

WHEN “GOOD ENOUGH” CONTACTS ARE NOT GOOD ENOUGH



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A Long-Standing Mucocele of the Lower Lip in a 17-Year-Old Male: A Clinical Case Report



Mucocele is a most common benign lesion that affects the minor salivary glands. It usually results from trauma or obstruction of salivary ducts. It frequently occurs on the lower lip and it is commonly associated with lip-biting habits. This case report presents a 17-year-old male with a long-standing **Contd... (Page 2)**

Sialolith of the Submandibular Gland: A Clinical Case Report



Sialolithiasis is one of the most common disorders affecting the salivary glands and is characterized by the formation of calcified structures within the salivary ductal system or glandular parenchyma. The submandibular gland is most affected due to the anatomical and physiological **Contd... (Page 3)**

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WHEN “GOOD ENOUGH” CONTACTS ARE NOT GOOD ENOUGH



While modern restorative dentistry focuses heavily on materials & bonding systems, a new study highlights a more fundamental issue: proximal contact quality.

A newly published clinical study has drawn attention to one of the most overlooked aspects of restorative dentistry: proximal contact quality. While clinicians often focus heavily on material selection, bonding systems, and aesthetics, the study suggests that many restorative failures may originate from something far more basic—the quality of the contact area itself.

The investigation proposed a standardized floss-based classification system for evaluating proximal contact tightness chairside & assessed the quality of proximal contacts & marginal integrity across various direct & indirect restorations.

Why proximal contact matters

In natural dentition, proximal contacts are not static points but dynamic areas that help distribute occlusal forces, stabilize teeth, & minimize food impaction. Improper contacts—whether excessively open or excessively tight—can contribute to:

- food lodgment,
- gingival inflammation,
- periodontal breakdown,
- flossing difficulty,

tooth migration, and recurrent caries.

Although clinicians routinely verify contacts using dental floss, the study highlights that this assessment remains highly subjective in daily practice.

Only one-third of restorations demonstrated “appropriate” contact

The study evaluated 344 proximal surfaces across multiple restoration types and reported notable variability in contact quality:

34.6% demonstrated appropriate contact, 28.5% were excessively tight, 24.1% showed open contact, and 12.8% demonstrated poor contact quality.

These findings suggest that suboptimal proximal contacts may be far more common in routine practice than many clinicians realize.

The authors also emphasized that tactile floss assessment inherently carries perceptual variability, since floss tension, insertion angle, wetness, and operator interpretation can influence the perceived “snap” sensation.

Indirect restorations performed better

One of the most clinically relevant findings was the superior performance of indirect restorations compared with direct restorations.

Single crowns demonstrated better proximal contact quality and marginal integrity overall, likely because laboratory fabrication allows improved contouring and contact refinement before cementation.

Among direct restorations, glass ionomer cement restorations showed relatively favorable outcomes, whereas posterior composite restorations remained highly technique-sensitive.

The study reinforced previous evidence showing that sectional matrix systems combined with separation rings continue to provide superior proximal contact predictability compared with wedges or hand instrumentation alone.

Mesial surfaces showed better outcomes than distal surfaces

The authors additionally observed a statistically significant association between contact quality & restoration surface location.

Mesial restorations demonstrated a higher frequency of acceptable contacts compared with distal surfaces.

The study attributed this difference primarily to accessibility factors, including: easier matrix adaptation, improved wedge placement, better visibility, & simpler manipulation during restoration placement.

These findings are particularly relevant in posterior Class II and MOD restorations, where distal box management remains one of the most technique-sensitive aspects of direct restorative dentistry.

Marginal integrity remains closely linked to contact quality

Beyond contact tightness, the study also evaluated marginal integrity using USPHS criteria.

Indirect restorations demonstrated superior marginal adaptation overall, whereas direct restorations showed greater susceptibility to adhesive failure & marginal gap formation over time.

Importantly, the authors stressed that proximal contact quality & marginal integrity cannot be viewed independently. Poor contour or improper contact pressure may negatively influence both periodontal health & restoration longevity.

A simple chairside tool with significant clinical relevance

Unlike many contemporary restorative studies focused on advanced materials or digital systems, this investigation centered on refining a simple clinical procedure already used universally in practice: floss evaluation.

The authors proposed that a standardized floss-based classification system could provide clinicians with a reproducible and clinically feasible method for assessing contact quality chairside, particularly in general practice & dental education settings.

Clinical implications

The study reinforces several practical restorative principles:

proximal contacts require more than simply “closing the space”; matrix system selection significantly influences outcomes; overly tight contacts can be as problematic as open contacts; posterior direct composites remain highly technique-sensitive; and restoration longevity often depends on small details that may be overlooked during finishing and verification.

As adhesive dentistry continues to evolve, the findings serve as a reminder that successful restorative treatment is often determined not only by the material used, but by the precision with which fundamental clinical principles are executed.

A Long-Standing Mucocele of the Lower Lip in a 17-Year-Old Male: A Clinical Case Report

Abstract: Mucocele is a most common benign lesion that affects the minor salivary glands. It usually results from trauma or obstruction of salivary ducts. It frequently occurs on the lower lip and it is commonly associated with lip-biting habits. This case report presents a 17-year-old male with a long-standing swelling on the inner aspect of the lower lip for four years. Clinical examination revealed a soft, fluctuant, painless swelling with normal mucosal color. Surgical excision was performed successfully under local anesthesia, followed by satisfactory healing without recurrence.

Introduction: Mucocele is a mucus-filled cystic lesion arising from the rupture or blockage of salivary gland ducts, leading to accumulation of mucin within the surrounding connective tissue. This lesion is commonly seen in children & young adults. This lesion most frequently affects the lower lip due to repeated trauma such as lip biting.

Mucoceleles are broadly classified into two types:

Extravasation Mucocele – caused by trauma leading to spillage of mucus into surrounding tissues.

Retention Mucocele – caused by ductal obstruction & retention of saliva.

A related lesion is the **Ranula**, which is a type of mucocele occurring specifically on the floor of the mouth. It usually arises from the sublingual

gland. Mucoceleles mostly occur on the lower lip; whereas ranulas are generally larger, bluish, and may interfere with speech and swallowing. While mucoceleles commonly involve minor salivary glands, ranulas are associated with major salivary glands.

Case Presentation: A 17-year-old male reported to Smile Zone Dental Clinic, Balaganj, Lucknow, with a chief complaint of swelling on the ventral aspect of the lower lip in the last four years. The patient stated that the swelling gradually increased in size over time but remained painless throughout. He also reported a habitual lip-biting habit.

Clinical examination revealed a solitary, dome-shaped swelling measuring approximately 4 cm in diameter on the ventral lower lip. The lesion was soft, fluctuant, non-tender, and covered by mucosa of normal color. No associated lymphadenopathy or signs of infection were noted.

Based on the clinical presentation and history, a provisional diagnosis of mucocele was made.

Fig 1: Pre-operative close view



Fig 2: Intraoral extent

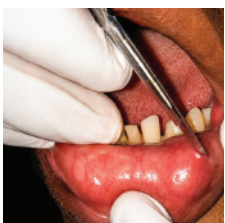


Fig 3: Detailed lesion view



Fig 4: Intraoperative cavity



Fig 5: Post-operative sutures



Fig 6: Excised specimen



Surgical excision of the lesion was planned under local anesthesia. The lesion was carefully excised along with the associated minor salivary glands to minimize the risk of recurrence. Hemostasis was achieved, and the surgical site was closed with interrupted sutures.

The excised specimen was sent for histopathological evaluation, which confirmed the diagnosis of mucocele.

Discussion: Mucoceleles are among the most frequently encountered salivary gland lesions in dental practice. Habitual trauma, particularly lip biting, plays a major role in their pathogenesis. Although smaller mucoceleles may rupture spontaneously, larger and long-standing lesions often require surgical intervention.

Complete excision of the lesion along with adjacent minor salivary glands is essential to prevent recurrence. Differential diagnosis may include fibroma, lipoma, hemangioma, salivary gland neoplasms, & ranula depending on the location and appearance.

Early diagnosis & timely management are important to prevent discomfort, repeated trauma, and functional disturbances.

Conclusion: This case highlights the successful management of a long-standing lower lip mucocele in a young patient with a habitual lip-biting history. Proper clinical evaluation, accurate diagnosis, and complete surgical excision ensure excellent healing and reduce the risk of recurrence.



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Chief Dental Surgeon at Smile Zone Dental Clinic. Dr. Nausheen is a passionate general and pediatric dentist focused on painless dentistry and committed to staying updated with modern dental techniques and contributing positively to the healthcare community. Being a female dentist, she is passionate about promoting women's oral health at every stage of a woman's life.



Sialolith of the Submandibular Gland: A Clinical Case Report

Abstract

Sialolithiasis is one of the most common disorders affecting the salivary glands and is characterized by the formation of calcified structures within the salivary ductal system or glandular parenchyma. The submandibular gland is most affected due to the anatomical and physiological characteristics of Wharton's duct. This case report presents a patient diagnosed with submandibular gland sialolithiasis, highlighting the clinical presentation, diagnosis, surgical management, and post-operative outcome.

Introduction

Sialolithiasis refers to the formation of salivary calculi or stones within the salivary glands or their ducts. Approximately 80–90% of salivary stones occur in the submandibular gland, while the parotid and sublingual glands are less commonly involved. The condition is more frequently seen in adults between the third and sixth decades of life and is slightly more common in males.

The higher incidence in the submandibular gland is attributed to several factors, including the long and tortuous course of Wharton's duct, the upward flow of saliva, and the alkaline, mucin-rich nature of submandibular saliva. Salivary stasis and deposition of calcium salts around organic debris contribute to stone formation.

Patients commonly present pain and swelling, particularly during meals, due to obstruction of salivary flow. Long-standing obstruction may result in infection, inflammation, and fibrosis of the gland.

Case Presentation

A middle-aged male patient reported to the Department of Oral and Maxillofacial Surgery with a chief complaint of intermittent pain and swelling in the floor of the mouth and submandibular region for several months. The patient noted that the swelling increased during meals and gradually subsided afterward.

Clinical examination revealed tenderness in the left submandibular region with mild induration along the course of Wharton's duct. Intraoral examination showed a firm swelling in the floor of the mouth near the ductal opening. Salivary flow from the affected duct was reduced.

Radiographic evaluation revealed a well-defined radiopaque mass suggestive of a salivary calculus in the submandibular duct region. Based on clinical and radiographic findings, a provisional diagnosis of submandibular sialolithiasis was made.

Fig 1: Sialolith identified

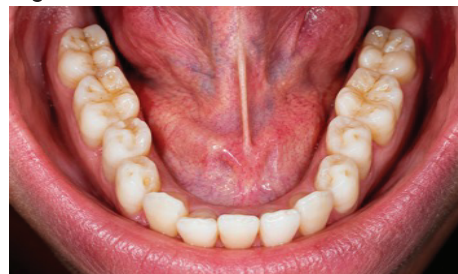


Fig 2: Location of sialolith identified



Fig 3: Incision made



Fig 4: Sialolith located



Fig 5: It measured around 1.5cm in size

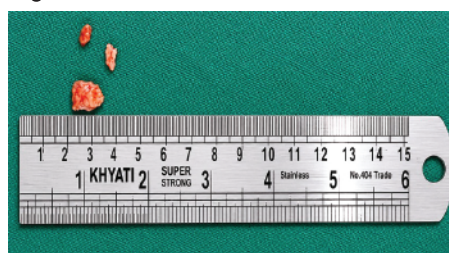


Fig 6: Site sutured



Surgical Management

The treatment plan involved surgical removal of the sialolith under local anesthesia. After adequate anesthesia was achieved, careful retraction of the tongue and surrounding tissues was performed to expose the floor of the mouth. An incision was placed over the ductal region, and blunt dissection was carried out carefully to avoid injury to adjacent structures.

The sialolith was identified and removed successfully, which measured around 1.5cm in size. The duct was irrigated thoroughly to ensure patency and removal of any debris. The surgical site was sutured using interrupted sutures. The excised specimen was measured and documented for clinical records.

Post-operative instructions were provided, including maintenance of oral hygiene, hydration, warm saline rinses, and use of prescribed medications. The patient was reviewed periodically, and healing was satisfactory without complications or recurrence.

Discussion

Sialolithiasis is a relatively common salivary gland disorder that can significantly affect a patient's quality of life due to recurrent pain and swelling. The diagnosis is generally based on history, clinical findings, & radiographic investigations. Conventional radiographs, ultrasonography, CT scans, and sialography may aid in localization of the stone.

Small calculi may sometimes be managed conservatively through hydration, gland massage, sialogogues, and anti-inflammatory therapy. However, larger or symptomatic stones often require surgical intervention. Early diagnosis and timely treatment are essential to prevent chronic sialadenitis and glandular damage.

Intraoral surgical removal remains a preferred approach for accessible ductal stones because it preserves gland function and minimizes morbidity.

Conclusion

This case highlights the successful diagnosis & surgical management of submandibular gland sialolithiasis. Careful clinical examinations combined with appropriate imaging plays a crucial role in accurate diagnosis. Surgical removal of the calculus provides immediate symptom relief and prevents further complications, ensuring favorable long-term outcomes for the patient.

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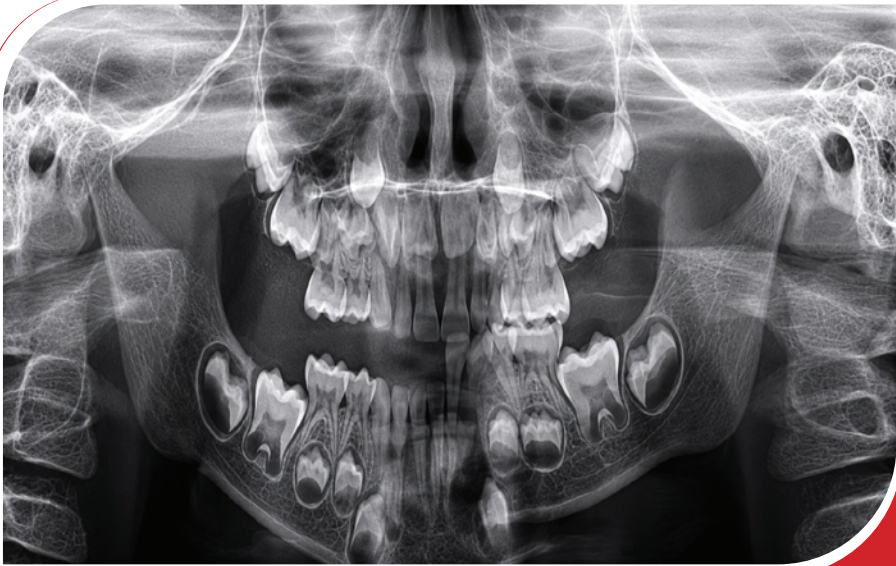


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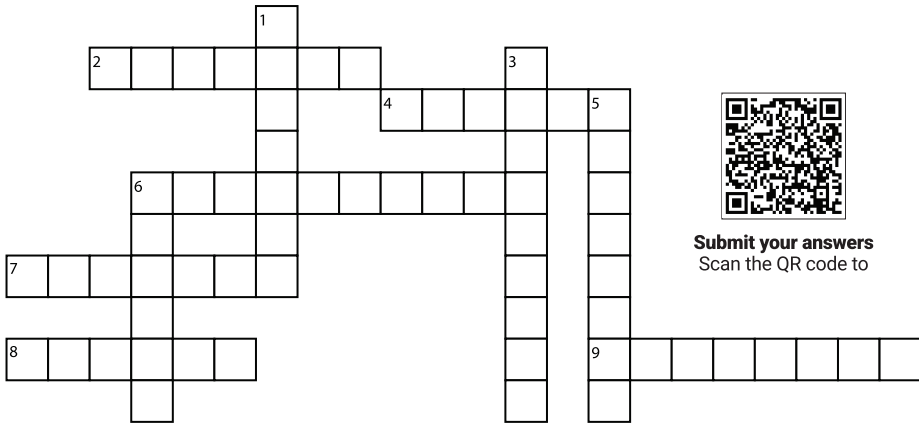


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DENTAL CROSSWORD



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Across

- 2. The largest salivary gland located near the ear.
- 4. Cranial nerve that passes through the parotid gland and divides into five major branches
- 6. The smallest major salivary gland.
- 7. The duct of the submandibular salivary gland.
- 8. A bluish cyst found on the floor of the mouth.
- 9. A mucus-filled cyst commonly seen on the lower lip.

Down

- 1. Digestive enzyme in saliva that helps break down starch.
- 3. A calcified stone formed in a salivary gland or duct.
- 5. Antimicrobial enzyme present in saliva.
- 6. A type of watery salivary secretion rich in enzymes.

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