

ReelMatrix™ as a Predictable Tool for Margin Elevation and Core Build-Up Prior to Indirect Restorations



Dr. María José Naranjo

Dr. María José Naranjo Cabezas is an Ecuadorian dentist specializing in restorative and aesthetic dentistry. She earned her Doctor of Dental Surgery (DDS) from the Universidad de las Américas in Quito in 2016, followed by advanced postgraduate training in esthetic and restorative dentistry. She later pursued graduate studies at the prestigious Universidad Complutense de Madrid, completing a Master's in Dental Sciences in 2018 and advancing to a PhD in Dental Sciences, which she completed in 2024. Her education has been complemented by certifications in biomimetic dentistry, ceramic veneers, complex direct restorations, and the management of temporomandibular disorders (TMD) and bruxism.

Professionally, Dr. Naranjo Cabezas has built a strong career in both clinical practice and academia. She currently serves as a restorative dentist in her own clinic in Quito. Alongside her clinical work, she is dedicated to teaching the next generation of dentists as an adjunct professor at Universidad San Francisco de Quito, Universidad de los Hemisferios, and previously at Universidad SEK. Her teaching covers operative dentistry, cariology, oral rehabilitation, and dental materials, while her reputation as a national speaker has led her to deliver specialized courses in restorative techniques and rubber dam isolation. Combining clinical excellence, academic leadership, and a commitment to innovation, Dr. Naranjo Cabezas is recognized as a rising voice in modern restorative dentistry in Ecuador and beyond.

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Background

A 23-year-old male patient present to the clinic reporting pain in the upper right quadrant. Clinical examination revealed defective restorations and secondary caries.



Image 1: Radiographic evaluation showed extensive carious lesions beneath the existing restorations.



Image 2: After endodontic treatment of tooth #1.4, the provisional material from tooth #1.4 and the old restoration and carious lesion on tooth #1.5 were removed.



Image 3: Due to the extension of the carious lesions, the cavity margins on both teeth were located at a subgingival level.



Image 4: After completing the adhesive protocol using a universal adhesive system, it was decided to perform margin elevation and core build-up using the ReelMatrix system.



Image 5: A highly filled flowable composite resin, G-aenial Universal Injectable by GC, and Solare composite resin by GC were used for the restorative build-up.



Image 6: Once the build-up was completed, the matrix bands were removed, and both teeth were prepared to receive indirect restorations.



Image 7: In a third appointment, the indirect restorations were cemented.

Conclusion:

The ReelMatrix system provided an efficient and predictable solution for managing subgingival margins. Its versatility allowed not only for effective margin elevation, but also for the reconstruction of compromised tooth structure prior to the placement of indirect restorations, enabling proper anatomical contouring and facilitating a more controlled restorative workflow.