

# 5<sup>th</sup> American Dental Congress

October 05-07, 2015 Philadelphia, USA

## New era in treatment of gingival recession

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Illustrating different techniques of treating gingival recessions is our goal. Many techniques and materials are recently used to repair the gingival recession which becomes one of the most common dental problems. Several factors are contributing in gingival recession as inadequate brushing and flossing or brushing teeth too hard or on the wrong way. In fact, studies show that 30% of the population may be predisposed to gingival disease, regardless of how well they care for their teeth. Gingival recession is the process in which the gingival margin migrates apically exposing the teeth roots. If left untreated, the supporting tissue and bone structures of the teeth can be severely damaged and may ultimately result in tooth loss. If gingival recession cannot be treated with deep cleaning because of excess loss of bone and pockets that are too deep, surgical intervention may be required to repair the damage caused.

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## Is inferior alveolar nerve anesthesia too risky?

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Paresthesia of lingual nerve is annoying for both dentists and patients. It is a rare complication. Gaffen et al. reported 64 cases of non surgical paresthesia in 13 million mandibular anesthetics. It may happen due to tooth extraction of the wisdom teeth or dental anesthetic injection for fillings, crowns. It results in a chronic pain syndrome or neuropathy. If the inferior alveolar nerve is involved, numbness of the lip may result. In this poster presentation we report a case of 39 year old male patient who has paresthesia on his tongue after mandibular anesthesia which was performed before dental filling. He referred to our clinic 1 year later paresthesia began. Low laser therapy was performed for 6 months. After 3 years follow up he expressed that he still has numbness and prickling on his tongue instantly. Paresthesia is one of the most serious complications in dentistry and it is so difficult to treat. The aim of this poster presentation is to make clinicians be aware of anesthesia complications. In conclusion, clinicians pay special attention to risks of performing mandibular anesthesia to avoid paresthesia.

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