



## Cusp capping of the tooth

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Traditionally it was recommended that cusps of weakened tooth were reduced and covered by restorative materials to distribute the occluding stress from the occluding points to the alveolar bone via periodontal ligament.

The main judging factors of cusp capping was intercuspal distance, i.e, if the cavity widened more than  $2/3$  of intercuspal distance (or the distance from the central groove to the cavity margin were more than  $2/3$  of the distance from the central groove to the cusp tip), it was recommended to cover the cusps and make the restoration for extracoronal restoration. This rules were used from the middle of 1900' s till to now for the metallic restorations.

But the advances of adhesive dentistry and restorative materials led the new concepts in cusp capping. Some manufacturers advocated that cusp capping was no more needed. Especially the indirect adhesive restoration, ie, ceramic and composite resin inlay documented no cusp capping because of the mechanical properties of restorative material or bonding strength.

In this session of continuing education, it will be discussed that how the guidelines of cusp capping have been changed according to the restorative materials.



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