ORAL REHABILITATION IN THE PATHOLOGY OF DEVELOPMENT DISORDERS

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ABSTRACT

Oral rehabilitation involves several stages of work, each of which requires a visit to the dental surgery. Oral restoration involves complete reconstruction, i.e. the restoration of each tooth in the pacient's oral cavity. Due to the fact that complex multidisciplinary oral rehabilitation and aesthetics are the most requested requirements of patients, they are addressed to the specialist. Oral pathology is that specialty that has as object the diagnosis and the treatment of the diseases that appear at the level of the oral mucosa and of the neighboring anatomical regions. It is on the border between dentistry and other medical specialties and therefore, an interdisciplinary consultation is often required; it is an important tool for medicine to understand the mechanism, the changes of the organ produced by the diseases, the improvement of the diagnosis, not only in his/her lifetime, but also after the death of the patient.An important aspect is the exclusive result determined only by biopsy using pathology, the malignancy or benignancy of a tumor, or by necropsy (autopsy) to establish whether the treatment prescribed by the physician was correct or wrong, data necessary for forensic medicine. **Material and method:** The study includes a number of 96 cases studied between 201 8-2019, with oral rehabilitation in the pathology of developmental disorders. **Results and discussion:** Physiopathology as well as morphopathology, completed each other and together constitute a vast field of medical knowledge, the so-called pathology.
Conclusions: Establishing the connection between the cause and the ongoing pathological process is necessary for the treatment and prophylaxis of different diseases.

Keywords:
oral rehabilitation, oral restoration, oral pathology.

INTRODUCTION

Oral health is very important for maintaining a healthy life because maxillary is in close interrelations with other devices and systems of the body, forming a whole biological, so any disorder that occurs at this level may lead per rage of the whole body; promovation of oral health is a sure way of promoting general health[1,2,3].A state of poor oral health may also cause psychological impairment, and people were more aware of the impact of psychosocial changes in the oral cavity and dentition. Poor oral health affects, besides the development of the organism or the psychological substrate, the communicative relations with socio-economic impact, essentially forthe quality of life[4,5,6].

The knowledge of the oral pathology

and the appropriate therapeutic intervention, especially the prophylactic-preventive one, implies a suitable addressability to the dental medical services.Defined as deviations from the normal evolutionary course of the dento-maxillary apparatus, determined by a series of etiopathogenic, general and local factors, the anomally of the dento-maxillary represents an important and real problem of the oral-dental health, third in frequency among the diseases. Dento-maxillary abnormalities negatively influence all the functions of the dento - maxillary apparatus (chewing, swallowing, phonation, physiognomy) and, untreated, can contribute from childhood to the installation of periodontal complications and to the temporomandibular joints[7,8,9].

The affectation of the esthetic appearance reflects on the quality of life especially among teenagers and the young adults who are in the process of social integration and search of opportunities and professional career[10,11,12].

Given the relatively high frequency of tooth-maxillary abnormalities among the population that their presence is a significant obstacle to the social integration of patients, they are now considered public health problems, and for their therapy health programmes are necessary[13,14,15].

A correct diagnostic in oral pathology examination is based on both a complex patient examination and the specialist's clinical experience.Although the presence of many lesions in the oral cavity is often noticed by the patient, due to the rich sensitivity of the area concerned, most of the time they are treated indifferently or even ignored by the patients[16,17,18].

In some cases these lesions may even be the signs of onset of some systemic disease or has a potential for malignancy in the absence of proper specialized treatment.

Periodic consultations performed by a medical dentist, accompanied whenever an oral cavity screening is needed, can help to maintain long-term oral health[19,20,21].

Pathology of the oral cavity may be made out in different ways according to the signs of diagnosis having in mind the signs and symptoms which can predict the diagnosis of the exhibited definition: the physical examination of the structures of the oral cavity,teeth and gums; dental sensitivity inspection; inspection of lymph nodes; complete blood count and VSH; HIV serologic test; immunoglobulin test; radiographs and computer tomography (CT) scanning; taking oral secretions for microbiological examination ; biopsy[22, 23,24]

Developmental disorders

Dental malformations may involve abnormalities in the size, number, shape, teething, dentine structure or enamel.

Microdontition - one or more teeth are smaller than normal; most commonly the upper lateral incisors and the upper three molars are affected.

When all the teeth, on both arches, are affected, we have generalized microdontition[25,26,27].

It can be real (true generalized microdontition) as it appears in pituitary or relative dwarfism (relative generalized microdonation) when the jaw and mandibula are larger than normal and the teeth have normal dimensions (false impression of microdonation).In the case of macrodonation, one or more teeth are larger than normal; it appears in patients with hemifacial hypertrophy. Generalized macrodonition (affecting all teeth) may also be true (in pituitary gigantism) or relative (sub-dimensioning of the jaw and maxilla).

The total anodontia represents the congenital absence of all the teeth; it appears in association with the hereditary ectodermal dysplasia. The term agenesis is also used to denote the absence of teeth for which there have never been dental buds. Anodontia appears as a manifestation of a systemic disease - ectodermal dysplasia. In subtotal anodonts, the existing teeth are usually symmetrical, sometimes reduced in volume and atypical in shape. Functional disorders are severe and occur especially at the masticatory and physiognomic level[28,29,30].

Partially stretched anodontia frequently interests both arches, with a usually symmetrical topography.

Partially reduced anodontia is usually unidential (in relation to a hemiarchy) and is particularly interested in the upper lateral incisors, lower central incisors and premolars II.

In addition to dental disorders (ranging from abnormalities to total anodontia), hereditary and implicit ectodermal dysplasia and hair and sweat glands damage.

Partial anodontia, congenital absence of one or more teeth, most commonly affects the third molar, the upper lateral incisor and the second premolar. Pseudo-dentistry ie represents the absence of a tooth due to a delayed eruption.The false anodontia, the absence of the tooth is due to the exfoliation or extraction of the tooth.

Supranumber teeth represent teeth in addition to the normal number; most commonly it affects the upper jaw on the midline, the fourth molar and the lateral incisors.Dilaceration is the angulation of the tooth root or due to an injury, either consecutively, a molar root formation so that the pulp chamber gets a amelogenezis associated with a rectangular form. It is associated with imperfect amelogeneses, Klinefelter syndrome, Down syndrome. Due to the frequency that was found in Neanderthal man, some anthropologists consider it a form of atavism.Inhaled teeth frequently affect the upper lateral incisors; the malformation process consists in the invagination of the crown, which gives it a conical shape; being extremely prone to caries[31].

The eragged teeth frequently affect the premolars; at the crown level, we can see the presence of ovoid projections that give a false aspect of spit over - numbering.

Gemination and fusion are malformative processes with the same clinical and microscopic appearance but with different embryological origin. In both cases the crown of the tooth is greatly enlarged; germination occurs through the partial division of a single tooth bud so that the tooth can have two completely separate crowns but a single root. The fusion occurs through the union of two adjacent dental buds[32].

Concrescence is the fusion that occurs after root formation and is generally the result of local trauma leading to bone destruction interseptal, allowing contact of teeth roots and the confluence of cementum. Excessive cement deposition at the root level is hypercementosis.

The premature eruption consists of the presence of the teeth at birth, or in their eruption in the first month; most commonly it affects the central mandibular incisors. As for the permanent dentition, it erupts prematurely following a premature loss of the milk tooth; affecting all teeth usually occurs in hyperthyroidism[33].

The late eruption consists of the delayed eruption of the tooth, compared to the biological calendar and is associated with rickets, cretinism, gingival fibromatosis, etc.

In the case of impacted teeth, the tooth is not able to erupt due to the presence

of physical barriers such as the presence of teeth, cysts or odontogenic tumors; affects the upper and lower three molars , the lower two premolars and the supranumerary teeth[34,35,36,37,38].

The abnomalies of the enamel structure can be hereditary or acquired. Amelogenezis (abnormality hereditary) is inperfect and it is characterized by affecting the enamel both by the decidual dentition and to the permanent one complicated by the level of the affected amelogenezis: the imperfect hypoplastic amelogenesis is affecting the function of ameloblasts. Overall, the enamel thickness and hardness are normal but on the surface thinning areas are observed; hypocalcifying imperfect amelogenesis, enamel matrix is severely demineralized, enamel is soft and easy to remove, leaving dentine exposed on large surfaces; imperfectly hypomaturating amelogenesis, enamel and hard areas and mature areas with an abnormal transparency.

In the case of acquired abnormalities, bacterial, viral, inflammation, hypovitaminosis A, D, hypocalcemia, trauma, etc. are consecutive.

It manifests through focal or generalized enamel hypoplasia, the horizontal grooves are small dimples on the enamel surface; the severity of the disease varies depending on the time and duration of the action of the agent that induced the malformation[39].

The imperfect dentinogenesis is a hereditary condition with autosomal dominant transmission. Teeth are opalescent with abnormally soft dentin allowing enamel cracking and rapid exposure of dentin.

Dentinian dysplasia can affect the appearance of the root of the tooth or crown. În type I the aspect is relatively normal, the rash is made normal, but their teeth are extremely mobile and rapidly exfoliate. The evolution in time delaminate while the permanent dentition dysplasia type II in permanent dentition is similar with a normal dentition.Within the soft tissue malformations are part: double-lip malformations (Ascher's disease) usually affect the lower lip and consist of the presence of a horizontal fold located on the inner face of the lip; it is not visible when the lip is at rest.

Congenital labial crypts are glove-finger vein located in the thickness of the lip, located paramedially or commissurally; the transmission of the disease is autosomal dominant. It can communicate with the salivary glandular tissue, in which case drops of mucous secretion can be seen at the level of the buccal surface.Malformations of the tongue-macroglosia (enlargement of the tongue) may be congenital (Down syndrome, Beckwith syndrome or Wiedeman syndrome) or acquired. Microglosia (hypoplasia of the tongue) may occur in isolation or in combination with other congenital hypoplasias .Aglossia presents with congenital absence of the tongue, may coexist with microgrid, syndactyly; at the level of the buccal floor the buccal mucosa includes filiform papillae.

Ankyloglossia is characterized by the shortening or abnormal implantation of the lingual fren, giving rise to motility disorders.Among the malformations of the oral mucosa, we have Fordyce granulations that have sebaceous glands, heterotopes in the oral mucosa, upper lip, gums.

The lingual thyroid appears as a tumor node located at the level of the foramen caecum. The oral tonsil is characterized by the presence of extrafaringeal tonsil tissue nodules at the level of the oral floor, on both sides of the lingual fren or along the postero-lateral

margin of the tongue. Hemifacial hypertrophy is a rare condition, due to the excessive irrigation and innervation of the respective half of the face; the causes that can lead to the disorders include a variety of factors: genetic abnormalities, pregnancy pathology, vascular malformations. In the hypertrophic process all types of disease are involved: tissue, bone, soft parts, tongue, teeth. The skin is thickened and hypertrichosis is being noted. Teeth in the affected part of the face are enlarged and erupt prematurely. The tongue is deformed, the fungal papillae are hypertrophied.The facial dysfrasions (facial cracks) are abnomalies characterized by the presence of dehiscence at the level of the lines of union of the various buds that participate in the formation of the face; the cause of this anomaly is represented by a migration defect of the mesenchymal cells in the contact areas of the facial buds. Three types of dysfrasions are described: partial, associated and total.The vestigial cysts include the cyst of the nasopalatine, nasolabial duct of the thyroid tract.

The cyst of the nasopalatine duct, most commonly in the area of the incisive foramen, either intraosseous or in the soft tissues of the palate.

Complications of the nasopalatine duct cyst are at the risk of perforation of the anterior palate (the treatment is surgical).The nasolabial cyst (Klestadt nazoalveolar cyst) develops in the soft tissues of the anterior vestibular area from debris of the nasolacrimal duct; it manifests by swelling of the upper lip near a canine (the treatment is surgical - it does not recur).The cyst of the tireoglos tract; it may have any localization from the foramen level to the thyroid gland, but the most frequent localization is the area of the hyoid bone.Teratomas include: the dermoid cyst of the oral region; epidermoid cyst, lymphoepithelial cysts of the oral and cervical region (brachial cysts). "

MATERIAL AND METHOD

The study includes 96 cases studied in the period 2018-2019, with oral rehabilitation in the pathology of developmental disorders. Of these, 54 cases (56.25%) were men and 42 cases (43.75%) women.

RESULTS AND DISCUSSIONS

The history is made regarding the onset and evolution of the disease, the order of appearance of the different symptoms, their succession and evolution, the treatments followed and the results obtained. In general, the patient presents for the following causes: pain, swelling or tumor, associated local or general functional disorders.

Local functional disorders more often incriminated by the patient may refer to the movements of opening and closing the mouth, chewing, swallowing, phoning or mimicking. The subjective, objective or functional disorders are often accompanied by general symptoms or signs, which are sometimes the main reason that determines the patient to attend the consultations. The objective loco-regional examination includes the exo -oral exam and the endo-oral exam. The exo -oral examination would aim the anterior face and the cervical region by inspection and palpation. By inspection the facial expression is observed.

We appreciate the asymmetry caused by a loss of substance, the presence of a swelling or tumors whose size, shape, limits are described. Palpation gives important elements in relation to tumor, traumatic and inflammatory processes.

In trauma, it is investigated whether there is abnormal mobility or bone deformity at the margins of the orbit, the mandibular contour of the nasal pyramid, etc. In the inflammatory processes by palpation we obtain data on the consistency (fluctuation, depressibility, infiltration).

The endo- oral examination requires a good exposure of the oral cavity, which is achieved with the patient sitting in the dental chair in the correct position, in good lighting and visibility conditions. In the examination of the oral cavity are essential: mirror, brush and dental probe. By inspection, the oral orifice, the lips and the vestibule are examined successively, the mouth opening and the proper oral cavity.

The inspection of the oral orifice and lips may notice various pathological manifestations. Examination of mouth opening may reveal different situations: normal opening, limiting opening (trismus or constriction) or impossibility of opening (ankylosis). Possibly pathological formations are perceived in the thickness of the soft parts, considering the size, the consistency, the mobility and the sensitivity of the lesions, their relationships with the surrounding tissues.

The general examination appreciates the constitutional type, the overall development, nutritional status, and skeletal muscle development, mental state, etc. The temperature, pulse, blood pressure and respiratory rate completed for a thorough examination of all devices and systems are recorded.

Risk factors for oral pathology include: poor nutrition and hygiene, trauma, stress, smoking, alcohol and other illicit drugs. The lesions in the oral cavity must be seen in the light of the pathological processes of the system and correlated with the diseases of the system, because the diseases of the system cause oral manifestations and vice versa.

Histopathology techniques for oral pathology parts are processed in a manner similar to general pathology pieces.

CONCLUSIONS

Disease pathogenesis research study requires all stages of development of pathological phenomena, to replace them and the link between them.

The hearing of the pathological processes are the factors of the external environment.

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