



# Cambridge Dental Hub



Love Your Smile

1 Brooke House, Kingsley Walk, Newmarket Road, Cambridge, CB5 8TJ

Love Your Smile

01223363277

[reception@cambridgedentalcare.co.uk](mailto:reception@cambridgedentalcare.co.uk)

[www.cambridgedentalhub.co.uk](http://www.cambridgedentalhub.co.uk)

Dr David Gilmartin, Dental Surgeon

Dr I-Chun (Mago) Peng, Dental Surgeon

Dr Jonathan Dixon, Dental Surgeon

Dr Etienne Deysel, Sedationist

Dr Gulelala Azhar, Dental Surgeon

Dr Konstantinos Tzamalass, Specialist Orthodontist

Dr Alvaro De Castro Torres, Dental Surgeon

Mrs. Nur Gilmartin, Dental Hygienist

Dr Jaime De Castro Torres, Dental Surgeon

Dr Casey Prawairadiraja, Dental Surgeon

Dr Monica Cueva Moya, Dental Surgeon

Miss Sam Singleton, Practice Manager

## Gaps and Spaces

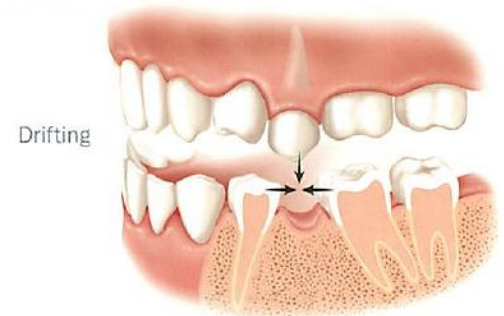
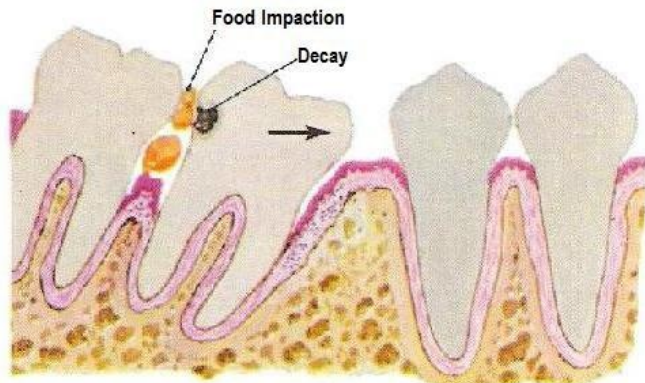
### Introduction

When patients lose a tooth, unless it affects their appearance or eating then they tend to ignore it.

However there are long term consequences of leaving a gap untreated and with patients living longer the results are starting to manifest.

A gap does not exist in isolation but affect the teeth adjacent to it and the teeth opposing it.

If patients want to have a healthy mouth, it is really important not to ignore problems.



1. The teeth on either side move in to the gap and this happens by tilting. The result is that food get stuck between the teeth and the areas become very prone to gum disease. This gum disease progresses to Periodontal disease and then eventually the teeth adjacent to the gap are lost and the gap widens and becomes more difficult to restore.
2. The opposing tooth to the gap will also start to come down (teeth look longer). Once again this causes problems with food getting stuck and because the areas are difficult to clean there is an increased risk of decay and gum disease.
3. The elongated (longer) tooth will have its root exposed which results in sensitivity. The area that is exposed is dentine rather than enamel. the dentine is soft and very prone to decay. This is very important in patients with poor oral hygiene, high sugar intake or over 60 years old. Because the dentine is much more susceptible to decay than the enamel.
4. After a while the bone is desorbed and the area become sore to bite on as the gum that grows over the gap is not designed for chewing. Although this is not the worst consequence it dies become a big problem if the patient requires a denture.
5. The gaps also result in imbalanced force relations within the bite itself, eventually forcing the patients to change their jaw posture to cope with chewing and this can cause TMJ (Temporo mandibular joint) problems. These problems come in the form of:

- A. Tooth fractures due the fact of undesirable force balances within the bite.
- B. Grinding because of "displaced" teeth and malocclusion/malarticulation.
- C. Headaches
- D. Ear aches

6. The increased grinding and displacement of teeth can result in one single tooth taking too much biting force in the bite, a diagnosis called Traumatic Occlusion, eventually leading to a necrotic tooth which will need endodontic treatment or extraction.

**Does it Matter?**

Of course it does!! It may not seem important now and patients often think they can afford to wait, but then forget about it. A few years later when the problems like decay and food getting stuck start, it means that the treatment is much more complicated and expensive.

This is because it's not just having a gap but the damage that is done to the teeth adjacent to the gap and the teeth opposing the gap.

For most patients by the time the damage has been done then the solution is either unaffordable or unachievable.

**So filling the gap is not simply about appearance and eating it is about keeping the remaining teeth healthy.**

**Options**

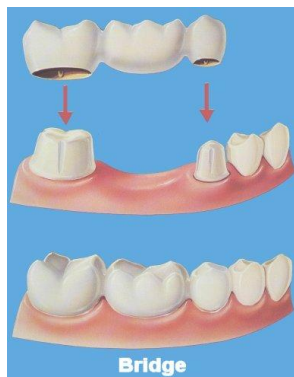
**Implants**



**Orthodontics**



**Fixed Bridges**



**Dentures**

