksperimentelle

Silness 1970 The lack of correlation may be the result of poor plaque detection in irregularities and pores around the crown margins

Bergman,Hugoson 1971: Assessed 30 patients with Partials and crowns

Renggli, 1972: Fitted supragingival gold inlays with ODR in 12 Man pm, Recorded the gingival fluid prior to, \* 14d, & 60 d after placement and compared to contralaterals. Plaque amount increased significantly. Renggli, 1974: No difference noted between supragingivally located restorations and sound surfaces. \*

Richter & Ueno 1973 showed that the gingival conditions may be unaffected by crowns, even when they are located subgingivally

Kröncke placed rough and smooth gold flakes beneath gingiva.

Newcomb 1974 reported in a study where the crown margin location was assessed relative to the base of the crevice \* It is possible that larger differences could have been registered between the supragingival and the deepest subgingival crown margins.

Kerschbaum & Meier 1978 showed that the gingival conditions may be unaffected by crowns, even when they are located subgingivally

Lang,Kiel 1983: Study effect on microflora and periodontal tissue by intentionally placing ODR. More inflammation was observed adjacent to ODR than on controls. After placement the flora changed to a flora characteristic of chronic periodontitis., e.g black pigmented bacteriodes. Patient response varied at different rates. It is not established if the quantity or the quality of the plaque is the most important The quality of the plaque after the placements of crowns may be more important than the quantity

Müller 1986 The quality of the plaque after the placements of crowns may be more important than the quantity

Flores-de-Jacoby 1989 The quality of the plaque after the placements of crowns may be more important than the quantity

The present results, with a lack of differences in PI accompanied by the higher GI and increased attachment and bone loss around the abutments, may support the theory of a shifting to a more aggressive microflora.

#### Observationelle

Rohner et al# 1983 in a cross-sectional study reported a significantly higher annual bone loss for teeth bearing crowns compared to sound teeth

#### Caries

\* One clinical study report a lower incidence of caries along subgingivally placed crown margins (Hammer 1978). \* To the authors' knowledge there are no reports in the literature on the incidence of secondary caries relative to the location of the crown margins, which have also taken into consideration the change of the location of the gingival crest.