

Partial edentulism. Etiology and pathogenesis of partial edentulism. Clinic of partial edentulism.

Permanent bite of the modern man - includes 28 – 32 teeth, 14 - 16 on each jaw.

The partial edentulism may be defined as **the absence from 1 to 13-15 teeth on one dental-alveolar arch.**

Types of edentulism – partial,
- **complete.**

Influence of defects on the organism

- a) local
- b) local-regional
- c) general

As clinical forms of reduction of teeth number can be defined:

- **anodontia**
- **hypodontia**
- **oligodontia**

Researches made by our cathedra has established that partial edentulism in **Moldova** consists 611 people from 1000 moldavian population (and in the country – 653; in the city – 599 from 1000; and more often it can be met at men population).

Analysing received results incidence of partial edentulism according to Kennedy classification was established that:

- I class – 87,8 patients from 1000 people
- II class – 67,9 patients from 1000 people
- III class – 430 patients from 1000 people
- IV class – 25 patient from 1000 people.

South zone – 711 from 1000 people, **Central zone** – 626 from 1000 people, **North zone** – 538 from 1000 people.

Ethiological factors of partial edentulism theoretaly can be divided into:

- ⊖ congenital factors
- ⊖ obtained factors.

The pathogenesis of partial secondary edentulism

depends on etiologic factor, associated diseases, age, previous made treatment ...

Some criteria for classification of partial edentulism:

- I – according to the number of abcent teeth:
 - a) reduced (small) – absence from 1 till 3 teeth
 - b) medium – absence from 4 to 6 teeth
 - c) large or extended – absence from 6 till 8 teeth (presence not more then 6 teeth)
 - d) subtotal – presence from 1 till 2-3 teeth (according to some authors till 5 teeth).

II – according to topographical criteria:

- a) in frontal area
- b) in lateral area
- c) in frontal and lateral (one side or two sides) area.

III – depending the jaw:

- a) on the upper jaw
- b) on the lower jaw
- c) on both jaws.

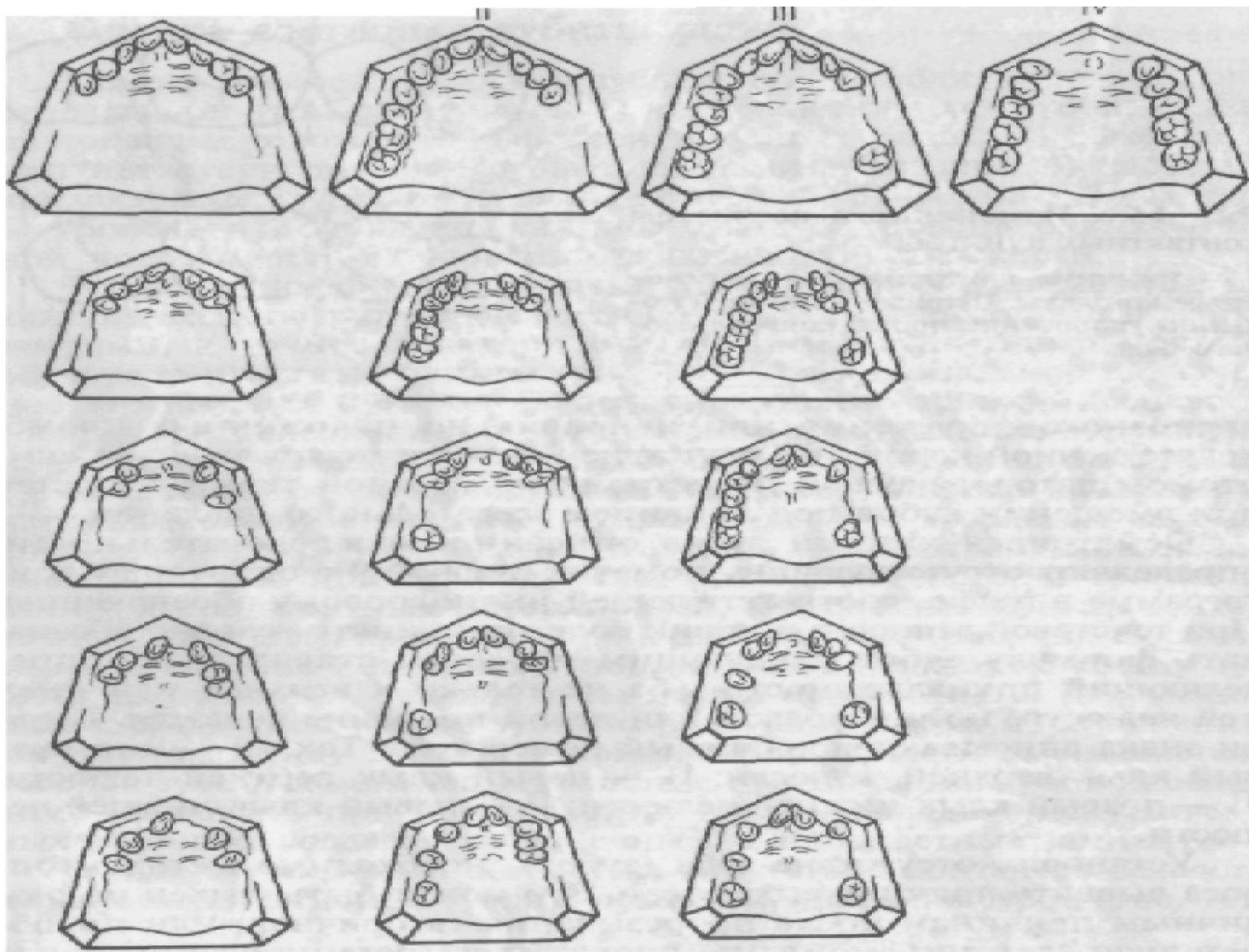
IV – depending the position of remained teeth:

- a) terminal edentulism (remained teeth are situated mesial)
- b) intercalate edentulism (remained teeth are situated mesial and distal)
- c) frontal edentulism.

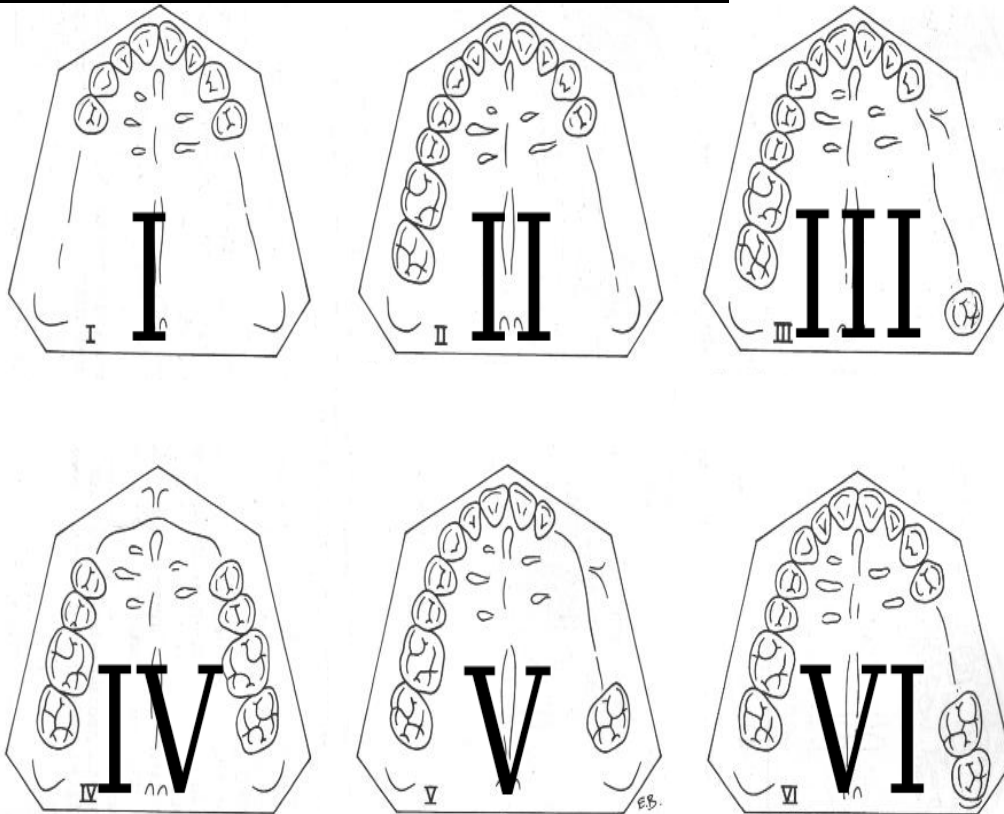
Diagnostic criteria

1. ***Topography and extent*** of the edentulous area(s)
2. ***Condition of the abutment teeth***
3. ***Occlusal scheme***
4. ***Residual ridge***

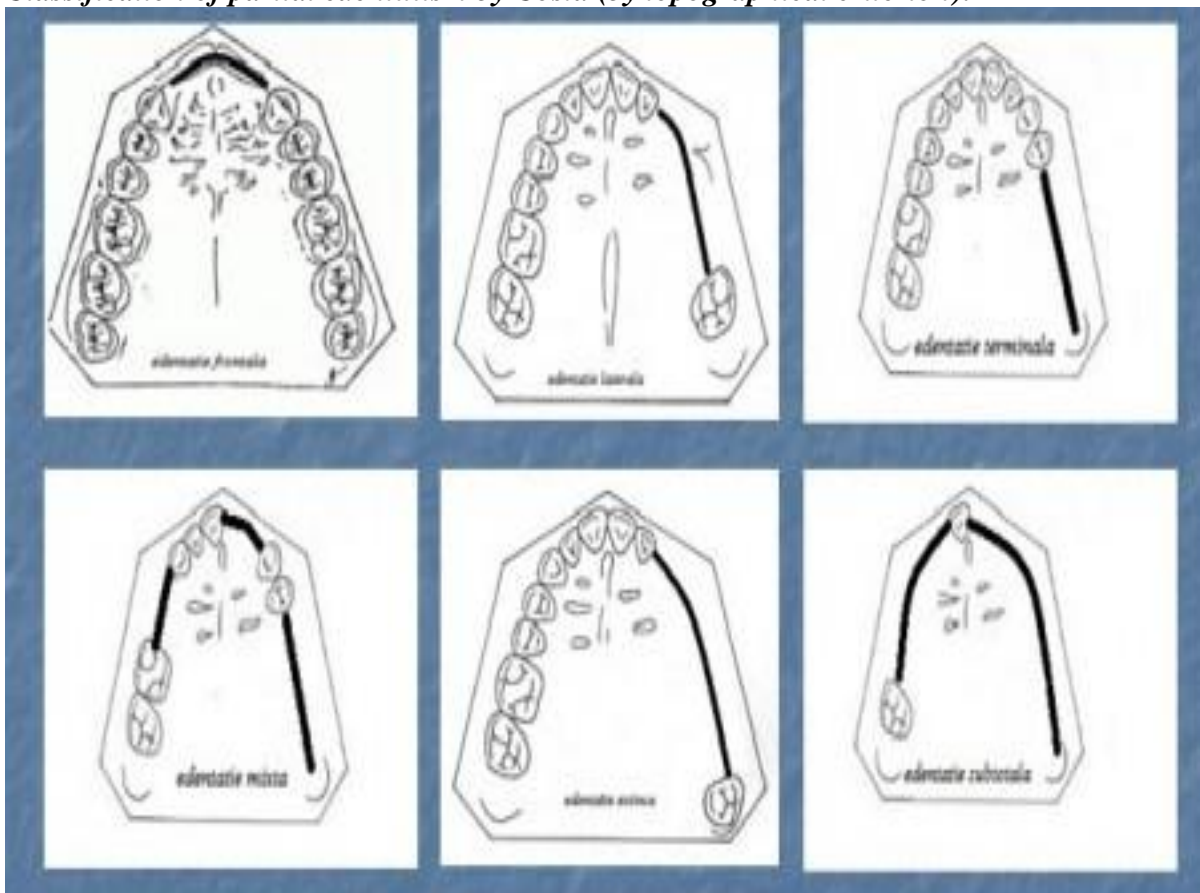
Classification of partial edentulism by Edward Kennedy:



Classification of partial edentulism by Kennedy-Applegate



Classification of partial edentulism by Costa (by topographical criterion):



Clinic of partial edentulism

- extra-oral symptoms: colaps of cheeks, lips etc.
- intraoral symptoms: migration of teeth, atrophy of alveolar process, pathological tooth mobility, inflammation in periodontium etc.

The main signes of functional pathology in secondary partial adentia should be considered:

- a) migration of teeth
- b) atrophy of alveolar process
- c) pathological tooth mobility
- d) inflammation in periodontium.

As a result of tooth losing

- I – functional
- II – nonfunctional group of teeth

Prosthetic Diagnostic Index (PDI):

- Criteria 1: location and extent of the edentulous area(s)
- Criteria 2: abutment teeth conditions
- Criteria 3: occlusion
- Criteria 4: residual ridge

Treatment of patients with partial edentulism

- Partial Fixed Denture
- Partial Removable Denture
- Fixed or Removable Denture on implants.

Components of diagnosis at partial edentulism

- the anatomo-clinical diagnosis
- the topographical part
- the diagnosis of the clinical form of the edentulism
- the etiological diagnosis
- the functional diagnosis
- the evolutive diagnosis
- the diagnosis of complications
- the prognoses of the partial edentulism
- the diagnosis of the therapeutically stage