

Oral Rehabilitation James Guggenheimer*

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"Oral rehabilitation" is a phrase that is used to encompass several levels of oral therapy. Usually, dentists think of an oral rehabilitation as meaning restoration of all of the teeth in a given mouth. However, when only the defective teeth in any mouth are restored, that too could be defined as an oral rehabilitation. The advent of esthetic dentistry has encouraged oral rehabilitation for esthetic reasons only. This article suggests that such oral rehabilitations should be preceded by thorough informed consent and education about other, more conservative, therapies. Patients should have full knowledge that such rehabilitations are not required, and that they may require frequent re-treatment at significant cost. Qualified specialists or experienced general dentists are capable of treating all levels of oral rehabilitation, and completion of courses at specific commercial institutes is not necessary.

A full-mouth adhesive rehabilitation in case of severe dental erosion may present a challenge for both the clinician and the laboratory technician, not only for the multiple teeth to be restored, but also for their time schedule, difficult to be included in a busy agenda of a private practice. Thanks to the simplicity of the 3-step technique, full-mouth rehabilitations become easier to handle. In this article the treatment of a much compromised case of dental erosion (ACE class V) is illustrated, implementing only adhesive techniques. The very pleasing clinical outcome was the result of the esthetic, mechanic and most of all biological success achieved, confirming that minimally invasive dentistry should always be the driving motor of any rehabilitation, especially in patients who have already suffered from conspicuous tooth destruction.

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Loss of teeth affects the function of the stomatognathic system, particularly if left untreated over an extended period of time. Edentulism not only affects the adjacent teeth that may move undesirably or the opposing teeth that tend to extrude. It has been demonstrated that dimensional ridge desorption inevitably occurs following tooth loss. Advanced resorption of the alveolar bone associated with the physiological pneumatization of the maxillary sinus may preclude proper insertion of dental implants to replace missing teeth. Bone atrophy associated with long-standing malocclusion leads to a decline in masticatory and speech function, compromises the aesthetic appearance, renders the management of oral hygiene more difficult, and becomes a risk factor in the development of periodontal disease.