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Management of altered passive eruption

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Altered passive eruption is characterized by excessive gingiva in relation to the crown of the tooth. This condition may be localized or generalized, may exist in conjunction with or without periodontal disease and should be considered in planning for restorative, orthodontic, orthognatic and esthetic dentistry. While altered passive eruption is usually diagnosed by clinical observation, this condition is often overlooked or unrecognized. Failure to recognize this condition can result in compromised clinical outcomes. Correct diagnosis of altered passive eruption and proper therapy will result in improved dental care and esthetic results for our patients. In our presentation we will discuss: Passive eruption; altered passive eruption; pretreatment evaluation: extra-oral examination; pretreatment evaluation: intraoral examination; pre-surgical preparation and clinical cases.

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The improvement in peer assessment rating (PAR) scores after non-extraction, pre-molar extraction and lower incisor extraction treatment

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Introduction: Malocclusion is the lack of harmonious contacts between the upper and lower teeth and the deviation of teeth from the line of the arch. Class I malocclusion may present with malocclusion traits such as crowding, spaces, rotations, open-bite, deep-bite and cross-bite. The study aims to compare the percentage improvement in the Peer Assessment Rating (PAR) scores with three different treatment protocols i.e. non-extraction treatments, lower incisor extraction and premolar extractions in the treatment of orthodontic patients with Class I malocclusion.

Material & Methods: Pretreatment and post-treatment PAR scores of 108 subjects' were evaluated on the dental casts. The percentage improvement in PAR scores for each subject was calculated. The PAR scores and percentage improvement of males and females were compared using Mann-Whitney U test. The percentage improvement in PAR scores of patients undergoing non-extraction, premolar extraction and lower incisor extraction treatments were compared using Kruskal-Wallis test and a p-value <0.05 was considered statistically significant.

Results: No significant differences were found in the percent improvement in PAR scores between males and females. A lower mean pretreatment PAR score was found in females indicating that they seek orthodontic treatment with a lower degree of malocclusion as compared to males. On average, there was a PAR improvement of 75.8% in non-extraction treatment, 73.1% in premolar extraction and 70.5% in lower extraction cases was recorded.

Conclusions: Overall, there was an insignificant PAR improvement amongst the three treatment modalities which suggests that each modality has the potential to effectively correct malocclusion. However, the PAR percentage improvement represents a high standard of orthodontic treatment conducted at AKUH.

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