

The Gary Pollock clinical case presentation abstract

Patient X is a Yoga teacher which has presented at 39 years of age with tooth wear affecting her anterior and posterior dentition. The tooth wear was moderate to severe and had affected the buccal and palatal surfaces of the anterior dentition and the occlusal surfaces of the posterior dentition. The patient was concerned with the appearance of her front teeth, gummy smile and the wear of her posterior teeth. She had suffered from acid reflux for some years and medically treated by proton pump inhibitors. The condition is now controlled with medication.

Our objectives were to highlight and assist the patient in reducing the cariogenic/erosive dietary intake and optimize oral hygiene level. The aim was to restore the patient's dentition to a stable and functionally comfortable occlusion with a pleasing appearance. Informed consent was given by the patient to the proposed treatment.

The generalized tooth wear seems to have been accompanied by dento-alveolar compensation. As a result of the dento-alveolar compensation there was insufficient interocclusal space for restoring the worn down dentition. The lack of space anteriorly and the need for multiple posterior teeth restorations dictated the case using a reorganized approach working in the retruded axis position (RAP) at an increased occlusal vertical dimension. Pre-operative hard maxillary occlusal splint was fabricated to assess the new planned occlusal vertical dimension and to achieve muscle relaxation to allow reproducible closing at retruded axis position. Jaw registration was carried out in RAP at increased vertical occlusal dimension post splint therapy. The working occlusal vertical dimension was established from the diagnostic wax-up and mock try-in. In addition, mock try-in was aimed to assess the aesthetics prior to crown lengthening surgery and phonetics.

Following successful therapy at the stabilization phase, crown lengthening surgery was carried out on the maxillary anterior dentition to improve the gingival contour and to gain coronal tooth tissue height for composite resin restorations. The surgery was guided by acrylic stent fabricated from the diagnostic wax-up.

Anterior teeth were restored with composite resin restorations with no preparation of the tooth tissue. Minimal invasive preparation was carried out on the posterior teeth to receive adhesive cast gold alloy onlays.

Following definitive phase of treatment the patient was given a post-operative occlusal maxillary splint to protect the restorations.

The patient appreciated the amount of treatment that has been carried out for her and throughout her treatment she had displayed excellent oral hygiene levels. Thus a good prognosis can be expected provided that the oral hygiene levels are kept to that high standard with good dietary control. The patient was advised of the necessity for regular periodontal supportive therapy and restorative maintenance.

At the conclusion of the treatment the patient was very pleased with the appearance and functionally comfortable.

Clinical photographs



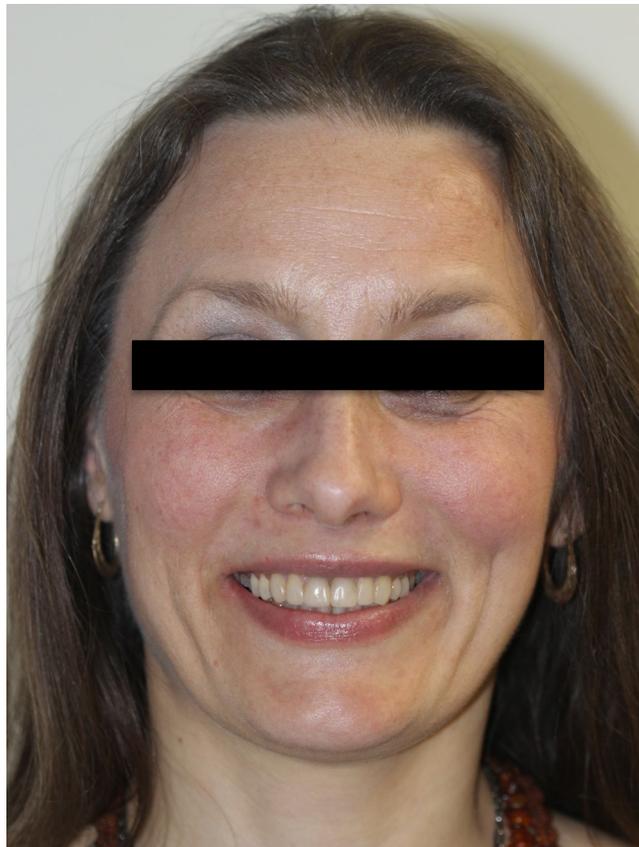
Pre-operative anterior view at maximum intercuspation



Post-operative anterior view at maximum intercuspation



Pre-operative frontal view smiling



Post-operative frontal view smiling