

16th International Conference on Modern Dental Health & Treatment, September 21-22, 2018, Philadelphia, USA-Antibacterial effect and healing of chronic periapical lesions treated with diode laser**Dina A Morsy**

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The main goal of root canal treatment is total eradication of the microorganisms to attain bacteria-free environment both in the tooth and at the apex, including the periodontal tissue and the surrounding apical bone to favor the environment for healing without the need of periapical surgery in some resistant cases. Recently the use of lasers has gained an increased interest in the endodontic field due to its bactericidal effect and bio-stimulation effect. In this case report, five cases diagnosed with necrotic pulp and periapical lesion were selected. A CBCT scan for each patient to verify the size (5-10 mm) and bone density of the periapical lesion preoperatively. Microbiological samples were taken after accessing the root canal, after conventional root canal treatment and after canal irradiation with diode laser (980 nm) coupled with the optical fiber 200 µm to assess the bacterial count after each procedure. A second CBCT scan was taken for each patient at 6 months follow up to evaluate the healing process. Complete eradication of the bacteria after canal irradiation with diode laser was obtained. The evaluation of the CBCT scan showed decrease in the periapical lesion size and increase in its density after the 6 months follow up. It can be concluded that laser therapy may be used as an adjunct to conventional endodontic therapy to improve the treatment quality of infections of the oral cavity. This may lead to save the patients from the invasive surgical intervention. B. Ali Impex is a Pakistan based company which manufacturer almost all types of dental instruments and surgical instruments since 1988. We take this opportunity to submit quotations for some of our

commonly exported items. If you did not find the instruments of your interest please let us know the name and or specification of products we will quote our best possible discounted price for you. Peri-implant disease represents a common finding among patients with dental implants. The prevalence for periimplant mucositis was reported at 43% (range, 19% to 65%). Pre-existing peri-implant mucositis in conjunction with lack of adherence to SPT is associated with a higher incidence of peri-implantitis. Therapy of peri-implant mucositis should be considered as a preventive measure for the onset of periimplantitis. The econometric fixed prosthesis shows several advantages for both, patients and Dentists, to prevent and to manage the biological complications. Also data on both in vitro and clinical performance of cone Morse retention are available, to confirm such trend on alternative of implantsupported restoration.

Due to the importance of appearance, the aesthetic corrections of the nose have been of interest since antiquity. In the middle ages, Gaspare Tagliacozzi introduced the famous "Italian method" for reconstruction of traumas and nasal deformities. During the 20th century various surgical techniques of rhinoplasty were created. However, Broeckaert, who is considered the Father of Modern Rhinoplasty was the first to perform nasal corrections using liquid paraffin filling in the early 20th century. Since then, physicians in favour of non-invasive procedures have developed safer techniques and materials for the correction of nasal defects. Although considered gold standard, the surgical approach to nasal de-

fects is an invasive procedure, which often requires a fracture of the nasal bone. The fillers appear as an alternative for correction of small nasal defects, complementation or correction after the surgical procedure. Although not definitive, they have gained space because they are less traumatic and painful, and present minimal complications compared to traditional rhinoplasty. The search for safe, long-lasting materials and of predictable effects is continuous. Hyaluronic Acid fillers are currently the most widely used procedure, because of the ease of application, predictable efficacy, good safety profile and rapid patient recovery. This presentation will describe technique and will present clinical cases of rinomodeling with Hyaluronic Acid. The most aesthetic prosthetic rehabilitations are directly linked to the emergency profile of the crowns. Conventional stent-supported prostheses, normally, present problems in the gingival-pontic transition area, since the absence of a retentive element prostheses are made with vestibular over configuration, to simulate the existence of a gingival concave arch and, consequently, to optimize its emergency aspect. In implant-supported prostheses this emergency is facilitated itself because of the insertion of an artificial root, in the case of the implant, in the prosthetic space provides a foundation for the emergency of the prosthetic crown. After conditioning the gingival tissue, it can be brought back to its original configuration with return of the papillae and a new regular concave arch. The choice of a fixed prosthesis rather than isolated elements is guided by the number of implants installed which often does not coincide with the number of crowns to be replaced or by the size of the anchorages when short implants can work connected to each other or to other longer ones favouring the biomechanical aspect of reconstruction. To achieve partial or total fixed prostheses with a subgingival emergency profile it is necessary that the bone area where the implants will be installed do not have loss of alveolar height after exodontia or if it occurred that it was very small or even

with an immediate placement of implants after exodontia. Clinical studies performed in the UNINCOR Implantodon specialization, based on the literature, reveal exceptional aesthetic probabilities for these cases. Socket preservation and ridge augmentation of rhBMP-2 has been introduced during last decade. GBR technique has been well established in bone regeneration. rhBMP-2 graft technique is different with GBR. This has been well proved in animal studies. Instead of the large flap operation for barrier membrane, the tunnel approach and minimal flap could be replaced. Socket graft has usually been covered with the free gingival graft and coronally advanced flap. rhBMP-2 stimulates the proliferation of new blood vessel through VEGF secretion from stem cells. With this function of rhBMP-2, the open wound of socket could be healed with new connective tissue and epithelium. The multiple continuous socket and the multiple wall defected socket were safely healed. Finally, the customized healing abutment and temporary prosthesis could be easy connected for the closure of socket wound without flap operation. The emergence profile of prosthesis could be naturally formed. It has been proved in animal studies that the autogenous bone could be replaced to the synthetic bone with rhBMP-2. It is proved that the tenting effect of implant coated with rhBMP-2 could support the vertical increase of bone height. In atrophic mandibular posterior ridge, implants were placed in level of 3 mm above ridge and rhBMP-2 bone graft was filled up to the top of implant. The grafted bone level was maintained until 6 months after functional loading. Without autogenous bone graft and the healing period of graft, the implant placement and ridge augmentation were simultaneously done. In narrow ridge of mandibular posterior ridge, the attached gingiva is usually diminished. The soft tissue healing effect of rhBMP-2 could increase the width of attached gingiva with combination of healing abutment and tissue expanding sheet instead of free gingival graft.