COMMENTARY

PREDICTABLE REPAIR OF PROVISIONAL RESTORATIONS

Ralph Leonard, Jr., DDS, MPH*

I would like to commend the authors on providing a simple and easy technique to repair/modify provisional restorations by using dental materials that are currently available to us. Their technique utilizes flowable composite resin to repair/modify provisional restorations fabricated from either methacrylate or bis-acryl-based materials. Only by thinking outside the box are we able to expand the use of products for additional uses than originally intended.

As stated in the article, provisional restorations are critical to the success of the final outcome of definitive restorations. If a less-than-ideal provisional is cemented, many parameters of dentistry are impacted, including soft-tissue contour, occlusion, and proximal contact, just to name a few. Often during the provisional fabrication process, one finds himself or herself having to modify the provisional. The authors have provided an excellent technique to do just that which is predictable and reliable. I, as well as my assistants, have used this technique many times with much success. We have found the technique to be easy and less time-consuming than redoing the provisional.

Although this is a technique article and not a literature review on the materials and techniques of provisional fabrication, the authors have provided us with some excellent references on this subject. As newer dental materials are developed and appear on the market, it would certainly be beneficial to read the articles referenced as well as stay current on the literature of provisionals.

The first of two comments that I would like to make regarding the technique is that many times the pre-op impression can be modified to overcome a suspected deficiency before making the provisional. This may result in an overcontoured provisional but can be easily corrected by trimming. The second comment is that the authors should have spent more time on the polishing technique. As the method utilizes flowable composite resin to repair/modify the provisional, what instruments do the authors find best to trim and polish? This may be an area of further investigation.

In summary, the authors have presented an excellent technique to repair and modify provisional restorations. The article is certainly of clinical relevance and should help all dental team members be more efficient in fabricating provisionals. If used properly, this technique should help to overcome the challenges of provisional fabrication that are occasionally encountered in the dental office.

*Clinical Professor, Department of Diagnostic Sciences and General Dentistry, University of North Carolina at Chapel Hill, NC, USA

DOI 10.1111/j.1708-8240.2008.00226.x