

## Esthetic and Occlusal Considerations for Rehabilitation of Severely Worn Dentition: A Case Report

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### Abstract

**Introduction:** Tooth wear is a common condition affecting patients who often require advice and treatment from dentists. It is well known that the cause of tooth wear is multifactorial, making clinical diagnosis difficult. A thorough patient history is essential to help aid understanding of the causative factors. In the previous study, attrition was found to be the predominant pathological cause of tooth wear. **Case description:** This study describes a case of severely worn dentition in a 45 year old male who came to the dental clinic complaining of tooth discoloration and changing in their appearance. The patient's chief complaint was difficulty in chewing and appearance problems. The patient had a history of endodontic, restorative, and prosthodontic treatment. The patient had competent lips, no asymmetry, and no signs or symptoms of temporomandibular joint disorder were detected. Initial evaluation of the patient revealed parafunctional habits of bruxism and clenching. Clinical examination revealed severe attrition of the anterior and posterior teeth. Well defined facets matching those on the opposing teeth in eccentric occlusion were also detected. The severe tooth wear was attributed to parafunctional habits. The patient had an unacceptable oral hygiene and there were generalized gingival marginal inflammation. Dental esthetics and occlusal function were restored by restoring, aligning, and replacing missing tooth structures, teeth, and/or supporting tissues. The structural stability was established by optimizing the force distribution. The functional harmony was established to improve mastication, deglutition, phonetics, and esthetics. **Conclusion:** This case report supports esthetic and occlusal considerations for rehabilitation of severely worn dentition in adult males.

### Introduction

Tooth wear is a common condition affecting patients who often require advice and treatment from dentists. Physiological tooth wear is normal and accepted by most patients. Pathological tooth wear, by virtue of symptoms or rapid wear will prompt the need for dental care. It can range from mild sensitivity due to an abrasion lesion to gross destruction of the dentition. Similarly, treatment can range from simple operative care to full mouth reconstruction with crowns or complex dentures. Inadequate or over treatment can lead to tooth loss and patient complaints [1].

Tooth wear, or as it is also often referred to as non-cariou tooth surface loss, can be described simply as 'the pathological non-cariou loss of tooth tissue' [2]. The distinction between pathological and physiological tooth wear can be difficult to determine. Wearing of the teeth is a normal physiological process. The estimated normal vertical loss of enamel from physiological wear is considered approximately 20–38  $\mu\text{m}$  per annum [3]. It is important to remember that just because a tooth has some element of wear, this does not always necessitate treatment. Tooth wear may be regarded as pathological if the rate of wear is greater than that expected for the patient's age, the patient has concerns over the wear or the prognosis of the tooth is compromised due to wear.

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