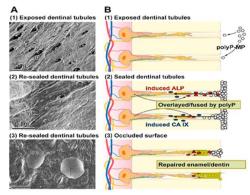


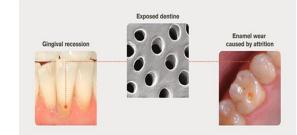
DIAGNOSIS AND TREATMENT OF DENTIN HYPERSENSITIVITY

Longurova Natasha, Zlatanovska Katerina, Kovachevska Ivona,Zarkova Atanasova Julija, Nikolovski Bruno, Atanasova Sandra Faculty of Medical Sciences, Goce Delcev University, Stip, North Macedonia **29th BaSS Congress** Belgrade, Serbia April 24-26, 2025

Dentin hypersensitivity is a brief, sharp pain that arises from the exposed dentin surface of a tooth, caused by thermal, tactile, osmotic, or chemical stimulus. Several clinical conditions contribute to the development of dentin hypersensitivity, such as erosion, abfraction, and abrasion, periodontal disease and gingival recession.

The aim of this study is to investigate the primary causes of dentin hypersensitivity, the type of pain associated with it, the teeth most commonly affected, and the preventive measures that dentists recommend.





Additionally, we explored the most effective treatments, including those for in-office and at-home use. For this research, questionnaires were developed and distributed to 30 dental offices.



According to the surveyed dentists, premolars and molars are most frequently affected by dentin hypersensitivity (63.63%), and 72.73% of respondents indicated that it occurs most often on the vestibular side. For home treatment of dentin hypersensitivity, toothpastes are the most commonly used remedy (54.55%), then mouthwashes (45.45%). For sealing dentinal tubules, fluoridebased products are the most common (45.46%), then adhesives (36.36%) and varnishes (18.18%).



Lasers close the dentinal tubules by directly irradiating the exposed dentin. Lasers provide good results after the first session, and analgesia that is continuous for a long period.

They have the ability to increase the excitability of the nerve endings, thereby leading to analgesia. Notably, none of the surveyed practices use lasers for sealing dentinal tubules. When dealing with a patient presenting all the symptoms of dentin hypersensitivity, the most important step is to perform a differential diagnosis to distinguish it from other types of orofacial pain, and provide appropriate treatment, which can be either home-based, in-office, or a combination of both.



