

# Recent advances in the prevention and treatment of dental erosion: a narrative review

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## Abstract

Dental erosion is a progressive and irreversible loss of dental tissues caused by chemical processes from intrinsic or extrinsic acids without bacterial involvement. This condition, categorized as part of tooth wear, has gained increasing attention due to its rising prevalence, particularly among children and adolescents. Teeth erosion is often linked to modern dietary habits, including consuming acidic foods, beverages, and certain medications. The impact of dental erosion varies, from localized damage to the entire dentition, with factors such as acid exposure, pH, and the type of acid contributing to its severity. Prevention strategies focus on oral health education, dietary modifications, and remineralization with fluoride-based products, while emerging biomimetic technologies, such as nanomaterials and bioactive polymers, show promise. Restorative treatments, including composite restorations and veneers, are used for advanced cases but lack standardized guidelines for optimal application. Thirty-four studies were included in this article, focusing on fluoride-based products, innovative varnishes, and minimally invasive restorative techniques like CAD-CAM and injection molding. The review highlights the need for further research on the long-term effectiveness of these interventions and the development of standardized clinical guidelines to improve treatment outcomes.

**Keywords:** Dental enamel, Tooth erosion, Demineralization, Erosive tooth wear, Remineralization, Preventive therapy, Conservative therapy

## Introduction

Dental erosion represents the progressive and irreversible loss of dental tissues due to chemical processes involving extrinsic or intrinsic acids without bacterial involvement

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(1–5). This condition is categorized under the broader phenomenon of tooth wear, which includes erosion, attrition, and abrasion, as defined by the International Association for Dental Research and the European Organisation for Caries Research. Within this context, “erosive tooth wear” (ETW) refers to tooth wear primarily driven by dental erosion. Historically, dental erosion has received limited clinical and scientific attention. However, its increasing prevalence, particularly among children and adolescents, has spurred interest across multiple health disciplines (6–11).

Recent studies highlight the growing impact of dental erosion, with a European survey reporting that 29% of young adults (aged 18–35 years) exhibited signs of dental erosion, and 3% showed severe manifestations (12–16). Both children and adults are affected, and the extent of the damage may range from localized defects to the involvement of the entire dentition (17–22). The etiology is closely tied to modern dietary habits, with an increased consumption of acidic foods and beverages identified as a significant risk factor (23–29). Acids contributing to erosion may have intrinsic origins, such as gastric acid from conditions like gastroesophageal reflux disease (GERD), chronic vomiting, and eating disorders, or extrinsic origins, including acidic foods, beverages, and certain medications (30–37). Intrinsic acids, such as hydrochloric acid from the stomach, are particularly corrosive due to their low pH. In contrast, extrinsic acids come from citrus fruits, carbonated drinks, and acid-containing drugs such as aspirin or vitamin C (38–42). When linked to eating disorders, the progression of erosion tends to be more rapid and severe (43–47).

Multiple factors, including the type, concentration, temperature, and duration of acid exposure, influence dental erosion’s severity. Additional elements such as pH, titratable acidity, ion concentration, and the frequency and method of exposure further modulate the erosive potential (48–52). The process begins with demineralizing and softening the enamel surface, which can lose up to 3  $\mu\text{m}$  of material during the initial stages. Over time, this softened layer is entirely removed, exposing deeper enamel and, potentially, dentin. Structural vulnerabilities, such as defects in hydroxyapatite (HA) crystals and the high solubility of enamel at the amino-cement junction, exacerbate the damage (53–56) (Figure 1).

Addressing dental erosion requires a comprehensive approach that combines prevention and treatment. Prevention focuses on oral health education, dietary modifications, and remineralizing agents such as fluoride-based toothpaste and mouthwashes. Emerging biomimetic technologies, including nanomaterials and bioactive polymers, show promise in enhancing remineralization and erosion resistance. Despite the availability of various preventive products, a universally effective protocol has yet to be established (57–61).

In advanced cases, restorative treatments become necessary (62–66). Direct composite restorations and composite or ceramic veneers are commonly used to reconstruct or cover eroded surfaces. However, clinicians often face challenges in selecting the optimal treatment due to the lack of standardized guidelines (67–71).

This article explores current and emerging solutions for managing dental erosion, emphasizing preventive and therapeutic strategies (72–78). Preventive measures seek to limit erosion progression and preserve dental integrity, while restorative treatments focus on the conservative rehabilitation of affected teeth, aiming to restore their anatomy and function (79–85).

## Materials and Method

The keywords ‘dental erosion’ and (‘therapy’ OR ‘treatment’) were applied for the search, which targeted publications in Scopus, Web of Science, and PubMed databases, restricted to articles in English.

The article focused on studies involving human participants, specifically clinical research and case reports.

The titles and abstracts of the retrieved studies were screened, and irrelevant articles were excluded. The remaining studies were then reviewed in full. Any discrepancies between reviewers were resolved through collaborative discussion to ensure consensus.

Reviewers carried out a comprehensive analysis, rating all qualifying records according to the subsequent inclusion standards: (1) randomized control trials (RCTs), randomized controlled clinical trials (RCCTs), comparative studies, retrospective studies; (2) human participant studies; (3) full-text articles available for free; and (4) English-language publications. The following exclusion criteria were determined: (1) *in vitro* articles, (2) animal-related studies, and (3) articles not released in English.



Figure 1. Dental erosion

## Results

A total of 391 studies were identified through searches in PubMed (107), Web of Science (139), and Scopus (145). After removing 181 duplicates, 210 articles underwent title and abstract screening, with 96 excluded due to irrelevance. Of the remaining 114 articles, 10 were eliminated because the full text was unavailable. Following an in-depth review of 104 articles, 5 were excluded for focusing on erosion causes rather than treatment, 37 were off-topic, 25 used animal substrates (bovine enamel), and 3 were disqualified due to inappropriate settings. Ultimately, 34 studies were included in the review.

## Discussion

Dental erosion is an increasingly studied issue in modern dentistry, leading to extensive research on preventive and therapeutic solutions (86–91). Preventive measures primarily minimize risk through innovative varnishes and toothpaste (TP) formulations containing state-of-the-art solutions (92–99). Studies have shown that fluoride-based products protect enamel from erosive damage, such as fluoride varnish and fluoride-enriched TP. For example, fluoride-containing TP has demonstrated greater efficacy than fluoride-free options in mitigating erosion caused by acidic beverages like orange soda or Pepsi. Similarly, varnish research indicates that formulations containing casein phosphopeptide-amorphous calcium phosphate (CPP-ACP) or NanoF are effective in enamel remineralization and wear prevention (100–104).

Specific studies underline the potential of compounds like stannous fluoride (SnF<sub>2</sub>), nano-hydroxyapatite (NHA), and sugarcane cystatin (CaneCPI-5) in forming protective layers against acid attacks. Notably, formulations like sodium fluoride (NaF)/CL TPs, which control pH and enhance fluoride absorption, offer heightened resistance to acid erosion (105–109). Desensitizing TP, including those with casein phosphopeptide (CPP) and polyvinyl methyl ether/maleic acid copolymers (PVM/MA), has also shown promise in occluding dentinal tubules, mitigating erosive damage. Other formulations, such as anti-erosion mousse and controlled fluoride-release TP, have exhibited similar preventive benefits (110–116).

Varnish therapy adds an essential dimension to preventive strategies. Studies highlight the effectiveness of fluoride varnishes and calcium mesoporous silica nanoparticles in resisting acidic challenges. Moreover, combining fluoride with innovative materials like titanium tetrafluoride (TiF<sub>4</sub>) or CO<sub>2</sub> and erbium-chromium lasers has improved enamel resistance. For example, laser irradiation before fluoride application enhances enamel microhardness, protecting against acid erosion (117–125).

Therapeutic approaches to dental erosion often depend on the extent of damage and patient needs. Early intervention using minimally invasive methods is emphasized, with restorative composites being a standard solution (126–130). Composite restorations are valued for their aesthetics, affordability, and simple maintenance. Techniques like the injection molding of composite resins allow for efficient restoration in a single session, restoring eroded teeth' original shape and size. However, composites may discolor over time or require repairs due to partial fractures (131–140).

Prosthetic options, including crowns and veneers, provide durable alternatives for more severe cases (141–146, 302). Veneers, especially minimally invasive ones, preserve tooth structure while offering aesthetic and functional benefits (147–151). The “sandwich technique,” involving a combination of vestibular and palatal veneers, and “V-shaped veneers” are innovative options that cater to specific cases (152–155). For teeth affected by gastro-oesophageal reflux, high-viscosity glass ionomer cement has shown effective long-term results, reducing pain and restoring tooth anatomy (156–160).

Advancements in CAD-CAM technology have enhanced restorative precision, enabling the fabrication of ultra-thin veneers in ceramic or composite materials. Clinical studies show comparable survival rates and functional outcomes between these materials, although composites may exhibit slightly increased surface roughness over time (161–178). Full-mouth rehabilitation, including direct composites, onlays, and veneers, has demonstrated high survival rates over six years, proving their efficacy in addressing severe dental wear (179–183).

Innovative digital workflows are also gaining traction, allowing clinicians to create virtual models of affected teeth. These models facilitate customized prosthetics design and 3D printing while preserving maximum tooth structure (184–189). Stereolithographic templates ensure accurate preparation, improving treatment outcomes (190–195).

Despite these advancements, the reviewed studies highlight certain limitations. Many preventive strategies rely on *in vitro* data, necessitating further validation through *in vivo* research (196–201). Additionally, the lack of comprehensive discussions on epidemiology, risk factors, and diagnostic aspects limits the scope of current findings (202–207). Critical assessments of study quality and conflicts of interest are also needed to strengthen conclusions (208–218).

In summary, while fluoride remains a cornerstone in prevention and treatment, innovations in materials and techniques are expanding the options available for managing dental erosion (219–226). From protective varnishes and advanced TPs to minimally invasive restorative and prosthetic solutions, modern dentistry is moving towards personalized, conservative approaches (227–235). Future research should focus on validating *in vitro* findings, exploring epidemiological factors, and refining therapeutic strategies to improve patient outcomes (236–242).

## Conclusions

Dental erosion is a prevalent issue that challenges dentists, requiring effective prevention and treatment strategies. Preventive measures are crucial to minimize erosion and halt its progression (243–249). Research emphasizes topical solutions like varnishes, gels, mousses, and toothpaste (TP) as practical tools against erosive processes, with fluoride remaining the gold standard for remineralization (250–256). However, innovative formulations are being explored to enhance preventive efficacy (257–263).

When erosion leads to significant loss of tooth structure, impairing function, aesthetics, and anatomy, restorative therapies become necessary (264–269). These treatments address sensitivity, pain, and cosmetic

concerns. Restorative options include direct composite restorations, prosthetic crowns, veneers, and minimally invasive techniques like injection molding or CAD-CAM systems (270–276).

Despite advances, gaps remain in understanding newer materials and approaches' long-term effectiveness and reliability. Research is needed to evaluate the durability of fluoride-based treatments and alternative strategies in children and adults (277–286). Comprehensive, longitudinal studies can help establish standardized clinical guidelines for managing dental erosion (287–292). These guidelines would aid clinicians in determining when to prioritize prevention and when to implement therapeutic interventions, ultimately improving patient outcomes and fostering more informed decision-making in dental practice (293–301).

### Abbreviations:

CPP:	Casein Phosphopeptide
CPP-ACP:	Casein Phosphopeptide-Amorphous Calcium Phosphate
ETW:	Erosive Tooth Wear
GERD:	Gastroesophageal Reflux Disease
HA:	Hydroxyapatite
NaF:	Sodium Fluoride
NHA:	Nano-Hydroxyapatite
RCT:	Randomized Clinical Trial
PVM/MA:	Polyvinyl Methyl Ether/Maleic Acid Copolymers
SnF <sub>2</sub> /SnCl <sub>2</sub> :	Stannous Fluoride
TiF <sub>4</sub> :	Titanium Tetrafluoride
TP:	Toothpaste

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### Conflicts of Interest

The authors declare no conflict of interest.

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