

lesion extension is marked. Thus, with regular radiological checkups, even the smallest changes can be detected early and treated minimally invasively.

With the bitewing radiograph caries is evaluated based on its extension. Different nomenclatures for the extent of dental caries are known. For the infiltration therapy, we differentiate between enamel (E) and dentine (D) caries. Enamel caries is divided in two halves and designated as E1 and E2, while dentine caries is divided in thirds and defined as D1, D2, and D3.

Use and application of Icon®

The infiltration treatment should be performed in an absolutely dry environment. Therefore, a rubber dam is placed in the affected area. In the posterior section a conventional rubber dam is placed; for a vestibular application in the anterior section a light-curing rubber dam material (Liquid Dam) can be used alternatively. The interdental spaces to be treated are then cleaned with dental floss or an air gun. It is recommended to clean the affected area after placing the rubber dam since the approximal region is better visible under the rubber dam, and injuries that cause bleeding can be prevented. In the next step, the teeth are separated with the dental wedge to facilitate better access to the interdental space (fig. 8). The area should now be inspected closely one more time. If a cavity is detected the therapy decision must be reconsidered and the cavity prepared.

The approximal applicator is attached to the etching gel syringe and introduced into the separated interdental space. The green side faces the side to be treated.

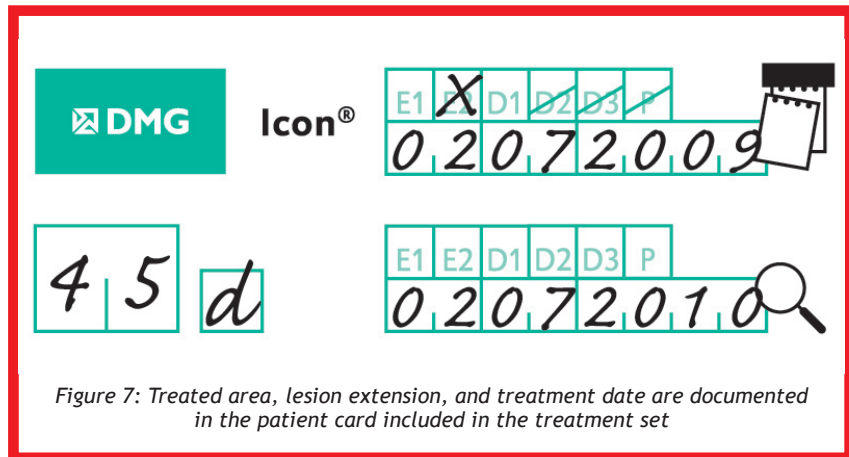


Figure 7: Treated area, lesion extension, and treatment date are documented in the patient card included in the treatment set

The etching gel is applied to the enamel surface, let set for 2 minutes (fig. 9), and then rinsed with water for 30 seconds. The applicator is removed. The surface is blown off for 30 seconds with water-free and oil-free air and then wetted with ethanol for another 30 seconds to remove any residual moisture from the enamel area.

The applicator tip is attached to the infiltrant syringe and introduced into the interdentium. The infiltrant should set for 3 minutes. The surface should be well covered with material (fig. 10), and the infiltrant is then carefully blown off. After all excess material is removed, the composite is light-cured from all sides for 40 seconds (fig. 11). The infiltrant application and process is then repeated with a setting time of one minute.

After light-curing, the interdentium is examined for excess material and finished with dental floss and polishing strips to make sure no excess material remains on the tooth surface (fig. 12).



Figure 8: Separation with wedge



Figure 9: Applied etching gel