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In modern world people is searching more and more a perfect smile believing that it is important for the successful life in social and professional aspects. But it is very common to observe standard smiles done with the same shapes for different patients disregarding aspects of their identity. In this work the main objective is to use the elements of visual language, as shapes and lines, to create personalized smile design according to the psychological tips of each patient. The results have been shown very interesting once it takes into consideration not only the esthetic rules, but also the integration of the new smile to face and personality, the too principal elements of the each identity. This approach brings to the patients not only a beautiful smile but psychological comfort. The needleless injection system comfort-in is being very well accepted because it allows anesthetize without needles. There are two models of comfort-in, the soft one (intra oral) and the normal one (extra oral). Both are identical, the disposable is the same, only the pressure changes. The intra oral was developed to be applied anywhere inside the mouth and it also does all the steps, including blocking, but if it's applied directly on skin it hasn't a good penetration because of its lower pressure. The extra oral plays another role, the pressure is higher and it's applied on the skin, that's why Dentists use this way to anesthetize the face and can make wire supports, microneedle, filling, etc. If you work in pediatric dentistry, we do not recommend the normal model (extra oral) inside the mouth because of its higher loudness and pressure. With comfort-in you will anesthetize your patients in a quick and safe way. The anaesthetic used should be

the conventional, that you already use in your clinic. The comfort-in will bring you a fast-financial feedback and it will be a differential for your clinic. The Bale/Doneen Method, a medical model scientifically proven to identify, treat, halt, and reverse vascular disease and inflammation, advocates for an oral health care component in all cardiovascular wellness programs. Periodontal disease (PD) is generated by microorganisms and the host response. Once these microbes enter the blood stream the bacteremia can have adverse systemic effects promoting such conditions as cardiovascular disease. There is level A evidence that PD is independently associated with arterial disease. The high- risk punitive periodontal pathogens *Aggregatibacter actinomycetemcomitans* (Aa), *Porphyromonas gingivalis* (Pg), *Tannerella forsythia* (Tf), *Treponema denticola* (Td), and *Fusobacterium nucleatum* (Fn) have been shown in many studies to adversely affect the cardiovascular system. There are many methods in which these bacteria can affect the vasculature system; Toll-Like Receptors (TLR's), toxic affect, and direct invasion. The three essential elements in the pathogenesis of atherosclerosis; lipoprotein serum concentration, endothelial permeability, and the bonding of the lipoproteins to the intima wall have been adversely influenced by high- risk PD pathogens. Therefore, it is reasonable to state that PD, due to high risk pathogens is a contributing cause of atherosclerosis. The treatment protocol for periodontal disease or any oral inflammatory condition should include identifying and reducing bacterial load. Medical and dental professionals are working together to identify and treat the source

of the systemic inflammation, arresting the arterial disease process, and providing optimal patient care leading to overall health and wellbeing.

In clinical studies, the incidence of separated instrument complication has been reported to range from 0.39%–5%. Strindberg et al. found a statistically significant 19% higher failure frequency for cases in which there was instrument breakage compared with cases without breakage. A number of treatment plans for root canals with obstructing objects have been described in the literature. These depend on the location of obstructing inside the canal, if these are in the coronal, middle or apical third. Surgical techniques for the removal of either the object itself or the entire portion of the root encompassing the object have been recommended by others. Until now, no device or instrument removal technique has been described that can result in successful and conservative removal of separated instruments in the hard-to-reach areas of the canal system. The following case report describes an example of such a clinical scenario. Various approaches to manage the broken instrument (how we can bypass, retrieve or refer to specialists) by using different tools (microscope, ultrasonic retrieve kit for different company) will be presented and discussed. Also I am interested to make a live demo to all participants about retrieving separated instruments by using microscope if it is available. Aesthetics means beauty, but who establishes what beauty is? This is surely related to the moment and culture we live. If we compare two

beautiful models of different periods, such as Claudia Schiffer and Marilyn Monroe, we can see that they are totally different from each other, what they do have in common is harmony. Much has been done in the last 10 years to improve aesthetics restorative materials, but little attention has been given to perceptions of aesthetics. We often fabricate beautiful crowns on the cast by using new techniques or with the latest materials. When the prostheses are inserted in the patient's mouth, the shape and the tissues are not in harmony with the facial composition, however, the result is a failure. We think that frequently the key to making restored teeth look natural is to avoid symmetry. So harmony balance and asymmetry are important tool for fabrication crowns that fit not only in the mouth of the patient but are able to improve their facial vitality and underline their personality. Bichectomy, buccal fat expulsion or buccal lipectomy rose in 1980s as a corresponding technique to cases in which the rhytidectomy did not acquire palatable outcomes to orchestrate the center and lower third of the face. These days, this method has come back to noticeable quality and has been broadly utilized for diminishing the face, following exceptionally exact signs. It is a straightforward and extremely safe surgical method, demonstrated for patients with an adjusted and wide face, which can be executed as outpatient surgery under neighborhood anesthesia made out of 2% Mepivacaine and 1:100000 Epinephrine. The outcome is a congruous center and lower third of face.