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Orthopantomographic Assessment of Alveolar Bone Loss Adjacent to Overhanging Fixed Prosthetic Restorations

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Objectives Fixed prosthetic overhanging restorations represent restorations that extend beyond the prepared tooth margins into the interdental space. These oversized margins favor plaque accumulation, compromise oral hygiene, and also contribute to gingival inflammation and periodontal destruction. The study aimed to evaluate alveolar bone loss in individuals with fixed prosthetic restorations presenting proximal overhangs utilizing orthopantomographic (OPG) analysis.

Methods Total number of 115 OPG was used for this investigation. Bone loss was measured as the distance between the cementoenamel junction (CEJ) and the limbus alveolaris on two-dimensional OPG images. Measurements greater than 2 mm were considered pathological. When the CEJ was not clearly visible, the adjacent tooth served as a reference. The percentage of overhang occupying the interproximal space was calculated and classified as small (<20%), moderate (20–50%), or large (>51%).

Results The mean measured CEJ–alveolar limbus distance was 3.55 ± 0.77 mm. After subtracting the physiological 2 mm distance, the average bone loss associated with proximal overhang restorations was 1.86 ± 0.94 mm. Most patients (70.43%) exhibited moderate overhangs. Of particular concern, 9.56% of subjects presented large overhangs occupying more than half of the interdental space.

Conclusions Our findings demonstrate that inadequately dimensioned fixed restorations contribute significantly to alveolar bone loss. The prevalence of large and moderate restoration overhanging suggests insufficient marginal adaptation. Ultimately, these overhanging restorations are directly correlated with the severity of periodontal disease, positioning them as a critical and avoidable iatrogenic factor in prosthodontics.