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Evaluation of three different non invasive gingival displacement systems on the amount of gingival retraction in fixed prosthodontic treatment- an observational study

(INVIVO RESEARCH)

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ABSTRACT:

The marginal integrity of a restoration depends on the ability of impression material to accurately record the finish lines, which in turn will assure marginal adaptation and restoration aesthetics. To reveal the subgingival finish lines of preparation and to create enough room for the impression material, the gingiva must retracted vertically and horizontally be laterally. The most common and widely used method of gingival retraction uses a cord system for gingival displacement. Due to the technique-dependence of gingival displacement with cord, products like expasyl paste and magic foam gel were developed.

Thus the primary objective of this study was to determine the amount of gingival retraction achieved in width and depth using impregnated stayput retraction cord compared to magic foam gel and expasyl paste measured in micrometers using stereomicroscope under 10X resolution of the cast obtained before and after retraction which was sliced buccolingually to obtain a three millimetre specimen. Secondary objective was to assess presence or absence of gingival bleeding in the sulcus after retracting all three agents and to determine time taken for placement. Null hypothesis was there is no significant difference in the width and depth of gingival sulcus retracted in fixed prosthodontic treatment using impregnated

stayput cord compared to magic foam gel and expasyl paste gingival displacement systems. Results revealed that the null hypothesis was ruled out. Expasyl paste caused the greatest horizontal retraction. The largest vertical retraction was obtained by the impregnated stayput cord. The best hemostatic effect was shown by the magic foam gel retraction system. Applying Expasyl paste to the sulcus required less time.

KEYWORDS:

Impregnated stayput cord, magic foam cord, expasyl paste, gingival displacement, gingival retraction.

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