WHAT DO WE CALL IT?

- Non-Carious Cervical Lesion
- Cervical Erosion
- Cervical Abrasion
- Abfraction
- Dental Compression Syndrome
- Stress Corrosion Lesion
- Biodental Engineering Factorial Lesion
EROSION

The chemical dissolution of teeth by acids of nonplaque origins

Journal of Esthetic and Restorative Dentistry, 2003
ABRASION

The wear of teeth by physical means, other than that by other teeth (attrition).

Journal of Esthetic and Restorative Dentistry, 2003
ABFRACTION

Taken from Latin terms:

“ab” = “away”
“fractio” = “breaking”

The term abraction is credited to:
Abfraction Definition

“the pathologic loss of tooth substance caused by biomechanical loading forces that results in flexure and failure of enamel and dentin at a location away from loading.”

CHARACTERISTICS OF NON-CARIOUS CERVICAL LESIONS

- V-shaped
- Edges are sharp, rounded or saucer-like
- Edges are located at gingival margin, subgingival or supragingival
ETIOLOGY - WHAT CAUSES IT?

- Toothbrush Abrasion
- Toothpaste Abrasion
- Dietary Agents, soda, acid foods, etc.
- Bulimia
- Excessive Occlusal Forces
- Local Contributing Factors
We must consider a multifactorial etiology!
TREATMENT OPTIONS

- Surgical correction of mucogingival defect, with or without root coverage
- Restoration of lost cervical tooth structure
- Eliminate, minimize and control etiology and contributing factors
Why cover the root surface with graft and/or restoration?

- Eliminate dentin hypersensitivity
- Prevent plaque accumulation and food packing
- Improve esthetic appearance
- Prevent further tooth loss toward pulp
- Strengthen tooth to reduce risk of fracture
Surgical Correction of Mucogingival Defect

Free Gingival Graft for Root Coverage
Surgical Correction of Mucogingival Defect

Connective Tissue Graft for Root Coverage
Surgical Correction of Mucogingival Defect

Connective Tissue Graft for Root Coverage
Can the cervical defect be totally corrected by a soft tissue graft?

How much coverage can we expect?
Now what?
Do we need to correct the residual defect?
Management of the Mucogingival Defect, the Cervical Defect and a Restoration
Rebuilding CEJ with cervical restoration
Modification of existing restoration – creating new “CEJ”
Removal of previously place restoration
Graft placed at level of existing restoration – congruent with anatomic CEJ
Modifying the soft tissue/restorative interface
Control/Elimination of etiology and contributing factors

- Abrasive factors such as toothbrush and toothpaste
- Erosive factors such as diet, habits, etc.
- Abfractive factors such as premature occlusal contacts and parafunctional habits
CONCLUSION

The diagnosis or classification given to a cervical lesion implies a specific etiology and contributing factors which then lead to a specific course of treatment.

In other words, “what you call it” matters.
CONCLUSION

In the absence of a restoration, one must determine if root coverage (and complete coverage of the cervical lesion) can be obtained.

If the lesion cannot be covered, one must determine if a restoration is indicated.
CONCLUSION

If a restoration is present one must determine where to place the gingival graft and whether the restoration should be modified or completely removed.

This depends on the level of the restorative margin relative to the level of the lost anatomic CEJ.

This also depends on local complications including tooth sensitivity and food impaction.
CONCLUSION

Once the mucogingival defect and cervical tooth defect have been corrected, contributing factors must be controlled or eliminated when possible.

This includes toothbrush habits, diet, occlusal adjustment, etc.