CLINICAL QUESTION

- In regards to tori/bony exostoses, what are the contraindications and surgical techniques for removal?

- P: Patients with tori/bony exostoses
- I: Removal of tori/bony exostoses
- C: No removal of tori/bony exostoses
- O: Improved fabrication and fit of removable partial dentures

PICO QUESTION

- In patients with tori/bony exostoses, what factors come into play to determine if leaving tori is safer vs removal to improve fabrication and fit of an RPD?

CLINICAL BOTTOM LINE

- When is it indicated to remove tori/bony exostoses and what are the contraindications to their removal?

- Removal is indicated to improve the fit of removable dentures and partial dentures

- Contraindications:
  - size of the tori-if tori are small enough to not substantially effect the fit of dentures it can be opted to leave them and avoid surgical removal.
  - Bisphophonate use:
  - Radiation therapy:

SEARCH BACKGROUND

- Dates: 11/9/2020, 11/10/2020, 11/11/2020
- Database used: PubMed
- MESH terms: tori, removal, bony exostoses, contraindication

ARTICLE 1:

- Citation:Authors, Title,Journal, Date, Volume, Page numbers
- Study Design:
- Study Purpose:

RESULTS AND CONCLUSION

METHOD AND LIMITATIONS

ARTICLE 1 SELECTION

ARTICLE 2:

- Citation
- Study design
- Study purpose

RESULTS AND CONCLUSIONS

METHOD AND LIMITATIONS

ARTICLE 2 SELECTION

LEVELS OF EVIDENCE

Levels of Evidence

- ☐ **1a** – Clinical Practice Guideline, Meta-Analysis, Systematic Review of Randomized Control Trials (RCTs)
- ☐ **1b** – Individual RCT
- ☐ **2a** – Systematic Review of Cohort Studies
- ☐ **2b** – Individual Cohort Study
- ☐ **3** – Cross-sectional Studies, Ecologic Studies, “Outcomes” Research
- ☐ **4a** – Systematic Review of Case Control Studies
- ☐ **4b** – Individual Case Control Study
- ☐ **5** – Case Series, Case Reports
- ☐ **6** – Expert Opinion without explicit critical appraisal, Narrative Review
- ☐ **7** – Animal Research
- ☐ **8** – In Vitro Research

Strength of Recommendation Taxonomy (SORT)

□	**A** – Consistent, good quality patient oriented evidence
□	**B** – Inconsistent or limited quality patient oriented evidence
□	**C** – Consensus, disease oriented evidence, usual practice, expert opinion, or case series for studies of diagnosis, treatment, prevention, or screening

D3 CONCLUSIONS

- How does the evidence apply to the patient?
- How will advise D4?