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Plastic-aesthetical periodontal surgery covering exposed root surfaces by soft tissue grafting

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Soft tissue grafting used to describe a surgical treatment procedure for correction of defects in morphology, position, amount of the soft tissue and gingival recession. Gingival recession can be defined as the exposure of the root surface. It is a small inadequate zone of attached gingival. Forces of muscles, malocclusion, prominent teeth, frenum inserting near the gingival margin, high muscle attachment, shallow vestibulum, oral habits and a bone resorption are often considered indication for muco-gingival surgery. Miller class I, II has a good prognosis for muco-gingival surgery treatment. During the presentation and suggestion, different deviations from what is commonly considered as normal in the muco-gingival region will be shown and it will be discussed whether surgery is advisable or not. The presentation will cover the prevalence, etiology and pathogenesis of recession and methods of treatment will be discussed.

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Less grafts – more implants & same day teeth

Costa Nicolopoulos Dubai Healthcare City, UAE

Amonths is not necessary. An important factor for success is primary implant stability which can be achieved by using a surface enhanced tapered implant design to enhance lateral compression of bone. In patients with sub-optimal bone volume bone grafts can be avoided by placing angled implants and wider implants in available bone. With good primary stability these implants can also be loaded immediately with same day teeth. High treatment acceptance and patient satisfaction are the most important advantages of immediate loading and immediate function. The original Branemark protocol advocated the use of two stage surgical approach where the turned (smooth) implants were buried for several months under the mucosa. The protocol later evolved into a one stage approach. Several clinicians then proceeded to immediately load these one stage implants with good success provided good primary stability (more than 45Ncm) was achieved at time of implant placement and provided micro-movements could be limited to 100mm. With the advent of surface enhanced (rough micro-surfaced) titanium implants the success rates of immediate loaded implants compares favorably with delayed loaded implants. From a patient's point of view the reduction in treatment time between implant placement and installation of a functional prosthesis leads to increased patient satisfaction and treatment acceptance. This gain in time for the patient implies an economical benefit especially for professionally and/or socially active patients.

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