Prevalence Of Different Occlusal Schemes For Pre And Post Treatment In Tooth Supported Full Mouth Rehabilitation: A Retrospective Study

> Turkish Online Journal of Qualitative Inquiry (TOJQI) Volume 12, Issue 5, June 2021: 1942- 1951

Prevalence Of Different Occlusal Schemes For Pre And Post Treatment In Tooth Supported Full Mouth Rehabilitation: A Retrospective Study

Aman Merchant

Saveetha Dental College And Hospital Saveetha Institute Of Medical And Technical Science, Saveetha University Chennai, India Email -:151809002@Sdc.Com

Subhashree R

Department Of Prosthodontics Saveetha Dental College And Hospital Saveetha Institute Of Medical And Technical Science, Saveetha University Chennai. Email - Subhashreer.Sdc@Saveetha.Com

Visalakshi Ramanathan

Department Of Prosthodontics Saveetha Dental College And Hospital Saveetha Institute Of Medical And Technical Science, Saveetha University Chennai. Email -: Visalakshirm.Sdc@Gmail.Com

Abstract:

Full Mouth Rehabilitation Cases Are One Of The Most Challenging Cases Faced By Any Clinician. It Needs Efficient Diagnosis And Elaborate Treatment Planning To Establish Harmonious Occlusal Contacts To Establish Optimum Stomatognathic Function. Hence, The Clinician Should Possess Detailed And Thorough Clinical Knowledge Regarding Various Occlusal Schemes. The Objective Of This Study Is To Evaluate The Prevalence Of Different Occlusal Schemes In Patients Undergoing Tooth Supported Full Mouth Rehabilitation Before And After The Treatment. This Retrospective Study Was Carried Out From The Data Obtained From The Patients' Case Sheet. A Total Of 51 Subjects Were Selected, Requiring Full Mouth Rehabilitation For The Dentition. The Prevalence Of Two Different Occlusal Schemes Were Evaluated. Group 1: Canine Guided Occlusion Group 2: Group Function Occlusion. Correlation Was Checked With Phi Correlation. It Was Observed That The Majority Of The Patients Had Group Function Occlusion Prior To The Treatment And After The Completion Of The Treatment, The Number Of Patients Having Canine Guided Occlusions. It Was Also Observed That Maximum Patients Were Seen In The Middle Age Group And Were Male Patients. In This Study, It Can Be Concluded That Although The Majority Of Patients Had Group Function Occlusion Prior To The Treatment Occlusion Prior To The Treatment, The Study, It Can Be Concluded That Although The Majority Of Patients Had Group Function Occlusion Prior To The Treatment Occlusion Prior To The Treatment, The Majority Of Operators Chose To Give Canine Guided Occlusion.

Keywords: Canine Guided Occlusion, Full Mouth Rehabilitation, Group Function Occlusion

1. Introduction

The Gradual Wear Of Tooth Surfaces Is A Common Clinical Problem Seen In The Population^{1–3}. However, Excessive Occlusal Wear Can Result In Pulpal Pathology, Occlusal Disharmony, Impaired Function, And Esthetic Disfigurement ^{4,5}. In Such Cases, Restoration Needs To Be Done To Prevent Further Escalation Of The Tooth Wear ^{6,7}. Of All The Clinical Procedures, Full Mouth Rehabilitation Treatment Is One Of The Most Demanding Treatments As It Cumulates Multiple Treatments With A Multidisciplinary Approach ^{8,9}. Full Mouth

Rehabilitation Treatments Can Range From Mild Composite Build Ups To Giving Full Veneer Crowns^{10,11}. The Key To A Successful Full Mouth Rehabilitation Treatment Is Optimum Occlusal Contacts, In Both Centric And Eccentric Positions^{10,12}.

The Reason For Doing Lateral Excursive Movements Is To Distribute The Force Over Several Teeth¹³. The Lateral Excursive Movements Have Been Divided Into Two Occlusal Schemes, Canine Guided Occlusion And Group Function Occlusion. Canine Guided Occlusion As Described By D'amico¹⁴ Is Said To Favor The Vertical Chewing Pattern, By Guiding The Mandible Through The Periodontal Receptors With The Help Of Canines And Preventing Wear Of The Tooth. On The Other Hand, Group Function Occlusion As Described By Beyron¹⁵ Is Said To Evenly Contact And Distribute The Load Among Several Teeth. There Are Various Many Similarities And Differences Between The Canine Guided And Group Function Occlusal Schemes¹⁶. Both The Occlusal Schemes Must Have Multiple Posterior Contacts During Centric Relation Or In 1mm Protrusion¹⁷. There Must Be An Absence Of Occlusal Contact On The Nonworking Side During Lateral Excursive Movements¹⁵. There Should Be A Group Functional Occlusion In The Anterior Teeth And No Contact In The Posterior Teeth During A Protrusive Movement¹⁸. The Major Difference Between Both The Occlusal Schemes Is The Manner In Which The Teeth Contact. In Canine Guided Occlusion, Only The Canines Will Contact In Lateral Excursion, Whereas, In Group Function, Most Of The Posterior Teeth Will Contact. The Theory Behind Canine Guided Occlusion Is 1) Canines Have The Longest Roots; Hence Can Take More Force, 2) Strategic Position Of Canines At The Corner Of The Mouth Makes It A Link Between The Anterior And Posterior Teeth, 3) Provide High Proprioception, 4) Shape Of Palatal Surface Of Canine Is Concave; Hence Guides Lateral Movements, 5) Posterior Teeth Can Take Vertical Force More Than The Lateral Force And 6) Canine Guided Occlusion Reduces The Chance Of Temporomandibular Dysfunction As It Shifts The Fulcrum Line Away From The Joint And Reduces The Chances Of Muscular Dysfunction¹⁹. The Theory Behind Giving Group Function Occlusion Is Distribution Of The Force Among Several Teeth To Decrease The Chances Of Tooth Wear²⁰. The Clinician Should Understand The Concept Behind Both The Occlusal Schemes And Assess Its Advantages, Disadvantages, Indications And Contraindications ^{21,22}. Previously Our Team Has A Rich Experience In Working On Various 23-2526-37 Research Projects Across Multiple Disciplines The

Hence, This Study Is Done To Evaluate The Prevalence Of Occlusal Schemes Before And After Full Mouth Rehabilitation Treatment And Evaluate Its Correlation With Age And Gender Of The Patients.

2.Materials And Methods

Study Design

This Retrospective Cross Sectional Study Was Carried Out In The Department Of Prosthodontics, Saveetha Dental College, Chennai, India. The Present Study Was Approved By The Ethics Committee Of Saveetha Dental College, Chennai, India. The Data Was Obtained From The Case Records Of The Patients Coming To The Outpatient Department Of The College.

Sample Selection

From June 2019 To May 2020, The Subject Selection Of This Study Was Done In Saveetha Dental College, Chennai, India Based On The Inclusion And Exclusion Criteria.

Inclusion Criteria

- 1) At Least 18 Years Old.
- 2) Healthy Subjects With No History Of Systemic Diseases.
- 3) Both Genders.
- 4) Patients Requiring Tooth Supported Full Mouth Rehabilitation
- 5) Signed Informed Consent

Exclusion Criteria

- 1) Patients With Systemic Disease
- 2) Alcoholic Patients
- 3) Patients Having Multiple Missing Teeth
- 4) Patients Having Implants
- 5) Patients Having Removable Prosthesis
- 6) Patients Not Willing For The Treatment.

After The Inclusion And Exclusion Criteria, The Number Of Subjects Were Shortlisted From 86,000 To 51. Analysis Of The Occlusion Was Done With Photographic Assessment.

Groups

Group 1: Canine Guided Occlusion Group 2: Group Function Occlusion

Statistical Analysis

All Analyses Were Conducted Using Spss 21 (Spss Inc., Chicago, II). Descriptive Statistics Such As Frequency Was Carried Out For Each Model. A Phi Correlation Was Done To Determine The Association Between Pretreatment Occlusal Scheme And Post Treatment Occlusal Schemes. A Chi Square Test Was Done To Determine The Correlation Between The Different Occlusal Schemes With Age And Gender.

Statistical Variables

The Independent Variables In This Study Are The Study Groups. The Dependent Variables In This Study Are The Two Occlusal Schemes.

3. Results And Discussion:

In This Study, It Is Observed That Before The Treatment Started, Most Of The Patients Had A Group Function Occlusion (60.8%), Whereas Very Few Patients Had A Canine Guided Occlusion (39.2%). This Could Be Explained By The Fact That There Is A Possibility Of A Canine Guided Occlusal Scheme Shifting To A Group Function Occlusion Due To Missing, Trauma Or Wear Of The Canines. There Are Some Articles Supporting This Theory³⁸. It Is Also Observed That After The Treatment Was Completed, The Number Of Patients Having Canine Guided Occlusion Increased (49.0%) And The Number Of Patients Having Group Function Occlusion Decreased (51.0%). The Reason Behind This May Be That The Clinicians Felt That The Canine Guided Occlusal Scheme Is Better Than Group Function Occlusal Scheme. The Correlation That Was Checked With Phi Correlation Showed That There Was A Strong Correlation Between The Preoperative And Postoperative Procedures.

In This Study, It Is Observed That Both, The Canine Guided Occlusion (33.3%) And Group Function Occlusion (41.2%) Were More Common In Middle Aged Groups Of Patients. In The Young Group Of People, The Number Of Patients Having Group Function Occlusion (7.8%) Were More Than Those Having Canine Guided Occlusion (3.9%), Although The Difference Was Not Much. There Was A Clinical Difference Seen, But It Was Not Statistically Significant. It Is In Contrast To Some Of The Studies, Which Have Reported That There Is More Prevalence Of Canine Guided Occlusion In The Young Population, Whereas, There Is More Prevalence Of Group Function Occlusion In Elderly Patients Due To Wear Of The Canines³⁹.

It Was Also Observed That Both, The Canine Guided Occlusion (29.4%) And Group Function Occlusion (33.3%) Are More Common In Males As Compared To Females. It Is Believed That Females Have A Higher Prevalence Of Canine Guided Occlusion, Since Males Experience Wearing Of The Canine Due To Heavy Masticatory Forces. This Is Supported By Some Literature⁴⁰.

There Are Many Authors Who Evaluated Canine Guided Occlusion And Group Function Occlusion. Schulyer ⁴¹ Reported That Group Function Occlusion Was A Compensatory Mechanism To Distribute Stress Evenly Among The Teeth. Scaife And Holt^{41,42} Reported That The Proportion Of Wear Facets Increased With The Increase In Group Function Occlusion Due To Lateral Forces. Fereidoun Parnia And Elnaz Moslehi⁴³ Studied The Pattern Of Occlusal Contacts In Lateral Excursion And Found That 60% Of The Subjects Had Group Function Occlusion. Ingervell^{43,44} Studied Occlusal Contacts In The Lateral Excursion, Protrusion And Retrusion And Found That Most Of The Subjects Had Group Function Occlusion On The Working Side. Rinchuse, Kandasamy And Sciote⁴⁵ Reported That Canine Guided Occlusion Was The Optimum Occlusion To Be Used. O' Ieary, Shanley And Drake⁴⁶ Found That Teeth In Group Function Had Less Mobility As Compared To Teeth In Canine Guided Occlusion. Panek Et Al⁴⁷ Reported That According To His Findings, Bilateral Canine Guided Occlusion Was The Best For Young Patients And Group Function Occlusion For The Elderly Patients.Our Institution Is Passionate About High Quality Evidence Based Research And Has Excelled In Various Fields (⁴⁸⁻⁵⁸.

Although This Study Showed That Group Function Occlusion Was More Prevalent In Tooth Supported Full Mouth Cases Before Commencement Of The Cases, There Are Limitations To The Study. Since The Study Is Based On Photographic Assessment, The Angle Of The Picture Or The Clarity Of The Picture Can Change The Operator's Perception, Which Can Lead To Bias.

Groups		Pre-Treatment	Post-Treatment	P Value	Phi Correlation
Canine Guided Occlusion	Count	20	25		
	% Of Total	19.61%	24.51%		
Group Function Occlusion	Count	31	26	0.016	0.337
	% Of Total	30.39%	25.49%		

Table 1: Depicting The Frequencies Of The Occlusal Schemes Before And After The Treatment.

Parameters			Canine Guided Occlusion	Group Function Occlusion	Chi Square Value	P-Value
	20-40 Years	Count	2	4		0.301
		% Of Total	(3.9%)	(7.8%)		
Age	41-60 Years	Count	17 (33.3%)	21	2.398	
		% Of Total		(41.2%)		
	>60 Years	Count	1	6		
		% Of Total	(2.0%)	(11.8%)		
Gender	Male	Count	15	17		
		% Of Total	(29.4%)	(33.3%)	2.114	0.146
	Female	Count	5	14	2.114	
		% Of Total	(9.8%)	(27.5%)		

 Table 2: Depicting The Correlation Between Occlusal Schemes With Age And Gender



Error Bars: 95% Cl

Figure 1: Bar Graph Representing The Association Between Preoperative Treatment And Postoperative Treatment Occlusions. The X- Axis Represents The Preoperative And Postoperative Occlusions And The Y- Axis Represents

The Number Of Patients Having Different Occlusal Schemes Like Canine Guided Occlusion (Blue) And Group Function Occlusion (Green). Phi And Cramer Correlation Was Done And Found To Be Significant. (Phi Correlation Value : 0.337; P Value: 0.016 (< 0.05), Proving There Is A Strong Association Between Pretreatment Occlusal Scheme And Post Treatment Occlusal Scheme.



Figure 2: Bar Graph Representing The Association Between Different Occlusal Schemes And Age. X-Axis Represents The Age And Y-Axis Represents The Number Of Patients Having Different Occlusal Schemes Like Canine Guided Occlusion (Blue) And Group Function Occlusion (Green). Chi Square Association Was Done And Found To Be Statistically Not Significant. (Chi Square Value : 2.398, Df : 2, P Value : 0.301 (P > 0.05). However, Both The Occlusal Schemes Were Most Commonly Seen In Between The Age Groups Of 41-60 Years.





Figure 3: Bar Graph Representing The Association Between Different Occlusal Schemes And Gender. X-Axis Represents The Gender And Y-Axis Represents The Number Of Patients Having Different Occlusal Schemes Like Canine Guided Occlusion (Blue) And Group Function Occlusion (Green). Chi Square Association Was Done And Found To Be Statistically Not Significant. (Chi Square Value : 2.114, Df : 1, P Value : 0.146 (P > 0.05), However, Both The Occlusal Schemes Were More Common In Males Than In Females.

4. Conclusion

In This Study, The Prevalence Of Canine Guided Occlusion And Group Function Occlusion Was Checked Before And After Full Mouth Rehabilitation Treatment. It Can Be Concluded That Although The Majority Of Patients Had Group Function Occlusion Prior To The Treatment, The Majority Of Operators Chose To Give Canine Guided Occlusion. More Number Of Invivo Studies Need To Be Conducted Under One Operator And Parameters Such As Wear And Longevity Of The Prosthesis Should Be Checked. Dental Students Should Be Explained About The Pros And Cons Of Both The Occlusal Schemes In Order To Achieve An Optimum Occlusal Calibration Ensuring Long Term Satisfactory Results.

5.Acknowledgement

We Would Like To Acknowledge Saveetha Dental College And Hospital For Providing Complete Patient Details Required For The Study Purpose And Their Constant Help And Support For This Research.

6.Conflict Of Interest

The Authors Declare No Conflict Of Interest.

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