

سورة التين



دانشگاه علوم پزشکی و خدمات بهداشتی درمانی آراک

Esthetic Onlays



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Inlay

An inlay is defined as a restoration which has been constructed out of the mouth and then cemented into the prepared cavity of the tooth

An alternative to class I or II

Onlay



The onlay is essentially an inlay that covers one or more cusp and adjoining of occlusal surface of the tooth.

Vital and non vital tooth

An onlay is a more conservative option than crown

Overlay vs. Crown



Inlay and onlay can be composed of various materials :

Metal

Composite resin

Porcelain

Resin Composite Onlay

Advantages over direct resin composite restorations

- Improper proximal contour and open contact
- Problems with polymerization shrinkage
- Lower microleakage
- Higher strength

Disadvantages over direct resin composite restorations

- Higher cost
- Remove more tooth structure
- Problems in bonding

Posterior Bonded Porcelain Restorations

Indications

- Indications for direct and indirect posterior resin composite restorations
- When one cusp of posterior tooth is being covered with an esthetic bonded onlay
- Endodontically compromised teeth
- In the restoration of a molar with a short occlusogingival dimension
- Teeth where it is difficult to develop retention form

- All margin should be on enamel
- Supra erupted tooth
- When metal allergy is a factor
- Restoration of teeth in an arch opposed by already present porcelain restorations



Contraindications

- Bruxism patient
- Excessive tooth destruction with very little *dentin* remaining
- Technique -sensitivity

Advantages

- **Color:** Most porcelain systems use well-established techniques of effectively blending in with the adjacent natural dentition.
- **Periodontal health:** accumulate less plaque
- **Resistance to abrasion:** The wear-and abrasion-resistance of these restorations is high, although they have the potential to create wear in the opposing arch.

- **The marginal integrity:** when ceramic restorations are combined with resin bonding and a composite resin luting agent, is excellent with the result that *microleakage* is decreased to an absolute minimum
- **More conservative than crown**
- **Reduced polymerization shrinkage**
- **Support of remaining tooth structure**
- **More precise control of contours and contacts**
- **Biocompatible**

Disadvantages

- **Moisture contamination** and placement procedures
- **technique-sensitivity**
- The **strength** of the individual unbonded restoration is relatively nominal, so that the try-in procedures can result in fracture of the porcelain
- **Low potential for repair**
- **laboratory fee**
- The **potential wear** of the teeth in the opposing arch, particularly during Para functional habits, is a contraindication

Failure

Bulk fracture

Bruxers and clenchers

Area of cuspal coverage (↓ 2mm thick)

At the isthmus adjacent to marginal ridges (porcelain poorly supported by tooth structure)

Marginal breakdown

resin cement not be heavily filled → **wear** more quickly than the adjacent restorations or tooth structure, poor marginal adaptation

Ceramic Inlay versus Resin Composite Inlay

- Leaks less
- Fits better
- Adhesion of luting resin is more reliable and durable to etched ceramic material
- fragile subject to fracture during the try-in
- Removed proximal contact can be easily replaced

Ceramic onlay versus Resin Composite onlay

- Has same disadvantages as porcelain inlay.

- It is a cuspal coverage restoration cause

wear of opposing enamel But **provide long-term occlusal stability**

Strong bonding of resin cement to porcelain so

better occlusal force transmission

Ceramic Materials

1. Conventional ceramics

2. Glass ceramics

Castable glass ceramic (Dicor)

Pressed glass ceramics (IPS Empress)

CAD-CAM ceramics

