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How to instruct and investigate supply and compliance of Oral Rehabilitation in Dentistry

Hugo Chamusca[1], Aline Marodin[2], Levy Rau[3], Elvio Pereira[4], Bruno Mello[3], Paula Vaz[5]
[1]University of Porto, Portugal
[2]Smile Arade, Portugal.
[3] UNISUL, Brazil
[4]University of Porto, Portugal
[5]Carevage, Portugal

Oral rehabilitation using titanium dental implants is considered a therapeutic option with reliable and expected results in most patients.

Implant-supported or implant-retained treatments provide predictable results with improved stability, retention, aesthetic and patient satisfaction.

Survival rates for dental implants reported in the literature are high and are perhaps overestimated for reasons inherent to the omission of reality by dentists and the "power" of commercial establishments, which do not want real failure values to be assumed (Rakic M et al 2018; Rokaya D et al, 2020).

Serious researchers are forced to translate on paper the reasons for bone loss and complications that may be associated with dental implants. Of these, risk factors such as genetic background, alcohol and diabetes stand out (Vaz P et al, 2012; Galindo Moreno P et al 2005).

In a very serious way, researchers must present to the scientific community the risks inherent to corrosion and activation of cellular DNA damage pathways, related to the properties of certain surfaces of commercially available implants (Suárez-López Del Amo F et al 2017).

If companies are serious, they shouldn't have any problem carrying out analyzes and cell cultures, which allow solving complications inherent to corrosion, as well as cell damage, whenever there are doubts about a small possibility of occurrence.

When the Industry does not collaborate, the steps to be taken by the dentist include genetic susceptibility test for complications with dental implants, evaluation of the patient's inflammatory response through implant contact testing and/or rehabilitative material, analysis by SEM of implants lost after contact with the oral cavity, SEM analysis of the implants packaged by the Manufacturer (Figure 1).

Alert to the governmental Order of Dentists and Institute that Regulates the CE Marking of the Medical Implant Device.

Recent Publications

1. Rakic M, Galindo-Moreno P, Monje A, Radovanovic S, Wang HL, Cochran D, Sculean A, Canullo L. How frequent does peri-implantitis occur? A systematic review and meta-analysis. .Clin Oral Investig. 2018 May;22(4):1805-1816. doi: 10.1007/s00784-017-2276-y. Epub 2017 Dec 7.PMID: 29218422 Free article. Review.
2. Rokaya D, Srimaneepong V, Wisitrasameewon W, Humagain M, Thunyakitpisal P. Peri-implantitis Update: Risk Indicators, Diagnosis, and Treatment. Eur J Dent. 2020 Oct;14(4):672-682. doi: 10.1055/s-0040-1715779. Epub 2020 Sep 3.PMID: 32882741 Free PMC article.
3. P Vaz , M M Gallas, A C Braga, J C Sampaio-Fernandes, A Felino, P Tavares. IL1 gene polymorphisms and unsuccessful dental implants. Clin Oral Implants Res. 2012 Dec;23(12):1404-13. doi: 10.1111/j.1600-0501.2011.02322.x. Epub 2011 Nov 10.

Biography

Hugo Chamusca has his expertise in oral surgery, focused on Dental Implants and Orofacial Rehabilitation. The combination of vast clinical experience, combined with the search for "knowledge" based on science, allowed him to join Dr. Paula Vaz's research team. He is currently doing a PhD that aims to be innovative and generate innovation, development and jobs.

E: hugochamusca7@gmail.com

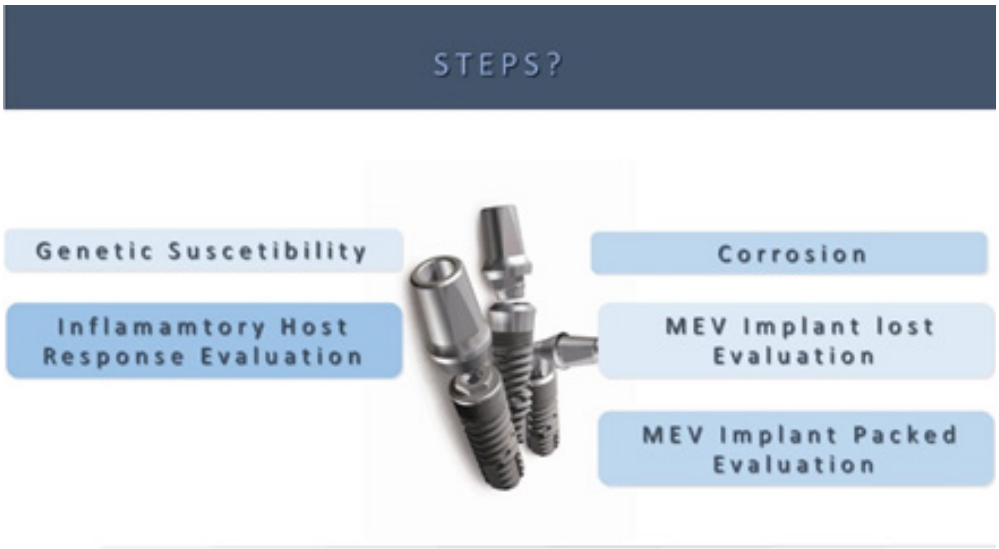

Figure 1: Steps to be taken by a Oral Surgeon when the Implant Manufacturer does not collaborate.