ORIGINAL **PROF-688**

PARTIAL ANODONTA

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ABSTRACT

A severe case of partial anodontia male aged, 24 is reported with the complaint of speech and masticatory function prevailing with difficulties. He has been successfully and conservatively treated with full upper and lower overlay dentures. Aesthetics, speech and masticatory function have been improved with no deterioration in oral health.

INTRODUCTION

Patient presenting with severe partial anodontia and associated 'overclosure' are a difficult restorative problem. Extraction of the sound remaining teeth results in progressive loss of alveolar bone and subsequent problems with full denture stability.

Conventional removable partial denture may partly restore aesthetics but can be attempted[1]. But both size, position and alignment are not always ideal and such treatment may demand lengthy orthodontic therapy or surgical intervention[2,3].

A high degree of success, however, can be obtained by providing such patients with complete upper and lower overlay dentures. All the aim of treatment can be fulfilled in a simple way and since the existing teeth are not altered, the procedure is completely reversible[4].

CASE REPORT

A man aged 24 years, presented for treatment, complaining of a poor dental appearance, difficulty in chewing and impairment of speech. His previous dental treatment had been confined to the fillings, no extraction having been carried out. There was no relevant medical history. The family history revealed that the patient father and some maternal relative had a few congenially missing teeth. On examination the patient displayed a lack of lip support and gross overclosure. Intra-orally the soft tissues were healthy but the only teeth

present were *76 E D 31 1 3 4 E 6 7*
7 C A B C 7

And A B were mobile. All the permanent teeth were small. The occlusion was poor with marked overclosure, bilateral posterior and anterior crossbites. The dental arch relationship was class-III. Radiographs showed no

evidence of unerupted teeth in the jaws.

Treatment consisted of extraction of $\frac{E}{A \quad B}$

with the construction of full upper and lower overlay dentures to restore the correct vertical dimension, improve aesthetics and re-establish the occlusion. The remaining teeth were not crowned. Retention was greatly improved by using a semi permanent soft lining. The patient was given intensive oral hygiene instruction and was told to remove the dentures at night. After 2 years there has been no deterioration in oral health and only slight loss of the soft lining. In addition the dentures have remained functional and comfortable.

DISCUSSION

It is widely held principle in conservative dentistry that the artificial teeth should occupy the same position as their natural predecessor. This is based on successful practice and equally well accepted principle that the teeth are in equilibrium between the opposing forces[5].

Profit et al (1989) studied linguopalatal pressure in children. They showed that the quality of speech returned to normal approximately two weeks after fitting a palatal appliance and considered that adaptation had taken place[6].

The aforemention clinical management for the oral rehabilitation of a severe case of partial anodontia with this form of treatment; sit is essential that the patient is trained in oral hygiene procedure. Plaque control is mandatory and the patient must be made to realize that this is his responsibility.

Recall visit must be important to reinforce oral hygiene instruction. With this safeguards overlay dentures can be warm by such patients for year with no deterioration in oral health.

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