



WATERGATE DENTISTRY

Are you involved in a cover up?

When I evaluate a patient's dentition, I evaluate how the teeth have evolved to their present condition. When a practitioner does not address this evolution process, failed dentistry often results. Instead of addressing the issues behind the failed dentition, dentists instead participate in a cover up to remove only the evidence of the crime that caused tooth damage. In fact, that is exactly what all modalities of restoration dentistry are about. Whether it's a simple filling, a crown, or an implant, restorative dentists are involved in a cover up.

People are now living longer and have a greater interest in preserving their dentition.

One of the best ways to start to remedy this situation is to align your practice with a quality dental lab. My life as a dentist has become more fulfilling since I aligned myself with Arrowhead Dental Lab. Arrowhead's administration and the quality craftsmanship they provide are signs of excellence. They help to put the "wow" factor in my dental practice. But, even with the supportive relationship from a quality lab, practitioners still need to ask, "How long will natural dentition or the shell of a restoration last when a replacement is secured?"

In the early 1900s, about 50 percent of children born in the United States could reasonably hope to reach age 50. Life expectancy today is approximately 77. Due to continued advances in technology and medicine, life expectancy in the not-too-distant future is expected to reach close to 100. People are now living longer and have a greater interest in preserving their dentition.

The forces of destruction

Normal chewing places about 68 lbs/square inch of pressure on posterior teeth. Intentionally clenching teeth may increase that force to about 150 lbs/square inch. Research has shown that with no consciousness of the action and with no food to moderate, the forces applied during clenching or bruxing may increase the chewing forces at least three times. Most people unconsciously grind or clench their teeth occasionally, so the key in deciding whether someone is a clencher or bruxer is not the presence or absence of the habit, but the frequency, destructiveness, social discomfort, or physical symptoms. Whether it is diagnosed as bruxism or clenching, patients are usually unaware that they have developed this habit and often do not know that treatment is available until damage is done.

Regardless of the material selected to restore teeth, a dentist must assess a patient's conscious and unconscious habits. In my practice, the staff maintains a constant vigilance to educate our patients of the benefits of wearing some form of splint. The TMD patient, the restored mouth, and the unrestored mouth are all splint candidates.

Figures 1 and 2 show two cases where the preemptive use of a splint could possibly have prevented damage to natural dentition and subsequent restorations.



Fig. 1 - Pre-op



Fig. 2 - Post-op

Patient in denial

This past year a 52-year-old male with minimal restorations came to our office complaining of swelling and pain in the upper right side of his mouth. Figures 3 and 4 show a complete fracture through the long axis of tooth #5, marginal ridge to marginal ridge. After some discussion we concluded that the only option was to remove the tooth and then place bone grafting and an implant. I discussed the patient's diet, habits, and consequences of clenching or bruxing.

It is sometimes difficult to convince individuals that these habits exist. Even after showing them wear patterns they will often be in denial. My patient elected not to follow my advice. Two months later, he phoned my office with a similar complaint—this time on the opposite side, tooth #12. The patient left with the appropriate mouth guard, more confidence in his dentist, and a future appointment for another implant.

A change of habit

The second case involved a 58-year-old female with multiple restorations, fractured restorations, worn teeth, and limited pain. Her chief complaint was that her previous dentist had ground the porcelain down to the metal substructure to stop the fracturing of additional porcelain. She was not happy with the aesthetic results (figs. 5, 6).

After a thorough workup, I elected to open her bite, choosing a combination of Procera and PFM restorations, implants, root canals, and so on. Her treatment took approximately eighteen months (fig. 7). I explained to the patient that the most important part in preserving her new dental restorations was that she needed to change the circumstances leading to her dilemma. Her destructive habits started years ago with her own natural dentition. Properly identifying her habits then and recommending the appropriate stabilization appliance may have saved her natural dentition.

I did not recommend that this patient wear an appliance full time, but I felt it important that she recognized the recurrent history of her destructive habits. I also pointed out



Figs. 3 & 4 - Complete fracture through the long axis of tooth #5.

that we can change and modify the architecture but cannot change the pre-existing habits and contributing factors that led to her failing dentition and dental work. I strongly feel that a form of behavior modification is needed on her part. She has become more sensitive to clenching, recognizing the need to modify habits of day bruxing and definitely nighttime bruxing, as well.

We incorporated four different types of mouth appliances. The patient determines which appliance is most appropriate for day or nighttime, while working or relaxing. The understanding is that these are not to be worn at all times, but selectively as she chooses. Providing multiple appliance designs to this type of patient can lessen the stress loads to any given area, thus avoiding any bite alteration.

The patient's journey (history of wear and tear of teeth) is the most important factor when considering preservation of dental lab work. Mouth guards are essential in finalizing all cases and in preemptively preserving original dentition. ■

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Figs. 5 & 6 - Previous dentist had ground porcelain down to metal substructure.

Fig. 7 - Completion of treatment