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**Use of anterior repositioning appliance for full mouth rehabilitation:
 A case report**

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Introduction

The effective management of patients with severe attrition with loss of vertical dimension is an increasing challenge for the dental profession. The minimum amount of tooth reduction from occlusal surface in worn out tooth always reduces axial length which reduces retention of restorative material or prosthesis and invites auxiliary preparation to enhance retention. Insufficient restorative space requires more tooth preparation which in turn may result in endodontic damage for the vital teeth. The extra space created by increased occlusal vertical dimension reduces the chances of endodontic damage for extensive oral rehabilitation. This increased occlusal vertical dimension not only improves functional occlusion but also aesthetic quality of the prosthesis, which are considered an additional advantage of bite raising.¹

Orthodontic surgery, periodontal surgery, orthodontic appliance for controlled passive eruption could be other treatment modalities.² Restoration of the occlusal vertical dimension by 1 mm posteriorly leads to an opening up of 3 mm anteriorly (rule of third) which hampers the aesthetics as overjet and overbite increases. The prosthodontists target is to plan the treatment procedure in such a way that posterior height will be increased but anterior overjet and overbite will be kept within normal parameters so that aesthetic is not jeopardised.³

Dawson suggested restorative repositioning and contouring can often achieve space for dental materials and develop a favourable plane of occlusion and pleasing smile.⁴

Anterior positioning of the mandible or anterior teeth in contact whenever posterior open bite is left for passive eruption or restorative materials could be amicable solution for rule of third.⁵

Anterior repositioning and contouring of the anterior overlay splint is considered as better treatment modality.³

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