



Rediscover GC FujiCEM 2

with **Dr. Lucile Dahan**

Taking the most of the launch of the new SLIDE & LOCK system for FujiCEM 2, GC Get Connected recently spoke with Dr. Lucile Dahan, a dentist based in France, about the use of GC FujiCEM 2 in her practice.



Dr. Lucile Dahan is a dentist in Paris, France. She is also a member of the Academy for Adhesive Dentistry.

All the prosthetics have been done by the dental technician Asselin Bonichon, Laboratoire Nouvelles Technologies, Paris

As a clinician, what are the most important features that you look for in a resin modified glass ionomer luting cement (RMGI)?

Dr Lucile Dahan: I expect a RMGI cement to offer:

- visual control of the homogeneity of the mixture between the two pastes
- a working time which is sufficiently long to allow for the assembly of an unitary element or a plural prosthesis
- a relatively short setting time
- good mechanical properties at low thickness
- low dissolution over time and under stress
- a “dentine” shade to allow the most aesthetic cementation possible
- easy removal of excess
- high radio-opacity to verify the absence of excess in the interproximal area

For which indications do you use FujiCEM 2?

Dr Lucile Dahan: FujiCEM 2 is a resin modified glass ionomer cement. I use it to cement prosthetic parts with the following criteria:

- sufficient intrinsic retention: opposing walls of the tooth preparation enable the prosthetic part to be kept in place
- excellent marginal adaptation: the prosthetic part adapts perfectly to the preparation without excessive friction and with margins of less than 100 microns (detection threshold of the probe)

The RMGIs (resin-modified glass-ionomer cement) proved their value in the cementation of metallic or porcelain fused to metal (PFM) elements^(1,4). So I systematically use FujiCEM 2 to assemble this type of dental-supported crown, as well as inlay-cores.

Despite having increasingly high mechanical properties, resin-modified glass ionomer cements (RMGI cements) are still not recommended for assembling inlays/onlays in ceramic or composite as the first-line treatment^(2,3).

The question arises in the case of all ceramic crowns, whether they are glass-based, such



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