

ASPECTS OF NON SPECIFIC PREPARATION INVOLVED IN EXTENDED PARTIAL EDENTATION THERAPY

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The present study proposes testing the correlation between the partially extended edentation, the presence/absence of the removable prosthetic treatments and the presence of the oral mucosa lesions.

Key words: Edentation; Chi-Square test; Prosthetics; Oral mucosa lesions.

INTRODUCTION

The present demographic trends, revealing a growth of the elder population quota, induces the increasing interest in solving the complex oral pathology for this particular demographic group. Therefore, the partially extended edentation, including its extreme, definitive form “subtotal edentation” inducts into series of specific changes for the prosthetic level. The long-time care for the elder subject with partially extended edentation means more than clinical intervention and treatment, requiring a multi-disciplinary approach.

Among the dominating pathological forms of edentation, partially extended edentation affects a large number of patients, globally.

The prosthetic treatment of the partially extended edentulous patient is a hard task for the dentist, as it is performed on an often changes pathological of tissue, with major psychological modification since the growing age.

The successful therapy for this group of patients is determined by the complex diagnosis and therapeutical approach of the oral mucosa disorders implied by the removable prosthetic treatments.

Treatment of oral mucosa lesions is generally surgical excision and removal or modification of the irritating factor ¹.

Wounds in younger patients heal considerably more rapidly than wounds in elderly patients, and the rate of healing appears to be in inverse proportion to the age of the patient ².

The accurate and complete oro-dental diagnosis, the determination of the anatomopathological diagnosis and the general and local gero-index impose the therapeutical decisions for each clinical case, following these standards will bring the success and the endurance of prosthetical restorations ³.

The conservation of the results is possible only by an active dental surveillance of the subjects.

MATERIAL AND METHOD

The studied batch included 202 clinical complex cases of partial / total edentation, with oral mucosa lesions, whose investigation steps imposed comparing clinical and paraclinical of the oral mucosa pathology and the hierarchization of the therapeutical works, which implied interventions on the mucosa or on the prosthetic treatments, therefore meaning adapting or remaking them.

The retro-prospective study was done on two statistically-representative lots, made by partial/ total edentulous patients, with / without prosthetics, with oral mucosa lesions.

The histological and immunohistochemical study was performed in order to identify the morphological aspects of the mucosa modifications and to correlate them with the clinical healthy.

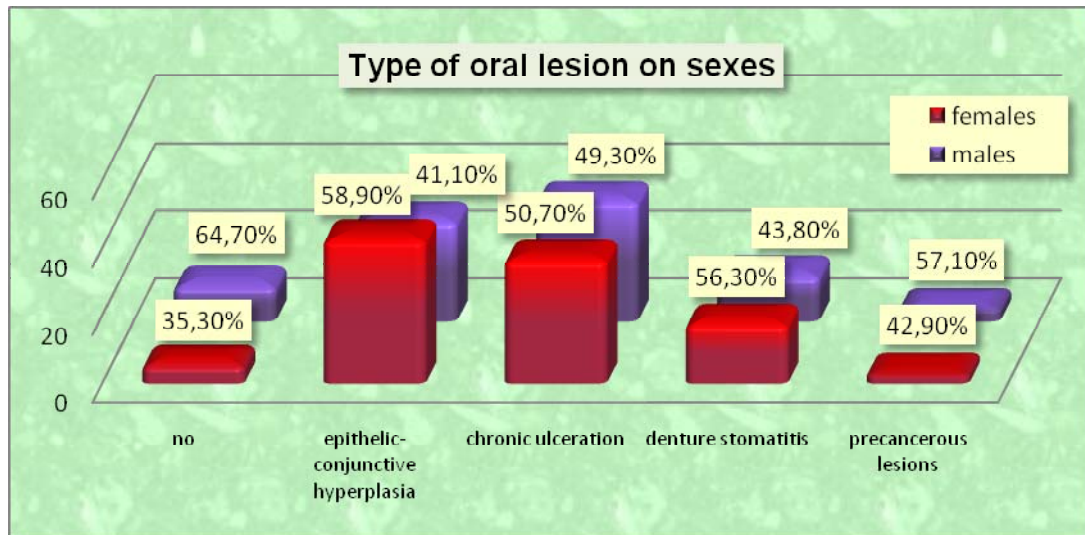


Fig. 2. Allotment of cases in the total batch – sex vs. type of oral lesion.

Table 3

Allotment of cases – location vs. type of oral lesion

Location		Type of oral lesion					Total	
		No	Epithelic-conjunctive-hyperplasia	Chronic ulceration	Denture stomatitis	Precancerous lesions		
Private MD	n	17	45	45	31	0	138	
	%	100.00	61.60	61.60	96.90	0	68.30	
BMF clinic	n	0	28	28	1	7	64	
	%	0	38.40	38.40	3.10	100.00	31.70	
Total		n	17	73	73	32	7	202
		%	100.00	100.00	100.00	100.00	100.00	100.00

Table 4

Allotment of cases – age stretch vs. presence of the oral lesion

Age stretch		Presence of the oral lesion					
		Absent		Present		Total	
		No.	%	No.	%	No.	%
30–39 years		3	17.65	4	2.16	7	3.47
40–49 years		1	5.88	9	4.86	10	4.95
50–59 years		6	35.29	40	21.62	46	22.77
60–69 years		3	17.65	65	35.14	68	33.66
70–79 years		4	23.53	55	29.73	59	29.21
over 80 years		0	0	12	6.49	12	5.94
Total		17	100.00	185	100.00	202	100.00

Table 5

Results of the statistical significance test – for age stretch vs. presence of the oral lesion

Applied significance tests	CHI – SQUARE TEST PRESENT. ABSENT ORAL LESION		
	Calculated value	df	Statistical significance step (p)
Pearson Chi-square	14.806	5	0.011
Probability report	11.150	5	0.048
Contingence coefficient	0.261		0.011
N (no. of cases)	202		
			*SS Weak relationship

*SS–statistical semnificative

Table 6

Allotment of cases – age stretch vs. type of oral lesion

Age stretch		Type of oral lesion					Total
		No	Epithelio-conjunctive-hyperplasia	Chronic ulceration	Denture stomatitis	Precancerous lesions	
30–39 years	n	3	2	2	0	0	7
	%	17.60	2.70	2.70	0	0	3.50
40–49 years	n	1	3	6	0	0	10
	%	5.90	4.10	8.20	0	0	5.00
50–59 years	n	6	19	14	6	1	46
	%	35.30	26.00	19.20	18.80	14.30	22.80
60–69 years	n	3	22	26	13	4	68
	%	17.60	30.10	35.60	40.60	57.10	33.70
70–79 years	n	4	21	22	10	2	59
	%	23.50	28.80	30.10	31.30	28.60	29.20
80 years	n	0	6	3	3	0	12
	%	0	8.20	4.10	9.40	0	5.90
Total		n	73	73	32	7	202
		%	100.00	100.00	100.00	100.00	100.00

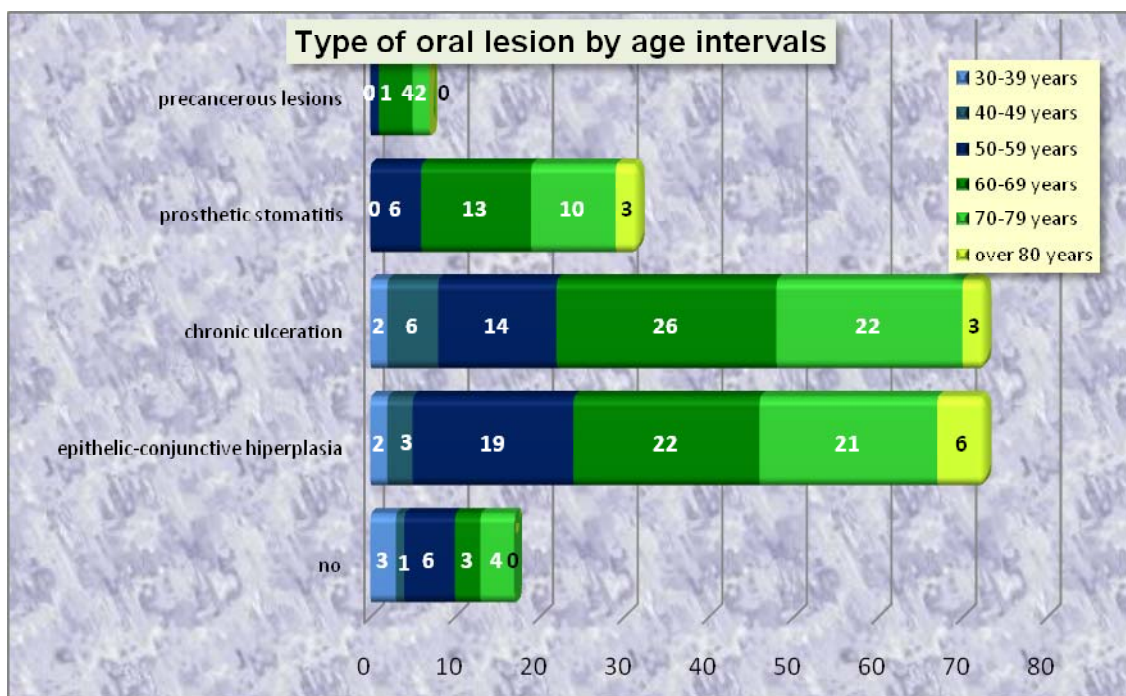


Fig. 3. Allotment of cases for the whole batch of the study – age stretch vs. type of oral lesion.

Clinical examination revealed a more important traumatic ulcer in group of age 60–69 years (26 cases – 35.60%). These ulcers are small, painful, irregularly shaped lesions usually covered by a delicate gray necrotic membrane and surrounded by an inflammatory halo. If treatment is not instituted, there sometimes may be beginning proliferation of tissue around the periphery of the lesion on an inflammatory basis. The treatment for the traumatic denture ulcer consists in correction of

the underlying cause: relief of the flange, removal of a tiny sequestrum or relief of high spots².

The elder patients' state of oral health is far from optimal, imposing a strictly adapted plan of treatment, which respects the biological status of each subject and also the socio-economical status. All these can influence the short-term and the long-term success of the therapeutical solution decided for the specific elder patient.

CONCLUSIONS

The pathological state of extended partial edentation is a very common clinical case, frequently met in the dentistry praxis, that integrates complex systemic alterations.

We consider that the clinical and physical limits of the patient must be evaluated before conceiving the therapeutical plan.

The diagnosis, prognosis and treatment of different oral mucosa lesions depended almost exclusively on the histological alterations of the oral epithelium.

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