

Annual Dentistry and Dental Sciences Congress

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The use of low level laser in management of temporo-mandibular joint disorder: A randomized control trial

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The use of low level laser for reducing Temporo mandibular joint pain has been of great focus in the recent practice. Low Level Laser has a considerable analgesia and anti-inflammatory effects. It increase of lymphatic flow that reduces edema. It promote tissue metabolic activation, resulting in tissue healing. In spite of plethora of literature, still, it is difficult to decide the optimal irradiation parameters. The utilization of different types, modes (pulsed or continuous, power, frequencies, wave lengths, and duration, the effective paradigm could not have been standardized as an algorithm.

This study was designed to evaluate the efficacy of Diode LLLT incontrolling pain in TMD, and to compare treatment effects of continues and pulsed mode of delivering the laser

Method: A sample consisted of 50 patients were enrolled, 18 tender points in the face and neck were assessed by palpitating. The patients then were randomly grouped into G1 who received LLLT in pulsed emission mode and G2 group received the dose in continuous mode. Treatment was done with an infrared diode laser, (wave length of 810 nm, 500mW, 20s, 5.3 J/ cm²/ session), applied at the painful examined points, once a week for three sessions. The patients were evaluated before and after the treatment through a Visual Analogue Scale (VAS). The baseline and post therapy values of VAS was compared for both groups

Results: A significant difference was observed between pretreatment (baseline) and post treatment for both groups as the pain intensity was very much decreased, in addition a significant differences were observed regarding VAS (p = 0.04) between G1 (pulsed mode group) and G2 (continuous mode group), pain and TMD symptoms were significantly lower.

Biography

Suha N Aloosi, consultant Maxillofacial Surgeon, Faculty member in college of Dentistry, University of Sulaimani, Iraq, I had the Board degree in maxillofacial surgery and working in the teaching Hospital, supervising the post graduate students in practice and in theory. She subspecialized in cancer surgery.

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Poster



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The outcomes of team approaches for the treatment of patients with cleft lip and palate

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Aim: Cleft Lip and Palate (CLP) is the most seen congenital anomaly, observed in the orofacial area. Patients with CLP have many problems starting from birth, so the treatment begins with birth until the patient becomes an adult. CLP causes several functional and esthetic problems due to its structure affecting both hard and soft tissues involving nose, lips, alveolus and palate. A multidisciplinary treatment approach is required for these patients. The purpose of this study is to evaluate the outcomes of the effect of team treatment approaches of CLP.

Material and Method: Cleft patients need interdisciplinary treatment approaches. In this study, the treatment of the patients with CLP is presented by the help of team approaches. There are different treatment approaches in each period. The treatment approaches in the patients in infant period (0-12 months), in deciduous dentition period (1-5 years), in mixed dentition period (5-13 years), in permanent dentition period (13-18 years) and in adult period (after 18 years old) were presented.

Results: This study shows the necessity of multidisciplinary treatment in patients with cleft lip and palate. Improvement of the aesthetic, function and phonation of the patient has been observed with through the therapy performed. In every dental period; newborn, deciduous, mixed, permanent and adult, orthodontics have different treatment approaches. The success in cleft patients depends on certainly using the appropriate treatment method in each discipline with the correct sequence and to work in coordination as a team.

Biography

Ege Dogan DDS PhD, had finished the dentistry faculty with the thesis named 'The evaluation of the patients with cleft in Aegean Region in Turkey between the years 2000-2011' in Ege University, Faculty of Dentistry, Izmir, Turkey. She did her PhD with the thesis named 'The Evaluation of Soft and Hard Tissues by Using Alt-RAMEC Protocol for Maxillary Protraction in Patients with Unilateral Cleft Lip and Palate' in Ege University, Faculty of Dentistry, Department of Orthodontics, Izmir, Turkey. Now she is working in her private clinic in Izmir, Turkey.

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Building a conscious culture

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Dentistry is undergoing similar rapid and profound changes as all other industries – mergers, acquisitions, and venture capital infusion. A worldwide phenomenon. What worked in solo or small partnered practices no longer works as practices become larger and larger, rapidly moving toward becoming managed group practices (Dental Service Organizations).

When an organization reaches a tipping point of growth, most leaders wonder how to scale the culture they have built as they add additional people, and possibly layers of management or new locations and functions.

They realize, culture is "king," that culture eats strategy for breakfast, that culture is sovereign, but how to have a high-performance culture in multiple sites with not 7 or 8 employees but 50 to 100 employees?

What becomes obvious in companies that have a conscious culture have enriched emotional intelligence and greater empathy and listening skills; improved critical-thinking skills and decision making; strengthened communications and relationships, and enhanced leadership capabilities and capacities.

In generating and sustaining a conscious culture, there are three legs required; core values, purpose, and consciousness (self-awareness). All three of these elements need to be present as an integral part of the day to day activities of a company. When all three - purpose, core values, and self-awareness, are fully integrated, a conscious culture results.



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Soft tissue and bone augmentation techniques to correct tissue deficiency when placing and restoring maxillary anterior dental implants

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The anterior maxilla presents with unique challenges for dental practitioners because the goal is dental implant placement in such a way to allow creation of esthetic and functional restorations that are in harmony with adjacent teeth and a patient's unique personality. One of the major factors to accomplishing this is having adequate tissue contours in the dental implant site so that soft tissue around the implant site is consistent with that of adjacent teeth. During dental treatment planning factors such as those related to bone and ridge dimensions, positioning of implants, gingival phenotype, and other factors such as smile line and smile length affect both the pink and white esthetic outcomes of maxillary implant restorations. When defects exist in soft tissue they can contribute to esthetic failures in the maxilla. This presentation reviews treatment planning in the anterior maxilla, soft tissue and bone dimensions that are necessary for esthetic and functional success as well as techniques that are utilized to correct tissue deficiency in the anterior maxilla.

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Two prosthodontic case studies, my reflections and review of the methods used and thought processes involved

Leonardo Carbiner

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Here I present two case studies of patients. The two cases are different in the treatment approach I had to choose due to the different aetiologies of their presentation.

Case one is a well-treated and well-maintained dental patient, however due to many different hands involved over a long period of time the work although of a good standard and functional was no longer aesthetic as it no longer had a harmonious appearance. The patient wanted a beautiful smile.

The second case is of a patient with a malocclusion he was not happy with aesthetically. He had been informed that other than orthognathic surgery no treatment would address his concerns with a reasonable outcome.

The patient lacked a permanent lateral incisor which he wanted to have replaced.

The patient was content with a result that was acceptable and more aesthetic but was ready to compromise on perfection as he was not keen on going through with surgery to achieve a perfect result.

Patient communication and handling of patient expectation in conjunction with the ability to foresee potential complications is key to a successful prosthodontic intervention.

Both cases are presented along with challenges expected and unexpected, my solutions are presented to give us an idea of a way to deal with unexpected complications.

One of the cases relies heavily on a technician, while the other relies heavily on the aligner provider for success. My main role as dentist was to plan and execute the treatment with their support and make sure the patients were well informed and comfortable throughout.

Knowing the limitation of these services allows us to treat more cases successfully and predictably.

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Nanotechnology relations in oral cancer diagnosis and prognosis

Delia Alkhatib

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Nanotechnology has many new avenues in science and medicine these days. Also, it opens new treatment methods to many chronic diseases and cancer. According to the recent studies, nanotechnology can assist to have better diagnosis with less harmful substance of cancer such like acting as drug delivery to tumor cells, photo acoustic imaging of tumors and therapy of cancer. Indeed, the reason behind the ideal usage of nanotechnology in science for its physical and chemical characteristic that improved its function in cells and in solutions generally. Although nanotechnology took huge part in the new methods of medicine prognosis but, many further studies needed to discover more about its uniqueness.

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Dental Nursing

Jennifer Lowe

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The presentation will focus on the speaker's experience of developing and delivering Dental Nursing professional/occupational standards and curriculum in the UK, China and India.

Prior to 2014, the Dental Nursing profession did not exist in China and India. In the UK, Dental Nurses have been in existence since the 1940's; initially known as Dental Assistants and becoming Dental Nurses as early as 1994.

Evidence from scoping exercises carried out in India and China identified a variation in dental nursing /assistant educational frameworks, occupational and professional standards, non-regulated practice and an absence of quality standards. Furthermore, skills and knowledge gaps were identified compromising safe practice and ultimately patient care.

Regulated Dental Nurse Education demonstrating clear articulation routes focused around robust occupational and professional standards has noted benefits. Feedback has indicated that it has transform learning by providing clear articulation routes up to degree level, improved quality of patient care, affording routes to employment supporting financial stability for individuals and partner institutions committed to making this positive change. Examples of this include:

Provision of high quality patient care resulting in satisfied patients who promote this positive experience, this in turn increases patient numbers and ensures financial stability for providers of dental care.

The investment made in staff development and training has provided clear educational articulation routes resulting in staff feeling valued, patients benefitting from continuity within staff teams and overall improved patient and staff retention rates.

Dentists are now delegating duties to qualified Dental Nurses enabling them to focus on high value activities, which in turn improve financial stability for the organization.

Safer working environments for the dental team as they employ relevant guidelines, policies and procedures to reduce risk and prevent complications.

Empowered qualified Dental Nurses training new inexperienced Dental Nurses.

Affording employment flexibility enabling migration of staff to partner countries.

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