

27<sup>th</sup> Euro Dentistry Congress  
&  
27<sup>th</sup> Global Summit Expo on  
Dental Science and Dental Practice  
July 15-16, 2019 | London, UK

Poster



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**DENTAL SCIENCE AND DENTAL PRACTICE**

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**Three-dimensional assessment of the oral health-related quality of life in Saudi patients undergoing fixed orthodontic therapy - A cross-sectional study**

**Jana N Alqefari, Ramy Elmoazen**

Qassim University, KSA

**Background:** Discomfort associated with the use of fixed orthodontic appliances may have a negative influence on patient's oral health-related quality of life (OHRQoL). In general, OHRQoL assessments have the potential to provide information about treatment needs and outcomes and to improve the overall quality of care.

**Aim:** to assess the impact of fixed orthodontic appliances on oral health-related quality of life.

**Materials and methods:** This cross-sectional study used a generic measure of OHRQoL the Arabic version of the Oral Health Impact Profile (OHIP-14), which is a responsive measure to changes in oral health conditions. Data were collected using self-completed e-questionnaire which was distributed through social media.

**Results:** A total of 149 subjects, 110 (73.8%) were females and 39 (26.2%) were males. Adolescents between 13-20 years were 63 (42.3%) and adults between 21-30 years were 86 (75.7%). A response rate of 100% was obtained. The Prevalence of oral health impacts according to OHP-14 was 22.5%. Oral health impact profile-14 (OHIP-14) consists of 14 items covering seven domains and a three-dimensional structure was used to test the existence of separate dimensions: functional limitation, pain discomfort, psychosocial impact. A significant difference was found between males and females in the first dimension ( $p=0.038$ ) and the third dimension ( $p=0.022$ ). Additionally, a significant difference was also found between the two age groups included in the study within the third dimension ( $p=0.025$ ).

**Conclusion:** Fixed orthodontic appliances has a minimal effect on OHRQoL. However, males have significantly altered functional limitations while females have a higher psychological impact. Also, adults have a significantly higher psychological impact than adolescents.

**Biography**

Jana N Alqefari is currently pursuing her dental internship at College of Dentistry, Qassim University, Buraydah, Saudi Arabia. Her research experience is in valuation and treatment methodology of orthodontic appliances.

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## **Avoiding complications in oral implantology**

**Hamid Shirazi**

Rene Descartes University, France

Oral implantology has developed and progressed into a central core of art and science of dentistry. As our profession continues to grow, New complications continue to arise. This is understandable, as it isn't particularly enjoyable to discuss the negative consequences that occur during treatment, sometimes even despite our best efforts. The subject matters is very diverse and comprehensively encompasses all facts of implant, dentistry, diagnosis and treatment planning, surgical intervention, prosthetic rehabilitation, and the post-operative and maintenance phases of this discipline.

The best way to treat complications is to "prevent" them from occurring.

The five parts discuss diagnosis and treatment planning, surgical, prosthetic, periodontal and maintenance, and medico-legal aspects of dental implants.

- Diagnosis and treatment planning include an understanding of various types of complications.
- Surgical include the ideal positioning of implants in all planes along with the treatment of positioned implants.
- Prosthetic include a summary of fix and removable complications.
- Periodontal and maintenance include an evaluation of periodontal related complications.
- Medico-legal aspects of dental implants include the entire legal process from pre-suit to a trial.

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**Comparative radiographical analysis of apical bone injuries in periapical intraoral radiographies and cone beam computed tomography**

**Ignacio Glaría Bengoechea**

ORTEX Radiology, Chile

Apical bone lesions, as a consequence of pulpar necrosis, have been observed for many years on periapical radiographs.

With the use of CBCT cone beam technology, can be seen in all their magnitude; can establish with certainty its location, amplitude, and anatomical areas and structures involved.

In intraoral radiographs and cone beam; could reach the conclusion, that in innumerable opportunities, what can be seen in the periapical rx, is far from reality. It is an apical lesion of greater size than what can be seen in this radiograph and that the anatomical structures involved are more numerous.

These differences are explained by projection, distortion and absorption phenomena. Those that are proper and characteristic of the two types of exams for comparison.

A sequence of radiological cases containing apical bone lesions is presented; those that were radiographically examined with intraoral periapical radiography and cone beam CBCT.

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## **Payment reform in oral health care**

**William Riley**

Arizona State University, USA

Dental practice has remained relatively insulated from payment upheavals in the broader health care system. The session has three objectives: 1) provide an overview of payer reform strategies in health care and how they may eventually be applied to oral health care, 2) describe the components of successful payment and care delivery reform strategies for oral health, and 3) introduce an oral health care value-based payment model.

The prevailing value-based payment (VBP) models in health care are largely absent in oral health care. This presentation provides a framework for oral health care value-based payment framework for dentistry. Although dental practice has made extraordinary advances in restorative dentistry, payers and policy makers are advocating for greater value outcomes. VBP models seek to deliver better care more efficiently by means of providing oral health providers the resources needed to increase the value proposition.

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### Modern paediatric dentistry: The way from past to future

**Antonina Getsman**

Dental Fantasy, Russia

Today pedodontists face with not an easy task. It is necessary to keep children's dental health, for decrease of the development of carries risks and progressing oral diseases. The second important goal is improvement of quality of life (functional and esthetic aspects are important). It is known that children's carious lesions appear at more young age (if compare prevalence with the period of five and, even, three-year ago). In light of this, pedodontists need to increase their skills (both in non-medical and medical behaviour management, and routine dental manipulations). By the same token, parents of our patients want to get treatments without any stress for kids and with the most successful late fate for teeth. All abovementioned dictates requirements to the modern Paediatric practice. We understand that the dental clinic for kids nowadays has to provide treatment for patients from 0 to 18 years, has to use safety sedation and a high quality general anaesthesia, staff have to use communication technicians (during conversation with children and parents). Treatment of primary teeth has to be done only once and be sufficient before eruption of permanent teeth. Treatment of the immature teeth has to rely on the principles of minimum invasive dentistry.

During the lecture I will answer 4 important questions:

- 1) How modern paediatric clinic looks like? (design, work conditions and patient's logistics)
- 2) Which kind of modern technologies shall we use in daily practice? (composite restoration, rubber dam isolation, pulpitis treatment per one visit, crowns for kids, microscope as a daily technology)
- 3) Everything new is well-forgotten old: What we need for successful routine work? (choice, decision, plan)
- 4) Are children agree with us? Dental world by children's impression (few words about behaviour management).

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### Case Study: Osseointegrated fractured implant with intermediary pillar and protetic crow

**Alida Lucia Cardoso**

Federal University of Uberlandia, Brazil

**Statement of the Problem:** Although the fracture of osseointegrated dental implants is an uncommon phenomenon and of multifactorial causes, they do not currently have as a treatment proposal, the possible reuse of the implant with the use of intermediate pillar and prosthetic crown, seeking their reuse, leaving only the proposed alternatives of: implant burial, removal and replacement by new implant or rehabilitation with removable prosthesis. The purpose of this study is to reuse fractured and osseointegrated implant with intermediate pillar and prosthetic crown.

**Methodology & Theoretical Orientation:** Case study of a participant with a fractured implant External hexagon installed in the situation where their internal threads are possible to receive intermediate pillar for the preparation of a prosthetic crown in the maxilla or mandible in the perspective of reuse of the implant and clinical and radiographic analysis of this set by the Researcher. And, it will be excluded, any implant that does not have half the length of the internal thread to receive the active part of the bolt of the intermediate pillar, cracks in the head of the implant, that does not have osseointegration with a length of less than 6mm and any one that cannot being in occlusal equilibrium.

**Findings:** Interposed cone-Morse intermediate pillar with temporary crown of Acrylic resin was implanted on osseointegrated implant and clinical-radiographic analysis were its stability, with support in the adjacent element.

**Conclusion & Significance:** It is possible to use the intermediate pillar and prosthetic crown on fractured implant with support in the adjacent element as a tool for the use of osseointegrated implant in an adult participant, but future studies should be carried out as an innovative subject.

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### The effect of non-surgical periodontal therapy on metabolic control in children

**Areej K Al-Khabbaz**

Kuwait University, Kuwait

**Introduction:** The most prevalent periodontal disease among children is gingivitis, and it usually becomes more severe in adolescence. A number of intervention studies suggested that resolution of periodontal inflammation can improve metabolic control in patients diagnosed with diabetes mellitus.

**Aim:** to assess the effect of non-surgical periodontal therapy on glycemic control of children diagnosed with diabetes mellitus.

**Method:** Twenty-eight children diagnosed with diabetes mellitus were recruited with established diagnosis diabetes for at least 1 year. Informed consent and child assent form were obtained from children and parents prior to enrolment. The dental examination for the participants was performed on the same week directly following their annual medical assessment. All patients had their glycosylated hemoglobin (HbA1c%) test one week prior to their annual medical and dental visit and 3 months following non-surgical periodontal therapy. All patients received a comprehensive periodontal examination. The periodontal assessment included clinical attachment loss, bleeding on probing, plaque score, plaque index and gingival index. All patients were referred for non-surgical periodontal therapy, which included oral hygiene instruction and motivation followed by supra-gingival and subgingival scaling using ultrasonic and hand instruments.

**Statistical Analysis:** Data were entered and analyzed using the Statistical Package for Social Science software (SPSS, Chicago, USA), version 18. Statistical analysis of clinical findings was performed to detect differences between the two groups in term of periodontal findings and HbA1c%. Binary logistic regression analysis was performed in order to examine which factors were significant in multivariate analysis after adjusting for confounding between effects. The regression model used the dependent variable 'Improved glycemic control', and the independent variables entered in the model were plaque index, gingival index, bleeding %, plaque. Statistical significance was set at  $p < 0.05$ .

**Result:** A total of 28 children. The mean age of the participants was  $13.3 \pm 1.92$  years. The study participants were divided into two groups; Compliant group (received dental scaling) and non-complaints group (received oral hygiene instructions only). No statistical difference was found between compliant and non-compliant group in age, gender distribution, oral hygiene practice and the level of diabetes control. There was a significant difference between compliant and non-compliant group in term of improvement of HbA1c before and after periodontal therapy. Mean gingival index was the only significant variable associated with improved glycemic control level.

**Conclusion:** this study has demonstrated that non-surgical mechanical periodontal therapy can improve HbA1c% control. The result of this study confirmed that children with diabetes mellitus who are compliant to dental care and have routine professional scaling may have better metabolic control compared to diabetic children who are erratic with dental care.

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**Potentially oral premalignant lesions and conditions**

**Magdy K K Hamam**

Cairo University, Egypt

Oral potentially malignant disorders (OPMDs) include a variety of lesions and conditions characterized by an increased risk for malignant transformation (MT) to oral squamous cell carcinoma (OSCC). For example, including leukoplakia, erythroplakia, palatal lesion of reverse cigar smoking, oral lichen planus, oral submucous fibrosis, discoid lupus erythematosus, and hereditary disorders such as dyskeratosis congenital and epidermolysis bullosa. It is generally accepted that the histopathological features of a given lesion, especially the presence and degree of epithelial dysplasia, are currently the most useful indicators of MT risk. The oral presentation present classification, etiology, histopathology, differential diagnosis and management.

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