IOSR Journal of Dental and Medical Sciences (IOSR-JDMS)
e-ISSN: 2279-0853, p-ISSN: 2279-0861.Volume 23, Issue 12 Ser. 2 (December. 2024), PP 08-14
www.iosrjournals.org

"Preventive Prosthodontics: An In-Depth Review Of Strategies And Practices"

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Abstract
Prosthodontics is a specialized field within dentistry dedicated to the restoration and maintenance of oral function, comfort, aesthetics, and overall health. This is achieved through the replacement of lost teeth or the restoration of natural teeth and craniofacial tissues using biocompatible materials. By addressing the functional and aesthetic deficits caused by tooth loss or damage, prosthodontics plays a critical role in enhancing patients' quality of life.On the other hand, "preventive dentistry" encompasses a range of practices and strategies designed to prevent oral health issues before they occur. These methods are implemented both in community dental health programs and individual dental practices, with the primary goal of averting the onset of oral diseases and discrepancies. Preventive dentistry is integral to modern dental care, as it emphasizes the preservation of oral structures, thereby reducing the need for more invasive prosthetic treatments in the future.This narrative review aims to synthesize existing knowledge and practices in the emerging field of preventive prosthodontics. By integrating principles from both prosthodontics and preventive dentistry, this review seeks to provide valuable insights for dental professionals. The ultimate goal is to promote improved

patient care and oral health outcomes by encouraging preventive approaches that minimize the need for extensive prosthetic interventions. This comprehensive examination of preventive prosthodontics highlights its importance in the broader context of modern dentistry, offering guidance for dental practitioners committed to enhancing patient well-being through proactive oral health management.

Keywords: *Preventive prosthodontics, primary stage, secondary stage, tertiary stage, prevention*

Date of Submission: 26-11-2024 Date of Acceptance: 06-12-2024

I. Introduction

The term "preventive dentistry" refers to methods used in community dental health initiatives and dental practice that prevent oral discrepancies and diseases before they start.[1] Preventive dentistry comes in many forms, like twice-a-year dental cleanings and regular brushing. The goal of these procedures is to guarantee that teeth are robust, healthy, and white. The area of dentistry known as prosthodontics is focused on restoring and maintaining the patient's oral function, comfort, aesthetics, and health through replacement of lost teeth or the restoration of natural teeth and craniofacial tissues with biocompatible substituents.Prosthodontic procedures known as "preventive prosthodontics" aim to stop the conditions that negatively affect the surrounding muscular systems, including the masticatory muscles, the temporomandibular joint (TMJ), the salivary glands, and alveolar bone.[2] Prosthetic dentistry is a key aspect of dentistry. Prosthetic prophylaxis is more effective when it prevents causes of tooth extractions. Dentists seek to avoid caries, periodontal disease, and residual alveolar bone loss after tooth extraction.

Modern treatments considerably enhance the prognosis and quality of life for people with stomatognathic disorders. Preventive prosthodontics prioritizes procedures that avoid future issues, and overdentures are crucial in this approach.[3]

The field of preventive prosthodontics plays a crucial role in modern dentistry by focusing on preserving oral structures and preventing extensive prosthetic interventions. As public awareness about dental health continues to grow, there is an increasing demand for comprehensive knowledge on maintaining oral health and preventing complex dental issues. Advances in dental technologies and materials have revolutionized prosthodontics, necessitating an updated overview of current preventive strategies and innovations. Integrating preventive measures into prosthodontic practice enhances patient education and compliance and contributes to better oral health outcomes. Furthermore, preventive prosthodontics is cost-effective, reducing the need for extensive and expensive restorative procedures. This narrative review aims to synthesize existing knowledge and practices in preventive prosthodontics, providing valuable insights for dental professionals and promoting improved patient care and oral health.

II. Aims Of Preventive Prosthodontics [3]

Apply knowledge to educate and motivate patients.

Choosing evidence-based treatment options and prosthetic designs to keep teeth and supporting tissues healthy.

Prostheses can help prevent, stabilize, and regulate the evolution of certain dental-orofacial disorders.

Special preventive prostheses offer preventive prostheses for patients with head and neck cancer (HNC), including radiation stents and carriers.

III. Goals Of Preventive Prosthodontics

To:

Postpone the resorption of the residual ridge;

Preserve the surviving structures; and

Maintain the surrounding structures

When creating full dentures or partial dentures, whether fixed or removable, preventive prosthodontics should be adhered to.

IV. Stages In Preventive Prosthodontics

Preventive stage

Any preventive steps taken prior to the onset of a disease or ailment is known as the preventive stage i.e., primary prevention. It also entails routine prosthesis maintenance, teaching patients proper tongue posture and chewing techniques to preserve their occlusion, and regular prosthesis care.[4]

Restorative or Corrective phase

Restorative phase involves taking steps to stop a disease's evolution while it's still in its early stages and avoid developing more complications. Treatment for treating non-preventable diseases or disorders, such as orthodontic correction of malocclusion or restorative or rehabilitative care following oral cancer surgery, is included in this category.

Recreative or Rehabilitative stage

Recreative stage aimed to reduce impairment and promote rehabilitation in order to enhance the quality of life for those who suffer from illnesses.This phase encompasses all feasible measures to mitigate impairment and disability, decrease distress arising from present or subsequent deviations from optimal health, and assist patients in adjusting to long-term circumstances.

Primary -Preventive Stage

Diet counselling

Like all bodily tissues, oral tissues are dependent on nutrition and diet. Dietary counselling is based on knowledge of food sources, their characteristics, roles, needs, ideal amounts, and the effects of deficiencies. Diet and nutrition counselling's primary goals are to identify and treat food-related oral problems and to encourage healthy eating practices that fend against disease.[6] Nutrition is the study of food, its nutrients, and other constituents, as well as how they work together and how the body takes in, breaks down, absorbs, transfers, uses, and eliminates food.

Oral cavity tissues are frequently the first to be impacted by dietary imbalances. Patients in old age are typically treated by prosthodontists. Therefore, prosthodontists are appropriately referred to as "Gerodontologists" and can use their background in the fundamental sciences to advise patients on appropriate diets.[7]

Malnutrition affects the elderly for a variety of reasons, including difficulty swallowing and digesting food, diminished appetite and absorption, the coexistence of systemic disorders and the effects of polypharmacy, and limited financial resources. For the proper upkeep of the oral tissues, all elderly people should follow a balanced diet. A diet rich in protein is advised since it is believed to increase denture tolerance. When a number of obstacles prohibit older adults from consuming a typical diet, multivitamins are regarded as a useful and affordable supplement.[8,9,10]

Preventing caries

Although dental caries management is a dynamic, complex process, tooth structure can be preserved and significant restorations can be avoided by using the right preventive measures when needed. Fluoride is still the recommended treatment, despite the fact that more technology is being employed to encourage the remineralisation of carious teeth, according to clinical evidence. When fluoride is ineffective on its own, synergistic strategies include increasing saliva production, increasing intra-oral calcium and phosphate ion concentrations, and antibacterial therapy can help improve outcomes.[11]

Feeding plate

One common congenital orofacial abnormality is cleft lip and palate (CLP). Pathogenesis results from the failure of many facial processes to fuse together during embryonic development.[12] Newborns with congenital lipomatosis (CLP) are unable to produce the suction and compression required for bottle and/or breastfeeding.[13] There is a serious nutritional deficit as a result of the current situation. Before surgery, the defect is prosthetically closed off with the aid of a feeding plate until the Rule of 10 requirements are satisfied**.** They are

1. 10 wks-age
2. 10 pounds- weight
3. 10 gmsof Hemoglobin

Space maintainers

Dental space maintainers are made with a specific function in mind. They could be fixed, semi-fixed, or detachable. In cases of deciduous or permanent tooth loss, they are crucial for preventing tooth malposition, supraeruption, and crowding.[14]

Mouth guards

Also known as Sport Guard, Mouth Protector, Gum Shieldintroduced by London dentist Woolf Krause to shield boxers' lips from cuts. In order to avoid or lessen trauma to the teeth, gingival tissue, lips, and jaws, it is a prosthetic that covers the teeth and supporting structures.

Mouth guards on the maxillary arch, it functions by absorbing or redistributing shock, stabilising the mandible during traumatic jaw closure, and separating the upper and lower dentition from the surrounding soft tissue.[15] According to American Society for Testing and Materials, it falls into three categories. [16]

1. Prefabricated/ Ready made/ Stock mouth guards.
2. Mouth formed/ Boil and bite type.
3.Custom made.

Rubber, vinyl laminate, polyurethane, silicone rubber, urethane rubber, arylic resin, polyvinyl acetate, polyethylene, and other materials can all be used to make these devices.

Socket Shielding

This method stops the loss of alveolar bone, preserving the remaining ridges. The alveolar bone has both vertical and horizontal bone loss following extraction. This makes dental rehabilitation more difficult, particularly when treating implants. To preserve the original dimension of bone following extraction, a variety of Guided Bone Regeneration (GBR) procedures have been employed, including the use of membranes and filler materials. Bone loss can finally be avoided by leaving a portion of the uninflammed buccal root in place (Root Submerge Technique, Socket Shield Technique) [17]. This preserves the natural periodontium. In a two-year follow-up of five patients, Davarpanah and Szmukler[18] demonstrated that buccal bone was retained by implants placed immediately in touch with tooth fragments without exhibiting any aberrant changes.

Radiationcarrier devices[19]

During radiotherapy, the surrounding tissues are shielded from secondary and dispersed radiation by radiation stents or shields

The significance of intraoral radiation stents

- Accurate radiation projection.
- Keeps healthy tissues safe.
- Lessens the medications adverse effects.
- Makes the radiation source more accurate.

Regular care of prosthesis[5]

There are numerous sanitary and efficient commercial cleaning options available for maintaining the hygiene of mouth prostheses. It is recommended that patients clean their dentures completely using a soft brush and non-abrasive paste, or they can use denture cleaning tablets or soaps. It is advised to soak the prosthesis overnight to provide the underlying tissues enough time to recover. Teeth facing down, dentures should be placed in simple water overnight. If the dentures have soft temporary linings, the outside can be brushed normally, and the interior should be carefully cleaned with soft cotton under cold running water. In addition to all of these, prosthodontic patients should practise thorough oral hygiene by using tissues and brushing their tongues**.**

Secondary – Restorative and corrective Stage

Elimination of Plunger cusp

Plunger cusps are those that firmly press food into the interdental gaps of the opposite arch. These plunger cusps are often the buccal cusp of the mandibular arch and the palatal cusp of the maxillary arch, or the buccal incline of the mandibular lingual cusp and the palatal incline of the maxillary buccal cusp, as well as the functional cusp.

One way to treat plunger cusps is to shorten and round them, as well as the opposing. Teeth next to the interproximal gap are splinted to protect it. Moreover, a difference in the marginal ridge connection is linked to extrusion. Simple grinding can be used to manage lower extrusion. If the difference is larger, a prosthesis should be created to adjust for the marginal ridge disparity. [20,21]

Elimination ofocclusalinterferences

A tooth contact that causes mandibular deviation during closure to the maximum intercuspation (MIC) position is an occlusal interference. It is any tooth contact that prevents the remaining occluding surface from reaching stable and harmonious contact. Both latero-trusive and protrusive movements may be accompanied by interference.[22]

Muscle spasm, headache, tiredness, worn facets, fractured cusps, tooth movement, muscle hypertrophy, and cranio-mandibular dysfunction syndrome result from occlusal interference that exceeds the adaptive capacity. As a result, early interference correction—which is accomplished through occlusal adjustment—is advised.

It can be accomplished by using restorative materials or by crushing teeth selectively. The goal of this kind of intervention is to achieve a stable occlusal relationship devoid of mandibular excursion or early contacts.

Management ofTrauma FromOcclusion

Tissue damage occurs when occlusal force exceeds the perioditum's adaptive capability; this condition is known as trauma from occlusion. It is a treatable ailment that can manifest as either primary or secondary, acute or chronic.

Acute TFO results from a quick, strong force, but chronic TFO is caused by occlusal stresses that are harmful over time, such as bruxism. High occlusal forces are the primary cause of primary TFO, but low periodontium resistance or threshold is the primary cause of secondary TFO. Occlusal Corrections can be used to address TFO. [23]

Provisionalrestoration

It is a permanent or removable dental or maxillofacial prosthesis intended to improve function, stability, and/or aesthetics for a brief period of time before being replaced by a definitive prosthesis according to GPT. [24] Its primary goals are to preserve the health of the pulp and periodontal tissues, encourage guided tissue healing to produce a satisfactory emerging profile, assess hygienic practices, stop abutment migration, provide a suitable occlusal scheme, and assess maxillo-mandibular interactions.

Restorativeprocedures ondecayed tooth

The level of tooth damage determines the restorative method. Any dental technique that focusses on restoring or repairing damaged oral structures is considered restorative dentistry. This covers a broad range of procedures, from straightforward fillings, inlays, onlays, crowns, bridges, veneers, to intricate operations like implants, and so on.

Restoring the structure, integrity, and health of teeth without compromising their natural beauty is the aim of restorative dentistry.[5]

Management ofObstructive SleepApnea

Dental care is becoming increasingly important in the treatment of sleep disorders, particularly in individuals who are co-managing mild to severe obstructive sleep apnoea with simple snoring.

It is distinguished by the airway closing but the diaphragm still moving. It's possible that a dentist office will identify sleep apnoea initially. Obstructive sleep apnea has been linked to serious health issues, such as respiratory and cardiovascular disorders. Retrognathism, expanded tongue, enlarged soft palate, swollen tonsils, and other conditions could be the cause.

Advancement appliances, soft palate lifters, tongue retainers, mandibular repositioners, snoring guards, and other devices are examples of prosthetic management. Surgery to remove the affected uvula and soft palate area is the alternative treatment option. [25, 26]

Management ofBruxism

A parafunctional oral habit known as bruxism is characterised by involuntary rhythmic/spasmodic non-functional gnashing and grinding/clenching of teeth in movements of the mandible other than chewing, which can cause occlusal trauma. (GPT 9) It happens when you're awake as well as asleep.

Stress, anxiety, sleep apnoea, periodontitis, broken tooth syndrome, CNS abnormalities, and alcohol usage are some of its multifactorial aetiologies. Attrition, mobility, muscle hypertrophy, occlusal facets, alveolar bone loss, and TMJ problems are all associated with bruxism. Muscular discomfort, early morning muscular weariness, hypermobility, hypercementosis, cusp fractures, pulpitis, a break in the lamina dura, and involvement

of the furcation are among the signs and symptoms. Treatment options include intraoral orthoses, coronoplasty, occlusal splints, occlusal correction, and psychological stress management. [27, 28]

Tertiary- Restorative/ Rehabilitative Stage
Preservation of strategic tooth / teeth[5]

Alveolar ridge preservation is largely dependent on the timing of extraction. Maxillary third molar extraction is postponed until middle adulthood because third molars affect tuberosity growth and aid in the anteroposterior development of the alveolar ridge.[29] In the absence of antagonists, supraeruption of the opposing dentition causes contact between the mucosa of the opposing arches and teeth, which loses arch stability and ultimately causes the edentulous arch's alveolar ridge to undergo severe resorption**.**

Interim/ TreatmentDenture

When definitive therapy cannot be administered for a variety of reasons, an interim denture is recommended. They could maintain space, stop migrating or drifting, stop supra-eruption, stop teeth from coming into touch with the alveolar bone, restore function and aesthetics, restore muscular tonicity, restore vertical height, maintain the health of the jaw, and prevent abnormal jaw habits.[5]

ImmediateDentures

When a denture is constructed ahead of time and placed into the mouth right away following the extraction of natural teeth, it is known as an instantaneous denture.Immediate dentures are designed to protect the blood clot, encourage better ridge formation, and promote better healing if the dentition is severely affected and extraction is recommended. Immediate dentures function as surgical stents. In addition to keeping the face muscles from collapsing, immediate dentures are aesthetically pleasing, easy to adjust to, and psychologically comforting.[30]

Overdentures

Preserving the remaining ridges is a major concern in the field of detachable prosthodontics. Bone resorption after tooth extraction. Bone resorption is also brought on by denture pressure on the remaining ridge. On the other hand, more bone forms when tensile pressures are applied to the bone.[31]Maintaining the height and health of the alveolar bone is aided by keeping the root stumps underneath the prosthetic teeth. The natural teeth may be preserved, the rate of residual ridge resorption may be slowed down, proprioceptive feedback from the periodontal ligaments may be enhanced, and the occlusive forces may be controlled, potentially preventing rapid alveolar resorption.[32].

Single CD/Complete Denture

Making a single complete denture is strongly advised when teeth are missing entirely in any one of the arches in order to avoid tooth-alveolar ridge contact, restore function, maintain vertical dimensions, maintain aesthetics, and stop the emergence of parafunctional habits.[33 Depending on the patient's condition, complete dentures can be fitted with a variety of occlusal schemes, such as balanced occlusion, lingualizedocclusion, neutrocentric idea, and others.

Preventive ImplantTherapy

Preserving the alveolar ridges is the focus of preventive implantology. Implants supporting an overdenture or a fixed mandibular prosthesis can prevent or delay atrophy of the edentulous lower jaw after tooth extraction. Research has indicated that the mandibular ridge exhibits a slower resorption pattern in comparison to the maxilla due to the maxilla's higher cancellous bone content. The resorption stages of residual ridges, which are employed in preventive implantology, were proposed by Kalk et al.[34]

Preventive Stage I: By implanting the bone substitutes after tooth extraction, more resorption can be stopped. For instance, an intractable hydroxyl hunger.
Stage II of prevention: After the first resorption has taken place, more resorption can be stopped by putting in cylindrical endosteal implants to preserve the proper breadth and height.

Preventive Stage III: In order to insert an implant in a knife-edged ridge, bone must be removed.

Preventive Stage IV: Implants are inserted straight into the basal bone to preserve the arches' ability to function in the event that extensive erosion of the alveolar ridge has occurred and only basal bone remains.

Obturators

Obturators are used to close tissue openings that are either congenital or acquired, primarily in the alveolar and/or hard palate structures. In many cases, surgical or immediate obturators, intermediate obturators, and definitive obturators are used in the prosthetic restoration of the defect. (GPT)Following surgery, instantaneous obturators are implanted, serving as a surgical stent with or without surgical packing. It may be held in place using wires or screws.In addition to protecting wounds and facilitating uneventful wound healing, it aids in the restoration of oral contours and inhibits the reflux of oral fluids into the nasopharynx.[35]The definitive obturator is used after the interim obturator, which is kept in place for up to three months with frequent inspection and relining with the use of tissue conditioners and reliners.

V. Conclusion

In conclusion, preventive prosthodontics stands at the forefront of modern dental practice, emphasizing the importance of maintaining oral health and preventing extensive restorative interventions. Through advancements in digital dentistry, innovative materials, minimally invasive techniques, and enhanced diagnostic tools. This sector has advanced significantly in terms of enhancing patient outcomes and care efficiency. By integrating these preventive strategies, dental professionals can offer more effective, patient-centered care that not only preserves oral structures but also reduces long-term costs and improves overall quality of life. This narrative review highlighted the critical role of preventive prosthodontics in contemporary dentistry, underscoring the need for continued innovation and education to meet the evolving demands of patients and the dental community.

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TABLE 1: Preventive strategies of primary, secondary and tertiary preventive prosthodontic stages

Primary- Preventive phase	Secondary- Restorative and corrective phase	Tertiary-Recreative and rehabilitative phase
Diet Counselling	Removal of Plunger cusp	Preservation of the strategically important teeth
Preventing caries	Removal of occlusal interferences	Interim or treatment Denture
Feeding plate	Management of Trauma From Occlusion	Immediate Dentures
Space maintainers	Provisional restoration	Overdentures
Mouth guards	Restorative procedures on decayed tooth	Single CD/ Complete Denture
Socket shielding	Management of Obstructive Sleep Apnea	Preventive Implant Therapy
Radiation carrier devices	Management of Bruxism	Obturators
Regular care of prosthesis		

Levels of prevention strategies in the preventive prosthodontics.