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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: Extraoral Examination
- Pretreatment Evaluation: Intraoral Examination
- Presurgical Preparation
- Clinical Cases

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Comparative study between novel sedative drugs (Dexmedetomidine) versus midazolam-propofol for conscious sedation in pediatric patients undergoing oro-dental procedures

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Objective: A comparative study to evaluate the effect of dexmedetomidine as a sedative in pediatric dental patients in comparison to the currently used combination of midazolam and propofol.

Methods: Sixty ASA I children (4-10 years old) referred from the outpatient clinic of the pediatric dentistry department for sedation for dental procedures. They were randomly classified into two groups, Group I (Dexmedetomidine group) was given as 2 µg/kg loading dose over 5 minutes followed by 0.4 µg/kg /h. continuous infusion. Group II (Midazolam – propofol group) Midazolam was given as 0.05 mg/kg, and propofol was given loading dose as 1 mg/kg over 5 minutes followed by 5 mg/kg/h. continuous infusion. Heart rate, mean arterial blood pressure, oxygen saturation, respiratory rate were recorded every 5 minutes till discharge. The onset of sedation, procedure time, recovery time, discharge time and the need of analgesia were recorded. The incidence of occurrence of adverse effects was observed.

Results: In group I, the mean onset of sedation was significantly longer than in group II, but recovery time was significantly shorter in group I than group II, there are significantly hemodynamics effects in the first 15 minutes and more incidence of occurrence of side effects in group II than group I. There are more analgesic effects of dexmedetomidine in group I than group II postoperatively.

Conclusion: Dexmedetomidine is safe and effective when used for sedation in pediatric patients undergoing dental procedures.

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