ABSTRACT:
The article summarizes the most common as well as the most severe complications due to outdated prosthetic restorations. It is based on 38 clinical cases, examined at FDM-Varna. The conclusions outline the mistakes which cause such dramatic results and the leading role of the dental clinician in considering the treatment prosthetic plan.

Key words: masticatory system rehabilitation; complications due to prostheses; neglecting general prosthetic principles

INTRODUCTION:
Reduced healthcare awareness in Bulgarian patients is closely related to the impoverishment of the entire nation. Knowledge of patients’ social settings can help the dentist understand patients’ expectations and the evolution of their dental status. Family and social circle norms influence people. There are still sectors of society that are not distressed by tooth loss or by the prospect of wearing complete dentures. Other patients come from unfortunate circumstances where care has been inadequate, but given the resources, they would have done better. Most people have close friends or relatives whose judgment they value. It is helpful to have patients identify these people during the examination and, if possible, gain some insight into their view. [1] However, it is the primary role of the dental clinician to suggest an optimal prosthetic treatment for the patient. Nevertheless, techniques and methods of prosthetic treatment lower in cost are still largely favoured by patients as well as dental clinicians. Yet, dental prostheses must meet certain parameters for functional life expectancy. [2, 3, 4]

PURPOSE:
To analyze common errors performed by dental clinicians that could result in adverse effects on the patient’s masticatory system.

MATERIALS AND METHODS:
The analysis is focused on prostheses built in private dental practices in Varna city and Varna area. 38 (male-12, female- 26) patients who were referred to the Department of Prosthetic Dental Medicine and Orthodontics, Faculty of Dental Medicine – Varna, have been examined. The objectively collected data from extra and intraoral examinations and paraclinical tests has been documented in photographs. A package of application software for analysis of epidemiological and clinical researches - SPSS for Windows version 16.00 (15.11.2007) was used. The following methods of statistical analysis (descriptive statistics) were applied to our study: frequency analysis and cross tabulation for categorical data.

RESULTS:
In 100% of cases under study the tendency observed is towards neglect of the preventive, functional and esthetic requirements for the permanent prosthetic restorations with varying degrees of consequences. The types of prosthetic restorations are various-fixed prostheses (anterior cast restorations with esthetic ceramic/ resin veneers) and removable prostheses (acrylic dentures fabricated by conventional cuvette technique- partial dentures with wrought wire clasps and complete dentures).

The data shows the following consequences of neglecting general prosthetic principles:

1. Biologic parameters:
   Figure 1. - Occlusal disharmonies 76.32 % ( 29 out of 38 patients)
   Figure 2. - Complete destruction of abutment teeth (fixed partial restorations- 66.66% - 16 out of 24 restorations; removable partial dentures - 89.47% - 17 out of 19 removable partial dentures)
   Figure 3. - Complex damage of periodontal structures due to deficient crowns  62.50% - 15 out of 24 fixed prosthetic restorations
   Figure 4. - Complex damage of supporting tissues - mucosa, residual ridges  88.37% - 38 out of 43 removable partial dentures

2. Functional parameters:
   Inefficient mastication total 89.47% - 34 out of 38 patients ( 87.50% - 21 out of 24 fixed prosthetic restorations and 88.43% - 38 out of 43 removable partial and complete dentures).
   Temporomandibular disorders 55.26% ( 21 out of 38 patients).
   Phonetic problems.
   Over-extension of denture borders - 76.74% of removable partial and complete dentures ( 33 out of 43 removable dentures).
3. Esthetic parameters:
Figure 5. - Lack of soft tissue esthetics.
Figure 6. - Influence of vertical occlusal discrepancy on facial appearance.
Figure 7. - Neglecting the smile line.
Inappropriate position and contour of anterior fixed restoration/ Inappropriate selection of artificial teeth.
Obvious neglecting of smile design due to patients’ socio-economic status.

DISCUSSION:
When the restoration of missing teeth involves complete rehabilitation of the oral cavity (functional and aesthetic) it is termed as full mouth rehabilitation. We know that full mouth rehabilitation is a combination of multiple procedures done to restore the oral cavity to its original condition.[5] The successful outcome of prosthetic treatment depends upon the combined efforts of three people:
- The clinician - who makes a diagnosis, prepares a treatment plan and undertakes the clinical work.
- The dental technician - who constructs the various items, which culminate in the finished dentures.
- The patient - who is faced with coming to terms with the loss of all the natural teeth, having to adapt to the dentures and accepting and accommodating their limitations.[6] Modern dentistry offers various methods and techniques for restoring the masticatory abilities of patients. [1, 5, 4, 6, 7 ] Therefore, any clinical decision resulting in damaging the masticatory system of the patient is regarded as totally unacceptable. Although the patient clearly has the final word on the appearance of the dentures, there are some situations in which clinical judgement is particularly important. [6]

CONCLUSION:
The prosthetist’s role is crucial for the final result of the prosthetic treatment. The dental clinician should be the one who sets the limits for reasonable compromises when considering the laboratory and/or financial implications for the patient. Dental clinician’s competence is called into question whenever inappropriate and substandard materials and technologies are still applied.
Fig. 3. Complex damage of periodontal structures due to deficient crowns

Fig. 4. Complex damage of supporting tissues - mucosa, residual ridges

Fig. 5. Lack of soft tissue esthetics

Fig. 6. Influence of vertical occlusal discrepancy on facial appearance.
REFERENCES:


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