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Etiologies of Wear

1. **Attrition**
2. **Erosion**
3. **Abrasion**
4. **Abfraction**

Attrition

1. Wear only in locations of occlusal contact.
2. Wear facets will always match.
3. Wear facets are shiny, with enamel and dentin the same level.
4. Wear facets are sharp & flat.
5. Difficult to treat

Erosion

1. Wear facets will always match.
2. Wear in locations of no occlusal contact.
3. Wear facets are dull, dentin is cupped with soft rounded corners
4. Easy to treat.

Four main types of Erosion:

Gastric Reflux

1. Erosion on the lingual of all maxillary teeth, even the 2nd molars.
2. Erosion on occlusal of lower mandibular molars.
3. Maxillary and mandibular incisors have similar wear.
4. One side may have more wear, depending on which side they sleep on. It is asymmetric.

Bulimia

1. Severe erosion on lingual of maxillary anterior teeth from bicuspid to bicuspid.
2. Lower teeth are usually not affected.
3. Patients are aware of the problem.

Carbonated Beverage Abuse

1. *Swishers*- Generalized facial erosion on maxillary teeth producing a satin look.
2. Islands of dentin on cervical of facials.
3. Loses texture with the cervical third dished out.

4. *Poolers*- More wear on occlusals of mandibular posteriors.
5. Potentially high caries.
6. Massive posterior tooth wear. No room to open the bite, may be surgery candidate.

Citrus Fruit Abuse

1. Labial enamel is worn.
2. Anteriors have a screw- driver blade appearance.
3. Teeth appear thin.

Abrasion

1. Caused by foreign substances.
2. Course diets.
3. Tooth brush abuse.
4. Wear usually in places other than just occlusal contacts

Abfraction

1. Tooth flexure with cervical notching.
2. Wear in areas other than occlusal contact.
3. True abfraction only occurs in the presence of acid. (Stress Corrosion)