

Total intolerance to dental filling materials.

Case from practice

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Problems of intolerance to dental orthopedic materials in the oral cavity have become familiar to orthopedic dentists. In the last two or three years, the flow of patients who have to turn to specialist diagnosticians using the R. Voll method and the autonomic resonance test (ART) in the process of prosthetics has grown significantly. What is the reason for the increase in the number of people applying for the selection of dental orthopedic material has yet to be clarified: a decrease in quality, non-compliance and a change in GOST standards for dental orthopedic materials, an increase in environmental pollution in large cities and a change in the immune status of the human body in connection with this, an increase in parasitic diseases and , as a consequence, also an increase in immunoreactivity. But intolerance to dental filling materials is quite rare and most often seems to be a kind of medical incident or artifact, often accepted a priori, without solid evidence. The case presented to our attention illustrates the possibility of total intolerance to filling materials:

Clinical example

Patient F., 41 years old. Considers himself somatically healthy. He is actively involved in sports. Denies food allergies and other allergies. I first consulted a dentist 5-7 years ago for the treatment of caries. Before that, as a child, she only put ordinary phosphate-cement fillings on milk teeth. Endodontic treatment was performed on 12 teeth within a short period of time. There was no urgent response to the filling. But after a short time (from 14 days to 1 month), a pronounced inflammatory process (abscess) began around the filled teeth, each time ending with tooth extraction. Inflammatory processes in the oral cavity were accompanied by symptoms of severe intoxication, asthenia. In subsequent years, treatment for therapeutic dental treatment ended in a similar way. The patient was diagnosed with subatrophic gastritis by FGEDS (fibroesophagogastroduodenoscopy). There is a small node in the left lobe of the thyroid gland, detected by ultrasound diagnostics in the last two years (phenomena in the oral cavity are also more pronounced on the left). Currently, the patient has retained 6 teeth 4.1, 4.2, 4.3 and 3.1, 3.2, 3.3. I applied for the purpose of establishing the tolerance of the filling material used during the filling during the patient's last visit for dental treatment in December 2012 – February 2013, which again ended with the removal of the treated teeth. Currently, the patient has retained 6 teeth 4.1, 4.2, 4.3 and 3.1, 3.2, 3.3. I applied for the purpose of establishing the tolerance of the filling material used during the filling during the patient's last visit for dental treatment in December 2012 – February 2013, which again ended with the removal of the treated teeth. Currently, the patient has retained 6 teeth 4.1, 4.2, 4.3 and 3.1, 3.2, 3.3. I applied for the purpose of establishing the tolerance of the filling material used during the filling during the patient's last visit for dental treatment in December 2012 – February 2013, which again ended with the removal of the treated teeth.

Examination methods: Electro-puncture diagnostics (EPD) by the method

Voll and ART with the use of samples of filling materials for filling dental canals and cavities, provided by the patient.

Results and conclusions: absolute intolerance of all submitted samples (all tests are positive). The selection of filling and prosthetic dental material is recommended for all subsequent requests for medical help.

M.V. Goryacheva, T.N. Ulko, L.I. Tsibirova, K.V. Goryachev Total intolerance to dental filling materials. Case from practice // XIX

- M.: "IMEDIS", 2013, vol. 2 - p. 11-13