|  |
| --- |
| **Name:** |
| Amin Malaki |
| **Group:** |
| 3B-4 |
| **Pathology Question:** |
| What are the causes of loss of VDO? |
| **Report:** |
| Vertical dimension of Occlusion can be lost by a variety of factors. Knowing the etiology of the loss of VDO is important to be able to use prophylactic measures in order to stop or slow the progression of the VDO loss. One cause of VDO loss is Loss of molar support as the anterior teeth are unable to withstand biting forces alone and tilt reducing the vertical height. The loss of a first molar can significantly affect VDO as the gap in the jaw can cause the second molars to rotate anteriorly. In addition to the loss of teeth, the loss of bone also can result in VDO reduction. The use of dentures can also cause loss of VDO as dentures can cause alveolar bone loss by putting pressure on the bone that causes resorption. Dentures also can have more wear than teeth as sensation is reduced which can limit bite force. The main cause of loss of VDO is wear of the teeth, especially from attrition caused by bruxism during sleep. VDO loss though can be a result from other types of wear such as erosion and abrasion. Bruxism also can happen when awake and is usually caused stress or anxiety. Attrition can be seen clinically by the flattening of the occlusal or incisal surface. Erosion is wear caused by chemical means such as acidic foods or acid reflux. Erosion has a distinct characterization and can be indicated by cupping and cratering of the teeth with rounded margins. Abrasion is caused by foreign bodies wearing on the teeth. This can be caused by brushing too hard or chewing on hard items such as pens. Abrasion can be seen by v shaped ridges on the teeth. |
| **References:** |
| Dahl, Bjorn L, et al. “Occlusal Wear of Teeth and Restorative Materials.” *Taylor & Francis*, 2 July 2009. Schopper, Arthur F. “Loss of Vertical Dimension: Causes and Effects: Diagnosis and Various Recommended Treatments.” *The Journal of Prosthetic Dentistry*, Mosby Inc., 21 Oct. 2006. Verrett, R.G. (2001), Analyzing the etiology of an extremely worn dentition. Journal of Prosthodontics, 10: 224-233. |