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COMPREHENSIVE TREATMENT OF TOOTH WEAR

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One of the important problems of modern dentistry is the significantly increased prevalence of non-cariou dental lesions, which has reached 80–87% in recent years. It is closely related to the environmental deterioration, the growth of endocrine and somatic diseases. Among non-cariou lesions that occur after teething, tooth wear (tooth surface loss) is quite common and observed in $30.94 \pm 1.18\%$ cases. Over the past 20 years, researchers from all developed countries of the world have noted an increase in the prevalence and in the emergence of new forms of this disease. In Sweden, the incidence of tooth wear is up to 42.6% among people of 30-50 years old, in the UK - 30%, in the USA - 25%. There are many options for the development of tooth wear, as well as for the corresponding methods of treatment, which become more complicated as the pathological process progresses.

The purpose of this report is to study the etiology, clinical picture, pathogenesis and modern principles of treatment and correction of tooth wear.

In the course of research and analysis of modern sources of information in various areas of dentistry related to pathological tooth abrasion, we studied several methods of correcting increased abrasion:

A. Therapeutic: 1. Medication - application of fluoride solutions or gels, application of desensitizers, use of a paste for sensitive teeth to reduce dentin hypersensitivity. 2. Restorative - restoration of areas of abrasion with composite filling material on the occlusal surfaces and incisal edges of the teeth.

B. Prosthetic - restoration of the anatomical shape of teeth with overlays, crowns, bridges or removable dentures. The comprehensive treatment is carried out with preliminary orthodontic therapy, temporary composite restoration the purpose of which is to create space for future restorations. In addition, if necessary, surgery also can be performed.

It was also found that the most effective way to treat tooth wear is traditional orthopedic treatment, which consists in the use of onlays, crowns and bridges on worn teeth. The effectiveness of treatment of the frontal group of teeth using ceramic veneers with adhesive fixation 5 years after treatment was 95%, with the use of metal-ceramic crowns - 96.4%. The effectiveness of metal onlays for the restoration of the palatal surface of the anterior group of teeth was 89% after 4.5 years, and with the use of gold onlays - 92.4%. However, that type of treatment has a poor aesthetics factor. Composite restorations have a shorter service life than metal or full-ceramic structures. However, the minimal preparation of teeth before direct restorations and the absence of prior endodontic treatment make them an attractive choice. Therefore, according to the study, in 25.7-67.9% of cases, instead of onlays and crowns, at the request of patients, doctors made direct restorations from a composite material.

In conclusion, it should be mentioned that comprehensive dental treatment often becomes multidisciplinary, involving teamwork and requiring the treating dentist to work together with other medical professionals, dental specialists, and dental laboratories as needed. The choice of the optimal comprehensive treatment, using the correct technique by the doctor and the patient will provide the most effective and long-term result, the minimum likelihood of complications.