Dental Follicle

The E- Journal Of Dentistry

ISSN 2230-9489 (e) | Dr. Syed Nabeel

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Contents

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Scientific Editorial - 3D Printing In dentistry – The future Dental Clinic

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3D printing, CBCT, 3D reconstruction, Digital Impression – Few of our future armamentarium , without which practicing dentistry may be very difficult.

Key Words: 3D printing, CBCT Digital Impression

Perhaps the year 2030 may be a very different vision for dentistry. Imagine you enter your clinic and see the patient. When you feel the need for an expert opinion you have to do is live webcast the case using the intraoral camera and you have the experts seeing the case and giving opinion and may be you will have a hologram in your clinic of the consultant doctor to talk to the patient.

Scan and send the upper and lower arch for making models. 3Shape is already in market changing the way we understand impression making. The lab uses 3d printer to print the model accurately. May be we will have 3D Printers across the chair to print the crowns and bridges, dentures, inlays , onlays and so on and so forth . Or we could have 3D scanners and computer programs to make Orthodontics Brackets Customized to the patient needs, printed chair side , thereby increasing predictability and prognosis. We may not be using most of the dental materials of today as we may have to develop materials that are biocompatible and materials that can be used in a 3D printer. [1]

Aligners developed by Zia Chishti changed the way we practice Orthodontics. The day is not far when all we need to do is send a digital impression to our computer and the program makes the step by step movement of a bimax protrusion case to normal and instructs the printer to print the series of aligners. The dental lab is going to change forever.

We may even have robotics incorporated for cavity preparation of scaling of teeth. We may have robots that use intelligence to gauge the force, angulations and support needed to extract a tooth using physics forceps and does the same with sheer accuracy.

Imagine a maxillofacial reconstruction done by a 3D printed mandible or Maxillofacial prosthesis designed and delivered over the click of a button. Or imagine an aerator with an inbuilt sensor that keeps telling the dentist how close he is to the pulp or if the tooth is vital or not. Imagination is never ending.

Conclusion

All the above cited technologies may be all interconnected with an app if we have to think today, but by then we don't know what would have replaced our smart phones.

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Epitheliazed gingival grafting to increase the width of keratinized mucosa around dental implants

Abstract

There are various methods of increasing the width of keratinized mucosa around dental implants. However, there is no consensus regarding the relationship between the width of keratinized mucosa and the health of peri-implant tissues, but clinicians prefer to provide enough keratinized mucosa around dental implants for long-term implant maintenance. The absence of adequate keratinized mucosa around implants supporting overdentures was associated with higher plaque accumulation, gingival inflammation, bleeding on probing, and mucosal recession.

Aim/Hypothesis: The aim of this case was to assess gingival growth around dental implants caused by local irritant and unadequate keratinized mucosa.

Material and Methods: A 60-year-old female, with an overdenture prosthesis was applied to our clinic with the complaint of gingival growth and bleeding. Treatment was planned the use of a epitheliazed gingival graft to increase the width of keratinized mucosa after gingivectomy.

Results: The proposed technique is a simple and time-effective technique for preserving and providing keratinized tissue around dental implants.

Conclusions and clinical implications

Oral hygiene can play a decisive role in the development of gingival enlargement. The epitheliazed gingival graft can be used to increase the width of keratinized mucosa around dental implants.

A CASE REPORT M.Gozlu1, S.Ekinci2 1DDS PhD Private Periodontist, Dentestetik Dental Center, Konya/TR2DDS General Dentistry, Dentestetik Dental Center, Konya/TR
Diagnostic Reasoning and Pattern recognition

Abstract

Diagnosis is the result of complex analysis of data collected by the clinician by means of history and examination of the patient. Multiple steps are involved in data assimilation and analysis and in this paper I have tried to bring in the concept of Pattern Recognition and how it could help in better diagnosis of Oral conditions.

Introduction

There are studies which suggest that the presence of an adequate band of keratinized mucosa around dental implant reduced inflammation1, hyperplasia2 and recession of marginal peri-implant soft tissues3. The keratinized mucosa arrounds dental implant may help facilitate restorative procedures, improve esthetics and enable the patient to maintain adequate oral hygiene without irritation4.

Objectives: The aim of this case was to assess gingival growth around dental implants caused by local irritant and unadequate keratinized mucosa.

A 60-year-old, systemically healthy, female patient was referred to our clinic with the complaint of gingival growth and bleeding (Fig 1).

Fig 1a: Clinical view and gingival growth on the left dental implant

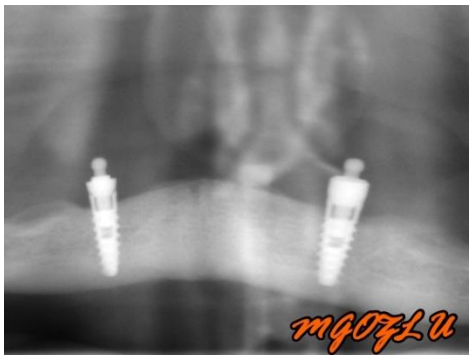

Fig 1b: Panaromic radiography showing the dental implants in the mandible

Fig 1c: The two-implant supporting overdenture prosthesis (Old)

Fig 2a: Postoperative 15 days clinical view of the mucosa around the dental implant

Fig 2b: Surgical gingivectomy

Fig 2c: Remove granulation tissue

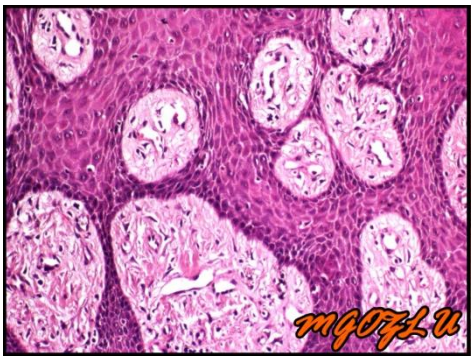

Fig 2d: Histopathologic examination: "Fibroepithelial Papillary Hyperplasia"

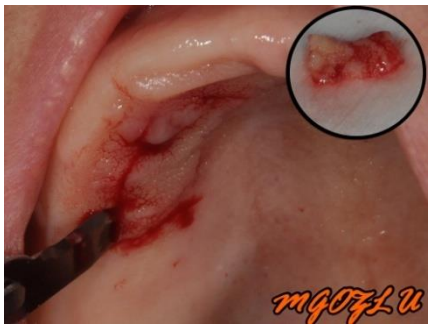

Fig 2e: A free gingival graft was obtained from the palate

Fig 2f: Free gingival graft insutured in place

Fig 3a: Two month postoperative healing of the free gingival graft

Fig 3b: Clinical view with new two ball attachmants

Treatment was planned the use of a epitheliazed gingival graft to increase the width of keratinized mucosa after gingivectomy (Fig 2).

Fig 3c: The two-implant supporting overdenture prosthesis (New)

Results

The proposed technique is a simple and time-effective technique for preserving and providing keratinized tissue around dental implants. Clinically healthy gingiva with enough keratinized mucosa was achieved in both of the ball attachments (Fig 3).

Conclusion

The absence of adequate keratinized mucosa around implants supporting overdentures was associated with higher plaque accumulation, gingival inflammation, bleeding on probing, and mucosal recession. Oral hygiene can play a decisive role in the development of gingival enlargement. The epitheliazed gingival graft can be used to increase the width of keratinized mucosa around dental implants.

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Pictorial Apical Third Perforation

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When you have perforation at apical part..precurve K file no. 10 and try to find original path…then complete preparation MANUALLY…what about obturation? I will not place MTA here…Just Gutta percha and sealer..consider this perforation as lateral canal