COMMENTARY

RE-ANATOMIZATION OF ANTERIOR ERODED TEETH BY STRATIFICATION WITH DIRECT COMPOSITE RESIN

André V. Ritter, DDS, MS*

Dental erosion caused by either extrinsic or intrinsic sources of acids is an increasing clinical problem that can lead to dental hypersensitivity and poor tooth contours. Extreme cases of dental erosion can even lead to substantial compromise of function and need of extensive oral rehabilitation. Gastroesophageal reflux disease (GERD) has been found to be a common cause of dental erosion. In many cases, the dental team may be the first health care provider to make the diagnosis, given that GERD often causes dental erosion and it can otherwise be a "silent" condition. Once a diagnosis is made, the medical disorder should be managed by the patient's primary care physician and/or by a gastroenterologist.

Dental erosion resultant from GERD can manifest as minor or major loss of tooth substance. The restorative options for the restoration of the missing tooth structure typically involve the use of direct composite resins, partial ceramic coverage (e.g., porcelain veneers), or full-coverage crowns. Factors that affect the choice of treatment include the extent of the dental erosion, other esthetic factors (diastema, poor form/contour, etc.), financial limitations, and time availability.

The article by my compatriots Drs. Alessandra Reis, Cristian Higashi, and Alessandro Dourado Loguercio, from the State University of Ponta Grossa, Paraná, Brazil, describes a case report where composite resins were used for the "re-anatomization" of anterior teeth in a patient affected by dental erosion. I suspect that by "re-anatomization" the authors mean the restoration of proper tooth contours, which were lost by the chronic erosion in this case. The authors should be complimented by sharing this case with the journal's readership. It is an excellent example of proper diagnosis, treatment planning, and delivery of treatment. The authors carefully considered restorative options and thoroughly illustrated the technique used for the restoration of the affected teeth with composite resins using tooth whitening as an adjunctive esthetic element of treatment.

I call special attention to the care the authors took in planning the case by means of a diagnostic wax-up, which is extremely important in cases in which the anatomic landmarks have been lost. The technique for finishing and polishing of the restorations, which includes exquisite surface texture and microanatomy, is described and illustrated in detail. The authors should be congratulated for sharing the 1-year follow-up, an important point that is often forgotten.

In summary, Dr. Reis and colleagues present us with an excellent mini-review on dental erosion and on the use of direct composite resins for the extensive restoration of anterior teeth.

*Associate professor, UNC School of Dentistry, Chapel Hill, NC, USA

Copyright of Journal of Esthetic & Restorative Dentistry is the property of Blackwell Publishing Limited 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.