***Inlay***: a restoration which has been constructed out of the mouth from gold, porcelain or other metal and then cemented into the prepared cavity of the tooth.

The preparation looks like class 2 cavity preparation but it’s flared occlusally

If one or more cusps are restored we call it an ***onlay***

***Inlay*: in the crown (small)**

***Onlay*: on the crown (large)**



|  |  |  |  |
| --- | --- | --- | --- |
| indications:  | contraindication | advantages | disadvantages |
| small carious lesion with **good dentinal support** (an onlay is needed if it was large) | low plaque control(high caries rate),  | material properties : gold>composite>amalgam  | wedging effect especially in nonvital teeth (the shape of the restoration is a wedge shape, so during chewing it acts like a wedge cracking and then fracturing the tooth structure). so the proper choice for nonvital teeth is **full crown**. |
| low caries rate (for the avoidance of recurrent caries) | small crowns, | longevity | gingival encroachment, which is undesirable for periodontal health. |
|  | children (because the restoration would be close to the pulp) | no discolorationcorrosion resistance | more display of metal compared to composite and amalgam |
|  | When tooth has no dentinal suport |  | less conservative than amalgam (divergent preparation)   |





cavity preparation for an onlay:

Occlusal outline

Proximal boxes

Caries removal

Occlusal reduction

Centric cusp ledge

Gingival and proximal bevels

finishing

the rest part of the lecture was a case presentation of a full mouth rehabilitation case that’s done under Doctor Amin’s supervision. he showed a lot of photographs of the case and he was just talking about the perfection of all the details when they contribute altogether in the final results.