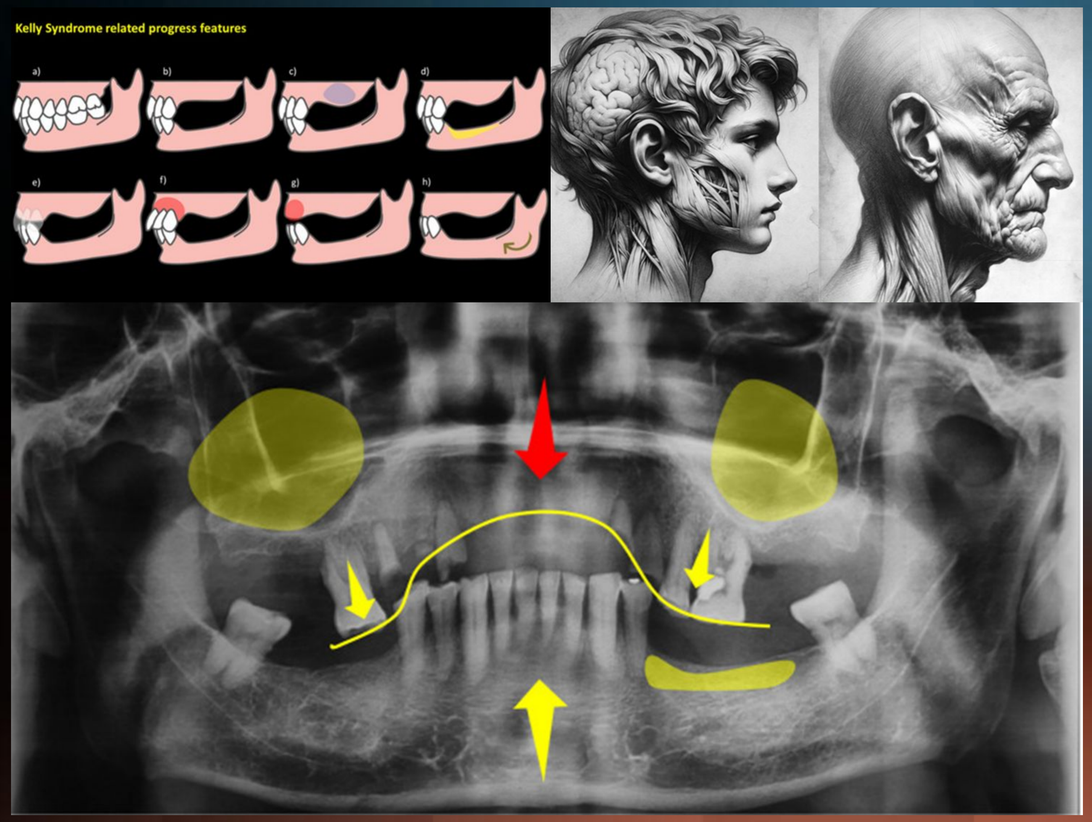
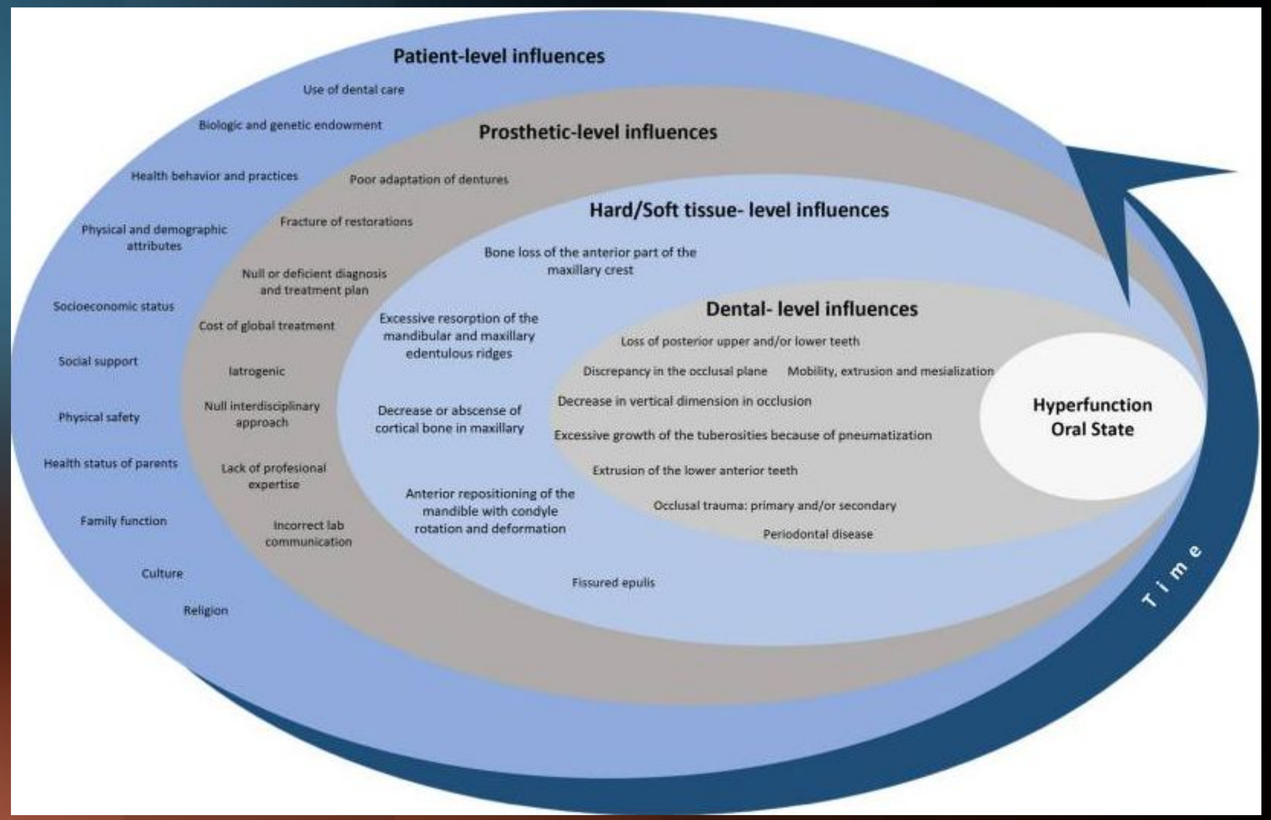
Case presentation; clinical remedy for Anterior Hyperfunction Syndrome case

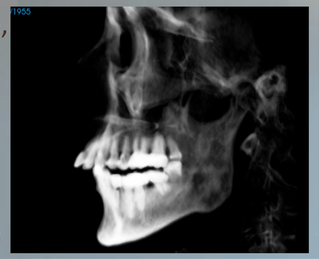
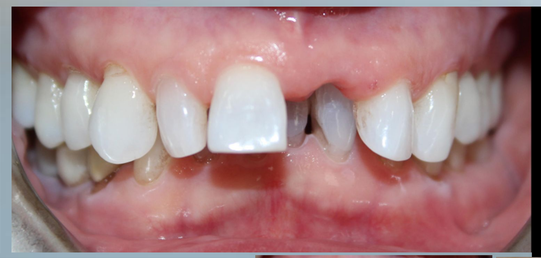
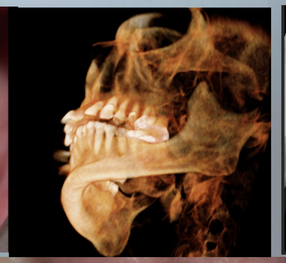
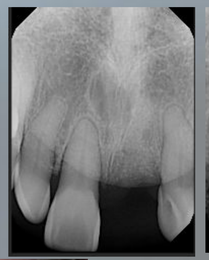
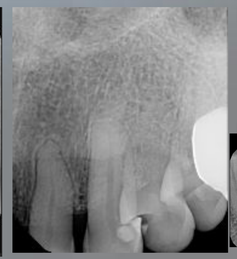
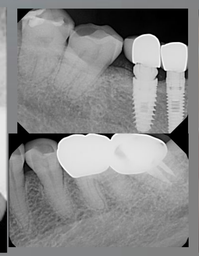
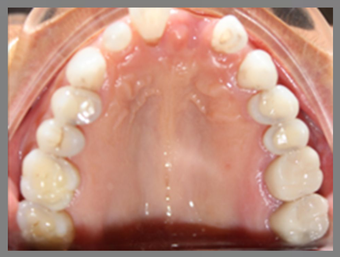
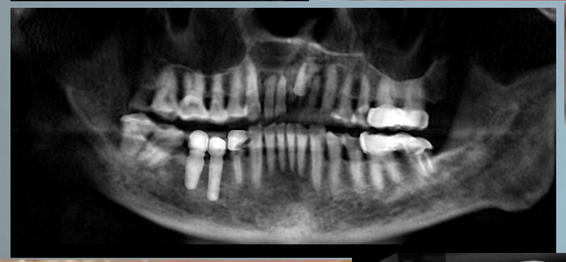
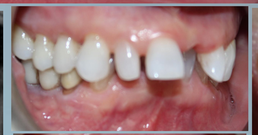
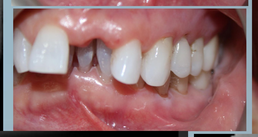
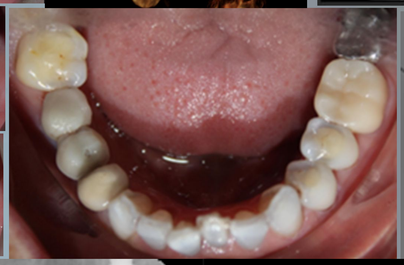
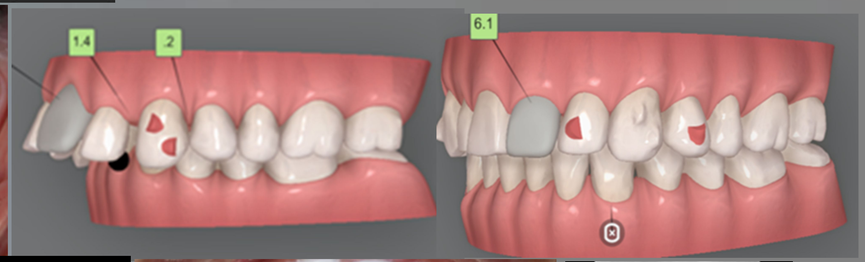
Broad term which describes decrease in facial height, the loss of muscular tone, the downturn of the corners of the mouth, a seemingly flattened face due to the loss of canines, and sunken cheeks indicative of an aged appearance. It includes Kelly syndrome which shows Loss of bone from the anterior portion of the maxillary ridge; Hyperplasia of the tuberosities; Papillary hyperplasia of the hard palate's mucosa; Supraeruption of the mandibular anterior teeth; Loss of alveolar bone and ridge height beneath the mandibular removable partial denture bases. Also Saunders added these; Loss of vertical dimension of occlusion (VDO); Occlusal plane discrepancy; Anterior spatial repositioning of the mandible; Poor adaptation of the prostheses; Epulis fissuratum;Periodontal change.

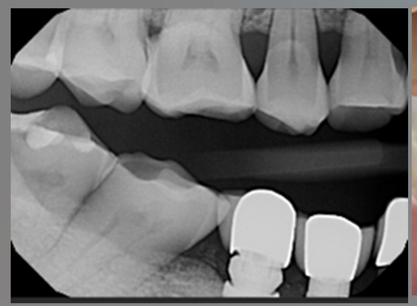
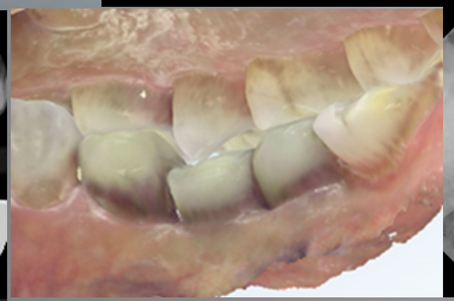
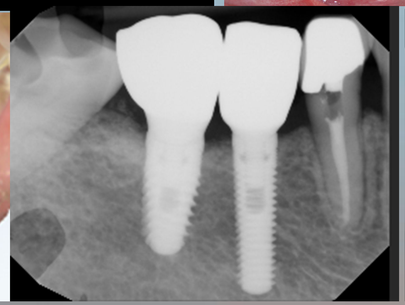
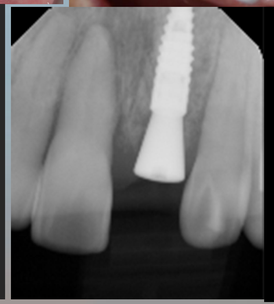
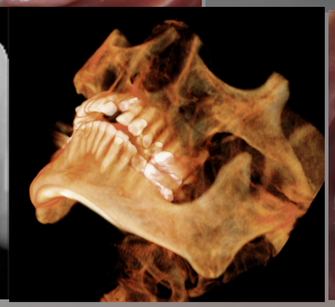
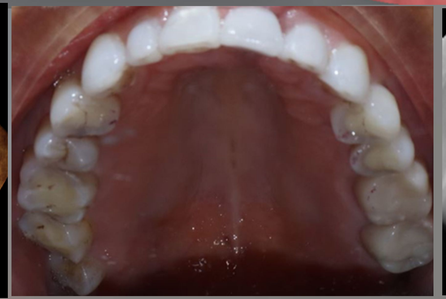
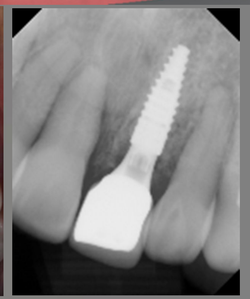
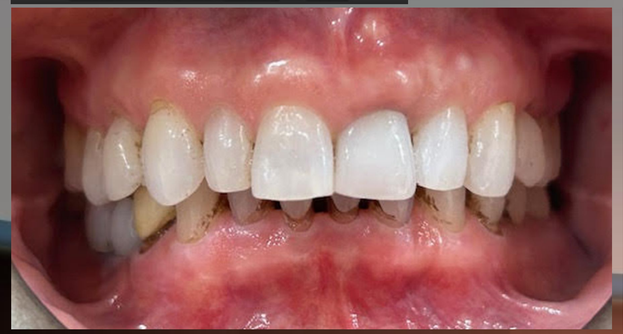
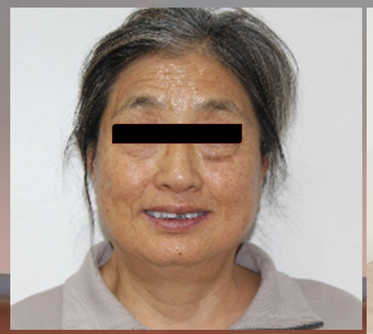


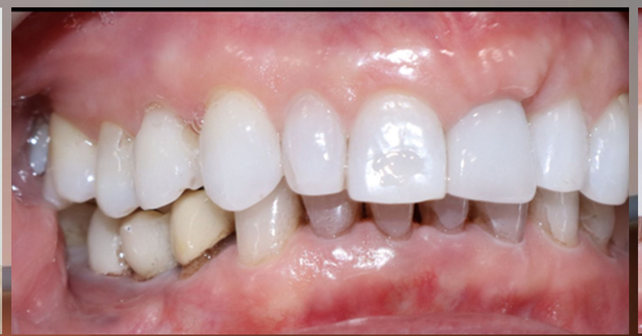
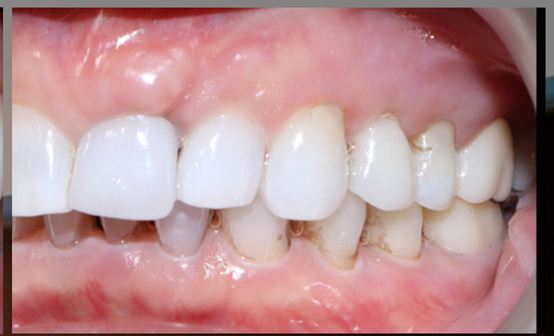


Anterior Hyperfunction state:

- 70 F, #9 was pulled and bone graft done, seeking implant for #9
- HBP, DM, High cholesterol, NKMA, ASA 2
- Multiple molar crowns,Severe molar attrition
- #29,#30 implant crowns underocclusion
- TFO on upper front teeth
- Doing single implant without correcting the anterior hyperfunction state hardly produce esthetic outcome
- Anterior component of occlusal force

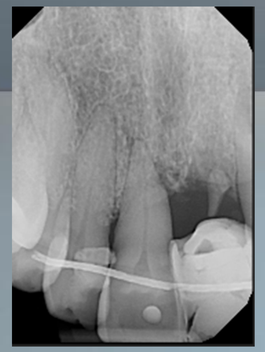
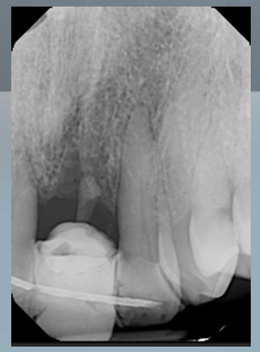
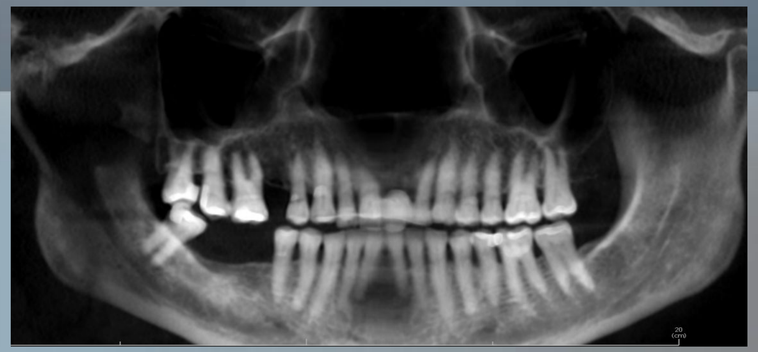
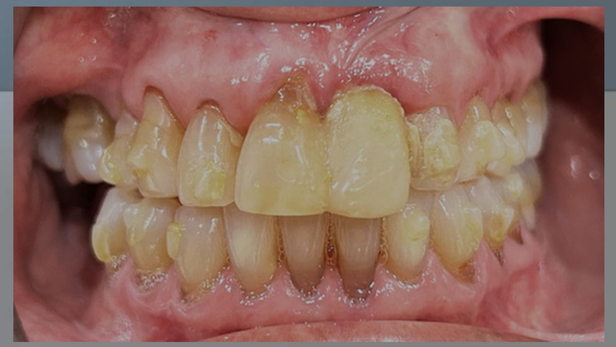
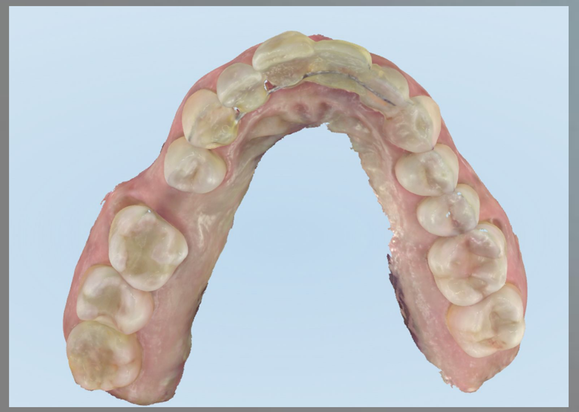
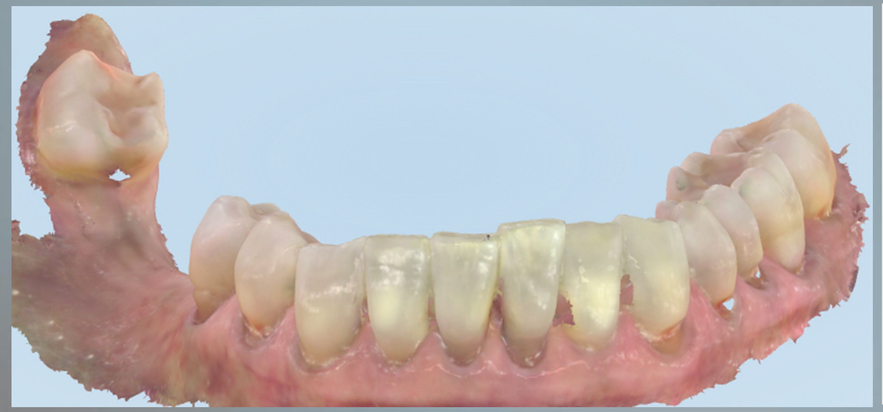
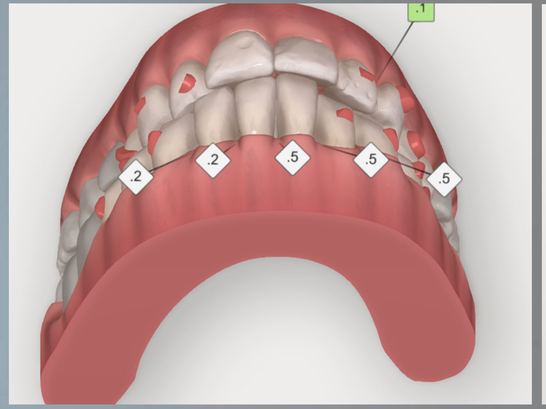













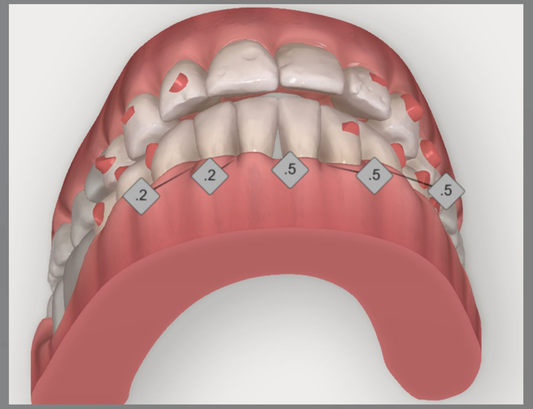










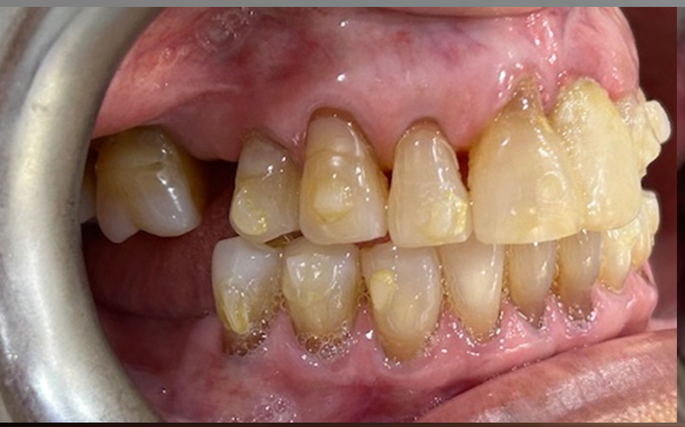
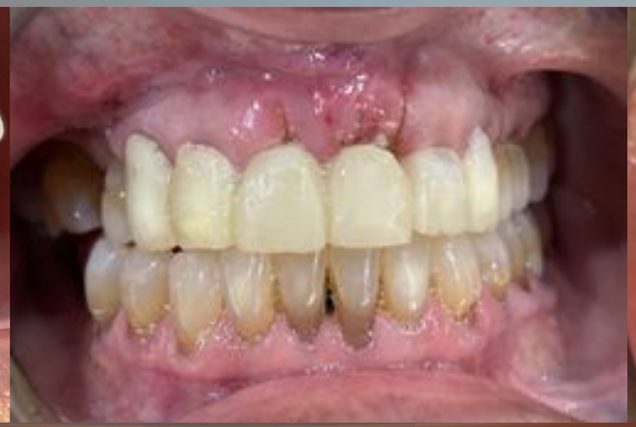
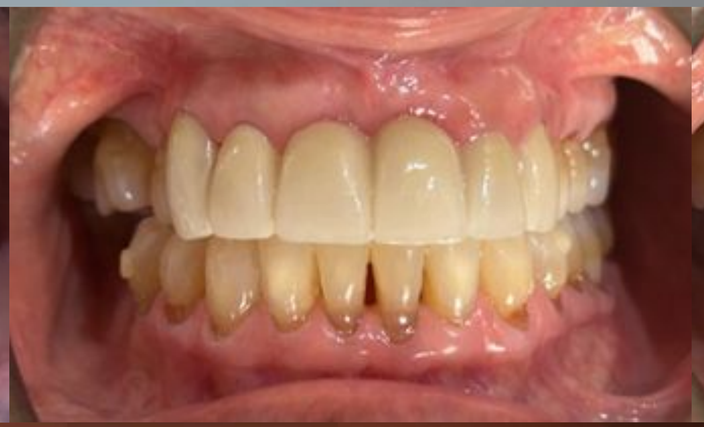
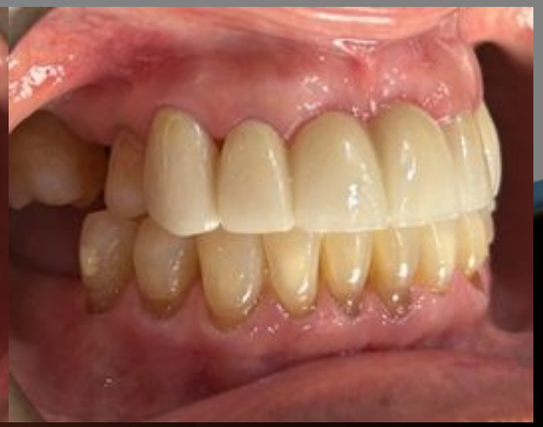



60 F Diabetes. NKMA

"tooth came out by itself after being loose for a while! my dentist made this temp tooth using wire"
missing LR side molars, severely worn down occlusal of molars. Multiple abfraction. Possible bruxism. TFO. Mobile upper front teeth flared and lower front supererupted and made TFO worse

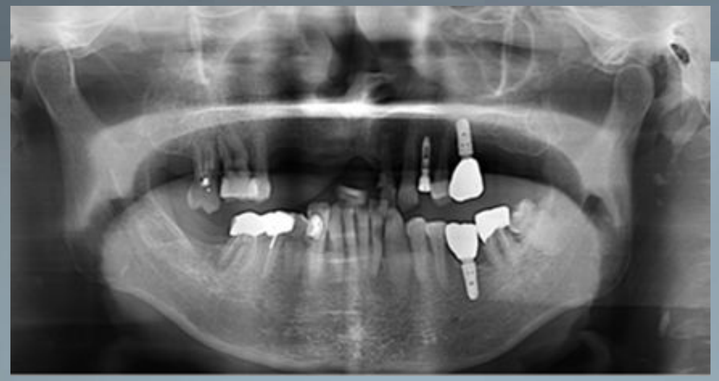
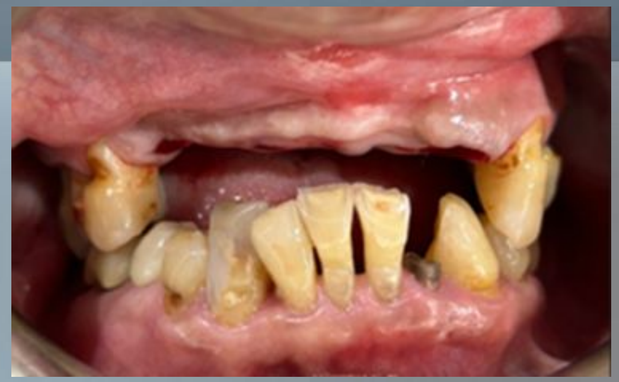
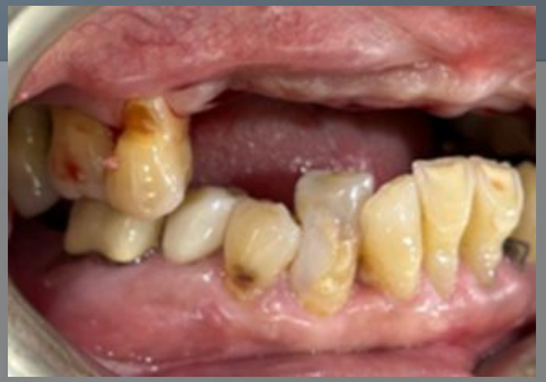
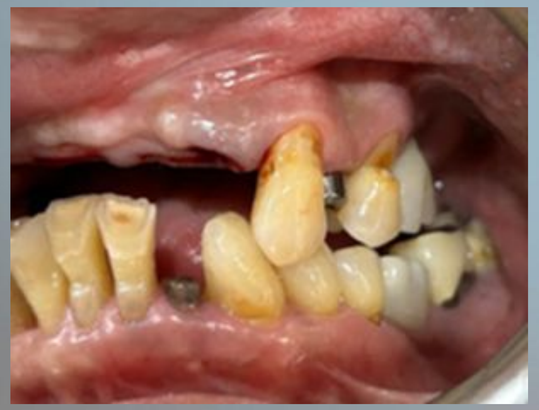
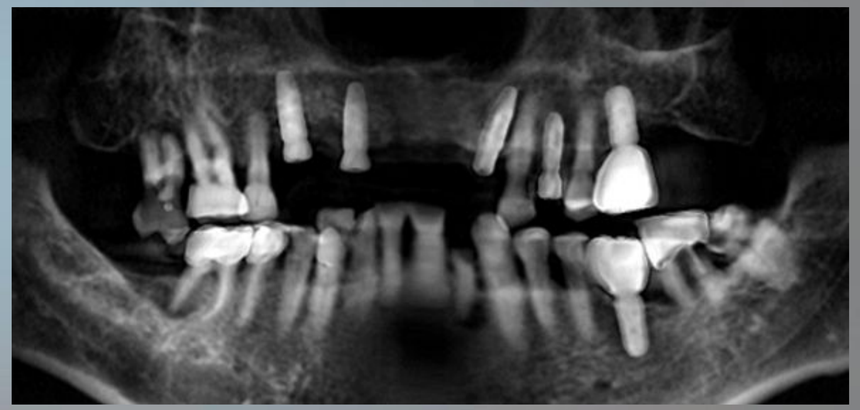
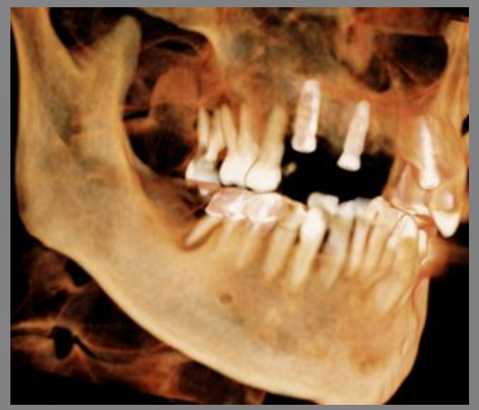
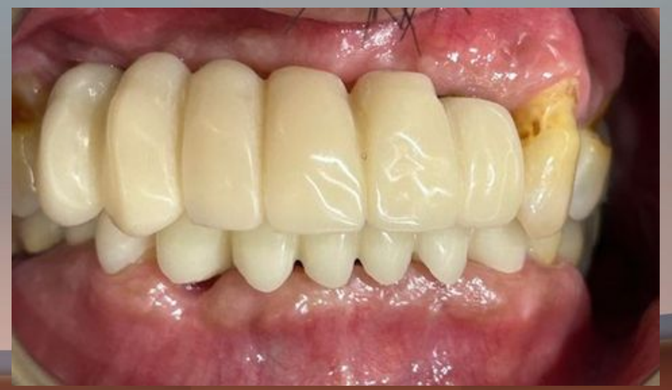
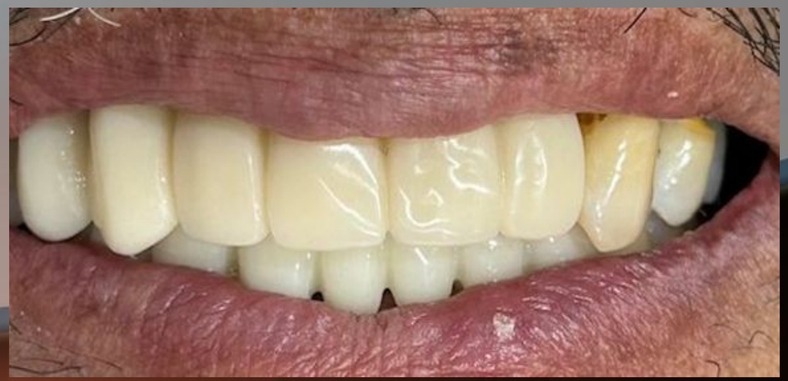


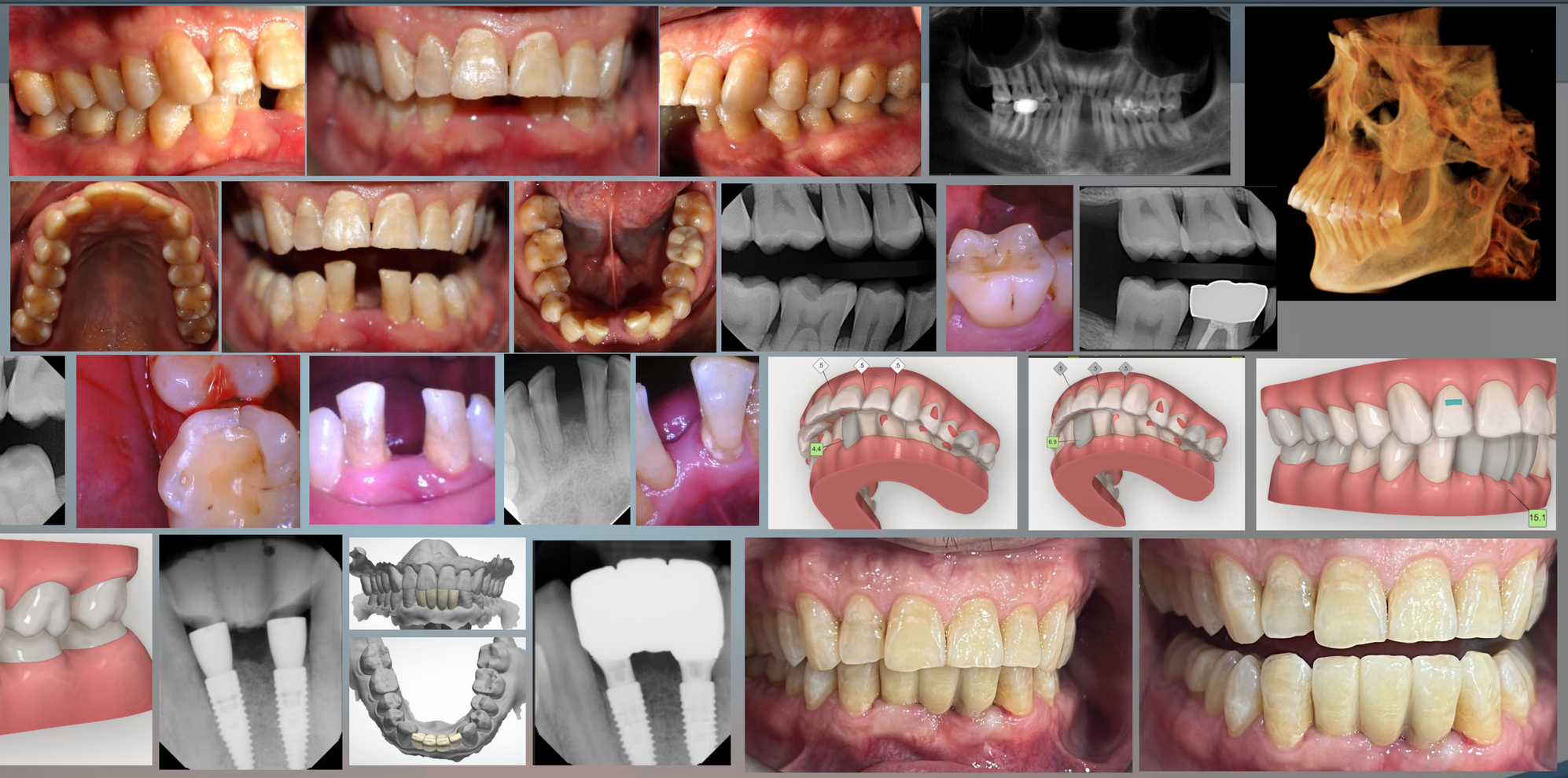
69 M No contributory Medical condition
heavy smoker

“I did get the work done by my dentist but it doesn’t improve my chewing nor look!”

supererupted lower front teeth
aberrant occlusal plane
posterior occlusal open bite from faulty prosthesis

48 M Diabetes Mellitis type 2. NKMA
Pt is looking for a solution to space where L1s were extracted due to periodontitis. Compromised L2's periodontal support. Obvious ACF. Restricted missing teeth span, supererupted L2's, molars severe enamel wear. Dentin exposure



conclusion

AHS is caused by compromised post occlusal support and collapsed VDO. Dental implants gave dentists better resources to tackle the challenge than any other treatment modality. However, supraeruption of the mandibular anterior teeth, inappropriate position and length of anterior teeth and subsequent occlusal plane discrepancy should be corrected according to the patient's clinical condition. Presented cases are varied forms of AHS and we should be able to notice what is causing the condition and treat the case accordingly. For the best treatment outcome, diagnosis is the pivotal part.

Reference

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