

ADVANTAGES OF ROOT SHAPING

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1. Existing margins within the biologic width can be removed, thereby creating minimal bone morbidity.
2. A smooth and flat root surface facilitates maximum maintenance by the patient. Dental floss works on a smooth, flat surface and not an irregular surface such as a mesial concavity of an upper first bicuspid.
3. Smooth and flat root surfaces facilitate a better opportunity for the hygienist to clean a root surface since the curettes will conform to a root surface that is smooth without concavities and developmental grooves.
4. By removing the CEJ through root reshaping, the hygienist has a better ability to use a curette to smooth the surfaces, since again there is no irregularity.
5. By reshaping the tooth, the biologic width can reform to its biologic position on the tooth reshaped. The restorative dentist has the ability to place the margin wherever the biologic width heals to. Many times this is coronal to the preexisting margin of the old crown.
6. Where previous margins ended in furcation areas, concavities or in developmental grooves, these areas no longer exist after reshaping, thus allowing the restorative dentist to place a margin wherever he wishes.
7. Since decay usually attacks from an apical position on the portion of the tooth that is external and works its way internally in a coronal direction, by reshaping the existing area where a core buildup has been placed, we can often move the location in a coronal direction of the preexisting margin. This allows for less bone morbidity where previous caries was a factor in the violation of the biologic width. (It is important to understand how previous restorations were prepared related to amalgams. The box area that was placed on the mesial or distal root surface was always apical to the preparation on the floor of the tooth. By reshaping the box area the old location of the margin again moves in a coronal direction.)
8. When taking impressions for final restorative cases, there is often an inability to get an ideal impression where there are developmental grooves. (Developmental grooves are very sharp angles in the root surface.) Also, in casting a restoration to these grooves, there are many times when voids remain. Cement fills the space and the crown is seated. By reshaping the tooth, there are no longer developmental grooves and the root surface is very receptive to an impression. The final crown will fit ideally in these areas since the impression was perfect.
9. If the previous location of an existing margin is in the biologic width interproximally, this will require excessive osseous recontouring on the buccal and lingual to create a parabolic architecture. By reshaping the existing margin and removing the location, we greatly reduce the morbidity of bone necessary to create the space for biologic width.
10. By doing less aggressive osseous surgery and more reshaping of teeth, mobility can be greatly reduced.
11. Cosmetically, we do not end up with long teeth where excessive bone has been removed.