Deep margin elevation vs alternative restorative approaches for posterior teeth with subgingival margins: a systematic review of clinical trials

Clinical Oral Investigations

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Supplementary Information

Online Resource Table 1. Database Search Concepts

#1	"Dental Restoration, Permanent"[Mesh] OR dent* OR restor*
#2	Subgingival* OR sub-gingival* OR “sub-cemento-enamel junction” OR sub-CEJ OR “sub-cementoenamel junction” OR subCEJ OR deep
#3	“deep margin* elevation” OR “margin* elevation” OR “deep margin* extension” OR DME OR “deep margin* acquisition” OR DMA OR “cervical margin* relocation” OR “coronal margin* relocation” OR CMR OR “proximal box elevation” OR PBE
#4	#1 AND #2 AND #3

Online Resource Table 2. GRADE Assessment Summary of Findings Table

In posterior teeth with subgingival or sub-cemento-enamel junction margins, how does deep marginal elevation with indirect adhesively retained partial-coverage restorations (resin-based composite or glass ceramic) influence restoration survival and tooth survival, (primary outcomes), periodontal indices and complications (secondary outcomes) compared with alternatives?

Population: Posterior teeth with subgingival or sub-cemento-enamel junction margins
Intervention: DME with adhesively retained partial-coverage restorations (composite or glass ceramic)
Comparator: Alternative restorations

Outcomes	Anticipated absolute effects	Relative effect (95% CI)	No. of Participants (studies)	Quality of evidence (GRADE)	Comments
Restoration survival	All restorations remained clinically intact at 12 months No reported failures or need for re-intervention in either group	Not estimable	20 participants	**VERY LOW** ⊕OOO	Not explicitly stated but inferred as 12 monthly periodontal indices recorded
Tooth survival	No tooth loss or need for extraction was reported during the 12-month follow-up period	Not estimable	20 participants	**VERY LOW** ⊕OOO	Not explicitly stated but inferred as 12 monthly periodontal indices recorded
Periodontal indices	Different comparators with different changes in periodontal outcomes. Small effects, some statistically significant	Not estimable	54 participants	**VERY LOW** ⊕OOO	Differing outcomes, differing comparators, differing pre-operative processes. Small statistically significant differences noted. Uncertain clinical relevance
Complications	No complications noted	Not estimable	54 participants	**VERY LOW** ⊕OOO	

Footnotes:
Risk of bias: Downgraded (unclear allocation concealment, lack of operator and patient blinding lack of pre-specified analysis plan).
Indirectness: Downgraded (limited applicability of included studies to review outcomes).
Imprecision: Downgraded (small sample size, short follow-up duration, absence of observed events).