

# Esthetic-Mask

## Gingival mask from DETAX

A user report from Olbrich Dental Laboratory, Bretten, Germany

### Introduction

Esthetic Mask is the first gingival mask material available that has optimum physical and handling properties. It provides ample working time and has very high tear strength.

In contrast to polyethers, this **A-Silicone** is compatible with all other model and impression materials as well as die spacers and does not disintegrate after a few weeks like polyether. Gingival mask is intended to retain the area of the model that is normally lost during die or model fabrication. This is important for placing attachments and contouring crown margins. There should be a passive fit of the restoration against the gingival margin.

### Fabrication:

If the gingival mask is to be fabricated using an **overcast**, the decision should be made just after pouring the impression, before sawing the model.

The putty contaminates the die stone and impairs the bond of the die spacer. Taking an impression of the model section can cause other problems.

We recommend using the **original impression**, mainly to save time. Large cavities in the impression of the prepared teeth are removed from the impression using tweezers and a scalpel: die spacer on the die does not interfere.

The impression is loosened from the tray and reduced in size to approx 5 mm adjacent to the prepared teeth. Filler and ventilation holes are drilled labially and orally with a rotary cutter (Fig. 1).

The impression is sprayed twice with a thin layer of **silicone separating agent**, which is supplied.

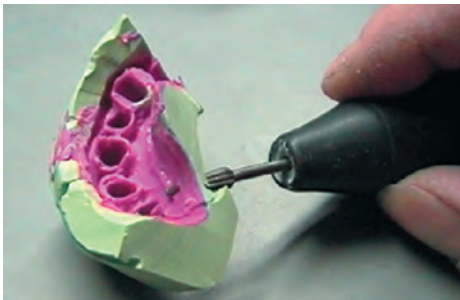


Fig. 1: Segment of the impression

The segment of impression is put on the model and sealed with a permanently elastic material to the model base (Fig. 2).

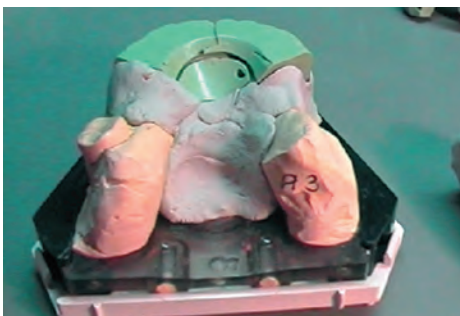


Fig. 2: Sealed model

Plastic fermit, for example, available from the plumbing department of a DIY store is suitable for this. Overcast putty can also be used. After it hardens, the impression is removed from the model and trimmed to the required shape; the separating agent is then applied at this stage (Fig. 3).

Sealing is required to build up counter pressure during subsequent filling using the syringe supplied. Two equal lengths of material (Fig. 4) are mixed together and inserted into the syringe with the mixing spatula.

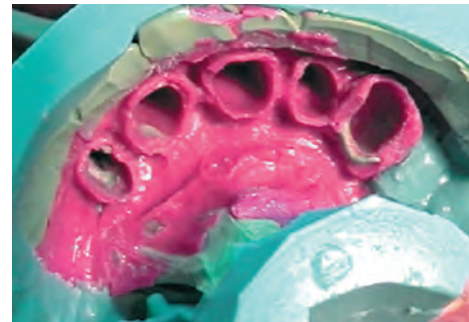


Fig. 3: 2-phase overcast

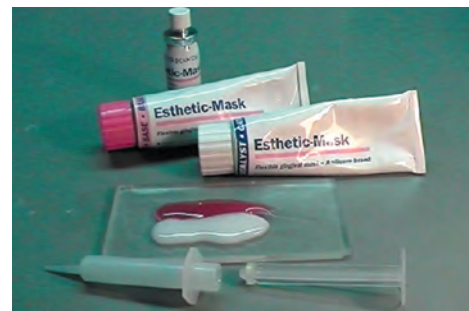


Fig. 4: Material ready for mixing

The material is syringed into the labial inlet until it exudes from the oral outlet (Fig. 5).

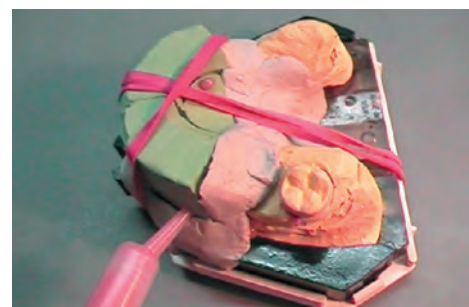


Fig. 5

The outlet is then sealed with the finger and more pressure is applied. The entire cavity is then filled completely.

The gingival mask is cured in a **pressure vessel** without water. After curing the impression is easily removed, the gingival mask separates very easily from the impression and is as **smooth as glass** and **porous free** (Fig. 6).



Fig. 6: Surface

Even very fine details right up to the base of the model system have been reproduced (Fig. 7).

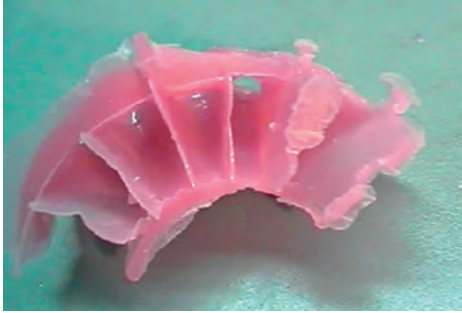


Fig. 7: Details

The mask is then trimmed with **nail scissors** and separated approximately to facilitate removal and fitting during subsequent contouring.

Esthetic Mask is easily trimmed using a new, large **round diamond ISO 030 - 040** (Fig. 8).



Fig. 8: Trimming

In a **pick-up impression** pins are first positioned with modelling resin and then syringed smooth and flush with Esthetic Mask (Fig. 9). The resin dies should remain exposed to enable the fit of the dies to be checked later.

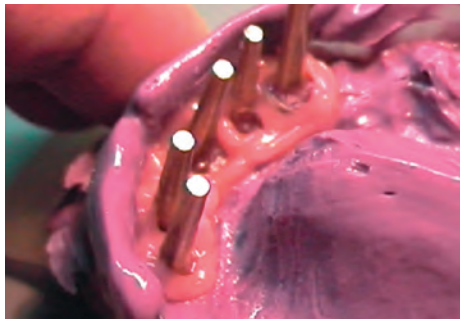


Fig. 9: Applying into the impression

It is best to use pins with metal sleeves. This prevents any silicone excess on the pins interfering with the fit of the dies.

Only a small amount is syringed, approx. 3 mm diameter, without retention.

After the impression is poured and the stone hardens, the Esthetic Mask is easily removed from the stone and replaced when required.

#### **Summary:**

Fabricating a gingival mask improves the aesthetics and function of the model (Fig. 10).

The use of **Esthetic Mask** improves the quality of the finished restoration with minimum additional effort.



Fig. 10: In situ

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