

POSTERS

Abstracts



3rd Euroscicon Conference on

DENTAL & DENTAL HYGIENE

March 25-26, 2019 | Budapest, Hungary

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Budapest, HungaryArshdeep Kaur, Dent Craniofac Res 2019, Volume:4
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REMOVABLE COMPLETE DIGITAL DENTURES

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Edentulism has been a serious public health problem in industrialized countries due to population ageing and in developing countries due to poor oral care. The life quality and nutrition intake are impacted for edentulous patients. Historically, the complete removable denture is the last prosthetic procedure to switch to digital techniques. Computer-aided design and Computer-aided manufacturing (CAD/CAM) has emerged as a new approach for the design and fabrication of complete dentures. However, unlike the extensive use of this new technology in other aspects of dentistry, the use of CAD/CAM was limited in the production of complete dentures due to lack of CAD software until recently. Several systems are now available including the Wieland Digital Denture which offers a complete procedure. Virtual complete dentures have been successfully designed using the software through several steps including generation of 3D digital edentulous models, model analysis, arrangement of artificial teeth, trimming of relief area and occlusal adjustment. The practitioner's role has been simplified. Removable denture design has used the same classical procedures for more than fifty years despite their being associated with many risks of errors and long laboratory and clinical procedures. Thus the advantages of setting up a digital chain seemed obvious.

Biography

Arshdeep Kaur is pursuing Bachelor of Dental Surgery and currently doing her internship at a reputed college and hospital Dr Harvansh Singh Judge Institute of Dental Sciences and Hospital, Panjab University, Chandigarh, India. She will be completing her internship in July, 2019.

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AUTOTRANSPLANTATION: AN EVOLVING TREATMENT MODALITY IN MODERN DENTISTRY

Tanvi Samujh

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The procedure of transplantation of teeth from one individual to another has long been discussed in texts as a possible procedure for replacement of teeth. It, however, didn't gain popularity on grounds of ethical issues and was also seen to be accompanied with failures like tissue rejection and disease transmission. To overcome the above mentioned failures, the procedure of autotransplantation came into view. Autotransplantation is defined as the surgical movement of a tooth from one position to another, within the same person. Patient age, donor tooth position, extra oral time, recipient site and developmental status of donor tooth are some of the prognostic factors were evaluated during the study. Congenitally absent tooth, losses of maxillary incisors due to trauma are few of the many indications of autotransplantation. Advantages include bone induction, preservation of periodontal ligaments, and normal eruption of tooth. Auto transplantation is, thus, evolving as a treatment modality in modern dentistry.

Biography

Tanvi Samujh has passed Bachelor of Dental Surgery fourth year exam from Dr. Harvansh Singh Judge Institute of Dental Sciences & Hospital (HSJIDS) Panjab University, Sector 25, Chandigarh (U.T.) - India in June 2018 and is currently pursuing Internship in the same Institute. She had attended the 29th Annual World Congress on Dental Medicine & Dentistry at New York (USA) from October 16-18, 2017 and was awarded Best poster award for her presentation along with the moderator certificate. Apart from this she has attended 3 national conferences and presented posters.

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PINEAPPLE: THE NATURAL CLEANER AND HEALER

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Pineapple (*Ananas cosmosus*) is a tropical plant belonging to the family of Bromeliacea. It has been used as folk medicine by the natives of the tropics. It contains Vitamin C, Vitamin A, beta-carotene, calcium, manganese, folate, potassium, thiamine and is the only natural source of a complex of enzymes called bromelain. Though the exact chemical structure of all active components of bromelain is not fully determined, this substance has shown distinct pharmacological promise. Its properties include: interference with growth of malignant cells, inhibition of platelet aggregation, fibrinolytic activity, anti-inflammatory action. These biological functions of bromelain, a non-toxic compound, have therapeutic values in modulating: tumour growth, blood coagulation, inflammatory changes. The mechanism of action of bromelain affecting these varied biological effects relates in part to its modulation of the arachidonate cascade. A hearty portion of pineapple may return stained teeth to their shiny selves as bromelain acts as a natural stain remover. Also pineapple has an incredible ability to break up plaque. In third molar surgery and placement of implants, consumption of pineapple and pineapple juice two days prior to surgery and two days after surgery helps prevent swelling and bruising. This is because of the proteolytic action of bromelain that counteracts inflammation. These varied benefits of pineapple presents it as a wonder fruit that acts as a natural cleaner and healer for our general health as well as of our thirty-two pearly whites.

Biography

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GREEN DENTISTRY: A PARADIGM SHIFT TOWARDS SUSTAINABILITY

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In the contemporary world of scientific advancements and discovery, sustainability and eco-compliance have been the driving forces for all new technologies across all fields. Many industries have shown paradigm shifts in established processes and methodologies to move towards sustainable and environment friendly future. Amidst this changing world scenario, Green dentistry comes as a promising advancement in mitigating the ill-effects of dental wastes on the environment, and as an upgrade to the existing dental practices which are energy and resource intensive. Green Dentistry is a high-tech approach that reduces the environmental impact of dental practices and encompasses a service model for dentistry that supports and maintains wellness. In essence, it encompasses the long established concept of '4R'—Reduce, Reuse, Recycle and Rethink. In today's world of dying whales and vanishing forests, it becomes a professional obligation and a social responsibility for the dental community to adopt greener measures and play our part in environment protection. It's time to change colour coded bags to GREEN!.

Biography

Tanvi Thakur is pursuing Bachelors of Dental Surgery and currently doing her internship at a reputed college and hospital Dr. Harvansh Singh Judge Institute of Dental Sciences and Hospital, Panjab University, Chandigarh, India. She will be completing her internship in July, 2019.

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THE EFFECT OF CARBAMIDE PEROXIDE BLEACHING GEL CONTAINING REMINERALIZATION AGENTS ON THE BOND STRENGTH OF UNIVERSAL ADHESIVES TO ENAMEL

Arman Salehi

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Objectives: The aim of this study was to examine the effect of carbamide peroxide bleaching gel containing remineralization agents on the bond strength of universal adhesives to enamel.

Materials & Methods: 135 extracted human third molars were divided into five groups to receive treatments during 14 days, as follows: no bleaching treatment; 10% carbamide peroxide (CP); 10% CP containing 0.11% fluoride; 10% CP containing casein phosphopeptide-amorphous calcium phosphate (CPP-ACP); and 10% CP containing CPP-ACP and 0.11% fluoride. The buccal surfaces of all teeth were etched with 37% phosphoric acid, and each group was divided into three subgroups to receive the adhesive resins: All bond universal; Scotchbond Universal and Adper Single Bond 2. Then restored teeth were sectioned to create resin-enamel beams. These beams were subjected to the micro-tensile bond strength (μ TBS) test, and assessed for failure mode under scanning electron microscopy.

Results: The highest mean μ TBS of the composite resin to enamel was observed in the control group (25.9 MPa) and the lowest in the fluoride-containing bleaching group (17.2 MPa). Adper Single Bond 2 adhesive subgroups have the highest μ TBS (19.7 MPa) and All Bond Universal adhesive subgroups have the lowest μ TBS (16.8 MPa).

Conclusion: The carbamide peroxide bleaching gel containing a remineralizing agent decreased μ TBS. Delay for at least two weeks after the end of bleaching would minimize the presence of remaining oxygen that could negatively impact resin polymerization. In addition, using fluoride-containing bleaching materials should be avoided to reduce the loss of bond strength.

Biography

Arman Salehi obtained his Doctorate of Dental Surgery (DDS) from Kerman Dental School (2007), Iran. He obtained his PhD degree from Department of Operative Dentistry, School of Dentistry, Isfahan University of Medical Sciences, Iran. He is working as an Assistant Professor for the same department, Rafsanjan University of Medical Sciences, Iran. He has around ten national and international publications and has attended various conferences. He has his own private practice in Rafsanjan city.

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UPPER CENTRAL INCISOR RETAINED AS A RESULT OF TRAUMATISM TREATMENT AND LONG-TERM EVOLUTION

Jose Rafael Cabrera

Founder of Dominican Journal of Orthodontics, Dominican Republic

A case is presented that during the temporary dentition; a trauma took place with avulsion of a central incisor. The patient attended consultation presenting mixed dentition due to the absence of the permanent incisor and the partial loss of space due to migration of the neighboring teeth. In the X-rays, retention of the incisor with vestibular root angulation was identified. Surgical exposition and the orthodontic traction with the Hawley appliance were made, correcting its position.

Biography

Is an orthodontist in Santo Domingo, Dominican Republic. Graduated from the Autonomous University of Santo Domingo (UASD), Specialist in Orthodontics by the University of Santiago de Cuba (USC), postdoctoral training in Orthodontics New York University (NYU). Has published several papers in international journals, and is the founder and editor in chief of Dominican Journal of Orthodontics.

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MOLECULAR STUDIES ON INFECTION WITH TRICHOMONAS TENAX IN RESPECT TO ORAL HEALTH OF PATIENTS WITH VARIOUS SYSTEMIC DISEASE REQUIRING IMMUNOSUPPRESSIVE THERAPY

Monika Dybicz

Medical University of Warsaw, Poland

Trichomonas tenax, cosmopolitan flagellate inhabiting human oral cavity, is the etiological agent of oral trichomonosis associated with gingival and periodontium deterioration. The protozoan was also detected in lymph nodes, submaxillary glands, tonsils, bronchi, lungs, mammary gland and liver. Most of the patients with less frequent location of the trichomonad infection had decreased immunity due to chronic diseases and transplant surgery. The occurrence of *T. tenax* in the oral cavity of patients with systemic disorders, genetic diseases, HIV/AIDS, rheumatoid arthritis, and renal transplant has been described. The aim of the study was to investigate the prevalence of infection with *Trichomonas tenax* identified by molecular techniques amplifying the region of ITS1-5.8S rRNA-ITS2 specific for *T. tenax*. The study included 498 persons: 261 women and 157 men aged from 6 to 82 years categorized into four groups: diabetic, renal transplant, rheumatoid arthritis patients and the control group. Higher *T. tenax* incidence in all studied patients was revealed in comparison with generally healthy patients of control group with a proper immune system (12.0-14.1%, and 10.2%, respectively). However, these prevalence differences are not very significant; similar results were obtained in other studies conducted on similar groups of patients, as well as in other diseases. Comparative assessment of results in our study indicated that the frequency of infection with *T. tenax* differ depending on the human age, with the higher prevalence of it in adults; no trichomonads were found in persons under 32 years of age. All infected with *T. tenax* showed symptoms of gingival and periodontium deteriorations. Simultaneously, renal transplantation, diabetes, rheumatoid arthritis and related therapy do not affect *T. tenax* incidences and no increased risk of the infection has been observed in the patients; the permanent medication used due to main disease should be taken into consideration as likely inhibitory factor.

Biography

Monika Dybicz has completed her PhD at the age of 28 years at Medical University of Warsaw, Poland. She is an assistant of professor at the Department of General Biology and Parasitology (Medical University of Warsaw, Poland). She has published more than 35 papers in scientific journals.

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ANTIFUNGAL EFFECT OF LOW MOLECULAR WEIGHT CHITOSAN NANOPARTICLES AGAINST CANDIDA ALBICANS

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This study investigated the antifungal effect of low molecular weight chitosan nanoparticle solution and compared it with nystatin suspension. This randomized single-blind clinical trial study was performed on 40 subjects diagnosed with denture stomatitis. The subjects were divided into two groups, one of which was treated with chitosan nanoparticles and one with nystatin for two weeks. Changes in the erythematous area were recorded during and after treatment. A palatal smear was obtained for each patient before and after treatment to determine the number of blastospores and mycelia of *Candida albicans*. The results were compared using the Mann-Whitney test and T-test. The results showed that chitosan nanoparticle solution significantly decreased the erythematous surface area, burning sensation, time required for clinical improvement, and number of blastospores and mycelia. The antifungal efficacy and biocompatibility of chitosan makes it a promising candidate for use as an antifungal mouthwash.

Biography

Negar Salehi obtained his Doctorate of Dental Surgery (DDS) from Khou拉斯gan Dental School, Iran. He obtained his PhD degree from Department of Department of Oral Medicine, School of Dentistry, Kerman University of Medical Sciences, Iran, He is working as an Assistant Professor for the same department, Rafsanjan University of Medical Sciences, Iran.

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KEY FACTORS FOR IMPLANT AESTHETIC RESTORATIONS: FORM AND AESTHETIC FAILURE TO A SUCCESSFUL RESULT

Luca Gobbato

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Since implant dentistry has become a common treatment for replacing missing teeth, dentists have been trying to mimic natural tooth morphology in order to achieve both functional result and to fulfill the patient's aesthetic desires. What was considered the standard of care 26 years ago is not necessarily valid today. The purpose of the presentation is to provide a check list that will guide the clinician developing a proper analysis and diagnosis for the successful aesthetic result with implant supported restoration. Different clinical scenarios will be discussed: such as immediate implant placement and socket preservation via socket grafting. In conclusion, we will analyse compromised aesthetic results providing possible clinical solutions. This presentation will provide the clinician with a therapeutic guide to solve aesthetic issues with an evidenced based clinical approach. Learning objectives: which are the limiting factors for an optimal implant aesthetic results; when to perform an immediate implant placement and when to perform a socket grafting procedure; how and when is better to increase the soft tissue thickness around dental implant? Prosthetic limitation to restore a less than ideal implant position.

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SOFT TISSUE LASERS FOR SMILE DESIGN

Louis G. Chmura

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Whether correcting gingival hypertrophy after orthodontic treatment or preparing for ideal restorations to maximize smile design, gingival aesthetics are critical. There are specific criteria for shape, contour and height of gingiva for ideal aesthetics. Knowing the goals at the beginning allows the clinician make decisions to plan treatment efficiently with ideal in mind. This lecture will discuss ideal gingival shape, contours and heights, how to differentially diagnose the strategy to use and how using a Soft Tissue Laser properly can enhance treatment results.

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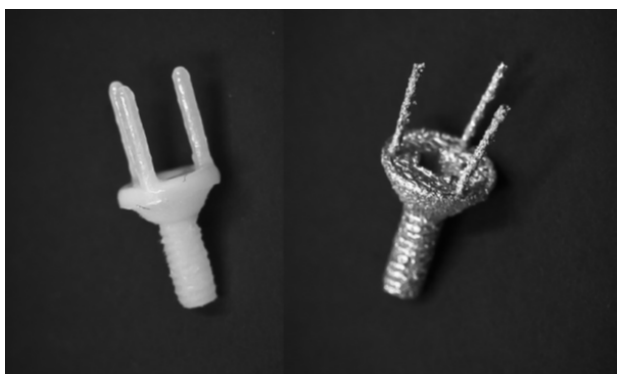
ADDITIVE MANUFACTURING A NOVEL DENTAL IMPLANT ABUTMENT

Les Kalman

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Dental implants are an important elective option for the replacement of a missing tooth or teeth. An abutment is an interface component between the implant and artificial tooth/teeth. A novel dental implant abutment has been developed and patented. 3D printing or additive manufacturing, with plastic and metal, were investigated as an alternative approach for production of this prototype abutment. Scanning, computer-aided design and 3D plastic and metal printing were employed with MED690 VeroDentPlus and Duraform 316L stainless steel, respectively to fabricate a novel dental abutment prototype. Prototypes were printed with a claimed accuracy of 16 microns (plastic) and 8 microns (metal). The prototypes were qualitatively assessed for functionality by implant threading and simulated fabrication of an artificial tooth in a laboratory setting. The plastic prototypes could not tolerate artificial tooth fabrication due to failure. Metal prototypes tolerated artificial tooth fabrication successfully. 3D metal printing appears to be an alternative approach to dental implant prototype fabrication providing a predictable, cost-effective and efficient avenue. Further investigation is warranted.

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CLASS II TREATMENT WITH EDGEWISE TECHNICS

Andre Horn

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Our actual knowledge on growth and development should give us more professional insight. Mandibular response is a parameter that should be seriously considered in our treatment strategy, in orthopedics, orthodontics and surgery. The clinical evaluation of the occlusion and long-term facial results is a complex and multi-factorial approach. Some factors are quantifiable and numerous authors have seriously studied them with conviction and have often come up with contradictory results. But, it is important to realize that a large number of these determining factors are quality factors that we can put under the heading of the clinician's intuition. It is thus more important to trust your instincts than to abide to school concepts or a new "magic bracket" that are all more or less false. The maxillo-mandibular block should be considered 3 dimensionally in our analyses. The actions and interaction caused by mechanics should also be controlled 3 dimensionally. The future of our strategies should evolve around global awareness and go beyond all sectarianism.

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MODERN DIGITAL IMPLANT DENTISTRY FOR MODERN PATIENT

Luca Barbera

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Introduction: Predictably. Safety. Rapid Recovery Surgery. Patient Information. Patient Satisfaction. All this, is the Modern Digital Implant Dentistry. Over the last decade, the Guided Implantology has evolved radically. We start overcoming the predictability drawbacks related to dental implants positioning with a surgical guide obtained from an Implant Project performed from a cbct exam. Now we're approaching to Aesthetic and Functional predictability of Implant supported Prosthetic Rehabilitation of the Stomatognathic Apparatus.

Aim Of The Study: To evaluate digital system efficacy , applied to complex Implant supported Prosthetic rehabilitation cases.

Materials And Methods:

1. We protocollated a workflow universally versatile and reproducible.
2. Established inclusion criteria for patients to treat.
3. Assumed the diagnostic records needed for virtual project.
4. We started from the prosthetic needs found, recognizing the requirements of the implant support necessary for the prosthetic rehabilitation, formulating an initial care plan to reach the creation of the necessary implant site.
5. We produced the surgical guide and prosthetic devices needed for the first therapeutic phase.
6. Performed the first rehabilitative step consisting in implant positioning and temporary prosthetic device.
7. Finally refined rehabilitation with a definitive prosthetic rehabilitation.

Conclusions: Digital workflow has brought a number of benefits to both the Patient and the Therapist. For patient, the Possibility to see results even before work, the possibility of performing painless surgical procedures and bringing temporary prosthetic rehabilitation from the start. For Practitioner the absence of unforeseen and, if they occur, the possibility of quickly detecting them and immediately solving the adverse event, the reduction in the number of sessions, the Patient satisfaction.

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AESTHETIC, DRIVEN BY FUNCTION

Armani Giacomo

Private Practitioner, Italy

Now-a-days, where the aesthetic part seems to be one of the most important things to achieve, also in dentistry it has acquired an extraordinary importance. But can the aesthetic cover the most important role in dentistry? This is a question that i'm always asking myself when i'm talking with my patients, and at the end of the day i'm always answer No. When we have to start to create a smile, the aesthetic part is always something that we have to take care of , but we have to start talking with the patient, taking picture, making video, analysing every detail on an articulated cast and then starting planning and testing the project we have created. In this lecture we will analyse all the steps that are necessary from the first time the patient come in our Clinic, from the fist visit until the delivery of the final full mouth rehabilitation.

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THE AESTHETIC PLANNING IN ORTHO-PROSTHETICS CASES

Francesco Fusaro

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Digital software associated with customised orthodontic techniques to obtain a real preview of the final aesthetic result. Use of the keynote tools both for the evaluation of the treatment plan and for the communication with the patient and the laboratory. The final prosthetic previsualization becomes a guide in the orthodontic treatment plan setting which aims at the studied finalization. Use of intraoral scanners and digital setup (meshmixer or tmp 3M) allow the clinician and technician to evaluate through a superimposition of images if the prosthetic requests are satisfactory and feasible or changes in the treatment plan are needed. This approach therefore becomes essential to achieve an absolutely predictable prosthetic result allowing the clinician to save the dental elements themselves, which, being already in a correct position after the first treatment phase, have to be minimally prepared with the operating microscope.

This technical - multimedia approach it is extremely useful to analyze each case avoiding programming errors that can make it difficult to achieve the programmed goals which sometimes require a correction overtreatment or not completely satisfy the patient's requests, in fact we must consider in ortho-prosthetics cases that the difficulty of programming is given by the many passages that will lead to the pre-prosthetic phase as well as from a treatment plan that, lasting several months with patient compliance requests, can hesitate with a result unexpected.

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SUCCESS OF PROVISIONAL VISUALIZATION GUIDED BY DIGITAL WORKFLOW

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Now-a-days, modern dentistry is experiencing the effects of the digital technologies: intra-/extra-oral/face scanners, CBCT-scanners, computer guided design (digital smile design), 3D printing machine are making dental processes faster, cheaper, easier and more comfortable for patients and for doctors. In addition working digitally will aid efficiency of treatment plan for patients and will reduce the timing of delivery of the final outcome. Day by day the dental industry will witness major changes and developments, that will alter the way people work, think and communicate. As a result of digital innovations the patient's expectations will change as well in regards of timing and quality of future dentistry. In this clinical study, we investigated the expectations of 352 patients, where we fixed more than 3500 units of final dental prosthesis on natural teeth and dental implants. The treatment planning was performed with digital workflow and presented for the patients on their first appointment through the visual smile design with provisional restorations.

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DIFFERENT MECHANISM OF CLASS II CORRECTION IN PREPUBERTAL AND POSTPUBERTAL PATIENTS

Luai Mahaini

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Class II malocclusion is one of the most common problems in an orthodontic practice. The most common characteristic is mandibular skeletal retrusion. Also, the Class II disharmony does not tend to self-correct with growth and therefore intervention to correct the underlying skeletal discrepancy is necessary. Removable Functional appliances are often the preferred modality of treatment in patients with growth potential. But with the uncooperative patient affect the treatment process with unsatisfactory results. Modern methods are currently being used to overcome the problem of patient cooperation to reach satisfactory results. Clinical cases will be presented for these models.

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THE DENTISTRY IN ISLAMIC ARABIC CIVILIZATION

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The research aims at shedding light on the dentistry in the Arab Islamic civilization, where a number of doctors who have excelled in orthodontics have emerged. Recently, the medical cosmetic industry, as well as the most famous medical prescriptions developed by Arab Muslims for the treatment of teeth, Or daily treatments of cleaning the teeth after eating to remove the remnants of food and swallowing, because they pose a danger to human health and safety, and before sleep in order to maintain teeth strong and clean and free from the bacteria that necrosis or decay, and the replacement of damaged teeth instead of As well as the cleaning of teeth, which proved modern science the validity of these methods and recipes, most of which were quoted by the Prophet Mohamad, and the imams of the Ahal-Albaet be upon them or experiments carried out by these doctors, has proven modern medicine that most of the diseases caused by human lefts of food found in Mouth, and that the best way to resist cleaning teeth continuously. The research aims at shedding light on the dentistry.

The study of the first topic: The emergence of dentistry among the Arab Muslims.

The second topic: I was concerned about the diseases that affect the teeth and their causes. The third topic is the treatment methods developed by the Muslim Arabs.

Conclusion: We summarized the results of the research, and we relied on the writing of the research on some sources to document the contents of the research, all of them in the list of sources and references, relying on the descriptive analytical approach to highlight the scientific facts in this field.

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SODIUM HYPOCHLORITE VERSUS FORMOCRESOL AND FERRIC SULFATE PULPOTOMIES IN PRIMARY MOLARS: 18-MONTH FOLLOW-UP

Mohammed A. Yagmoor

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This study's purpose was to compare the clinical and radiographic success rates of 5.25 percent Sodium Hypochlorite (NaOCl) pulpotomies to Formocresol (FC) and Ferric Sulfate (FS) in decayed primary molars.

Methods: Eighty-one primary molars, randomly divided into three groups, were treated with one of three different pulpotomy materials; NaOCl, FC and FS. The outcomes of the different groups were assessed clinically and radiographically every six months over 18 months. Chi-square test was used to detect differences in outcome measures in all groups.

Results: At six months, clinical and radiographic success rates were 100 percent for each group (27/27). At 12 months, clinical success was 100 percent (24/24), 96 percent (24/25), and 95.7 percent (22/23) for NaOCl, FC, and FS respectively. The radiographic success was 95.8 percent (23/24) for NaOCl group, and 100 percent for FC (25/25), and FS (23/23). At 18 months, the clinical success was 83.3 percent (20/24), 96 percent (24/25), and 87 percent (20/23) for NaOCl, FC, and FS respectively. The 18-month radiographic success was 91.7 percent (22/24), 100 percent (25/25), and 95.7 percent (22/23) for NaOCl, FC, and FS respectively. No significant differences were found in clinical or radiographic outcomes between the three groups at six, 12 and 18 months.

Conclusion: The three pulpotomy medicaments yielded similar outcomes.

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CONSERVATIVE MANAGMENT OF TOOTH DISCOLORATIONS

Ahmed El Hoshy

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Tooth discolorations one of the major causes why patients seek dental clinics getting away from pain in the dental treatment, in this lecture we will help the operators to find a conservative pain free managment of tooth stains. Starting tooth polish, bleaching and abrasion we can give our patients the best oppertunity to seek their best healthy glamorous smile that they can have. Bleaching is not the only solution possible available.

We will focus on helping the dentists to get the best use of the polishing system, abrasion and bleaching available on the market. How to overcome all the side effects possible? How to answer the repeated questions asked by the patients in their routine dental practice concerning this part in esthetics field. To achieve this target we will have a quick glance on the causes of this discolorations, how to diagnose and how to treat.

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CLINICAL AND RADIOGRAPHIC COMPARISON OF REVASCULARIZATION AND APEXIFICATION OF IMMATURE TEETH

Ahmed Dawoud

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It is no doubt that management of traumatic immature permanent teeth poses a great challenge to the clinician as incorrect treatment at the time of trauma can lead to further worsening of the situation and development of periapical lesion and cessation of tooth development. Conventional root canal treatment is difficult to perform and the outcome is uncertain. Traditionally, the apexification procedure has consisted of multiple and long-term applications of calcium hydroxide [Ca(OH)₂] to create an apical barrier to aid the obturation. Recently, artificial apical barriers such as those made with mineral trioxide aggregate (MTA) have been used in teeth with necrotic pulps and open apices. More recently, procedures referred to as regenerative endodontics have received much attention as an option for these teeth. The purpose of this presented article is to compare clinical and radiographic CBCT (Cone Beam CT) between MTA apexification and revascularization in immature traumatic permanent incisors teeth.

Material and Methods: The sample of the presented study was consisted of 30 children (7-9 years old) had irreversible pulpitis or necrotic immature permanent upper incisors and divided into two groups Study group 15 teeth were treated with Pulp revascularization and Positive control group 15 teeth were treated with MTA apexification. Clinical examinations, standard periapical x-ray and CBCT were done to tested groups before and after follow up period 18 months.

Results: It was found that clinical success and healing of the periapical lesion have been occurred in all cases. The statistical analysis of results showed that there was no significant difference between the two tested groups in the root development but there was significant difference of CBCT revascularization group over the apexification one.

Conclusion: Revascularization had comparable, superior outcomes of CBCT with MTA apexification procedure but not at clinical and radiographic outcomes.

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THE EFFECT OF TWO DIFFERENT SOLITARY ATTACHMENTS USED TO RETAIN IMPLANT ASSISTED MANDIBULAR DISTAL EXTENSION REMOVABLE PARTIAL OVERDENTURE ON ABUTMENT ALVEOLAR BONE HEIGHT CHANGES

Ahmed Abosabaa

Delta University for Science and Technology, Egypt

Objectives: This clinical comparison study compared between different designs of solitary attachments used to retain implant assisted mandibular distal extension RPD regarding alveolar bone height changes around abutment teeth.

Methods: Twelve patients with mandibular Kennedy Class I were selected for this study. The remaining natural teeth were extended from the first premolar on one side to first premolar on the other side. One implant was placed in each first molar region bilaterally. The removable partial dentures were retained anteriorly by RPA clasp design and posteriorly either by ball attachment (group I) or by OT-equator attachment (group II). Alveolar bone height changes around the primary tooth abutments were radiographically evaluated using cone beam volumetric CT.

Results: Regarding bone loss around the primary abutment teeth, Ball attachment group (0.72 ± 0.15) significantly (p value = 0.008) showed less crestal bone resorption when compared to OT-equator attachment group (1.01 ± 0.25).

Conclusion: Within the limitation of this study and regarding the preservation of abutment teeth, the use of ball attachment may be the suitable choice for anchoring distally extended removable partial denture to dental implants with improved longevity of the natural tooth abutments.

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DENTAL CARE OF A CHILD WITH CLEFT LIP AND PALATE — ACHIEVING OPTIMAL AESTHETICS & FUNCTION

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Cleft lip and palate represent the most common facial birth defect, with an incidence of approximately 1 in 750 births. Clefts of the lip & palate are associated with many problems including cosmetic and dental abnormalities, impaired speech, hearing and facial growth difficulties. In addition, there is a huge psychological trauma on the child & the parents. The parents of these unfortunate children search eagerly for some way to alleviate the mental anguish and distortion of personality, the facial deformity, malocclusion and the pathetic functional inadequacy that exists. The World Health Organization considers oral clefts a significant public health problem, both in terms of medical and economic burdens for affected individuals and their families.

The management of Cleft Lip & Palate patients is a challenge due to the inherent complexity & multiplicity of associated problems. A dedicated team of medical & dental specialists is essential to achieve a functionally optimal & aesthetically acceptable treatment outcome. Dental & Orthodontic treatment form an important part of the management of such cases & are integral to achieving the 3 main oral health goals – the patient must look well, eat well & speak well. It is important that repairs of cleft lip & palate are done at the proper time as far as the child's growth & development is concerned and therefore a well-established protocol of treatment needs to be adhered to. This presentation will highlight the nuances of cleft care and the important role of the various specialties in dentistry in effective rehabilitation of such patients with detailed presentation of cases treated by the speaker over a span of three decades.

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STUDY OF EFFECT OF POLYVINYLPIRROLIDONE-IODINE (PVP-I) 2% AS AN ANTI-OEDEMATOUS AGENT IN THIRD MOLAR SURGERY

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A single blind randomized control trial was carried out on 50 healthy outpatients who required surgical removal of Mandibular third molars under local anesthesia were selected. The patients were divided into 2 groups (n = 25), the treatment (PVP-I) and control group (normal saline). The treatment group patients were irrigated using PVP-I 2% (w/v) (Betadine, Win- Medicare, India) during bone guttering and tooth sectioning. The control group patients were irrigated with saline (sodium chloride 0.9%, w/v; Parental Drugs, India) only. Procedures that exceeded more than 1 hour were excluded from the study. Using Pederson difficulty index, patients with moderately difficulty index were chosen. All parameters for swelling were recorded preoperatively, on the first, second and seventh postoperative days for both procedures. The data were statistically analyzed using SPSS (version 22.0) software. Independent t-test was applied for Operative time in minutes and the two groups matched (p>0.05) for operative time. For change in swelling, T-tests was applied and we found increase in swelling in saline group which was highly significant for change from preoperative to day 2 (p=.005) and from preoperative to day 7 (p-value<.001). Mean for Pederson index for Betadine and saline group was found out to be same (P=1). PVP-I 2% was found out to be significantly reducing swelling as compared to saline suggesting that it acts as an anti-oedematous agent in mandibular third molar surgery.

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CURRENT TRENDS AND CLINICAL APPLICATIONS OF OPTICAL COHERENCE TOMOGRAPHY IN ORTHODONTICS

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Optical coherence tomography (OCT) is an emerging technology for performing high-resolution cross-sectional imaging. OCT is a non-invasive, non-radiative optical diagnostic tool based on interferometers. The device measures the time delay and intensity of the light scattered or reflected from biological tissues, which results in tomographic imaging of their internal structure. Optical Coherence Tomography was first reported by Fujimoto et al. in 1991. Since then, the use of OCT has been reported in a wide range of clinical studies, including ophthalmology, dermatology, gastroenterology and dentistry. The use of OCT in the field of dentistry is gaining popularity. The first in vitro images of dental hard and soft tissues in a porcine model was reported in 1998. Later, the in vivo imaging of human dental tissue was presented. In a series of studies using OCT technology in Orthodontics, we assessed the human biological tissues, such as the tooth enamel and cortical bone to evaluate the structures and present the data in a 3D form. In the first of our study, we evaluated the enamel surface during the various orthodontic procedures and presented the data in 3-D manner. Using OCT, we were able to visualize and quantitatively measure the enamel loss occurring due to different orthodontic procedures.

In a first of its kind study, we mapped the cortical bone before and after insertion of microimplants using OCT technology. Microimplants in orthodontic treatments are widely used to achieve anchorage, which is highly relative to the occurrence of microdamage and microcracks during mounting of microimplant onto the bone. Previous studies were either two-dimensional or invasive methods. In this study, optical coherence tomography (OCT) is used to image and analyze the presence of microdamage of bone around the microimplant. 80 microimplants were used in two different methods (drill and drill-free) and in two different angulations. OCT images were obtained in both two-dimensional and three-dimensional modes. Microdamage and microcrack thickness measurements were made for all samples and were statistically analyzed.

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SIMPLIFIED TREATMENT MECHANICS WITH A MINISCREW

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Orthodontic miniscrews are versatile and efficient instruments. They are great allies of orthodontists in the treatment of malocclusions of high complexity, but knowing the advantages and indications, besides the correct orthodontic mechanics, is crucial for the orthodontist. With the advent of the extra alveolar implants, new possibilities of treatment were created, opening up creative conditions for the orthodontist to perform a more effective clinical practice. The proposal is to show possibilities of biomechanics with orthodontic miniscrews, with self-ligating orthodontic appliances and conventional devices independent of the difficulty, of correction, of the malocclusions, leading to the simplicity of the installation techniques and how to use them correction in the orthodontist's daily clinic.

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ORAL HABITS AS A FORM OF EXPRESSING EMOTIONAL PAIN AND PSYCHOLOGICAL ISSUES OF CHILDREN- A MULTIDISCIPLINARY APPROACH

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Neurotic habits are commonly encountered in children and represent the expression of the accumulated negative intrapsychic tension of which the child is trying to release himself at the unconscious level. This release is made either by triggering pain (lip habits, bruxism, nail biting, self-mutilation by biting the lips and cheeks) or by triggering pleasure (licking or sucking the finger). So, these people fall into the category of neurotic disorders that are considered easy psychiatric problems that should not be neglected. Children do not have the ability to become aware of a real trauma.

Dental practitioners have spoken about pernicious habits at the oral level, but what I want to present in this article is the awareness of the causes of these pernicious habits, as well as a better interdisciplinary collaboration, because if the dentist can solve a situation at the orthodontic level, that does not mean the problem has been solved and the cause has disappeared. For example, childhood self-mutilation mostly takes place only at the mouth level, but it may worsen during adolescence, reaching the upper limbs in the main vein area. Most of the time, such behavior indicates the signs of a very serious personality disorder, such as Borderline Personality Disorder. The occurrence of neurotic disorders in children is caused by posttraumatic situations such as the death of a parent, the appearance of a new family member, various types of abuse (emotional, verbal, physical or sexual), various calamities (earthquakes, floods, fires).

In conclusion, given the etiology of neurotic habits of pernicious habits in children with an orthodontic effect, a good knowledge of child psychology and a better interdisciplinary collaboration between the dentist, pediatrician and psychologist is required.

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CALCITONIN GENE-RELATED PEPTIDE CHANGES IN MUSCLE AND BRAIN WITH EXPERIMENTALLY INDUCED UNILATERAL RAT MASSETER MYOSITIS

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Aims: To investigate changes in calcitonin gene-related peptide (CGRP)-like immunoreactivity (CGRP-LI) in the rat masseter muscle and brain after the unilateral experimental induction of masseter myositis.

Methods: Ipsilateral and contralateral changes of the CGRP were examined in rat masseter muscle after the induction of unilateral myositis on the right side with an intramuscular injection of 0.01 mL Freund's adjuvant. The left masseter, and left and right masseters of control rats, were injected with 0.01 mL saline (0.9%). After 21 days, tissue samples from the masseter muscles and the hypothalamic-pituitary-adrenal (HPA) axis were analysed for the presence of CGRP by immunohistochemistry, radioactive immunoassay, and high-performance liquid chromatography. Haematoxylin-eosin staining was used to confirm inflammation in the masseter muscles.

Results: Elevated CGRP-LI was detected bilaterally in the masseter muscles ($P < .001$) in the myositis group. CGRP-immunoreactive nerve fibres were mainly detected in close proximity to muscle cells and in the walls of the blood vessels. Compared to the control rats, a significant difference in scratching behaviour was seen in the myositis group from day 9 until day 21. In the myositis group, CGRP-LI was increased in the pituitary gland concomitant with the increase in CGRP-LI in the masseter muscles but was decreased in the hypothalamus. A possible explanation for these changes could be that rats with chronic myositis develop an abnormal function of the HPA axis triggered by masseter muscle inflammation.

Conclusion: The results of this study demonstrate that CGRP may play an important role both peripherally and centrally in masseter muscle myositis in association with presumed nociceptive behaviour.

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GUIDED PROSTHETICS PROTOCOL FOR IMMEDIATE LOADING AND IT'S CORRELATION TO THE LITERATURE'S STANDARD OF DEVIATION

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Utilizing a highly accuracy guided surgery system is becoming the standard in everyday practice, especially in cases where we are following the newer concepts in guided surgery like "Guided Prosthetics". Guided Prosthetics concept implies the usage of an accurate guided surgery system and prefabricated prosthetics, where the surgical guide acts as a tool to guide the implants in a position that is accurate enough for the prefabricated prosthetics to fit.

This example is to showcase applying this concept in the Aesthetic area with the usage of an accurate guided surgery system with a standard of deviation less than numbers in vivo studies in the literature. In this case Guided One day Implant Prosthetic Protocol was followed which enabled implant placement control (IPC) and Hex/Timing Control to enable the usage Indexed Abutments. In an attempt to place the implants with high accuracy that would allow us to fit the prefabricated Screw-Retained prosthetics.

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