

## COMMENTARY

Management of Provisional Restorations' Deficiencies: A Literature Review<sup>1</sup>

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Providing indirect dentistry in most cases requires fabrication and placement of provisional interim restorations, which serve many purposes: to protect and seal the tooth, provide occlusal stability, prevent tooth migration, guide in tissue regeneration or development of soft tissue emergence profile, serve as a template to evaluate esthetic and functional changes, etc.<sup>2,3</sup> For many years, the mainstay of provisional materials was polymethacrylate resin.<sup>4</sup> However, in recent years, bisacryl provisional material has gained significantly in market share<sup>5</sup> and now likely is the most commonly used material for single provisional units or short-span fixed partial denture provisional restorations. The choice of material is predicated on the situation as well as on the preference of the dentist. Invariably, provisionals will often need modifications, relining, or repair, and understanding the characteristics of the original provisional material and how to optimize the bond between it and the repair resin can mean the difference between success and failure. It is important to understand what surface pretreatments may be needed as a result of external contamination (saliva or other external chemical/mechanical insults) or internal contamination (salivary microleakage or residual temporary cement) and how aging of the provisional affects the repair process.<sup>2</sup>

The authors were thorough in reviewing the literature and summarizing the deficiencies of provisional materials in current use today, as well as in providing technique and material recommendations for modification to, or repair of, existing provisional restorations. Given that it is the goal of these interim restorations to survive the length of the provisionalization period, improper selection of materials or inadequate modification/repair techniques can lead to subsequent failure of these restorations in terms of maintaining their structural and functional properties, loss of practice productivity, or loss in patient confidence. One of the lessons learned by this commentator from the LD Pankey Institute is that patients often prejudge the dentists' indirect restorations by the quality, or lack thereof, of their provisional restorations. It is therefore critical that any practitioner providing indirect dental restorations have a good working knowledge of appropriate material selection and methods/materials for the repair of these provisionals as after all, they serve a much more critical role in the restorative process beyond that of being "just a temporary."

## REFERENCES

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