

## **Dental wear introduction causes and management**

**Roaa Talal**

*Sharjah University, UAE*

**Statement of the Problem:** consistent with our new lifestyle we face more cases of dental wear than limiting them. Dental wear are often in several ways with different causes. Abrasion, abfraction, attrition and erosion are the most key elements for this research. Starting with Abrasion and comparing it to Abfraction within the term of diagnoses in symptoms and signs. This manuscript discusses an investigation of the connection between chemical parameters of popular soft drinks and enamel erosion comparing these drinks and its acidity to tooth. the consequences of tooth brushing after exposure to soft drinks are described as a function of the chemical parameters of the drink. A correlation is drawn between the quantity of tissue loss caused by erosion, and therefore the extent of the softened layer, therein drinks which cause greater erosion also cause a thicker softened layer. The impact of dental erosion on oral health is discussed. However, it can be concluded that in most cases dental erosion is best described as a condition, with the acid being of non-pathological origin and how to manage this problem what should we advise our patients and even ourselves. Concluding this by talking about bruxism as apart of the parafunctional issue of tooth wear that can occur during sleep or wakefulness and is defined as a repetitive jaw-muscle activity that is manifest as clenching or grinding of the teeth, possibly including bracing or thrusting of the mandible. The clinical consequences of bruxism have been reviewed extensively. A review of the most recent literature has updated the findings on the effects of bruxism on the TMJ and jaw muscles as well as on natural teeth. Management approaches for sleep bruxism (SB) in adults were noted.so in general and in specific points of tooth wear will be the subject.

The initial management of a patient presenting with tooth wear should be preventative, attempting to halt the disease process and avoid any worsening of the dentition. With the upsurge of tooth wear stemming from erosive agents, most research has focussed on this aspect of prevention.

Where nocturnal bruxism is suspected to be responsible of tooth wear thanks to attrition, a full coverage hard

acrylic occlusal splint should be constructed. However, it is important to take precautions when providing splints to patients affected by erosion due to gastric reflux, as acidic substances may accumulate within the splint and further exacerbate the rate of tooth wear. Likewise, splints may be used to protect teeth during episodes of vomiting for the bulimic patient. However usage instructions must be precise, in order that the splint doesn't become a reservoir for the regurgitated acid. Splints can also be modified to incorporate reservoirs into which neutral fluoride gels or alkali within the sort of milk of magnesia or bicarbonate of soda solution can be applied respectively to encourage night-time remineralisation.

Tooth wear may be a condition being increasingly frequently encountered by general dental practitioners. It is vital to accurately assess and diagnose a patient presenting with tooth wear. The majority of such cases can be successfully treated by non-surgical, preventative measures, requiring long-term monitoring and maintenance. However, there will undoubtedly be a little proportion of such cases which can require active restorative intervention.