

Stomatologist or Dentist? Which One is More Appropriate?

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ABSTRACT

Dentistry is a branch in the medical field, the graduates of which are mainly responsible for the diagnosis and treatment of oral and dental diseases. Based on the definition above, it appears the term dentistry is not an appropriate term for this branch and profession because the term directs the listeners' minds toward the teeth only; on the other hand, the term is unable to introduce all the dimensions and aspects of this field. If the patients know dentists by the term stomatologists, they will ask for a thorough examination and treatment (not local treatment only). By the definition of the dentistry field prevailing in the community, dentists feel they are less responsible to carry out such examinations and evaluate the whole occlusion and the status of the masticatory system; by local treatment of only one or several teeth, they not only do not contribute to the treatment of such disorders, but also in some cases they help aggravate these problems. Also, the specialty fields of dentistry such as orthodontics, periodontics, oral medicine oral pathology, etc, and the nature of the specialty fields show that teeth are only a component of the oral system, and gums, temporomandibular joint, facial muscles, the tongue, palate, etc, are other important components, with close relationships with these specialty fields. Other reason that from the dentist's and the patient's viewpoints the replacement of that premolar tooth is the first priority; however, from a stomatologist's viewpoint, determination of the cause of this problem and preservation of the remaining teeth are the first priorities and the second priority is the replacement of the lost premolar tooth. So that it is necessary to replace the term dentistry with stomatology and dentist with stomatologist.

Keywords: Denyistry, Stomatologisy, Stomatologist.

INTRODUCTION

Currently, there is an ever-increasing interest in beautiful smile. A literature review showed that several factors have been introduced as criteria for a beautiful smile, including lip line, smile line, upper lip curvature, the number of teeth visible during smiling (tooth visibility), negative space, the shape, size and position of the anterior teeth relative to each other and the surrounding soft tissues such as lips, gums and cheeks¹⁻³. Therefore, a graduate in this field should have proper knowledge about the correct position of lips, cheeks and gums, apart from the correct form and anatomy of the teeth, in order to be able to meet the esthetic demands of the patients.

Use of the term dentistry creates a mental image in patients that dentists only provide therapeutic services for teeth and cannot satisfy the treatment needs of other oral components. However, if the patients know dentists by the term stomatologists, they will ask for a thorough examination and treatment (not local treatment only). With such an approach, patients will refer to stomatologists, rather than physicians, for the diagnosis and treatment of prevalent oral conditions such as aphthous stomatitis, lichen planus, hairy tongue etc. It is obvious that in many cases, physicians and the graduates in other fields of medicine do not have adequate knowledge about intraoral conditions and the patients do not receive proper treatment when they refer to them.

Use of the terms dentist and dentistry in some cases causes the students and specialists in this field not to feel much responsibility for the problems and conditions of oral structures other than the teeth and prompting them to only examine the teeth and treat their problems and conditions. To put this into perspective, please consider the following example: 'Temporomandibular joint disorders (TMD)' is a term used to refer to the problems of the masticatory system, including TMJ, the dento-muscular system and the supporting bone⁴. The clinical examination of patients with TMD is carried out by palpating posterior medial and anterior muscles and deep and superficial masseter, lateral pterygoid, sternocleidomastoid, superior trapezius, suboccipital and posterior cervical muscles⁵⁻⁸. Now, by the definition of the dentistry field prevailing in the community, dentists feel they are less responsible to carry out such examinations and evaluate the whole occlusion and the status of the masticatory system; by local treatment of only one or several teeth, they not only do not contribute to the treatment of such disorders, but also in some cases they help aggravate these problems.

The specialty fields of dentistry such as orthodontics, periodontics, oral medicine oral pathology, etc, and the nature of the specialty fields show that teeth are only a component of the oral system, and gums, temporomandibular joint, facial muscles, the tongue, palate, etc, are other important components, with close relationships with these specialty fields. Therefore, the specialists in the fields mentioned above not only should work on the patients' teeth (dentistry) but also should work on the other components mentioned above (stomatology), while the term dentistry cannot describe all the dimensions of the activities of the specialists in different fields. For example, an orthodontist pays attention to occlusion, gums, the status of the tongue, facial relationships, the cheek muscles, etc, in addition to teeth, in order to solve a problem, and the term dentistry does not reflect all the functional aspects of an orthodontist.

The term dentistry might reflect a simplistic view of the relevant profession, resulting in a limited attitude of the specialists in this field toward the field and in belief that they cannot fulfill all the

requirements of the field. However, the term stomatology improves the attitudes of the specialists toward their profession and convinces them, by broadening their view (the lower third of the face), that they should be engaged in the group responsibility of a stomatologist⁹. Group work is not only a positive move in relation to treatment, it is advantageous to patients. Receiving treatment from a group with a stomatologist in charge will prevent patient bewilderment in the follow-up sessions, and the patients will be able to achieve their aims by visiting a stomatologist who is responsible for rendering treatment.

Use of the term dentistry prompts the patients to ask for local treatment in the majority of cases and to believe that a thorough treatment (by considering all the aspects) is not necessary. However, local treatments might cause problems for the patients over time. For example, local treatments might result in a decrease in VD, causing attrition of the anterior teeth. Nonetheless, by replacing the term stomatology for dentistry and by promoting the attitudes of the community members toward this profession, the patients will request thorough oral treatments.

The term dentistry not only results in local treatments by dentists, but also prompts the dentists themselves to offer local treatments. In local dental treatments the loads exerted on the teeth, the role of muscles, etc, are ignored. This prompts the dentists to render similar treatments to similar problems in different individuals, while from the stomatology point of view, similar problems in different individuals should be solved by considering each individual's unique condition, including the type of occlusion, the number of teeth in the oral cavity, the strength of the muscles, etc, and rendering one treatment to two problems that appear to be similar will not necessarily result in similar results.

Usually, in comparing the main field and its branches, it is realized that the main field is more comprehensive and covers a wide area. However, in the case of dentistry and its branches, this is not true; for example, it appears the oral diseases and periodontics branches are wider than the main field, i.e. dentistry, and this does not seem logical.

The treatment priorities of dentistry are different from those of stomatology. For example, suppose a patient refers to a dentist to replace a lost premolar tooth. From the dentist's and the patient's viewpoints the replacement of that premolar tooth is the first priority; however, from a stomatologist's viewpoint, determination of the cause of this problem and preservation of the remaining teeth are the first priorities and the second priority is the replacement of the lost premolar tooth.

It appears, from a dentistry point of view, that a dentist deals with only four morphologies, i.e. incisors, canines, premolars and molars. Such an attitude might make those interested in this field feel that it is a monotonous and repetitive field. However, from the viewpoint of stomatology, a stomatologist not only deals with 4 types of tooth

morphology but also he/she deals with the lower third of the patient's face and since this part and its components are not similar to each other in any two patients, there is a wide a range of diversity in the field.

By accurately evaluating the reasons discussed above and possible other scientific reasons, it might be concluded that it is necessary to replace the term dentistry with stomatology and dentist with stomatologist.

CONCLUSION

It should be kept in mind that this is not a change in the title of this field only and by changing the title, the attitudes of the specialists in this field should also change, which will result in a radical change in the attitudes of the community members.

REFERENCES

1. Aschheim KW. Esthetic dentistry: a clinical approach to techniques and materials: Elsevier Health Sciences; 2014.
2. Rosenstiel SF, Land MF, Fujimoto J. Contemporary fixed prosthodontics: Elsevier Health Sciences; 2015.
3. Shillingburg HT, Hobo S, Whitsett LD, Brackett SE. Fundamentals of Fixed Prosthodontics, ed, 1997. Learning. 40 (2012).
4. Okeson J. Management of Temporomandibular Disorders and Occlusion. 6th ed: St. Louis: Mosby Co; 1-333 (2008).
5. Casamassimo P, Christensen J, Fields H, Ganzberg S. Examination, Diagnosis, Treatment Planning for General and Orthodontic Problems. In: Pinkham J, Casamassimo P, Fields HW, McTigue DJ, Nowak A Pediatric Dentistry: Infancy Through Adolescence St Louis: WB Saunders Co. 661-89 (2005).
6. Castelo P, Gavião M, Pereira L, Bonjardim L. Relationship between oral parafunctional/nutritive sucking habits and temporomandibular joint dysfunction in primary dentition. *International journal of paediatric dentistry*. **15**(1): 29-36 (2005).
7. Mackie A, Lyons K. The role of occlusion in temporomandibular disorders—a review of the literature. *The New Zealand dental journal*. **104**(2): 54-9 (2008).
8. Conti ACdCF, Oltramari PVP, Navarro RdL, Almeida MRd. Examination of temporomandibular disorders in the orthodontic patient: a clinical guide. *Journal of Applied Oral Science*. **15**(1):77-82 (2007).
9. Grace M. Cost effective teamwork. *British dental journal*. **197**(8):447 (2004).