



Paper Accepted*

ISSN Online 2406-0895

Original Article / Оригинални рад

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**Stress and strain distribution in the lower jaw with shortened dental arch –
A finite element method study**

Дистрибуција напона и деформација у доњој вилици са скраћеним зубним
луком – Студија методом коначних елемената

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Received: November 6, 2017

Revised: March 13, 2018

Accepted: March 16, 2018

Online First: March 20, 2018

DOI: <https://doi.org/10.2298/SARH171106026M>

* **Accepted papers** are articles in press that have gone through due peer review process and have been accepted for publication by the Editorial Board of the *Serbian Archives of Medicine*. They have not yet been copy edited and/or formatted in the publication house style, and the text may be changed before the final publication.

Although accepted papers do not yet have all the accompanying bibliographic details available, they can already be cited using the year of online publication and the DOI, as follows: the author's last name and initial of the first name, article title, journal title, online first publication month and year, and the DOI; e.g.: Petrović P, Jovanović J. The title of the article. *Srp Arh Celok Lek*. Online First, February 2017.

When the final article is assigned to volumes/issues of the journal, the Article in Press version will be removed and the final version will appear in the associated published volumes/issues of the journal. The date the article was made available online first will be carried over.

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Stress and strain distribution in the lower jaw with shortened dental arch – A finite element method study

Дистрибуција напона и деформација у доњој вилици са скраћеним зубним луком
– Студија методом коначних елемената

SUMMARY

Introduction/Objective The absence of functional loading due to molar loss might cause changes to the microstructure of the bone.

The objective of this study was to investigate and visualize deformation and strain pattern distribution of the mandible with full arch dentition (FDA) and shortened dental arches (SDA) during occlusion.

Methods A 3D model of an adult cadaveric dentate mandible, judged by visual inspection to be without pathological and traumatic damages, was developed based on CT scan images, set to 0.7 mm slice thickness. The scanned slices were imported into software where the bone and teeth were identified and modelled separately based on image density thresholding. Using the software and based on the grey-scale analysis of the slices initial meshes for the cortical, cancellous bone and teeth were generated.

Results Highest stress/strain values were registered in the structures adjacent to molars i.e. molar region of processus alveolaris assigned by blue color in FDA model. Similar to FDA, the SDA models exhibited deformation with evident highest strain (9.33 %) at the processus coronoideus and mandibular angle. The highest overall stress (5 MPa) and strain (6.67 %) was found in the mandibular intercanine segment of the SDA model, considering the mandibular body.

Conclusion Finite element method can be employed as a powerful tool for visualization of the stress and strain of the loaded mandible models with full and shortened dental arches. It was registered that molar support loss caused higher stress and strain in SDAs compared to FDA model.

Keywords: mandible; finite element method shortened dental arches;

САЖЕТАК

Увод/Циљ Одсуство функционалног оптерећења услед губитка молара може изазвати промене у микроструктури кости.

Циљ овог истраживања је био да се испитају и визуелизују напони и деформације у мандибулама са интактним зубним луком (ИЗЛ) и скраћеним зубним луком (СЗЛ) у току оклузије.

Метод 3Д модел кадаверске доње вилице одрасле особе са зубима (процењена визуелним прегледом без патолошких и трауматских оштећења) развијен је на основу КТ слике, дебљине слоја од 0,7мм. Скенирани пресеци су унети у софтвер, идентификована и моделирана тврда ткива кости и зуби појединачно на основу сегментације слике. Почетне мреже за кортикалну кост, спонгиозну кост и зубе су произведене коришћењем софтвера и на основу анализе сиве скале пресека.

Резултати Највеће вредности напона и деформација су регистроване у структурама доње вилице непосредно уз моларе у тзв. моларном региону алвеоларног наставка што је означено плавом бојом на ИЗЛ моделу. Слично ИЗЛ, и СЗЛ модели се показали највеће вредности деформација (9,33%) у короноидном наставку и мандибуларном углу. Највећи напон (5 МПа) и деформација (6,67%) су пронађени у интерканином региону СЗЛ модела, уколико се разматра тело доње вилице.

Закључак Методом коначних елемената су визуелизоване слике напона и деформација модела доње вилице са пуним и скраћеним зубним луковима. Уочено је да губитак моларне потпоре изазива јаче напоне и деформације у СЗЛ моделима у поређењу са ИЗЛ моделом.

Кључне речи: доња вилица; метод коначних елемената; скраћен зубни лук

INTRODUCTION

The term 'shortened dental arches' (SDA) was first introduced in 1981 by Arnd Kayser explaining a dentition functional status with loss of posterior teeth [1]. Since then the proposed concept is still considered controversial by many clinicians [2]. It was speculated that molar loss is associated with reduced masticatory performance and has been reported to lead to mandibular displacement and various changes [3,4]. Also, it was suggested that SDA might be associated with an increased risk for changes in the temporomandibular joint (TMJ) [5,6]. On the other hand, epidemiological studies on SDA subjects emphasized that SDA is not a risk factor for temporomandibular dysfunction [7,8] confirmed with the *in-vivo* and *in-vitro* findings of Hattori et al.

[9]. In spite of extensive assessment of the effect of molar support loss on the migration of the remaining teeth, possible interactions with temporomandibular disorders, and chewing function alterations, the influence of molar loss on loading distribution to the remaining supporting tissues was not widely analyzed. Kondo and Wakabayashi speculated that increased strain is likely to occur in a certain proportion of patients with bilateral loss of molar support, representing a potential activator of bone degradation [10]. Furthermore, the absence of functional loading due to molar loss and occlusal loading center shifting anteriorly might alter the bite force distribution pattern with resultant strain (deformation) concentration that might cause changes to the microstructure of the bone. The objective of this study was to investigate and visualize stress and strain pattern distribution of the mandible with full arch dentition (FDA) and shortened dental arches (SDA) during occlusion. We aimed to test the hypothesis that loss of molar support causes increase in strain and alter the stress distribution pattern in the supporting mandible bone.

METHODS

In order to perform the study a three-dimensional (3D) numerical model of full dentate human mandible named FDA model was constructed, and generated stress and strain were evaluated during clenching. The same analysis was conducted on 3D models of the mandible with shortened dental arches determined as the SDA models. Shortening of the dental arch was done up to premolar (SDA 1) and up to canine (SDA 2). So, SDA 1 was highlighted as a model with absence of molar teeth only, while SDA 2 had only anterior teeth left. Due to obvious practical reasons, as direct strain measurement in the functioning human mandible cannot be achieved, it was assumed that finite element modelling may be used instead to predict the real biomechanical responses in mandible models [11].

A 3D model of an adult cadaveric dentate mandible, judged by visual inspection to be without pathological and traumatic damages, was developed based on CT scan images (Siemens, Somatom Sensation 16, Germany), set to 0.7 mm slice thickness. The skeletal specimen was obtained from the Laboratory for Anthropology, Institute of Anatomy, School of Medicine, University of Belgrade. According to data from the Laboratory archive mandible donor was a Serbian man in the late forties.

The scanned slices (total number of 248) were imported into a visualization software (Mimics 9.0; Materialise, Leuven, Belgium), where different hard tissues of the bone (cortical and cancellous) and teeth were identified and modelled separately based on image density thresholding. Using the software and based on the grey-scale analysis of the slices initial meshes for the cortical, cancellous bone and teeth were generated. The periodontal ligament (PDL) was modelled as uniform, elastic layer of 0.3mm around the teeth roots. Also, the mentioned materials that compose the structure under investigation were assigned different material properties within the next phase of finite element definition. Young's modulus and Poisson's ratio for all modelled materials are given in table 1 and are imported from the literature data [11-15].

Table 1. Material properties assigned to the structure under investigation.

Structure	Young's modulus (GPa)	Poisson's ratio
Compact bone	9.1	0.3
Cancellous bone	4.5	0.3
Hard dental tissues	20	0.3
Periodontal ligament	7.5×10^{-3}	0.3

Table 2. Total number of nodes and elements representing each material of the structure under investigation.

Material	Nodes	Elements
Mandible	86 072	130 910
Teeth	6 185	34 714

The digital models created in this way were imported into the Hyper Mesh software and total number of 3D tetrahedron was obtained. Due to geometry complexity of the investigated structures it couldn't be possible to use hexahedron finite elements. Therefore the choice of tetrahedron was considered better for describing the dento-alveolar complex. The total number of nodes and elements

composing the finite element mesh are presented in table 2.

Processing and post-processing was performed in MSC Patran 2002, while MSC Nastran 2002 was used as solver.

Simulation of biting and clenching in the mandibles with full and shortened dental arches was done using static vertical loading paralel to the teeth long axis. The following points were established for loading protocols for models while the force intensity was accepted according to literature data [16, 17]: 1) Load was applied bilaterally simetrical to the midline in the FDA model simultaneously along the dental arch with the following distribution of force intensity: anterior teeth 150N, premolars 200N and 300N. 2) Load was applied bilaterally simetrical to the midline in the SDA models, simultaneously along the dental arch with the following distribution of force intensity: anterior teeth 150N, premolars 200N and 300N.

Furthermore the mandible in all investigated models was constrained at the occlusal surface of the biting teeth and at both TMJ. These restraints corresponds to fixation of the mandible at the endosteal surfaces of temporal bones assuming that both condyles are centered in the glenoid fossas (Figure 1). Lines of masticatory muscles actions and their arms were imported from the literature [17, 18].

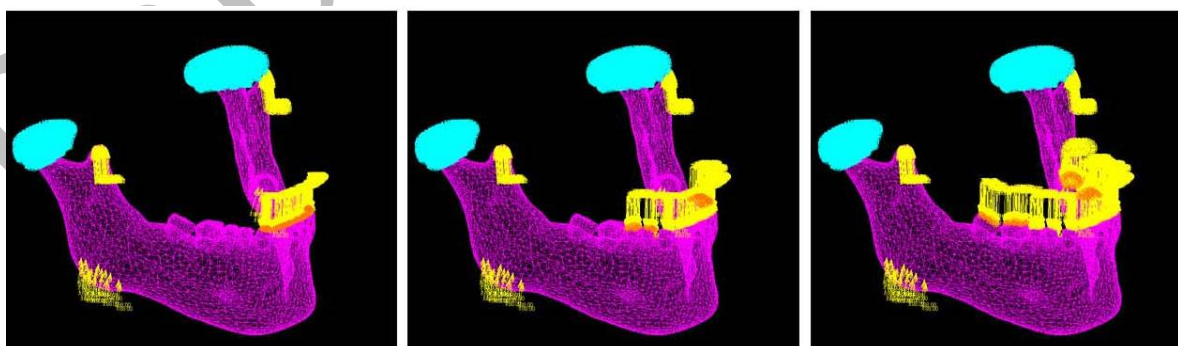


Figure 1. Investigated models (missing posterior teeth, missing molars and full dentate arch) were constrained at the occlusal surface of the biting teeth and at both TMJ.

RESULTS

The results of this experimental study were represented using software images/figures and table. An interpretation of software images was done using the scales next to figures. The coloured scales graduated the intensities of stress and strain. The highest stress of 9.33 MPa was assigned by green colour of the mandible models. Overall, a large portion of strain and the highest stress/strain values were registered in the structures adjacent to molars i.e. molar region of processus alveolaris assigned by blue color in FDA model (Figure 2). Similar to FDA, the SDA models exhibited deformation with evident highest strain (9.33 %). The red colour was used to determine the highest

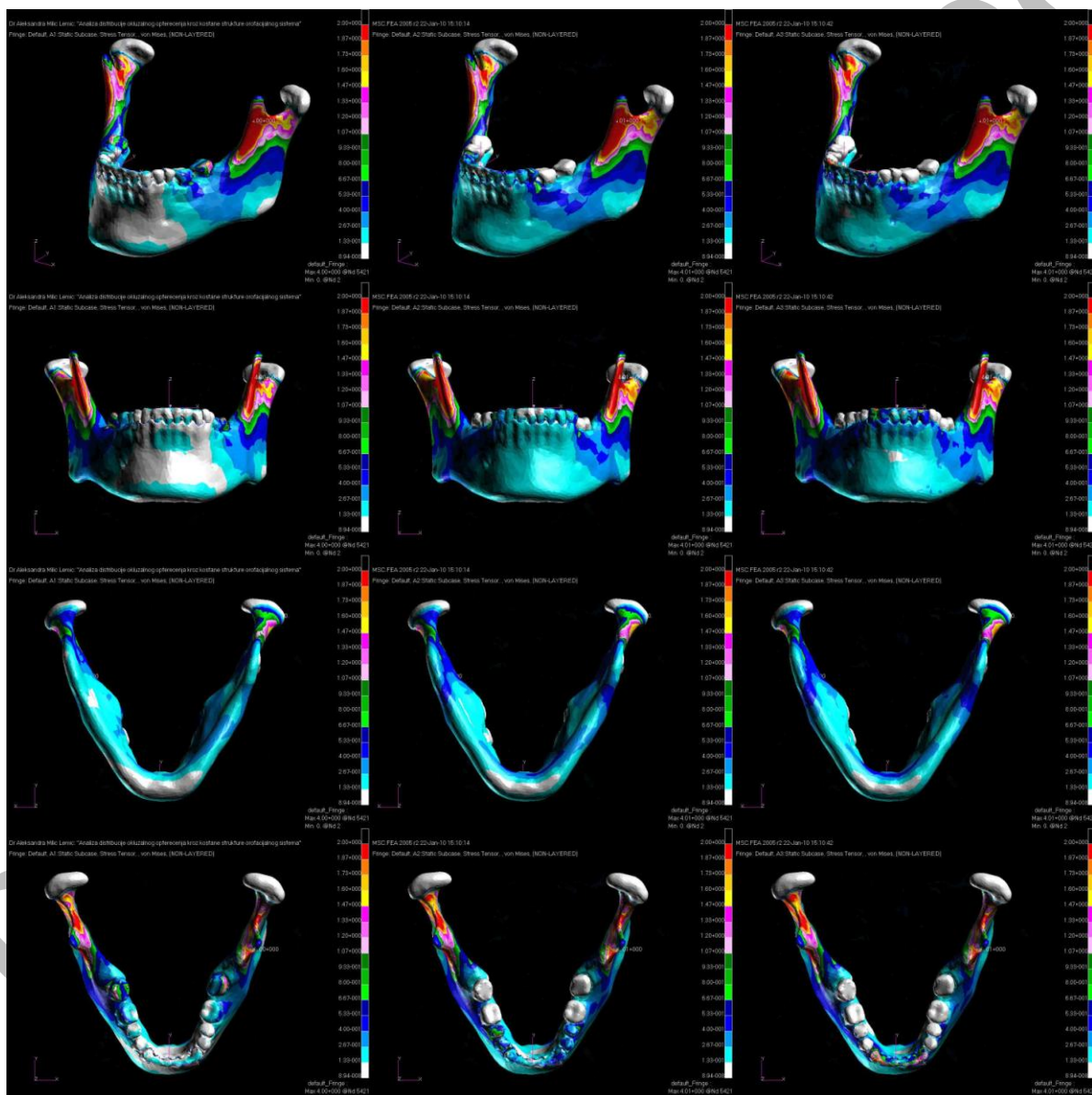


Figure 2. Collage of the mandible models exposed to stress viewed from frontal-lateral (first and second row), caudal-lingual aspect (third row) and occlusal (fourth row), respectively from up to down.

strain at the processus coronoideus and mandibular angle (Figure 3). However, gradually reducing number of teeth led to overloading of the premolar region, the foramen mentale and the mandibular

anterior region, respectively. Thus, the highest overall stress (5 MPa) and strain (6.67 %) was found in the mandibular intercanine segment of the SDA model, considering the mandibular body.

Generally, regarding the mandibular body the highest stress/strain values were detected in the marginal periodontium of the teeth and retromolar region. A uniform overall strain was detected in both body and processus while overall stress was not evenly distributed along processus. The uniform strain was additionally seen on the lingual side of processus alveolaris and along the basal side of the corpus and assigned by different gradient of pink color (Figure 3). The posterior segments of

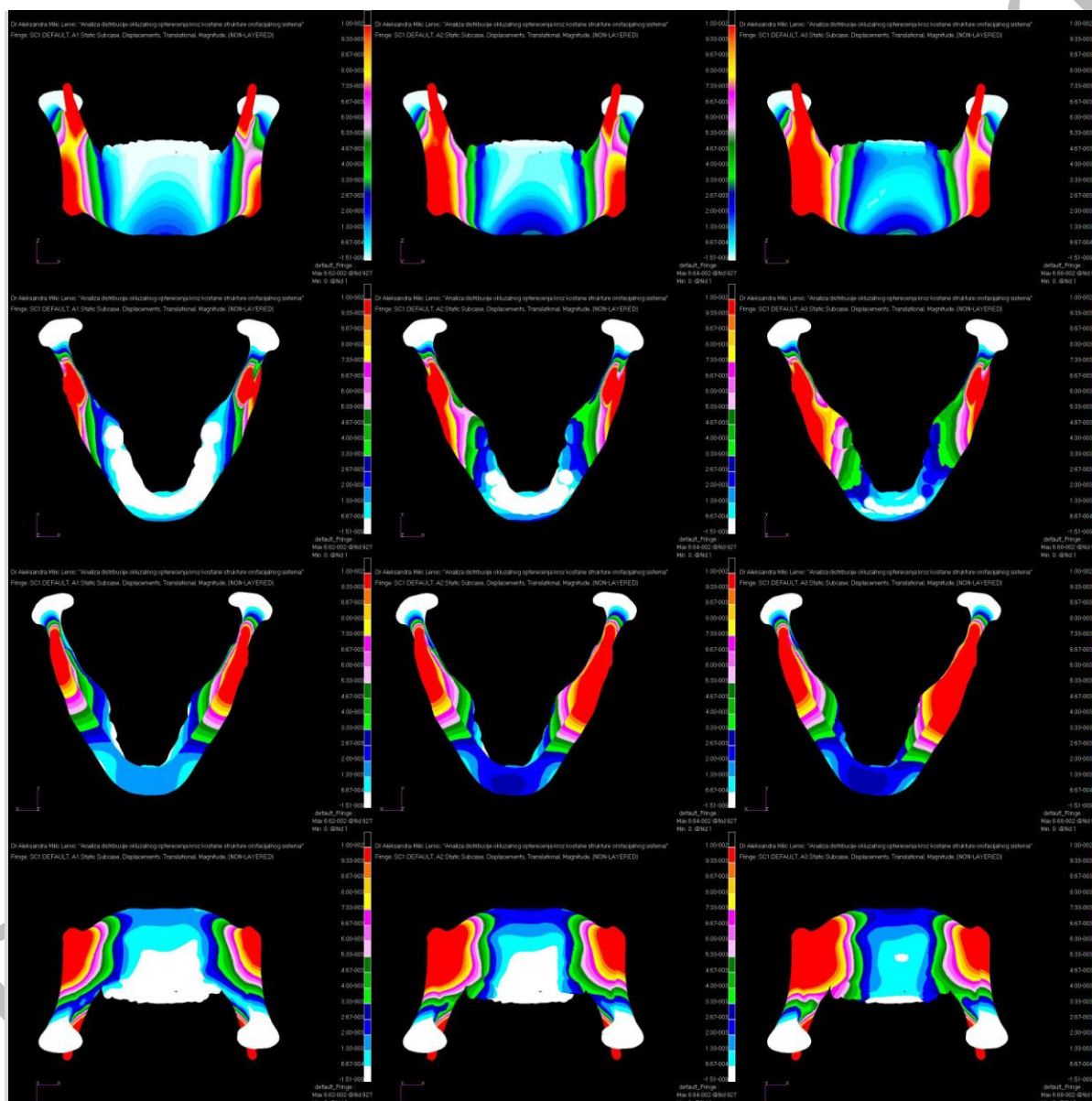


Figure 3. Collage of the strained mandible models imaged from the frontal-lateral (upper row), occlusal and lingual-caudal aspects (lower row), respectively from upp to down.

mandible model including mandibular processus shown the highest strain and the lowest stress values, although the retromolar region revealed the highest stress and strain in all models (Figure 2, 3). The highest values of the average stress and strain were registered in mandible model with anterior teeth left (Table 3). The stress and strain were more concentrated in the anterior region of the SDA models

compared to FDA model which is proved by images in frontal aspect (Figure 2, 3). The highest strain was also detected in the lingual side of alveolar bone and basal side of the corpus of SDA models (Figure 3).

Table 3. Average stress and strain values obtained for three models: model with full dental arch, model determined by absence of molars and model with anterior teeth left.

	Average values		
	Full dentate FDA	Missing molars SDA	Missing posterior teeth SDA
Stress (MPa)	4.00	4.01	4.01
Strain (%)	6.62	6.64	6.68

DISCUSSION

So far, 3D finite element analysis (FEA) has been employed in dentistry research field many times for different

purpose. FEA has many advantages over other digital methods in simulating the complexity of clinical circumstances [10]. Still, the clinical studies were found to be more relevant for practice compared to the FEA evidence. In addition, FEA analyses can provide full visualization of stress and strain distribution without involvement human subjects and thus exclude ethical moment [21].

This study is a simulation of an every-day clinical situation during biting and chewing of full dental and shortened dental arches. In the present study, FEA was used to examine the effects of the static loads on the stress/strain distribution in mandible models similar to previous study conducted using the digital image correlation method [22]. As a result of occlusal loading of the analyzed mandible models full stress/strain fields were observed [22]. The study revealed that shortening the dental arch partially changed the pattern of occlusal load distribution and increased stress and strain in the anterior mandibular segment which is supported by previous findings [7-9, 21, 22]. A location of the areas of higher stress was associated with the loading position and site [20, 22], but the action of masseter, medial pterygoid and temporalis contributed to the compressive stresses in the ramus and lingual side of alveolar process and corpus observed during both simulated loading protocols [23]. Thus, the highest strain intensity at the process coronoideus was expected, because of the insertion of the masticatory muscles closest to force attack point and their function during closing. Strain of the lingual side is a consequence of mandible occlusal loading but also a result of masticatory muscles action. Therefore, results of this study may provide support for the idea that twisting and bending loads associated with condylar reaction and muscle forces must have a significant impact on states of stress and strain throughout both the basal and alveolar regions of the corpus [23].

The biomechanical behavior of FDA and SDA models under simulated load was observed and evaluated in relation to the stress-strain development. Whereas comparison between two investigated models in the study were done comparing principle strain where maximum strain is used for observation of tensile strain and minimum for the compressive strain. Nevertheless, tensile stress and compressive strain showed significance during these courses due to their specifically allocation and accumulation. Tensile stress was observed at the lingual side of processus alveolaris and basal side of corpus mandibularis. On the other side compressive strain of 1.17 -6.45 % was observed at the loading point a few mm inside the bone. Furthermore, compressive strain was localized in the anterior

region of processus alveolaris and basal corpus. The highest compressive strain was evident at the ramus and processus condilaris. Compressive strain values in SDA models were of lower intensity than the yield reported to cause deterioration effects [24]. However, from the biomechanical viewpoint compressive strain concentrated around the premolar and canine in SDA models may be of potential damage to alveolar bone at the site with the resultant resorption [22, 24]. The results of the study support the findings of previous studies when compressive stress and strain distribution is concerned in SDA [10, 22]. It is evident that the PDL and surrounding bone of premolars in SDAs with molar loss will be susceptible to higher compressive strain. Whether such teeth are prone to biomechanical stimuli [25] the weakening will primarily depend on individual patient characteristics and paropathogenic bacterial accumulation. Also, as stated, decreasing number in occlusal units may compromise dental stability in some patients with SDAs [22]. A similar tendency of tensile stress distribution along the lingual side of processus alveolaris and basal side of corpus was observed when SDA models were loaded. Same as in the previous model highest compressive strain was observed at the loading point, in this case in the bone of the premolar region. Despite the fact that the loading was applied in the premolar teeth representing SDA, great intensity of compressive strain was seen in the processus alveolaris adjacent the molar and in the ramus. The aforementioned is the confirmation that majority of strain in the mandible is a consequence of masticatory muscles activity. In addition, teeth displacement during occlusal loading amortizes functional and para-functional forces and thus avoids the overloading [25]. More importantly, the results of the study are in agreement with the statement that high stress is produced not only due to high load but also as a result of the morphology of the material or tissue that is susceptible to stress [9, 21, 24]. Perhaps the results presented in this paper are not real values of load in the mouth, but they indicate changes of stress and strain distribution to the implemented 3D models. Thus, interpretation of obtained results makes this method extremely important not only for preliminary and control investigation, but also as a method of choice when conducting in vitro studies [26, 27, 28].

CONCLUSION

Within the limitations and from the biomechanical aspect of the results of the study it may be concluded that: a) shortening the dental arch changes the pattern of occlusal load distribution; b) loss of posterior teeth support leads to increased stress and strain in mandible models; c) resultant compressive strain concentration due to dental arch shortening may be the cause for the microstructure changes of the alveolar bone

Based on the study results the clinicians should not have the dilemma to restore SDA or not, at least from the biomechanical perspective.

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