

DAY 1

Scientific Tracks & Abstracts



EuroSciCon Conference on

Dental & Dental Hygiene

March 26-27, 2018 Edinburgh, Scotland

DAY 1

March 26-27, 2018

Sessions

Orthodontics | Dental and Oral Health | Digital
Dentistry and Imaging | Pediatric Dentistry |
Cosmetic Dentistry

Session Chair

Patrick Fellus

French Pediatrics Orthodontics Society, France

Session Co-Chair

Michael Ellis

Texas A&M University, USA

Session Introduction

Title: Fracture tooth reattachment: A review of literature and case report

Ahmed Mohammed Hassan, Al-Farabi Colleges for Dentistry and Nursing, KSA

Title: Interceptve Orthodontics in pediatric patients by fixed braces

Abhyanth Shetty, Rajiv Gandhi University of Health Science, India

Title: Static or Dynamic Computer Guided Surgery:when and how?

Isil DamlaSener-Yamaner, Istanbul Aydin University, Turkey

Title: Technology behind the smile: the use of digitally customized lingual systems

Liana Lima Pinheiro, Oficina de Ortodontia, Brazil

Title: The present study compared the antiplaque effects of two herbal mouthwashes (*Salvadora persica* and *Azadirachta indica*) with two synthetic types {Chlorhexidine (CHX) and Cetylpyridinium (CPC)}

Fayez Niazi, Dar Al Uloom Universit, Riyadh

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Ahmed Mohammed Hassan, J Den Craniofac Res 2018, Volume: 3
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FRACTURE TOOTH REATTACHMENT: A REVIEW OF LITERATURE AND CASE REPORT

Ahmed Mohammed Hassan

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Objectives: Frontal teeth fractures occur daily, where the main patient demand is to restore the resultant defect esthetically. There is nothing more esthetic than the tooth itself. Many techniques were described to use the fractured piece to restore this defect in case of accurate fit. Unfortunately, there is no review which summarizes these techniques. The objective of this article is to summarize these techniques to give the dental practitioners the opportunity to restore the fractured tooth more conservatively and in the same time more esthetically. Also it throws light on the prevalence and etiology of tooth fracture.

Overview: Frontal teeth are subjected to traumas more than other teeth in the mouth. These traumas may lead to tooth fracture with or without pulp involvement. In attempts to restore the fractured tooth in more esthetic and conservative manner, the fractured piece may be used as a restorative material. This treatment modality has gained increased used due to the continuous development in the adhesive field. Several techniques were used. These techniques include, simple reattachment, external chamfer, over contouring, internal dentin bevel, and internal enamel bevel. All these techniques try to afford the highest fracture resistance accompanied with the least possible tooth preparation.

Conclusions: Reattachment of the fractured piece of frontal tooth is simple and successful treatment. This procedure can be performed by different techniques. Combination of two or more technique would result in better performance.

Biography

Ahmed Mohammed Hassan has completed his PhD from Al-Azhar University, Egypt. He is the Director of undergraduate operative program in Alfarabi Colleges for Dentistry and Nursing, Riyadh, KSA. He has supervised a Master's thesis submitted to Al-Azhar University. He has published more than 7 papers in reputed journals and has been serving as a reviewer in esteemed international journals. He has worked in several private and governmental universities in Egypt, Libya and Saudi Arabia.

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INTERCEPTIVE ORTHODONTICS IN PEDIATRIC PATIENTS BY FIXED BRACES

Abhyanth Shetty

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Class III malocclusion has been a challenge for most of the clinicians when it comes for diagnosis, prognosis and treatment plan. This malocclusion can be classified as dentoalveolar, skeletal or functional, which will determine the prognosis. A 8½ year-old male patient in the mixed dentition stage, complained having anterior crossbite. Facial evaluation showed slight lack of development of the middle third. Intraoral examination revealed a forward shift of the mandible, with a marked mesial molar relationship, and a crossbite of the four permanent incisors with in-standing upper right lateral incisors and retained upper right lateral deciduous tooth, thus resulting in a functional Class III malocclusion. In this case, the patient was treated with fixed 2x4 appliances on upper and lower arch for 8 months, followed by retention protocol. After completion of the treatment, the patient was followed for a 6 months period, and stability was observed. The clinical treatment results showed that it is possible to achieve favorable outcomes with early management with fixed braces in Class III malocclusion patients and showed a significant growth in the sagittal skeletal position of the maxilla and significant improvement in the soft tissue profile. There is an increase in mandibular length as well as in maxillo-mandibular sagittal skeletal relationships. The patient exhibited a significant reduction in negative overjet and overbite. The lower incisors were retroclined and the lower first molars moved significantly in a vertical direction. This case shows that that the stability of the correction of a functional Class III malocclusion with minor skeletal involvement is mainly due to early diagnosis and the early intervention. So early treatment allows proper facial growth and development and prevents further worsening of the malocclusion, with more severe consequences like need for surgery, extraction or more complicated orthodontic procedure.

Biography

Abhyanth Shetty is a specialist Orthodontist who always has a holistic approach in treating patients by using natural orthodontics. He graduated in Bachelor of Dental Surgery in 2002 and earned his Master's degree in Orthodontics from Rajiv Gandhi University of Health Sciences in 2006. He has completed his fellowship in Neuromuscular Orthodontics and Ganthology from Italy in 2016 and currently he is pursuing his Master's course in Neuromuscular Orthodontics and Ganthology from Spain. He has also undergone special training in treating patients using Orthotropic Philosophy in New Zealand for 5 years where he believed that normal growth and development of face and jaws mainly depends on correct oral posture i.e., tongue resting against palate, lips sealed, breathing from nose and teeth in or nearly in contact.

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STATIC OR DYNAMIC COMPUTER GUIDED SURGERY: WHEN AND HOW?

Isil Damla Sener-Yamaner¹, Atilla Sertgöz² and Esra Yüce³

¹Istanbul Aydın University, Turkey

²Marmara University, Turkey

³Biruni University, Turkey

Placement of the implant with the help of computers can be done with two different ways: static or dynamic computer guided surgery. In static way, using surgical software and computerized tomography (CT) or volumetric dental tomography (VDT) scan data can be transferred into a 3- dimensional implant planning program to allow for accurate planning and placement of implants. Computer software has been designed to enhance clinical implant treatment planning through reading and interpreting CT scans, performing measurements and evaluating anatomic relationships by placing virtual implant images on the screen (CAD-Computer Aided Design). Computer generated surgical templates and anatomic models can be fabricated allowing for the transfer of CAD treatment planning decisions to the surgical treatment phase (CAM-Computer Aided Manufacturing). Computer-aided design and manufacturing have made possible to use data from computerized tomography to not only plan implant rehabilitation, but also to transfer this information to the surgery. One of these techniques uses stereolithography (SLA), which is the most well-known, a laser-driven polymerization process that fabricates an anatomic model or surgical templates. A relatively recent emerging field in dental implantology is dynamic computer-assisted dental implant surgery. For the accurate transfer, registration of the patient's prosthetic outcome is necessary with trackers or superficial markers, after which a navigation system allows the surgeon to guide the instrument freely, as in conventional treatment. Several commercial optical navigation systems are available in dental market. This clinical presentation will compare the static and dynamic computer-assisted dental implant surgeries in clinical cases.

Biography

Isil Damla Sener-Yamaner has completed her PhD from Department of Prosthodontics, Faculty of Dentistry, Marmara University and Postdoctoral studies from Department of Prosthodontics, Faculty of Dentistry, Istanbul Aydın University. She is now Assistant Professor and has published about 25 papers in reputed journals.

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TECHNOLOGY BEHIND THE SMILE: THE USE OF DIGITALLY CUSTOMIZED LINGUAL SYSTEMS

Liana Lima Pinheiro

Oficina de Ortodontia, Brazil

Nowadays we can count on different types of lingual brackets, pre-adjusted or totally customized, self-ligated or conventional, with different bases, slots and different needs. All of them have different features. The aim of this presentation is to show the difference between them, so the professional can make the right indication for each patient depending on the treatment needs. Many CAD-CAM successful lingual cases will be shown to prove how fast, easy and accurate is the new lingual treatment.

Biography

Liana Lima Pinheiro is the Author of the first Brazilian book of "Lingual Orthodontics". She is also the Creator of the first regular course in *Lingual Orthodontics* in Brazil, teaching all over the world. She has a Master's in Orthodontics and Facial Orthopedics, Doctor Degree in Laser in Orthodontics, and is specialized in Orthodontics and Facial Orthopedics. She has a Post-graduate degree in Functional Occlusion. She is the Managing Director of Oficina De Ortodontia, an Orthodontic School in Brazil. She is an Honorary Member of the Brazilian Odontology Academy and also Odontology Academy of Rio de Janeiro, an important title to her professional career not only in recognition of her clinical and educational work but also her professional success.

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THE PRESENT STUDY COMPARED THE ANTIPLAQUE EFFECTS OF TWO HERBAL MOUTHWASHES (*Salvadora persica* and *Azadirachta indica*) WITH TWO SYNTHETIC TYPES {CHLORHEXIDINE (CHX) AND CETYLPYRIDINIUM (CPC)}...

Fayez Niazi

Dar Al Uloom Universit, Riyadh

Design: In this triple-blind, randomized controlled trial, 100 patients undergoing orthodontic treatment were offered scaling and polishing at baseline to get zero plaque score. In the first phase, they were given oral hygiene education and provided a standard tooth paste to be used twice daily for a period of three weeks. In the second phase, following scaling and polishing, they were randomly allocated to use one of the four mouthwashes (A= Chlorhexidine, B= Cetylpyridinium, C= Extracts of *Salvadora persica* miswak and D= Extracts of *Azadirachta indica* miswak), along with previously instructed tooth brushing protocol for a further period of three weeks. Plaque accumulation was scored according to modified bonded bracket Plaque Index: at the start, after tooth brush-paste trial and at the end of mouthwash trial. Comparison of mean difference of post-plaque index between and within groups was performed by one-way multivariate analysis of variance MANOVA and post-hoc Tukey test.

Results: A total of 80 participants completed the study; among them, 17 were males and 63 were females. There was a significant decrease in mean plaque scores after using mouthwashes in all the four groups at follow-up when compared to first plaque score ($p=0.001$). The greatest reduction (of plaque score) was found in Group C (*Salvadora persica*) when compared with the CHX group ($p=0.016$). The other comparisons were not statistically significant.

Conclusion: Compared to other mouthwashes, *Salvadora Persica* miswak based mouthwash showed maximum reduction in the plaque scores among orthodontic patients.

Biography

Dr. Fayez Niazi is an Assistant Professor at Dar Al Uloom University and having almost ten years of teaching experience with research interest mainly in Endodontics, Oral Biology and Operative Dentistry. He was Assistant Professor of Oral Biology at Ziauddin University, Karachi, Pakistan from June 2009- Oct 2015.

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DAY 2

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Sessions

Current Concepts in Oral Health | Dental Hygiene
| Orthodontics | Advanced Dentistry | Cosmetic
Dentistry

Session Chair
Liana Lima Pinheiro
Office of Orthodontics, Brazil

Session Co-Chair
Hanna Olson
University of Otago, New Zealand

Session Introduction

Title: Social 6 smile with fixed braces

Abhiyanth Shetty, Rajiv Gandhi University of Health Science, India

Title: Exploring New Zealand and Swedish dental hygienists' perceptions of their chosen profession.

Hanna Olson, University of Otago, New Zealand

Title: Smile...can take you miles!!

Lokesh Tomar, Sharda university, India

Title: Naturalistic approach to oral health

Naveena Preethi, Rajarajeswari Dental College and Hospital, India

Title: Implant-assisted overdentures: a paradigm relocation & simplification

Mostafa Helmy Mostafa Ahmed, Cairo University, Egypt

Title: Holistic approach of cranio-mandibular system

Silvana Beraj, Universiteti Aleksander Moisiu, Albania

Title: Tacrolimus as a potencial risk of oral candidiasis

Marketa Janovska, Charles University, Czech Republic

Title: Five-Fluouracil for Odontogenic Keratocyst treatment: A case report

Giulianna Lima Pinheiro, Rio de Janeiro State University, Brazil

Title: Mandibula Wing Osteotomy: A Case Report

Giulianna Lima Pinheiro, Rio de Janeiro State University, Brazil

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SOCIAL 6 SMILE WITH FIXED BRACES

Abhyanth Shetty

Rajiv Gandhi University of Health Science, India
Member of World Federation of Orthodontists (WFO)

Social 6 Braces or Six-Month Smiles are specially designed to straighten your front upper and/or lower anterior six teeth with short term orthodontic treatment within six months for aesthetic purposes only. These six month braces are a quick fix for those worried about what their smiles look like, however, bite, arches, root angles, and jaw alignment are not addressed. Millions of adults are unhappy, self-conscious or even embarrassed of their smile and they're just looking to improve the appearance of their smile. Some patients notice their teeth becoming increasingly crowded with age; others may have just one tooth that's always bothered them; some have even had orthodontic treatment before, only for their teeth to move after they stopped wearing their retainers. Social 6 braces can be the perfect solution to these scenarios. Conventional orthodontic treatment can take around 18 months, whereas social 6 braces can straighten teeth in a fraction of the time. This speediness doesn't mean they cut corners; they're faster because they're only focused on aligning your front teeth. Thanks to a growing demand for social 6 braces, there are now several different types to choose from. These include discreet options such as clear aligners and fixed braces with clear or tooth-coloured brackets or even lingual braces. It's ideal for straightening teeth that are mildly crowded/crooked, spacing or mild open bite too. Now, there is an effective, safe and affordable cosmetic braces solution that fits every bodies lifestyle.

Biography

Dr Abhyanth Shetty is a specialist Orthodontist who always has a HOLISTIC approach in treating patients by using natural orthodontics. He graduated his Bachelor of dental surgery in 2002 and earned his Master's degree in Orthodontics from Rajiv Gandhi University of health science in 2006. He has completed his fellowship in neuromuscular orthodontics and Ganthology from Italy in 2016 and currently he is perusing his master's course in neuromuscular orthodontics and Ganthology from Spain.

He has also undergone special training in treating patients using ORTHOTROPIC PHILOSOPHY in New Zealand for 5 years where he believed that for a normal growth and development of face and jaws is mainly dependent on correct oral posture ie tongue resting against palate, lips sealed, breathing from nose and teeth in or nearly in contact.

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EXPLORING NEW ZEALAND AND SWEDISH DENTAL HYGIENISTS' PERCEPTIONS OF THEIR CHOSEN PROFESSION

H Olson, A Meldrum and L Smith

Sir John Walsh Research Institute, New Zealand

The aim of the study was to document a group of New Zealand (NZ) and Swedish oral health professionals' perceptions of their professional work. During March and April 2016, 643 practising dental hygienists from NZ and Sweden completed a survey focusing on their work practices and job satisfaction. This paper reports responses of 61 participants who answered the open-ended question asking the participants to document anything that they deemed to be of interest regarding their chosen career. A general inductive analysis of the data was undertaken. Four themes emerged in the participants' responses, which included: (i) Work satisfaction, (ii) Professional relationship, (iii) Continuing professional development and (iv) Areas of interests. Feeling appreciated and respected in their work was important for the participants to gain a sense of work satisfaction. Many participants were interested in continued professional development focusing on their clinical practice and participation in postgraduate courses, while others were interested in furthering their knowledge of integrative approaches to public health initiatives. However, participants reported that a number of barriers exist which hindered their desires for continued professional development and postgraduate study. In order to enhance their career satisfaction, dental hygienists need to feel valued and have the opportunity for continuing professional development and postgraduate education. This presentation will report key findings and directions for further research focusing on better support for dental hygienists and their practice.

Biography

H Olson has a Master's Degree in Integrative Health Science from the University of Kristianstad, Sweden. In 2015, she joined the University of Otago Faculty of Dentistry: New Zealand's National Centre for Dentistry, as a Lecturer in the Department of Oral Sciences. She is now Head of Discipline for Dental Hygiene. She has 15 years of clinical work experience as a Dental Hygienist in Scandinavia, providing care for patients of all ages in different settings including private practice, the Community Dental Service, Specialist Dentistry within the Department of Oral and Maxillofacial Surgery Clinic and Hospital Dentistry. She has first-hand experience in Outreach Oral Health Care and Health Promotion, which are her core areas of teaching. Some of her interests are multi-professional team work, international collaboration, health care supervision and research on oral health education.

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SMILE...CAN TAKE YOU MILES!!

Lokesh Tomar, Ekta Choudhary and Pooja Kabra
Sharda University, India

Esthetic dentistry has become one of the main areas of dental practice emphasis and growth for several years. Patients are increasingly seeking treatment for their oral condition with the primary concern of an esthetic enhancement. A smile design should always include the evaluation and analysis of both facial and dental composition, keeping in mind the "golden proportion". Owing to improvements in physical and mechanical properties, particularly wear resistance, composite resins have overpowered silver amalgam as a choice of restoration in the modern era. With an advent of ceramic restorations (crowns and bridges, veneers) and advancement in bleaching technologies, it has become easy to meet the expectations of patients. A beautiful smile, not just beautiful teeth delineates the importance of facial esthetics with botox, dermal fillers, threads which have now been tremendously used in advance esthetic dentistry. This presentation highlights the key elements for the fruitful esthetic era.

Biography

Lokesh Tomar has completed his BDS from Rajiv Gandhi University of Health Sciences, Bangalore and is currently pursuing PG in Endodontics from Sharda University School of Dentistry, India. He has been an Eminent Speaker and has more than 10 oral presentations to his credit. He has completed courses on Facial Aesthetics under the guidance of Dr. Rajat Bhandari and Management of Severe Curvature under Dr. Antonis Chaniotis.

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NATURALISTIC APPROACH TO ORAL HEALTH

Naveena Preethi

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Over the years, oral health and dental hygiene are gaining lots of importance as it has proved to have a direct connection to systemic health. But the affordability and accessibility to this basic health care protocol is expensive, along with the side effects of modern medicines and oral hygiene products; the fact to which people are attracted and looking towards alternative traditional practices for longevity. Oil swishing is a time-honored Indian folk remedy that involves swishing edible oil in the mouth for oral and systemic health benefits. Oil pulling offers a naturalistic approach to oral health care as well as general health. It is believed to cure many diseases when practiced regularly and as directed. Considering its health benefits, and cost-effectiveness, regular oil pulling and oral hygiene practices hold promises for the non-invasive method in future.

Biography

Naveena Preethi is a Researcher and Clinician by profession. She is currently working as a Senior Lecturer in the Department of Pedodontics and Preventive Dentistry at Rajarajeswari Dental College and Hospital Bengaluru, India. She graduated from Rajiv Gandhi University of Health Sciences, one of the most reputed medical universities in the country. She is an active member of International Association for Dental Research (IADR) and regularly presents her research paper in various international conferences including American Academy of Dental Research. Her research papers mostly focus on Preventive Dentistry which have been published in various international as well as national journals.

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IMPLANT-ASSISTED OVERDENTURES: A PARADIGM RELOCATION AND SIMPLIFICATION

Mostafa Helmy Mostafa Ahmed
Cairo University, Egypt

Completely edentulous patients often have problems with their complete dentures; a treatment modality of using two, four or six implants to support overdentures has been proposed to improve the retention as well as the stability of the conventional denture, in addition to preserving the residual alveolar bone. Several worldwide research studies tested the impact of implant-assisted overdentures on satisfaction and quality of life and concluded that individuals with implant-assisted overdentures were more satisfied and had a better oral health quality than others with conventional dentures. Implant-supported overdentures are indicated in clinical conditions requiring high values of retention and stability such as cases of high muscle attachments. Implant-retained overdentures offered a simpler, cheaper and equally successful prosthetic solution compared to the fixed restorations in the rehabilitation of maladapted edentulous mandibles. Moreover, they provide enhanced masticatory function, higher patients' satisfaction and quality of life than the conventional complete dentures. Systematic reviews comparing implant-supported overdentures retained by utilizing a wide range of attachment mechanisms were recently published. The implant-supported treatment modality might be in the form of splinted implants (e.g. bar-retained overdentures), or unsplinted implants (as in case of ball, locator or magnetic attachments). Owing to the smaller space requirements, ease of cleaning, more economical achievement and lower technique sensitivity; unsplinted attachments have been preferred over splinted ones. The most common maintenance requirement of any overdentures attachment, found to be the renewal or reactivation of the retentive element. Inadequate inter-arch space was found to be one of the major causes of bulk fracture of the acrylic denture base. Furthermore, it might lead to inappropriate positioning of the denture teeth with subsequent esthetic and phonetic problems. Locator's attachments presented the lowest profile of the currently available stud attachments. Findings suggested that depending on the attachment system used, the degree of patient satisfaction is directly affected by the amount of retention and stability of the implant-supported overdentures. Learning objectives of this presentation will be, detailed amplification of the implant-supported overdentures, measuring the degree of patient satisfaction, simplifying the procedures of overdentures construction, practical measurements of optimum number of implants to be utilized and different construction approaches of implant-assisted overdentures in both arches.

Biography

Mostafa Helmy Mostafa Ahmed completed PhD (Doctor Degree) in Implant Prosthetic Dentistry, Kasr El Aini, Cairo University in 2013, MSc (Master's Degree) in Implant Prosthetic Dentistry, Kasr El Aini, Cairo University in 2010. He is an Associate Professor in Prosthetic Department, Cairo University and was a Lecturer in Prosthetic Department, Cairo University from 2010 to 2013. He was a Demonstrator in Prosthetic Department, Cairo University from 2007 to 2010. He was a Resident in Prosthetic Department, Cairo University from 2004-2007. He completed BA degree from the Faculty of Dentistry in the year 2002.

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HOLISTIC APPROACH OF CRANIO-MANDIBULAR SYSTEM

Silvana Beraj

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Neuromuscular equilibrium and optimal-stable cranio-sacral alignment is the absolute goal of the TMDs treatment. The holistic principle of homeostasis goes beyond basic occlusal understanding and mandibular spatial positioning. To support cranio-mandibular system function, compensatory muscle activity takes place within the entire body which is an integral part of dynamic orchestra of the movement. In an attempt to resolve the underlying occlusal problems of TMD, this compensatory muscle activity may result in serious symptoms due to the cranio-sacral importance of motion in maxillary and palatine sutures. A number of intrinsic physiologic processes act upon the masticatory system and collectively determine its parameters of function. These physiologic determinants include cardiovascular, endocrine, immunologic, metabolic and neural (both peripheral and CNS) influences. Several neurological and orthopaedic disorders have been discovered and ultimately resolved by treating local pathogenetic factors. Improper physical forces result in heightened afferent trigeminal nerve activity and input to the central nervous system. Under such circumstances, jaw and tooth mobility play an important role in postural organization or, conversely, postural disorganization.

Biography

Silvana Beraj is Deputy Editor of IJSS Case Reports & Reviews. She is a Lecturer of Physiology in Faculty of Technical Medical Sciences Tirana, Albania and Fixed Prosthodontics at Fixed Prosthodontics Department, Faculty of Dentistry Sinai University. Also, she is a Collaborator in the preparation of Teaching Curricles of Dental Assistant in the Department of Medicine, Faculty of Professional Studies, Alexander Moses University. Also, she is a Lecturer on the field of Dental Occlusion and Fixed Prosthodontics at the Faculty of Dentistry, Krystal University. She has more than 55 publication and presentations to her credit.

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