SIGNIFICANCE OF FAILING DENTITION AND IMPACT ON ORAL HEALTH

BSDHT CONFERENCE
PREVENTION IS BETTER THAN CURE

- The aim of our treatment should be to create a situation of stability, predictability and longevity of oral health.

- This can be achieved by
  - considering the impact of reparative work on the remaining dentition and taking this into account during treatment planning.
  - Adopting a preventive approach to care of the patient where possible
FAILING DENTITION – due to

- CARIES
- TOOTH LOSS
- PERIODONTAL DISEASE
- OCCLUSAL PROBLEMS/LACK OF STABILITY
- IATROGENIC REASONS
Reason for Failure?
Could deterioration have been prevented?

WE NEED TO LOOK AT THE HISTORY
PRESENTING COMPLAINT:
• Anterior teeth of the denture broke off the chrome skeleton
• Pt. is aware that her mouth is deteriorating - the broken denture was the precipitating factor to her attendance

HISTORY
• 12yrs of age pt. had lower first molars removed.
• 20 + yrs. of age, the ur1 was overlapping ul1 and became loose- UR2,UR1,UL1 were all extracted.
• An acrylic denture was made
• Lower teeth began to crowd
• Over the next 20 yrs. the posterior teeth needed extracting one by one
• The denture was added to each time a tooth was removed.
• The current denture is 10 yrs. old- it doesn’t look as if it has been added to. Therefore last tooth loss was over 10 ago.
CURRENT SITUATION

UR7 - Grade 3 mobile, horizontal as well as vertical movement
LL3 – Grade 3 mobile - bleeding on probing and suppuration
Anterior teeth have been super glued on
WHAT WE KNOW

- BONE LEVELS OF MOST REMAINING TEETH IS GOOD.
- 2 TEETH ARE MOBILE, THE REST OF THE TEETH ARE SOLID
- PT HAS BILATERAL SIMULTANEOUS CONTACT POINTS
- THERE IS NO EVIDENCE OF GENERALISED GUM DISEASE
- THERE ARE LOCALISED POCKETS AND BLEEDING ON TWO TEETH
- PT’S DENTURE IS BROKEN

PT HAS A DETERIORATING DENTAL HEALTH
Heavy occlusal contact on the denture from the lower natural dentition.

Heavy contact on the LL3 and UL3.

Lack of posterior support.
TREATMENT OPTIONS

- Repair the Denture
- Extract the 2 Mobile Teeth
- Hygiene Support for the Rest of the Dentition
- Provision of Posterior Support to Balance and Stabilise Occlusion
- Improvement of Lower Anterior Tooth Position
- Option of Implant Treatment to Replace Missing Teeth once Stability Has Been Achieved

On going Dental Hygiene Support Programme

Stable, Healthy Dentition which offers Predictability and Longevity
TREATMENT PLAN

PHASE 1-resolution of acute problems and diagnostics for definitive treatment plan
- ORTHO CONSULT TO ALIGN THE LOWER ANTERIOR TEETH
- IMPLANT ASSESSMENT FOR REPLACEMENT OF MISSING TEETH
- EXTRACTION OF LL3 AND UR7
- HYGIENE SUPPORT

PHASE 2
- STABILISTAION OF BITE AND OVD
- UPPER AND LOWER IMMEDIATE DENTURE TO NEW BITE WITH THE CONDYLE IN THE SEATED POSITION.
- HYGIENE SUPPORT

PHASE 3
- ORTHODONTIC TREATMENT FOR ANTERIOR TEETH
- SINUS LIFTS AND IMPLANT PLACEMENT FOR EDENTULOUS AREAS
- HYGIENE SUPPORT

PHASE 4
- FINAL RESTOARTION
- HYGIENE SUPPORT
FACTORS AFFECTING PERIODONTAL HEALTH – UNRELATED TO PERIODONTAL DISEASE

1) INVASION OF BIOLOGICAL WIDTH DURING RESTORATION OF TEETH
2) OCCLUSAL TRAUMA
3) ALLOY SENSITIVITY
4) HEALTH PROBLEMS – DIABETES, CANCER, CHRON’S, ANAEMIA, VITAMIN DEFICIENCY, STRESS, ETC
5) SMOKING
INVASION OF BIOLOGIC WIDTH

Invasion of biologic width

- CHRONIC INFLAMMATION
- RECESSION
- OCCURS MOST COMMONLY IN THE POSTERIOR INTERPROXIMAL AREAS

Normal crest = 3mm  int = 4.5mm
High crest = <3mm  int = <3mm
Low Crest = >3mm  int = > 5mm
OCCLUSAL TRAUMA

PRIMARY OCCLUSAL TRAUMATISM
• TRAUMA RESULTING FROM EXCESSIVE OCCLUSAL FORCES APPLIED TO A TOOTH OR TEETH WITH NORMAL SUPPORTING STRUCTURE

SECONDARY OCCLUSAL TRAUMATISM
• NORMAL OCCLUSAL FORCES WHICH MAY CAUSE TRAUMA TO THE ATTACHMENT APPARATUS OF A TOOTH OR TEETH WITH INADEQUATE SUPPORT.
CASE 2 – PRIMARY OCCLUSAL TRAUMATISM
CASE 3 – SECONDARY OCCLUSAL TRAUMATISM
Primary Occlusal Traumatism
SIGNS OF UNHEALTHY PERIODONTIUM

INFLAMMATION

BLEEDING/REDNESS

INCREASED PROBING DEPTH

INFLAMMATION

WITH BONE LOSS

GOT BONE

INFLAMMATION

WITHOUT BONE LOSS

DOES THE PATIENT HAVE PERIODONTAL DISEASE.

- DOES PT HAVE A HISTORY OF PERIODONTAL DISEASE
- LOOK AT PATTERN OF BONE LOSS-LOCALISED/GENERAL, VERTICAL/HORIZONTAL
- LOOK AT THE NUMBER OF REMAINING TEETH
- LOOK AT THE POSTION OF THE TEETH
- LOOK AT OCCLUSION – INTERFERENCES INTO ICP
- CHECK FOR FREMITUS

• OHI
• HYGIENE TREATMENT
• TOOTH BRUSH SELECTION – ORAL B OSCILLATING HEAD – COCHRANE REPORT
• LOOK AT OCCLUSION AND RESTORATIVE FACTORS
• REVIEW

Teeth should not be lost – low risk