



Oswaldo Scopin de Andrade
editor-in-chief

Adhesive oral rehabilitation: Countless possibilities

6

Current Restorative Dentistry is adhesive, esthetic and conservative. Which of these characteristics comes first is what has been creating various interpretations.

At first, we can imagine that every single adhesive procedure is conservative – ultraconservative laminate veneers and esthetic recontouring with composed resins exemplify this initial conception very well. A patient with diastemas, malformation of the anterior teeth, discrepancy of form and even in need of orthodontic finalization can be restored basically without dental tissue abrasion and/or with a small addition of material. If these cases are well deal with, the results can be amazing and cause a profound impact on the patient's quality of life; they are

'publishable' cases – that is, they result in nice pictures, in artistic angles, which transform an every-day case in a masterpiece of Dentistry.

However, it is important to remember that Restorative Dentistry is not limited to the anterior dentition. For a few years, clinical cases description has been focusing, basically, on anterior areas, that is, only the smile. Obviously, the anterior region of the maxilla is the critical part, for it is more evident to human eyes, and the one that causes immediate impact. Yet, simultaneously, posterior teeth and cases of rehabilitation and severe alteration of the occlusal pattern – such as in patients with dental abrasion – have been somehow 'forgotten'. Classic oral rehabilitation over natural teeth encompassed concepts

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settled on restorations based on metal-ceramic crowns and cast metallic nuclei. At the expense of removing a lot of dental structure, the classic fixed prosthesis maimed enamel, dentin and pulp, in search for perfect occlusion, esthetic and the eventual balance of the stomatognathic system. Of course, there is no point in criticizing what was done in the past if we analyze the materials and techniques that were available in past decades... but that was in the last century!

With the advent of adhesive ceramics (injected or milled in state-of-the-art devices), and being certain that adhesive procedures are safe and long-lasting, the concept of rehabilitation now has a different and innovative focus.

For they are relatively new procedures in extensive cases, the laminated and the partial adhesive restorations in posterior teeth still face resistance of professionals who consider that complex rehabilitation cases still must be addressed in the classic way, for there is more scientific literature available on the subject.

The critical point of such statement is that there are not many articles specifically on total rehabilitation of the 'classic' way, but a 'patch-work' used to justify any procedure. Sometimes, I see references that are mistakenly used, due to pure personal interpretation. It is like that, and it will always be!

For that reason, we must change the concept of oral rehabilitation as a whole and at all levels! What is important about this new concept of Adhesive Oral Rehabilitation (AOR), which has been used as a conservative conception of Dental Prosthesis, is that harm to the dental tissue is reduced as much as possible – only what is enough for performing the restorative procedure, be it a laminated without preparation or a conservative rehabilitation of a patient with acid erosion.

By reducing harm as far as possible, we preserve the biology and give the organism a chance, having in mind an eventual problem that may come out over the years, or not. Even if an 'eventual problem' emerges, it may be simpler to be solved than, for instance, the harm caused by an invasive preparation of total crown with a cast metallic nucleus.

Protocol changes are necessary and immediate not only at private offices and clinics, but mainly inside universities that, despite all this evolution of materials and techniques, still teach procedures and processes that involve unnecessary abrasion of the dental structure, making fixed dental prosthesis seem like the final frontier before implant placement.

The AOR concept really is a "paradigm shift". As for the phrase between quotation marks, such expression has been used, for years, to refer to any 'new idea'. Thus, its repetition, in an intense way, may sound redundant; in fact, it is a term to be used for something that has unprecedented intellectual relevance, in case there is really a clear break with previous practices, resulting in a new way of thinking¹. Therefore, we are living in this era where Restorative Dentistry and Dental Prosthesis become a single specialty, 'Adhesive Oral Rehabilitation', which needs new ideas and educational philosophies. That is what I really call a 'paradigm shift'.

I propose a toast to Thomas S. Kuhn and the 'paradigm shift'!

Reference:

1. Kuhn TS. The structure of scientific revolutions. 2nd ed. Chicago: University of Chicago Press; 1970. v. 2, n. 2.