



Dental Practice-Based Research Network
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DPBRN Publication of the Month

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Restoration of noncarious tooth defects by dentists in The Dental Practice-Based Research Network

The December 2011 issue of *The Journal of the American Dental Association* features an article entitled "Restoration of noncarious tooth defects by dentists in The Dental Practice-Based Research Network".

The authors conducted a study to quantify the reasons for restoring noncarious tooth defects (NCTDs) by dentists in The DPBRN and to assess the tooth, patient and dentist characteristics associated with those reasons.

The authors did this by collecting data provided by 178 DPBRN dentists regarding the placement of 1,301 consecutive restorations owing to NCTDs. Information gathered included the main clinical reason, other than dental caries, for restoration of previously unrestored permanent tooth surfaces; characteristics of patients who received treatment; dentists' and dental practices' characteristics; teeth and surfaces restored; and restorative materials used.

The authors found that dentists most often placed restorations to treat lesions caused by abrasion, abfraction or erosion (AAE) (46 percent) and tooth fracture (31 percent). Patients 41 years or older received restorations mainly because of AAE. Premolars and anterior teeth were restored mostly owing to AAE; molars were restored mostly owing to tooth fracture. Dentists used directly placed resin-based composite (RBC) largely to restore AAE lesions and fractured teeth.

The authors concluded that among DPBRN practices, AAE and tooth fracture were the main reasons for restoring noncarious tooth surfaces. Premolars and anterior teeth of patients 41 years and older are most likely to receive restorations owing to AAE; molars are most likely to receive restorations owing to tooth fracture. Dentists restored both types of NCTDs most often with RBC.