



Non-carious lesions: A modern condition that can affect teeth

Short commentary

The decrease in the prevalence of caries and periodontal disease, as well as the aging of the world's population, has increased the number of cases of diseases unrelated to the presence of microorganisms, such as cervical dentin hypersensitivity and Non-Carious Lesions (NCL) [1]. Understanding the etiology and factors that contribute to developing oral diseases such as NCL is important to create a correct and most appropriate treatment plan for each patient.

NCL is a lesion characterized by the loss of tooth structure, without bacterial involvement, also generically called dental wear. It is commonly located in the cervical region (called Non-Cariable Cervical Lesion - NCCL) but can also be located on other surfaces of the teeth [2]. NCCL is a predisposing factor for the onset of dentin hypersensitivity since dentin exposure that occurs after the onset of the lesion is accompanied by the opening of the tubules, which may progress to the onset of painful symptoms. It has a major impact on the quality of life of patients. Restrictions on daily activities (eating, drinking, and brushing teeth) [2].

The prevalence of NCL is 46.7% of the general population, with an increase in prevalence varying according to age. Twenty-one percent of people aged between 16 and 24 years, 81% between 34 and 44 years and 98% of people aged between 55 and 64 years have cervical lesions [2,3].

The etiology of LNC is multifactorial, involving brushing habits (frequency, strength, direction, and use of abrasive pastes), eating habits (especially more acidic), periodontal health, and occlusion load (bruxism or malocclusion) [4].

For the proper diagnosis of the etiological factor, it is important to consider a good anamnesis, medical-dental history, report of habits, frequency and duration of pain (if any), emotional and psychological factors, occupational or parafunctional habits and TMD and use of medications [1].

Proper treatment should involve both curative and preventive steps. It consists not only of removing the pain but also of

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multidisciplinary work to control the etiological factors. Prevention is also very important and ensures oral health for patients who do not yet have dentin hypersensitivity, promotes quality of life for patients who already live with the disease, and search for and correct risk factors [1-4].

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