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Diagnosis and Treatment Practices Followed for Full Mouth Rehabilitation Cases by Prosthodontists in India– A Cross Sectional Survey

By

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ABSTRACT

Introduction: Tooth wear, amongst the middle aged, has become one of the most commonly seen clinical scenarios in any dental set up. It is a multifactorial condition, which may be the result of a combination of constant erosion, attrition, abrasion, non- carious lesions, abfractions, traumatic occlusion amongst others. Full mouth rehabilitation establishes a state of functional as well as biological efficiency, where the teeth, muscles of mastication, periodontium and the temporomandibular joint function as a unit in synchronous harmony.

Aim and Objectives: The aim of this study is to collect ideas of different clinicians of how they perform the diagnosis and plan a treatment for successful management of full mouth rehabilitation cases.

Materials and Methods: A questionnaire consisting of 13 questions was distributed among prosthodontists, registered with the Indian Prosthodontic Society, with experience in treating full mouth rehabilitation cases. The data collected from the questionnaires was sent for descriptive analysis. Percentages of the diagnostic and treatment techniques listed by the participants as answers to the questions were calculated.

Results: The results were tabulated firstly between male and female categories, then according to the years of experience and lastly amongst the part time and full-time clinical practice. Chi-square test was performed for all the questions in the questionnaire (Annexure A). The data was distributed between male and the female respondent population, then according to the years of practice and type of practice.

Discussion: Loss of vertical dimension and attrition or tooth wear are the primary diagnostic criteria for full mouth reconstruction. double step impression technique and single cord gingival retraction methods are widely followed. Protemp material is used widely for

fabricating provisionals, CAD milled provisionals are gaining popularity, and are used more commonly amongst clinicians who work both in institutional and private sectors. Evaluating the freeway space remains as favourable method of evaluation of vertical dimension. Provisional restorations are used by clinicians widely to alter vertical dimension. Anterior deprogrammers are used to record centric relation. Less than 1/4th of respondents favour root canal treatment for full mouth rehabilitation cases. Broderick's plane remains most widely used tool for occlusal plane analysis, Pankey Mann Schyuler philosophy is the most followed technique for full mouth rehabilitation. Mutually protected occlusal scheme is favored for most full mouth cases whenever possible.

Conclusion : Most popular diagnostic criteria remain to be tooth wear and vertical dimension, literature has shown attrition to be a major cause of loss in vertical dimension.^{1,2} Pankey Mann Schyuler philosophy is generally followed.