

What's Up Doc?***Questions and answers about scleroderma and your family***

The Scleroderma Foundation receives questions on a daily basis from patients seeking answers to various health issues. Although scleroderma is a highly individualized disease, we have found that some concerns are very common among those affected. We hope this forum is helpful to you, our members.

We understand, however, that individual circumstances are unique and ask that you always seek the guidance of your health care professional to obtain the treatment plan that best suits your specific health situation.

David Leader, D.M.D., is a dentist in Malden, Mass. He belongs to the Medical Advisory Board Member for the New England Chapter. He also is an associate clinical professor of General Dentistry at Tufts University School of Dental Medicine. Dr. Leader responds to patient questions about dental implants.

Dental Implants and Scleroderma

Scleroderma patients often consider replacing teeth with dental implants. Implant supported replacement teeth may be more desirable than replacing teeth with fixed (cemented in) or removable bridgework.

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Scleroderma causes oral health effects that put teeth at risk. About 70 percent of scleroderma patients have dry mouth (xerostomia). Xerostomia increases the rate of tooth loss due to tooth decay and gum disease. Removable dentures can be more uncomfortable when the mouth is dry. Depression, sclerodactyly (tightness of fingers) and microstomia (small mouth) prevent effective oral hygiene.

Fixed bridgework attaches to teeth with crowns on the remaining teeth. The teeth with crowns are called abutments. The abutment teeth are more susceptible to decay and gum disease, especially when the patient has xerostomia. If one of the abutments is damaged, that usually means that the entire bridge will require replacement.

Dentists insert dental implants directly into bone that formerly supported teeth. Bone knits to titanium implants. Dentists use these fixtures to attach single or multiple teeth. This is a surgical procedure. Most patients find that there is no

pain during the procedure and little discomfort during healing. The success rate for dental implants is very high.

Dental implants do not rely on natural teeth to support replacements. Implant supported bridgework puts less or no stress on tender gum tissue. That makes implant restorations an ideal treatment for most scleroderma patients.

Unlike teeth, implants will do not decay. Like teeth, dental implants are susceptible to gum disease. Therefore, it's important to brush and floss dental implants. You should work, along with your dental team members, to ensure thorough cleaning of implant supported bridgework.

Scleroderma patients may take medications that interfere with the ability of the bone to heal or knit to implants. Dentists may advise against dental implants for patients who take some medications. For example, bisphosphonates such as Boniva®, Fosamax® and Reclast® may prevent bone from knitting to implants or from filling in surgical voids. Similarly, steroids, such as prednisone, interfere with healing.

If you have scleroderma and are considering replacing teeth with dental implants, please consult your dentist. You and your dentist may consult the Scleroderma Foundation for more information.