

Is It Time to Reconsider Some Terminology Change in Dentistry?

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Study Opinion

I believe that the term to be usable must meet two basic conditions:

1. To be linguistically sound.
2. To reflect the clinical situation accurately or in an acceptable shape.

“Pontic: is an element of bridge replaces and imitates the occlusal surface of the missing tooth. Its name is derived from the Latin pons, meaning bridge [1].”

Based on what we have said about the conditions of terms' selections, we believe that it is not appropriate to be used either linguistically or clinically?

“Doll: miniature human body model used as a child's toy.”

“Toy: a model or thing [2].”

Depending on the definition of the doll, the word may be “Toy” or “Doll” more suitable. However, the “Pontic” word is firmly established as the roots of the oak.

“Ovate pontic: is a round-end design currently in use where aesthetics is a primary concern.”

Do not we find that this term expresses the clinical reality for which it is used?

Here, I think it is time to rethink this term and use it instead the submersible diving pontic dummy, because it shows us that this doll is submerged or is involved in the soft tissue and this better reflects the clinical situation.

From a clinical point of view, there is a little difference in shape between the conical dolls as their rounded end touches a small area of gingival tissue, easy to clean, and is not considered aesthetic. However, the submersible doll has a clinical peculiarity because it falls within the gums and is considered aesthetic. Of the imperatives in the crowns and bridges: Giving the patient a compensatory or repairable cleanable piece. Therefore, if the crown or filling does not provide the continuity between the non-prepared area of the tooth, crown or filling, it will be an area that cannot be cleaned especially in the mesial and distal areas. As a consequence, the prosthetic and orthodontic dentures are difficult or impossible to clean by the patient.

From the practical experiences of the students and practitioners, we may find only a rare number of them ask the technician to design a doll that meets the health conditions. Dentists leave it to the technician to decide the shape that she/he wants and the easier for her/him, thus, we may find that most dolls beautiful and easy if these are frontal or backward. For this issue, I have never met a dentist who asked for a health bridge or a totally submersible doll.

I must admit that, I have not succeeded in persuading both of the dentist and the laboratory technician to work puppets that achieve the healthiness and aesthetic demands according to the location of the doll and the shape of the saddle. I also failed to suggest the adoption of the centric occlusion as a reference rather than a non-functional centric relation.

If the idea of choosing a term and its use depends on linguistic integrity and the expression of the clinical situation, we can mention the following term: *“traumatic occlusion”*. This term may not fully reflect the clinical reality, because, we cannot accuse the occlusion of being traumatic. If we want to define the occlusion, we can say: occlusion is the study of the mandible movements to recognize the forces of which the tooth incurred in terms of their directions, frequencies, severities, and the places of their applications to keep harmful ones.

A tooth that has a high crown or is not aligned correctly may be exposed to a strong force that causes it a convulsion/trauma, movement or abfraction. Then, this strong force will be harmful and traumatic on the tooth. So, I think we might have to say a traumatic force rather than a traumatic occlusion.

“A traumatic force should only be judged by the tissue reaction to it.”

An occlusion cannot be considered to be intrinsically bad or wrong or traumatic [3].

At the end, the purpose of this article is to examine of (ovate pontic, traumatic, and occlusion) and suggest terms in tune with clinical reality.

References

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