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What is your occlusion style?

Occlusion is the relationship between the maxillary and mandibular teeth when they approach each other that occurs during chewing or at rest. In the glossary of prosthodontics terms, there is a wide range of terms related to occlusion dealing with all aspects of its biology, function and mechanics.

When we are facing patients with heavy erosions there is not much left of what we call occlusion. Nevertheless, those patients almost never show symptoms of TMJ-related problems. It seems that the uniform loss of tooth structure and the loss of vertical dimension are compensated by our large potential of adaptation without causing problems in the masticatory system itself. We could play devil's advocate and say that erosion patients have no TMJ-related problems because they have never been seen by a dentist for this problem. In other words, if we disturb a balanced system this might initiate a cascade of negative reactions inside the masticatory system.

Do we really know where and how the original occlusion was and how it

worked when we see these patients for the first time? Can we measure anything with mechanical or digital devices? Maybe we need to search a different approach that includes our patients as an individual and not only their teeth, muscles and bones. Personally, I like the definition of a “feel-good occlusion,” where the positive feedback of our patients plays an important role in establishing a new occlusion, as described in the first article of this issue about a full mouth rehabilitation of a patient with severe erosion.

But with all this in mind don't forget the facts that still are important in order to create a well-balanced occlusion that is adapted to the clinical situation, the treatment protocol and the materials used. So what we have learned is still valid but needs an update.

When you next get your teeth in contact, ask yourself “do I feel good?”

Enjoy reading
Sincerely,
Alessandro Devigus