Slide #5

Difficulty with function usually associated with attrition

Pain and severity are less common because tooth wear is a slow process that reactionary dentine will form as the process progress

Slide #6

Medical history can limit the treatment options, won’t help primarily with the prevention rather than with our general treatment plan

Tooth wear can be caused by intrinsic acids from: GORD, chronic vomiting or medications

Slide #7

25% of cases are asymptomatic so we depend on the risk factor to suspect GORD

Neural disorders like cerebral palsy

Slide #8

Cyclical vomiting is with children up to 14-15 and then it stops

Pregnancy associated with morning sickness which increases the amount of acids the tooth is exposed to

Slide #9

They won’t tell you about having their condition so you have to identify them by their symptoms

Upon diagnosis of the condition you must refer

Slide #10

Steroidal fungal inhalers can also cause fungal infections

Slide #11

Abrasion affected by type of tooth brush and intensity and frequency of tooth brushing

Timing of tooth brushing cause erosion if it was immediately after exposure removing the soft dentine. Must wait 30-60 min

Abrasive dentifrice like the ones used for calculus removal

Slide #12

Dietary -> erosion

Bruxism -> attrition

Nail pen -> abrasion

Slide #13

Stress -> attrition

Alcohol -> erosion

Recreational drugs -> xerostomia -> erosion

Wind instruments -> abrasion

Occupation -> acid exposure

Slide # 14

Parotid gland enlargement is not a specific sign for chronic vomiting it can be associated with other factors

Slide #15

Clenching -> increases occlusal forces

Interferences -> most important factor associated with attrition

Slide # 17

Occlusal and incisal surfaces because it’s tooth against tooth

Slide #18

In compliance with the shape of the instrument that caused it

Brushing looks like a cervical class v

Abfraction is caused by indirect forces

Slide #19

If ant surface affected -> extrinsic factors

Post surface -> intrinsic

Slide 21

We use sensibility tests in case of severe erosion and I suspect the tooth is nonvital which will effect the treatment plan not prevention

Called sensibility test not vitality test because it checks for the stimulus response which could be absent in a vital tooth

Intra oral photos for records

Slide #23

Buffering capacity to check for acidity

Protein buffer is the least efficient

Slide # 26

We can’t prevent bruxism itself but can prevent attrition from happening or control its severity

Inspite on all the measures made to fix bruxism it’s still controversial

Michigan -> upper

Tanner -> lower

Slide 29

Identify the foreign body

Abrasive toothpaste-> ones for calculus or for alternative medicine

Slide 31

Dietary sheet for 3 days including one weekend day

Slide 32

Straws reduce exposure

Slide 33

alternative drinks -> sports drinks

slide 34

emphasis on neutral sodium fluoride

normal fluoride content is 1400-1500 high content 2800-5000

dentine bonding is a temporary solution

slide 35

same topical agents of extrinsic

slide 36

reservoir is located labially or palatally

slide 38

regular views every 6 months for adults 3 for children “considered a high risk”

Photographs comparison won’t notice minimal changes

Slide 39

Sectional silicone index not very practical -> hard reseating