Case History 1: Mr C.

A 53-year-old male with a long history of gastric distress seeks dental treatment to restore function and esthetics. He complains of inadequate dentures and tooth sensitivity. He hopes that a solution to his dental problems will also address his gastric problems.

History

Chief Complaints

"My teeth don't look good; they are so short that it looks like I don't have any top teeth. They are sensitive to cold drinks and sweets. If I don't wear my denture I lisp when I speak. I am not happy with my overdentures because they feel bulky. I show too much of my gums when I smile, but still the teeth are too short and my lips look puffy. I can't speak clearly with them in place, and I can't chew properly—I feel like my mouth is full of teeth and I am always squeezing the dentures together. They are simply not comfortable."

Dental History

Maxillary and mandibular acrylic resin overdentures inserted by his family dentist 11 months ago. Patient is not satisfied with esthetics, function, or speech. Patient is aware of clenching and grinding during the day and at night.

Medical History

Patient has suffered from gastrointestinal upsets for many years; at least 2 or 3 times a week he has stomach pains, which "will not go away until I throw up." He has never seen a physician about this, but he takes over-the-counter antacids.

Social History

Married with 2 children, nonsmoker, social drinker. He works as a brick restorer, which involves sandblasting brick surfaces with silica or spraying them with a hydrochloric acid-based cleaner. The dust from the work makes him thirsty, so he sips frequently from a can of cola.

Clinical and Radiographic Findings

- · Extraoral examination: no significant findings.
- Dentition: see photographs, multiple amalgam restorations, no caries.

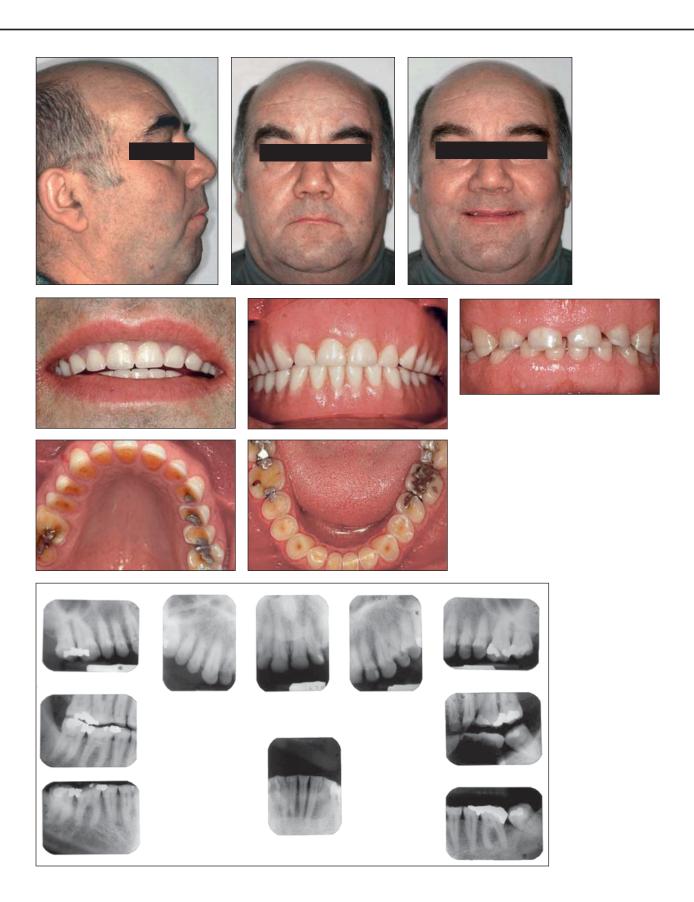
- Periodontal examination: good oral hygiene, no furcation involvement, no mobility.
- Occlusion: generalized tooth wear (type III).
- · Radiographic examination: see radiographs.
- Prostheses: Vertical dimension of occlusion (VDO) with overdentures in occlusion is 5 mm greater than VDO at rest.

Diagnosis

- Uncontrolled gastroesophageal reflux disease, leading to nonphysiologic occlusion characterized by severely worn dentition, sensitivity, loss of VDO, inadequate masticatory function, altered speech function, and compromised esthetic appearance.
- Inadequate set of overdentures fabricated at an excessive VDO.

Bibliography

- Anusavice KJ. Quality Evaluation of Dental Restorations: Criteria for Placement and Replacement. Chicago: Quintessence, 1989.
- Barron RP, Carmichael RP, Marcon MA, Sandor GK. Dental erosion in gastroesophageal reflux disease. J Can Dent Assoc 2003; 69:84–89.
- Burke FJ, Qualtrough AJ, Hale RW. Dentin-bonded all-ceramic crowns: Current status. J Am Dent Assoc 1998;129:455–460.
- Owall B. Prosthodontics: Principles and Management Strategies. St Louis: Mosby, 1996.
- Ekfeldt A. Incisal and occlusal tooth wear and wear of some prosthodontic materials. Swed Dent J Suppl 1989;65:1–62.
- Hemmings KW, Darbar UR, Vaughan S. Tooth wear treated with direct composite restorations at an increased vertical dimensions: Results at 30 months. J Prosthet Dent 2000;83:287–293.
- Pindborg JJ. Pathology of the Dental Hard Tissues. Copenhagen: Munksgaard, 1970:294–325.
- Smith BG, Knight JK. An index for measuring the wear of teeth. Br Dental J 1984;156:435–438.
- Smith BG, Bartlett DW, Robb ND. The prevalence, etiology and management of tooth wear in the United Kingdom. J Prosthet Dent 1997:78:367–372.
- van Waas MAJ, Kalk W, van Zetten BL, van Os JH. Treatment results with immediate overdentures: An evaluation of 4.5 years. J Prosthet Dent 1996;76:153–157.
- Zarb GA, Bolender CL. Prosthodontic Treatment for Edentulous Patients: Complete Dentures and Implant-Supported Prostheses, ed 12. St Louis: Mosby, 2003.



Copyright of International Journal of Prosthodontics is the property of Quintessence Publishing Company Inc. and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.