

## Minimally invasive management of incipient carious and non-carious lesions

Nowadays the cavity outlines are changed. The goal of our restoration is to restore the teeth to a state of health, function, esthetic, and to prevent the recurrence of the decay process. Generally the restoration treatment should be delayed until evidence of cavitation appears or radiolucencies extend more than one-third the thickness of dentin. When cavitation of an initial lesion is confirmed at an early stage, the treatment plan will call for early operative intervention. This will allow a minimally invasive technique because the lesion is still limited in size.

According to the Mid concepts, Mount and Hume suggested a new classification of carious cavities that no longer provides a direct link to standard treatment, leaving open therapeutic options including: remineralization, sealing, and micro cavities which are no longer related to old concepts.

We all agree that in dentistry we need magnification devices . These kinds of lesions have to be treated with these instruments. The necessity to use loupes or a helmet with a light source is conditioned by human eye capacity, the dimension of the lesions/elements we have to treat and the lighting condition of the oral environment.



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He graduated in Dentistry at the Catholic University of the Holy Heart in Rome in 1991.

He has a clinical interest in conservative cosmetic dentistry in adult and child patients. He practices in the private office of Reconstructive Dentistry in Rome in association with Dr. L. Landi, Dr. P. Manicone and Dr. R. Raia, where refresher courses for dentists colleagues are also given.

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