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14th International Conference on

## **Dental Health**

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## **Dental hygiene**

**Franol Asfaw Wakwoya** Shegole Health Center, Ethiopia

Dental hygiene is essential to general health and well-being at every stage of life. A healthy mouth enables not only nutrition of the physical body, but also enhances social interaction and promotes self-esteem and feeling of well-being. The mouth serves as a window to the rest of the body, providing signals of general health disorder. For example, mouth lesion may be the first sign of HIV infection, pale and bleeding gums can be an indicator of skeletal osteoporosis and change in tooth appearance indicate bulimia or anorexia. Dental diseases are the most widespread chronic disease, despite being highly preventable. The common risk factor that dental diseases highly shares with other chronic diseases are diet, tobacco smoking, alcohol consumption, hygiene, injuries, control and stress, etc. Dental disease has been associated with number of systemic conditions. Though the biological interaction between it and other medical conditions are not fully understood, it is clear that major chronic disease namely cancer and heart disease share common risk factor. Dental conditions have an impact on overall health and disease. Bacteria from the mouth can cause infection in other part of the body when the immune system has been compromised by disease or medical treatment. Systemic conditions and their treatment are also known to impact on dental hygiene (e.g. reduce saliva flow, alter balance of microorganisms). Recognition that dental hygiene and general health are interlinked is essential for determining appropriate dental hygiene care programs and strategies at both individual and community level by adopting common risk factor approach for dental hygiene.

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## Bone splitting technique for managing dental implants in narrow ridges

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Narrow ridges remain a serious challenge to the dental implant surgeon that may intrude the successful placement of endoosseous implants either in the right positioning, or may intrude into the final esthetic outcome in esthetic zones where a small collapse is highly recognizable. Several techniques of GBR and autogenous bone blocks augmentation has been introduced with very good results. However, they need longer healing time, with two surgical sites, post-ponding the implant placement at another additional surgery. Bone splitting techniques rely on the viscoelastic properties of the available bone at the site of implant placement. Those techniques overcome the drawbacks of bone blocks augmentation, and will allow the surgeon to gain the desired width at the first surgery and place the implants simultaneously with a less invasive procedures. Multiple complicated implant surgeries in narrow ridge cases will be presented showing the techniques in maxillae and mandible, with literature review and end results.

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