


YOUNG AND HEALTHY WITH DISEASED TEETH

As dentists, we see all sorts of dental problems. These patients fall mainly into two categories. There are those patients who suffer from developing cavities and others with gum disease. Dentists are very quick to point their finger at poor oral hygiene, but is it always to blame?

Of course, we see patients with very dirty teeth and yes, this is a cause of cavities in the teeth and inflamed gums. However, we also see patients who have dirty teeth and yet never require a filling. And others who keep their teeth very clean but still need fillings.

Predispositions and genetic traits also play a part. Predispositions include certain medical diseases and conditions resulting in a compromised immune system. These might include diabetes, HIV infections and leukaemia. Other risk factors such as the use of tobacco and poor oral hygiene, stress and certain diets also affect the condition of your gums and teeth.

With gum disease and tooth cavities, the best preventive advice dentists can deliver, is to maintain very good oral hygiene, visit the dentist once to twice a year, use floss and stay away from tobacco and other risk factors. Remember, in almost all cases gum disease and tooth cavities can be prevented. Ask your dentist! 

A CASE STUDY:

A young woman in her late 40s presents herself with mobile upper central incisors. The teeth have inclined forward and look longer than they ever have. The in-between spaces have increased and the teeth appear rotated. She is concerned that these two teeth will fall out by themselves. She also experiences pain on biting. Radiographs show generalised bone loss throughout her dentition with deep pockets around most of her teeth. However, apart from these two very mobile teeth, most other teeth were stable with little or no mobility.

The treatment started with the stabilisation of the teeth and gums. The gums required deep sub-gingival scaling and root planning. This is performed under local anaesthetic eliminating any discomfort by the dental hygienist; a very important member of the dental team. The upper central incisors were too diseased and therefore had to be removed. The teeth were extracted and immediately replaced with two dental implants with simultaneous bone grafting. A provisional fixed resin-bonded bridge was cemented and used during the healing process of the implants. Four months later the implants were exposed and ceramic crowns fixed onto the implants. The patient was placed on a maintenance programme and reviewed regularly.



Extra-oral before treatment showing anterior teeth splinting with wire to reduce mobility



Extra-oral after removal of teeth and placement of temporary bridge



Extra-oral after placement of final implant ceramic crowns



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