CLINICAL REPORT

Dental Implants in the Older Adult

John D. Jones, DDS; M. Norma Partida, DDS, MPH; Ilser Turkyilmaz, DDS, PhD

Introduction

Dental implants are a valuable dental treatment modality for older edentulous adults. The high prevalence of partial and complete edentulism in the older adult patient population along with the predictability of dental implant therapy obligates the dentist to consider implant-supported prostheses as a valuable treatment option (Figures1A and 1B) (Figures 2A and 2B) (1,2). Varying degrees of implant success and difficulty of elders adapting to implant prostheses have been reported (3,4). Five important considerations for implant therapy in the older adults are described in this article along with the challenges, the value, and the significance of dental implants for this population.

Jones

Partida

Turkyilmaz

Dr. Jones is a professor and prosthodontist, Department of Comprehensive Dentistry, University of Texas Health Science Center at San Antonio Dental School, San Antonio, Texas.

Dr. Partida is an associate professor and geriatric dentist, Department of Comprehensive Dentistry, University of Texas Health Science Center at San Antonio Dental School, San Antonio, Texas.

Dr. Turkyilmaz is an assistant professor and prosthodontist, Department of Comprehensive Dentistry, University of Texas Health Science Center at San Antonio Dental School, San Antonio, Texas.

Correspondence: John D. Jones, DDS, Professor, Prosthodontist, Department of Comprehensive Dentistry, University of Texas Health Science Center at San Antonio Dental School, 7703 Floyd Curl Drive, MSC 7912, San Antonio, TX 78229-3900; Phone 210-567-6400; fax 210-567-6376; E-mail: jonesjd@uthscsa.edu.

This manuscript was peer reviewed.

The authors have no declared potential conflicts of financial interest, relationships, and/or affiliations relevant to the subject matter or materials discussed in the manuscript.

Abstract

A need for dental implant treatment in the older population is recognized considering the prevalence of partial and complete edentulism and the positive predictability of implant therapy. Even with a number of barriers to overcome for the older adult seeking implant care, dental implants provide stabilizing support for removable dental appliances and have been shown to be successful in that population. In this paper, we describe quality of life, systemic, surgical, and prosthodontic considerations of this prosthetic treatment along with maintenance challenges.

KEY WORDS:
dental implants, older adults, quality of life, edentulous, partially edentulous

Tex Dent J 2012; 129(1):17-21.

CLINICAL REPORT

Intra-oral Formication Induced by Occupational Exposure Mimicking Inhalation Abuse

Erin Thomas, DDS
Cleverick Johnson, MS, DDS

Chronic occupational exposure to acetone, toluene and acrylic monomer (methyl methacrylate and cyanoacrylates) vapors can cause the same potent psycho-active biological reactions and specific neurological damages commonly found in inhalation abusers, who will manifest symptoms based on the type of chemicals abused, frequency and duration of abuse, as well as individual physiology (1-15). Both types of exposure can damage bone marrow, kidney, liver, as well as hearing (loss) (20-22,27). Specific damage to cerebellar white matter, sometimes manifesting as cognitive impairment, and neurobiological, social, and psychological challenges (11-16). Sudden death can be a consequence during any stage of inhalation abuse as a result of hypoxia (1-17).

Thomas

Johnson

Dr. Thomas is an assistant professor, Department of Restorative Dentistry and Biomaterials, The University of Texas School of Dentistry at Houston.

Dr. Johnson is a professor, Department of Restorative Dentistry and Biomaterials, The University of Texas School of Dentistry at Houston.

This article has been peer reviewed.

The authors have no declared potential conflicts of financial interest, relationships, and/or affiliations relevant to the subject matter or materials discussed in this manuscript.

Abstract

Multiple cases of nail salon workers with occupational exposure to acetone, toluene, and acrylic monomers, namely methyl methacrylate and cyanoacrylates, presented separately to our clinic with similar complaints of factitious gingival stomatitis and formication — an abnormal sensation like ants crawling on or inside the skin. Recognizing oral manifestations resulting from possible toxic chemical exposure is not generally thought to be within the realm of most dental practices, yet to assure appropriate care, dentists must be vigilant and include thorough patient interviews in the diagnostic equation.

KEY WORDS:
occupational exposure, acetone, acrylic monomers, and intra-oral formication

Tex Dent J 2012;129(1):35-40.

CLINICAL REPORT

Straws Do Not Cause Dry Sockets When Third Molars are Extracted

Charles R. Bloomer, DDS

Early pioneers in dentistry were primarily experts in the art of the tooth extraction. These dentists often wondered, as we do today, what they could do to lower the risk of complications. One common problem in particular, the dry socket, has raised many questions as to why it occurs and how to prevent it. Alveolar osteitis (AO), otherwise known as a dry socket, was first defined by Crawford in 1896 (1). It occurs at the extraction site and is characterized by an absence of the blood clot. There are different factors that could result in the loss of the clot, but there is one that concerns the majority of patients: whether or not they can utilize a straw.

Dr. Bloomer is in private practice, oral and maxillofacial surgery, Abilene, Texas.

Correspondence: Charles R. Bloomer, DDS, Private Practice Oral and Maxillofacial Surgery, 5200 Buffalo Gap Rd, Abilene, Texas 79606-4150; Phone: 325-691-1140; FAX: 325-691-1141; E-mail: oralsurg@oralsurg.net.

This manuscript has been peer reviewed.

The author has no declared potential conflicts of financial interest, relationships and/or affiliations relevant to the subject matter or materials discussed in the manuscript.

Abstract

Purpose: To provide evidence in contrast to a widely held belief that the dry socket, ie Alveolar Osteitis (AO), is primarily a biological process and not a mechanical disruption or removal of the clot due to suction from utilizing a straw in the postoperative period.

Patients and Methods: Sixty randomly selected patients had all 4 third molars extracted. One half of the patients were given straws to use with all meals for 2 days after surgery.

Results: Two-hundred-twenty teeth were extracted. No dry socket occurred in the maxilla, 17 occurred in the mandible; 8 or 15% who had used a straw and 9 or 15% who did not.

Conclusion: There is no evidence that there is an increased incidence of dry sockets when using a straw in the first 2 days after third molars have been extracted.

KEY WORDS:
Alveolar osteitis, oral antral fistula, postoperative bleeding

Tex Dent J 2011;129(1):25-33.