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Orthodontics, occlusion and temporomandibular dysfunction

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Orthodontics and the rehabilitation dental are dental specialties that modify significantly the dental occlusion; these changes in oclusales can be unfavourable for some patients, as long as the static and dynamic standards of oclusal are not taken into account. There is currently a lot of controversy about the treatment of rehabilitation and orthodontics performed in Centric Relation (CR) and beyond, the confusion is evident, its existence is questioned, we will provide our clinic experience on this delicate subject. The presence or occurrence of temporomandibular mandibular dysfunction during orthodontic treatment and rehabilitation is a clinical concern, delaying the treatment, the patient is worried and it increases the stress values of both. We need to know the possible causes that trigger temporomandibular mandibular dysfunction and how to deal promptly and effectively? For which we have important casuistry and videos full HD with clinical management of these cases. We develop the topic with a practical-clinical approach showing different concepts and techniques to conventional focus, with the premise problem resolution.

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Double blinded randomized clinical trial for the effectiveness of different sensitivity tooth paste

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Objectives: Compare the effectiveness of different types of toothpaste for the management of tooth sensitivity, in a double blinded randomized control clinical trial.

Materials & Methods: Population: all previous patients who visited the institute in the past 2 years with a history of teeth sensitivity. Sampling and grouping: randomly selected by a dental nurse using the file numbers of each patient, assigned to Four groups, group 1 (Zendium) group 2 (Sensodyne) group 3 (Colgate) and group 4 (Signal) as a control, each group had 20 patients. Patients are to fill a pain chart when using different stimuli in the dental surgery as a base line and then repeated every 7 days till the end of the test period. All groups use soft Oral B brush 2 times a day for 21 days. Dentists and patients don't know which type of tooth paste is being used.

Result: Group 2 had the most reduction in tooth sensitivity, followed by group 3, followed by group 1, followed by group 4.

Conclusion: Sensodyne repair and protect, GSK, appeared to be the most effective for the reduction of tooth sensitivity.

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