

THE SIGNIFICANCE OF -DENTAL FUNCTIONAL CONTACTS AND RESTORE - QUALITY OF LIFE. CLINICAL CASE

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Keywords: dentures, occlusion, mastication

Abstract: This article emphasizes the importance of the functional dental restoration through dental contacts where a patient's dental arch is reestablished by complex prosthetic mobile and movable structures. Stomatognathic system integration of the prosthetic parts primordially serves to the proper exercise of the dento-maxillary functions and therefore to the quality of life in total or partially edentulous patients.

Cuvinte cheie: proteză, ocuzie, masticăție

Rezumat: Acest articol subliniază importanța restabilirii contactelor dento-dentare funcționale în cazul protezării arcadei dentare ale unui pacient, prin structuri protetice complexe, mobile și mobilizabile. Integrarea pieselor protetice în sistemul stomatognat are rol primordial în exercitarea corectă a funcțiilor aparatului dento-maxilar și deci, în creșterea calității vieții pacienților edentați total sau parțial.

INTRODUCTION

Dento-maxillary apparatus through the functions it performs and its morphological components, is considered to be the most complex and balanced machine of the human body [4].

This structure contains components bone and jaws and other structures, such as the bottom of the temporal bone and joint tuber hioid, whose connection is through inserts buck the muscles of the mandible and floor of mouth. [1,2]

Dental units contained in cellular processes of the maxillary bones form the two dental arches with leading role in the development of dento-maxillary functions: chewing, swallowing, phonation and physiognomy. The most important of these features is the chewing one, which is exercised by intermaxillary relations, in which dental dental contacts are established in occlusion relation.

In the study the stomatognathic system and modern prosthodontics, intermaxillary relations were crucial role because, by any process of mobilization oral prosthetic treatment requires occlusion analysis. Occlusion may be modified, either negatively (which has serious repercussions in advance of the dento-maxillary) or can be correctly restored by dentures made. [3,5]

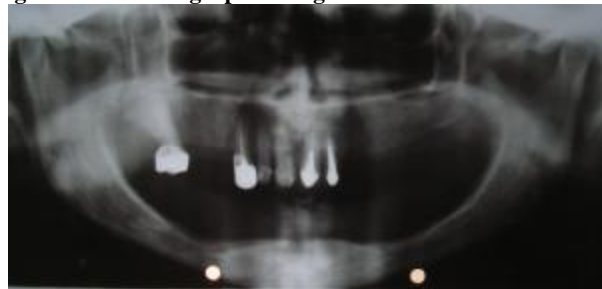
CASE PRESENTATION

To emphasize the basic ideas presented above on the importance of stable contacts dental dental-maxillary functionality, we present the case of a patient who was rehabilitated by making oral prosthetic mobile and movable parts.

45 years old patient presented in our specialized service because she was unable to achieve mastication process, although it had been previously prosthetic reabikitated.

The patient had two acrylic prosthesis, a partial denture with wire hooks to the upper jaw and a lower total acrylic prosthesis, dentures do not wear them daily, but occasionally, alleging that there were stable and that can not feed properly. To establish a prosthetic oral rehabilitation plan, we ordered an panoramic radiographs shown in Figure 1.

Figure no. 1. Radiographic image



Radiological analysis revealed:

- Total edentulous jaw with marked resorption of alveolar bone, both the sides, so close to the mandibular canal, but also in the front.
- Latero-terminal edentulous jaw with jaw bone resorption, more pronounced on the left side, where no dental units are present.
- Reaction with periapical granuloma formed in the upper lateral incisor and canine law.
- Devices corono-root level central incisor and upper right side.

The intraoral clinical examination revealed the presence of the patient's acrylic works on the jaw of an upper front group, an acrylic-metal crown on the upper right canine and first molar crown with metal upper right. Erythematous oral mucosa with inflammation of the interdental papillae, and also noted a fistula in the vestibular mucosa fixed in the teeth, which the radiograph showed periapical granuloma.

The clinically detected jaw bone resorption, alveolar ridge is low, 1-1.5 mm high, width of 1 mm, muscle insertion edge of the ridge make oral vestibule to be nonexistent, sublingual glands are proeminent, which determine the existing denture instability and makes any new mobile prosthetic difficult to maintain and stability.

The treatment plan is complex, both prosthetic and surgical. In the first stage of the treatment I have described surgical eradication of outbreaks of infection by performing

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Article received on 09.03.2011 and accepted for publication on 16.07.2011
ACTA MEDICA TRANSILVANICA September 2011; 2(3)437-438

CLINICAL ASPECTS

apicoectomy on the upper canine and upper right lateral incisor and performing endodontic treatment of intraoperative right.

Regarding prosthetic patient we decided, together with it, the completion of the maxillary denture clasps embedded systems and special hooks cast in the right upper molar (Figure 2), and lower overall development of a new acrylic prosthesis to restore dental contacts dental-correct.

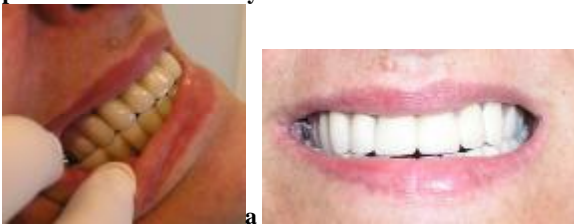
Prosthetic upper jaw treatment steps include:

- Removal of metal and metal-acrylic crowns in the upper right canine and two upper right molar.
- Acrylic teeth ablation in front.
- The molar endodontic treatment and the right upper central incisor.
- Grinding and jaw fingerprints prosthetic abutments.
- Producing a skeletal prostheses with special systems and crocheting cast.
- Front group is secured by a metal-ceramic prosthetic has two special systems such Bredent ends.
- Molar crown is restored by a metal prosthesis to the skeleton that is anchored by a hooks cast (Figure 2).

Figure no. 2. The clinical intraoral prosthetic restoration of the upper arch



Figure no. 3. a) highlight dental stable contact, b) prosthetic pieces made as integrated elements in the complexity of the patient's dento-maxillary



When we conducted a further mandibular complete denture acrylic functionalized well as to restore occlusal tooth contacts multiple dental prosthetic and stable antagonist (Figure 3 a and b) as we intend to achieve through this oral rehabilitation

Following treatment, the patient made satisfied, noting that the lower total prosthesis is now more stable, more efficient mastication and hence the quality of life is definitely improved.

CONCLUSIONS

1. Occlusal imbalances caused by incorrect or incomplete prosthesis produce joint injuries, imbalances in the dento-maxillary and functions.
2. Prosthesis restores furniture and mobilize multi-functional dental dental contacts.
3. With this type of prosthetic device all the functions are restored maxillary dental prosthetic parts thus integrating the stomatognathic system.

4. Restoration of the functional tooth contacts dental prosthetics improves quality of life for patients

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