

Tooth MOBILITY

DR JEAN PAUL DEMAJO ON TACKLING THE PROBLEM OF INCREASED TOOTH MOBILITY

Teeth are suspended in their bony sockets with the help of periodontal ligaments. These ligaments are elastic, allowing slight tooth mobility, which is normal in health. On the other hand, increased tooth mobility is abnormal and must be addressed.



CAUSES OF TOOTH MOBILITY

1. Gum Disease: Loss of periodontal ligament and supportive bone. Periodontal fibres do re-attach but lost bone cannot grow back.
2. Dental or periodontal abscess: Deep gum pockets around your teeth are impossible to clean with conventional methods. Surgical approaches help in allowing sub-gingival de-scaling and potential bone grafting.
3. Trauma: tooth fracture or bruising may cause broken bony walls to recede leaving less supportive tissue.
4. Bone loss due to associated systemic diseases: certain medical conditions like diabetes cause more bone loss and periodontally unstable teeth.
5. Long-term smoking: smoking reduces the blood flow to the gum tissue reducing nutrients and the natural immune response giving way for bacteria to take over and cause slow destruction of tooth tissue.
6. Overloading of teeth: several missing teeth may cause an overload of biting forces on the remaining teeth, possibly aggravating already diseased teeth leading to even more tooth mobility.

Gum disease is one of the most common diseases in a population. Approximately 85% of any population has some degree of gum disease. When disease progresses, abnormal tooth mobility may follow. This is an indication that active disease is present and must be treated. General treatment involves basic home and clinical hygiene maintenance. Removing bacteria will in turn eliminate a source of inflammation allowing our immune system to overcome and repair damaged tissue. The old wife's tale of descaling your teeth (in Maltese, "*tnaddafhom*") causing tooth mobility does


not stand. Calculus deposits in between your teeth harbouring inflammatory bacteria for a long time, may cause mild-severe bone loss. Removing wedged calculus between these teeth will remove the inter-dental wedging effect and as a result the once immobile teeth will start to move. This is only until the inflammatory process subsides and the gum tissue heals to steady them up again. In some cases however, the bone loss is so extreme that the teeth are too long gone to survive and have to be removed. Radiographs showing very low bone levels may predict this tooth loss and allow a Dental Surgeon to prepare the patient for tooth replacement.

INITIAL TREATMENT

1. Radiographs.
2. Update medical history.
3. Thorough descaling and root planning.
4. Extraction of teeth that have a very poor prognosis with high degree of mobility.
5. Review the periodontal status.

TOOTH REPLACEMENT TECHNIQUES

1. Removable prosthesis: dentures may replace 1 tooth to a full arch of 14 teeth.
2. Fixed prosthesis:
 - Tooth-borne bridges: Teeth are crowned and bridged to replace missing teeth. For example if the lower four anterior need to be extracted then the adjacent canines may be crowned and a bridge fit in.
 - Implant-borne bridges: using the same example as above, two implants may be placed in the position of the two missing lateral incisors and a bridge constructed over the implants. 4-6 implants may replace a full arch of 14-teeth.

Prior to deciding which treatment modality to take up to replace the future missing teeth, it is the duty of the dentist and the interest of the patient to stabilize the remaining dentition and re-establish health. If this is not addressed, then whatever the chosen tooth replacement technique is, the shorter the life span it will have. Think what is best for you and what level of comfort you wish to attain and relay this information to your dentist. Let your dentist guide you into making the right choices. 

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