

The Main Causes of Tooth Loss and Oral Tissue Reactions to Tooth Loss

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INTRODUCTION

Primary cause of tooth loss

Gum disease was the most typical reason for tooth loss. The researchers point out that it is one of the principal causes of tooth loss worldwide. Men removed teeth at a higher rate than women. Patients over the age of 35 also experienced more tooth loss. Three out of ten patients were current or former smokers. The researchers note that if more details about the patients' smoking history and habits had been available, the correlation between smoking and tooth loss may have been stronger [1-3].

Loss of teeth and overall health

Many patients also struggled with other health issues. One in five people had type 2 diabetes. According to the researchers, the link between gum disease and diabetes is "well established." Over one patient in ten had high blood pressure. The researchers mention a 2004 study that found a link between postmenopausal women's high blood pressure and gum disease.

The researchers claim that, outside of that study, the relationships between gum disease and high blood pressure are unclear. In addition, rheumatoid arthritis and tooth loss brought on by gum disease are strongly associated.

DESCRIPTION

The result of poor dental care

Almost 40% of the patients said they had never received professional dental care. Just 13% of people claimed to have

received professional dental care in the six months prior to having a tooth extracted. 60% of patients admitted to never or rarely brushing their teeth. Only 16% of people said they brushed their teeth at least twice a day.

Dental floss epidemiology and root causes

Within the last few decades, tooth loss has become less common and less severe; people are keeping their natural teeth for longer. Although more than 10% of adults aged 50 to 64 are completely edentulous, there is still a high demand for complete dentures due to age, smoking status, and socioeconomic status, which are all significant risk factors. There are a variety of causes for tooth loss, including: Caries in teeth, Dental disease, Trauma, dentinogenesis imperfecta, molar incisor hypomineralisation, parafunction [4,5].

Oral tissue's reactions to tooth loss

Resorption (or loss) of alveolar bone occurs after tooth loss and lasts the rest of one's life. The amount of loading applied to the ridge, the manner of extraction, and the patient's capacity for healing all seem to have an impact on the rate of resorption, despite the fact that this varies (Table 1).

Table 1: The amount of bone in the vertical and horizontal axes can be used to categories the edentulous ridge.

Class	Category
I	Dentate
II	Immediately post-extraction
III	Well rounded ridge form, adequate in height and width

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IV	Knife-edge ridge form, adequate in height and inadequate in width
V	Flat ridge form, Inadequate in height and width
VI	Depressed ridge form with some basilar loss evident

When creating complete dentures, alveolar bone desorption is an important factor to take into account. Such dentures are completely supported by soft tissues because they lack natural teeth. As a result, there are significant forces acting on the mucosa, which could speed up the process of bone desorption. Therefore, complete dentures should have their maximum extensions to ensure an equal distribution of forces across the mucosa.

As teeth are lost, facial muscles on the cheeks and lips also lose their support, giving the person an aged appearance. Complete dentures can still provide some artificial support to mask this loss of tone even though they cannot stop the loss of muscular tone (as they are not firmly attached to the skeletal system). The loss in masticatory (or chewing) efficiency is another effect of tooth loss that may be most obvious to patients. Teeth perform the function of aiding in the chewing of food by chopping it up into manageable pieces. Wearing dentures can restore some masticatory function. However, because dentures are not fixed in place like teeth are and must be actively controlled by the muscles, and biting forces are significantly reduced (about 1/6th of the natural dentition as the dentures are impinging on soft tissues, it cannot fully compensate for the efficiency of the natural dentition.

CONCLUSION

60% of patients admitted to never or rarely brushing their teeth. Only 16% of people said they brushed their teeth at least twice a

day. There are a variety of causes for tooth loss, including gum disease and rheumatoid arthritis. Tooth loss has become less common but dentures are still in high demand. Dentures should have their maximum extensions to ensure an equal distribution of forces across the mucosa.

Alveolar bone desorption is an important factor to take into account. Complete dentures can still provide some artificial support to mask this loss of tone even though they cannot stop the loss of muscular tone.

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