

# Tooth wear, diagnosis and treatment: part two

CLINICAL  
TIPS

**Nishan Dixit** maps out the importance of a clear plan for tackling wear cases, no matter the root cause

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Once tooth wear is correctly diagnosed, it's important to formulate a plan to address the root cause of the issue – whether that's a GP consultation to treat gastric reflux or a hard acrylic night guard to counteract bruxism – as well as restore the resulting damage.

## Minimally invasive restoration

I take a facebow registration for my records and create a wax-up to determine what the patient wants to achieve. I prefer conservative restoration so would usually provide composite build-ups on all the worn teeth or use the Dahl approach to focus on the anterior teeth only, depending on the clinical scenario.

The benefits of composite include its easy reparability, the fact that it doesn't damage the

natural teeth or require removal of any existing tooth structure and that can be bonded to existing restorations as well as virgin teeth.

## Two techniques

There are two main application methods – injecting composite through a stent made by a technician from the wax-up, or layering. Each technique has its advantages and disadvantages, and the choice between the two – like the products used – largely depends on clinician preference.

It's important to separate the teeth using PTFE tape or something similar and to stage full mouth composite restorations over more than one appointment.

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Once form is created, the restoration should be polished, occlusion checked in centric relation (CR) and excursions and the ability to floss between contacts confirmed.

The patient should also be given clear maintenance and oral care instructions and initially be reviewed more frequently to ensure the occlusion has stabilised, before returning to normal oral health review intervals.

## Longevity

It's crucial to explain the likely longevity of composite restorations to the patient from the outset of treatment.

They are usually good for more than five years and patients should expect some chipping beyond this – though these can be easily repaired. As and when maintenance is needed, the patient can choose to stick with a composite restoration or to replace it with a more permanent option like ceramic.

This decision can be made at any point and can depend on a number of factors, including the patient's personal preference and financial situation. **D**



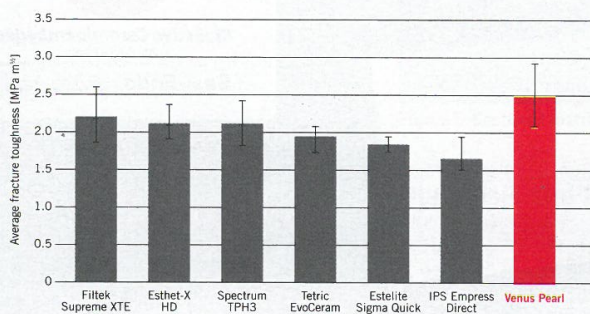
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