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Literature Abstract

Group function or canine protection

The study tested the effect of group function and canine protection on general chewing patterns, as well as movement in the terminal part of the chewing cycle. Five subjects were restored with implant-supported fixed complete dentures for the maxilla, and natural dentition or fixed restorations for the mandible. LEDs (Selspot system) were used to register the chewing patterns. The light signals were recorded by camera and analyzed in a computer. Canine protection occlusal scheme was given to the subject. The first registration was performed after 4 months. Then the occlusion was modified to group function, and a second registration was made five months later. Only two test subjects were able to attend the third occlusal registration when the occlusal scheme was changed back to canine protection and registration was made 6 months later. There were several findings between the two occlusal schemes: 1. The angle of departure was steeper than the angle of approach for the canine protection occlusion, but there was no statistical difference between these angles in the group function occlusion; 2. The mean maximal lateral shift and mean total mandibular movement at opening and closing during chewing of test bread were all greater with group function occlusion than with canine protection; 3. The mean maximal mandibular velocity was greater with group function occlusion than with canine protection; 4. The variations in three dimensions at the most cranial position were mostly greater with group function than with canine protection; and 5. The duration of the chewing cycle was stable intraindividually between two registrations.

Jemt T, Lundquist S, Hedegard B. *J Prosthet Dent* 2004;91:5:403–408. **Reprints:** Dr Torsten Jemt, University of Göteborg Faculty of Odontology Box 33070 Gothenburg 400 33 Sweden—*Jasmine Chun, Taiwan, Republic of China*
Literature Abstract

Risk indicators for posterior tooth fracture

This case-control study of risk indicators for posterior tooth fracture evaluated 39 potential risk indicators. A total of 200 patients, each with one fractured tooth, and 252 patients (749 control teeth) without fractures were recruited from a large dental group practice in Portland, Oregon. Clinical examinations and patient surveys were carried out to obtain information on the list of potential risk indicators. Clinical examinations were carried out prior to any treatment to collect information on the fractured tooth and comparison tooth, eg, mobility, Class V restorations, cervical defects, craze lines, tactilely detectable fracture lines, subsurface discoloration, endodontic access preparations, restorative material, restored surfaces, tooth-supported partial denture, and canine or group guidance. Relative volume proportion between restorations in the tooth concerned was also calculated. Patients completed a 14-item questionnaire to allow the study to elicit demographic data, information about behaviors, experiences, and symptoms that may be associated with tooth fracture. For control subjects, a minimum of two restored teeth of the selected tooth type that were uncrowned was used. Logistic regression (backward-selection method) was used to develop models identifying risk indicators associated with fractures between case and control subjects, as well as between case and comparison teeth in case subjects. Two risk indicators were strongly associated with cusp fracture in both models ($P < .001$): presence of a tactilely detectable fracture line and the proportional volume of the restoration.

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