

successful bonding. Further studies are required to investigate the long-term survival of these restorations.

Porcelain veneer restorations are useful in many clinical conditions, but the outcome can be influenced by the material used. Each of the existing commercial products has its own merits and limitations, and it is important that clinicians understand the properties and clinical requirements of each product, and communicate well with patients, dental specialists and dental technicians.

REFERENCES

1. Smales RJ, Chu FCS. *Porcelain Laminate Veneers for Dentists and Technicians*. New Delhi, India: Jaypee Brothers Medical Publisher; 1999.
2. Kourkouta S, Walsh T, Davis LG. The effect of porcelain laminate veneers on gingival health and bacterial plaque characteristics. *J Clin Periodontol* 1994; **21**: 638–640.
3. Dunne SM, Millar BJ. A longitudinal study of the clinical performance of porcelain veneers. *Br Dent J* 1993; **175**: 317–321.
4. Andersson M, Oden A. A new all-ceramic crown. A dense-sintered, high-purity alumina coping with porcelain. *Acta Odontol Scand* 1993; **51**: 59–64.
5. Friderich R, Kern M. Resin bond strength to densely sintered alumina ceramic. *Int J Prosthodont* 2002; **15**: 333–338.
6. Hager B, Oden A, Andersson B, Andersson A. Procera AllCeram laminates: A clinical report. *J Prosthet Dent* 2001; **85**: 231–232.
7. Chu CS, Cheung SL, Smales RJ. Management of congenitally missing maxillary lateral incisors. *Gen Dent* 1998; **46**: 268–274.
8. Lin MT, Sy-Monoz J, Munoz CA, Goodacre CJ, Naylor WP. The effect of tooth preparation form on the fit of Procera copings. *Int J Prosthodont* 1998; **11**: 580–590.
9. Antonson SA, Anusavice KJ. Contrast ratio of veneering and core ceramics as a function of thickness. *Int J Prosthodont* 2001; **14**: 316–320.
10. Zhang F, Heydecke G, Razzoog ME. Double-layer porcelain veneers: Effect of layering on resulting veneer color. *J Prosthet Dent* 2000; **84**: 425–431.

ABSTRACTS

WHAT A GOOD IDEA!

Modified Matrix Adaptation for Sub-Gingival Class II Amalgam Restorations. D.C.N. Chan. *Operative Dentistry* 2003; **28**: 469–472.

When was the last time you found that the caries extended so deeply that it was simply impossible to obtain a satisfactory interproximal margin to your amalgam restoration? The overhang clearly visible on the next bitewing radiograph is a constant reminder of your failings!

This paper describes how a second matrix band may be used to overcome the problem. The first conventional band is fitted as normal, and then loosened slightly. Another matrix band is now taken (only the band, not the retainer) cut in half, and slid lengthwise down inside the first band to protrude into the gingival crevice, but this will pass the deep cavity margin. The occlusally protruding portion may be bent over and pressed against the adjacent tooth. Tightening

the first band, and tightly inserting wedges, will give a good marginal seal against which the amalgam may be condensed.

The author of the paper prefers to use the open sandwich type of restoration, with glass ionomer cement at the base of the cavity, and amalgam above, but this may be a matter of personal choice.

A simple tip, certainly worth trying next time you are faced with a deep sub-gingival margin.

REMEMBER THIS NEXT TIME YOU HAVE A POST TO REMOVE!

Bond Strength of Resin Cement to Dentine and to Surface-treated Posts of Titanium Alloy, Glass Fiber and Zirconia. A. Sahafi, A. Peutzfeldt, E. Asmussen, K. Gotfredsen. *Journal of Adhesive Dentistry* 2003; **5**: 153–162.

This research was designed to examine the bond strengths achieved with regard to the successful cementation of endodontic posts. However, as an endodontist my own interpretation

was the increasing difficulty in the removal of these posts should re-root treatment become necessary!

The work was carried out *in vitro*. Groups of each of the three post types described in the title were subjected to one of three surface treatments:

- Roughening by sandblasting and hydrofluoric acid etching;
- Application of primer;
- Roughening followed by application of primer – Cojet treatment (3M ESPE, Seefeld).

They were then cemented with one of two cements and bond strengths calculated.

The results showed that the bond strengths were affected by the variables, with the third group (receiving the Cojet treatment) having the best results. It was also found that the two cements tested gave significantly different bond strengths to both the posts and the dentine. *Panavia F* cement was found to give the best results.

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