Complex dental problems and the contribution of adjunctive orthodontics

By Professor Athanasios E. Athanasiou, DSDM

The goal of contemporary dentistry is the maintenance of natural dentition under biologically, functionally and esthetically optimal conditions, for the longest possible period. An increasing number of adults for the longest possible period.

An increasing number of adult people present a variety of complex dental problems, which concern more than one clinical discipline or specialty. These include caries, periodontal diseases, dental trauma, edentulous sites, malocclusions, or their combination.

This article outlines existing orthodontic therapeutic possibilities for adjunctive dental work and emphasizes the importance of teamwork among the general dentist, the orthodontic specialist, and other dental specialists.

Principles of treatment planning for complex dental problems

The need to formulate problem-oriented treatment plans, which address patients’ chief complaint for complex cases necessitates consensus among the parties involved namely the general dentist, the specialist and the patient. Diagnosis must utilize patient’s data, derived from records interpreted by the clinician using strict scientific criteria. On the other hand, treatment planning constitutes an intellectual process where subjective elements are often involved. It is the path that the well-educated and experienced clinician follows in order to maximize the benefits for the patient, which must be contrasted to the cost and risk involved when certain procedures are adopted (1). An essential requirement for successful interaction is that both general practitioner and specialist are in agreement regarding the advantages and limitations of the treatment chosen.

Adjunctive orthodontics

Adjunctive orthodontic treatment is tooth movement carried out to facilitate other dental procedures necessary to control disease and to restore function. It may be an alternative adjunct to general dentistry by providing (a) rehabilitation following tooth migration due to pre-existing periodontal disease; (b) pre-prosthetic orthodontics; (c) treatment of periodontal defects; and (d) orthodontics as an alternative to prosthodontics (2).

Orthodontics and periodontics

It has been documented that orthodontic treatment in patients with severe periodontal destruction is no longer a contraindication (5). On the contrary such treatment might even enhance the possibilities of saving and restoring a deteriorating dentition. During the orthodontic movement it is the entire periodontal unit (bone, periodontal ligament, and soft tissues), which moves with the tooth (4). This all-embracing movement has been shown to be beneficial when orthodontic uprighting of tipped molars is undertaken since the crestal bone exhibits predictable and considerable changes (5) (Figure 1). Forced eruption has also been reported to decrease the depth of isolated vertical infrabony defects and to expose tooth structure, thus allowing the prosthetic management of subgingival fractures, caries and lateral root perforations (6) (Figure 2).

Orthodontics and missing teeth

In cases where lateral incisors are congenitally missing and other malocclusion co-exist, in most instances the treatment of choice is the orthodontic movement of the canines to...

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Aesthetics and function: Orthodontic - surgical collaboration as a key to success

By Des Martin Jaroch & Friedrich Banz, Germany

Orthodontic treatment is an important cornerstone in orthodontic treatment of malocclusions. Tooth movement is only possible to a limited extent and always depends on the accomplishment of the patient's maxilla and mandible in relation to each other, as well as on deformities of the jaw in relation to the other facial bones. Abnormalities may be congenital or acquired and may affect patients in childhood already. If so, the focus of orthodontic treatment is not primarily in the aesthetic correction, but is guided by functional and phylactic concerns. Efficient occlusion and restoration of masticatory function are decisive factors for tooth preservation and prevention of secondary disorders (Figs. 1a–c). Without a doubt, aesthetic improvement, as well as the associated self-consciousness, is the main concern of adult patients, which can be pursued through surgical correction.

Causes of malocclusion

Generally, patients visit an orthodontic practice only after symptoms or significant abnormalities are already present. Clinically, this results in late mixed dentition or permanent dentition, where the patient complains of an accurate mapping of the reasons for this malocclusion. In the literature, the causes of malocclusion and the aetiologic structure of the symptoms of maxillary hypoplasia are controversial issues. No explicit information on the percentage of patients with acquired or congenital malocclusions can be found in a study by Schoepf (1981) on the exogenous factors that are involved in the development of malocclusion. However, from the assessment of individual patients' symptoms, all symptoms of malocclusion could be associated with various aetiologic factors only in 48% of patients. Brodumann and Sorkel (1996) concluded from Schoepf's report that only 20% of the anomalies were hereditary and thus could not be affected by prophylactic interventions. Accordingly, 80% of malocclusions could be resolved through prevention and better oral hygiene. This idea is contrary to the results of the German Oral Health Study in 1997, which described the possibility of biological correction of malocclusions. In adults, who have an obvious discrepancy between their maxilla and mandible, it must be clarified whether the deformities are dentoalveolar or skeletal. Owing to the limitations of conventional orthodontic treatment, skeletal discrepancies can rarely be entirely resolved. In those cases, combined orthodontic-surgical treatment is necessary. During growth, it is mostly possible to treat malocclusions successfully without surgery by purely orthodontic treatment using removable appliances or brackets. Children and young people for whom functional orthodontic treatment has not led to the desired result are treated surgically later. Early surgery always carries the risk of unexpected growth pattern or unilateral abnormal hyperplasia and can affect the results of the operation.

Selection of patients

Combined orthodontic-surgical treatment requires not only strong and focused interdisciplinary collaboration, but also absolute acceptance of the treatment plan by patients and parents. The treatment is time-consuming and post-operative corrections cannot be excluded. A detailed medical preoperative discussion should inform patients about the risks of combined treatment and the consequences of untreated malocclusion. Malocclusions can cause numerous side-effects, such as back pain and chronic headache (Figs. 4a–c,d). In markedly dolichocephalic face types, malocclusions can lead to a pharyngeal constriction, which can manifest as obstructive sleep apnoea syndrome (Hochhan et al., 1997).

Teenagers with mandibular asymmetry that cannot be clearly classified should be treated with special care. Should clinical records be available only from the age of 10–16 years, whether as a result of erroneous dental records or simply owing to late initial assessment in a specialised practice–accurate early diagnosis of potential unilateral hyperplasia with further growth tendency is essential. According to the German Society of Oral and Maxillofacial Surgery guidelines, a nuclear or dentoalveolar identification of the physiologic condylar position. Pursuing orthodontic correction depends on the intended post-operative situation. Therefore, such correction is only dentoalveolar and does not transfer bite forces of the jaw area, it is important to consider the correct position of the jaw and optimal occlusion. This crucial step has always been performed by the orthodontist as accurately as possible because it affects the degree of displacement of the jaw depend on achievable occlusion. Furthermore, teeth have an influence on access to the surgical field and wisdom teeth must be removed before osteotomy in certain cases. Osteotomy can be done on both jaws or can be limited to the maxilla or mandible. However, in many cases it is functional to perform bimaxillary osteotomy and to shift both jaws. Today, generally the entire tooth bearing portion of the jaw is shifted. Segmental osteotomy has not been proven to be very successful in the past and corrections of malocclusions are left to the orthodontic treatment partners. In this field of treatment, the Obwegeser-Dal Pont surgical technique is recommended. This procedure describes an intra-oral staged osteotomy at the mandibular ramus (Figs. 7a & b). Since Bell and Egger described the possibility of bimaxillary surgery as the “down fracture” technique in 1975, it has been popular and today you can find it mostly as a combin...
Fig. 8a, 8b: Intraoperative view of osteosynthesis screws inserted during surgery of the 20-year-old patient. (Ho- chban 1997; Figs. 8a & b). This modification avoids the complicated surgical removal of osteosynthesis plates.

Operation risk

Any surgical procedure can lead to unexpected complications, which must always be considered according to the risk-benefit principle. Today, the need for osteotomy remains controversial because a jaw deformity is not a serious illness like a tumor, abscess or bone fracture, which is necessarily treated by surgery. Since deformities are often aesthetic corrections and can be classified as elective procedures, operation safety is a chief concern. Isolated osteotomies of the mandible, which present a significantly lower surgery risk, should be the first choice for orthodontic-surgical interventions.

Fig. 9a: Post-op X-ray diagnostics (orthopantomograph, cephalometric radiograph).

The literature review of work done in the 1970s makes clear that today’s conscientious collaboration between surgeons and orthodontists is not a matter of course. Over the years, orthognathic surgery was considered to be the last option for treating orthodontic cases that could not be resolved using standard treatment techniques. Therefore, operations were carried out based on tolerance of dentoalveolar compensation and likely made further corrective surgery more probable.

Today, in almost all cases of malocclusion, orthodontic treatment is preceded by surgical treatment. Nowadays, the planning of the operation based on simulated cast surgery and the creation of a splint is a very safe method by which to achieve predictable and stable long-term results (Figs. 10a & b). Individual dentoalveolar discrepancies in occlusion can be corrected preoperatively or post-operatively by orthodontic treatment. Therefore, interdisciplinary collaboration is always a benefit for the patient and treatment team.

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IT IS TIME TO SEE THE FUTURE NOW!
By Dr. Khaled Abouseada, KSA

It was a pleasure to interview Dr. Nikhil Vaid, who could be ranked as one of the key doctors to enrich Orthodontics in India. The Middle East region is right up there in terms of Global Orthodontic standards.

Dr. Nikhil Vaid: To be very honest I have not been an orthodontist for that long, to see a decade-by-decade shift in the practice of orthodontics has been fascinating.

In the last 12 years from when I started, the major thrust has been the incorporation of technology in all spheres; Diagnosis, Research, Practice Management and Appliances. A lot of purists feel the skill levels of the contemporary Orthodontist are becoming redundant because of technology; I would like to think otherwise.

The skill required is changing and the only thing constant with any science, Fundamental principles will still govern Orthodontic care delivery, but incorporation of technology has to be done in a manner so that the quality of life of both the orthodontist and the orthodontic patient. Today Micro implantation is the main stay of anchorage control, I only use Self Ligating brackets, because of chair side efficiency. Lingual Orthodontics, Aligners, Stereolithography, Robotics are the main stay of our teaching and practice protocols. The only thing constant is the drive to improve precision in these appliances due to CAD CAM and Robotics.

My residency years in Mysores, India at the JSS Dental College & Hospital were literally, to borrow a line from a famous song, the “best days of my life.” Orthodontic training in India is very regimented and even today the accent is mainly on enhancing dexterity skills, which I think are non negotiable as far as any Orthodontic training is concerned.

The programme at JSS was very “cerulean” and “clinical”, in the sense, we were encouraged to think, very often, out of the box. This has influenced us to be receptive to new advances, without the dogma of a particular school of thought. The bonding and the camaraderie amongst colleagues as well as the discipline that kept us on our toes, were actually lessons that have molded me to assume greater responsibilities in life.

Well the soul of any teaching programme is the Programme Director or a Guide in a Masters Programme, whatever the nomenclature is in any part of the world. The biggest influence in my life has been my Professor, Prof. E. T. Roy, who has mentored me as an Orthodontist in my years in my Masters programme. He is a strict disciplinarian, and was responsible for influencing my life beyond Orthodontics as well. It’s important to inspire your residents to be complete professionals, Orthodontics is only a part of what we do. The spirit to serve my profession and professional organization is something that he has inculcated in me. Dr Ashok Sinha, Dr Ravi Gugga, Dr Ravi Sahle, Dr Shailesh Deshmukh and Dr Sripad Nagarsarkar have taught me Orthodontics at different stages of my life as an undergraduate and graduate student. My colleagues during my Masters programme, and later, most importantly Dr Meghna Vandanek, Dr Gurjeet Singh and Dr Jacob John are also responsible for what I am today. I would like to thank each of these individuals for touching my life and promise to make them proud with everything I attempt to do.

Dr. Khaled Abouseada: Compared to when you started practice, Dr. Vaid has been a major leader in Orthodontics developed through the past years? What are the driving factors behind this development?

Dr. Nikhil Vaid: Industry is something that he is an active contributor to. There has been a significant growth of Indian Orthodontics. The biggest influence my life has been my Professor, Pro. M. N. Roy, who has mentored me as an Orthodontist in my years in my Masters programme. He is a strict disciplinarian, and was responsible for influencing my life beyond Orthodontics as well. It’s important to inspire your residents to be complete professionals, Orthodontics is only a part of what we do. The spirit to serve my profession and professional organization is something that he has inculcated in me. Dr Ashok Sinha, Dr Ravi Gugga, Dr Ravi Sahle, Dr Shailesh Deshmukh and Dr Sripad Nagarsarkar have taught me Orthodontics at different stages of my life as an undergraduate and graduate student. My colleagues during my Masters programme, and later, most importantly Dr Meghna Vandanek, Dr Gurjeet Singh and Dr Jacob John are also responsible for what I am today. I would like to thank each of these individuals for touching my life and promise to make them proud with everything I attempt to do.

What can you tell us about your experience as the president elect of the Indian Orthodontic Society and Editor in Chief of the Asian Pacific Orthodontic Society?

I have just been elected President Elect of the Indian Orthodontic Society, which is amongst the largest Orthodontic Societies globally. We have an obligation to contribute to the knowledge bank of global Orthodontics, and encourage scientific content of the highest caliber. I will be President in the JSS Dental College & Hospital in 2011 and the Chief Editor in 2013. The JSS Dental College & Hospital is one of the largest Orthodontics in India, the largest Orthodontic centre in India at the JSS Dental College & Hospital were literally, to borrow a line from a famous song, the “best days of my life.” Orthodontic training in India is very regimented and even today the accent is mainly on enhancing dexterity skills, which I think are non negotiable as far as any Orthodontic training is concerned.

I have been a member and a contributor of The JSS Dental College & Hospital for 12 years. From 2009 I have been the corporate sponsor of Science and Technology at JSS Dental College & Hospital.

Regarding my Middle East region, as you are an active contributor in many events in the area, what can you say about the Orthodontic mark in the area?

I think the Middle East region is right up there in terms of Global Orthodontics. I have travelled to lecture in UAE, Jordan, Lebanon and Oman. I have travelled to lecture in the University of Jordan, Lebanon and Oman. I have travelled to lecture in UAE, Jordan, Lebanon and Oman. I have travelled to lecture in UAE, Jordan, Lebanon and Oman.

The region is growing and the Orthodontic mark in the area is on the rise. I think the Middle East region is right up there in terms of Global Orthodontics. I have travelled to lecture in UAE, Jordan, Lebanon and Oman. I have travelled to lecture in UAE, Jordan, Lebanon and Oman.

What golden advice could you provide to orthodontic residents in considering their future careers as Orthodontists?

I don’t know if I’m qualified enough to advice, but I am greatly influenced by a quote of our times, “The difference between the 21st century will not be the ones who cannot read or write but the ones who cannot unlearn and relearn new things.” Science today is progressing at a pace where the global knowledge bank doubles in just a few years. We have to open minds and the willingness to be students all our lives. If we can’t unamptake our minds to this aspect, success in every sphere of life will follow.

As having a lot of scientific publications in the field of Orthodontics, can you tell us how we can come to a statistically significant scientific conclusion that needs to be published and the benefit of being published?

I believe documentation of every form of scientific data is paramount. That is creating database, which is critical to any form of research and future reference. As long as any form of information serves to enhance the knowledge bank of orthodontics and follows guidelines and procedures of research that are contemporary, it needs to be considered for publication. Statistically significant information also can give information that is of clinical relevance. It’s important to understand that phenomenon. With respect to the benefits of publication, I would not dwell on the fact that we need it for career enhancement. It is our contribution to our profession. If Andrews did not publish the “Six keys to dental occlusion”, or Angle, the “classification of malocclusion”, would we have achieved success in every sphere of life will follow.

It is critical to understand that publishing work is a significant obligation to our specialty. We cannot do more, we should not dare to do less!

What are your future expectations in Orthodontics?

I envision a tomorrow, where Orthodontic care will be available in every corner of the world, provided by a specialist Orthodontist. From a health care perspective, the scope of orthodontics should also include interdisciplinary and adjacent therapies. Collaboration with Sleep Medicine, Plastic Surgery, ENT Surgeons, Periodontists and other Dental Specialist will be the tomorrow of Orthodontics. Advances in Orthodontics using CAD CAM and Robotics will be a regular feature of our appliances as well as our Diagnosticon and finishing protocols. Diagnostic Aids will become 5 Dimensional for a fact, Research in Genetics, Bone Biology and Molecular Genetics will play a significant role in the way we approach the growing patient in the next decade. It is an exciting time to be part of this change in Orthodontics.

Conclusion

My main purpose will always revolve around focusing and bringing Professors of the highest level into focus, to enhance quality, ensuring this top quality and therefore creating the ultimate satisfaction for our readers. I hope that our crew have gained the trust of our readers by always respecting them, providing the best service possible and improving our material so that you can say about the Orthodontic mark in the area.

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The 2nd International Students’ Dental Conference 2014

By University of Sharjah Dental Students Association

April 9-10, 2014, saw over 700 students from ten countries gather together at the University of Sharjah College of Dental Medicine for the 2nd International Students’ Dental Conference. The conference was opened by His Highness Crown Prince Sheikh Sultan bin Mohammed bin Sultan Al Qasimi who toured all the exhibits from eight companies such as Listerine/J&J, Crest Oral B and GlaxoSmithKline, asking many questions along the way, before he oversaw the opening ceremonies.

The conference was a huge success for the students of the University of Sharjah Dental Students Association, who created, planned, organized and executed the whole conference of exhibits, poster presentations, oral research presentations and debates. The two debates focusing on the treatment options of endodontics versus implants, and the other debate on where to draw the line between prevention and restoration in cases of incipient caries, drew lots of interest and resulted in lively and sometimes passionate discussion.

Additionally, a number of participation workshops on topics ranging from layering of anterior resin composite, to TMI, lasers, rotary endodontics, implants, veneers and a suturing clinic gave participants some outstanding hands-on experiences.

All-in-all, the conference was a culmination of very hard work from the Executive Committee of the Student Association and the Organizing Committee, Dean of the College, Professor Richard J. Simonsen noted in his strong praise of the students that he has never seen a more active and giving group of young people in his over 40 years in dental education.

“It is quite remarkable that a group of 20-year-old young students (mainly ladies by the way!) could pull this off” - Prof. Richard Simonsen, Dean of the University of Sharjah College of Dental Medicine.

The main organizer, Rawand Naji, the President of the USDSA was very pleased with the program and participation from countries as far afield as Russia and Poland. “Next year we hope to consolidate this conference into a regular annual highlight on the dental calendar and eventually to attract many more students from all over the world to the University of Sharjah” said student-doctor Rawand.

Social events such as a desert safari, go karting, and a dinner cruise in Dubai were added attractions for the international students which also included large contingents of students from the Kingdom of Saudi Arabia, Sudan and Malaysia as well as students from all the local schools.

The President of the USDSA was also supported by the rest of her Board of student-doctors, Marys Faris, Jumana Lisa Isbays, Abeer Sha’al, Shouren Mahmoud, Sally Masoud Mania, Sara Anbari, Deema Rashad and Mohammed Hussein Haider, all from the second-year dental program at CoS. “It is quite remarkable that a group of 20-year old young students (mainly ladies by the way!) could pull this off with such success while still studying hard for upcoming final exams,” said Dean Simonsen.

Faculty support was provided by Dr. Karim Satish and Dr. Eman Mustafa, and huge support was provided by former USDSA Presidents, Faraj Edber and Hiba Abdulhadi, who were the first to give the credit to the student association leadership, and all the many other students who helped out with the execution of this remarkable conference.

Attendance figures are also expected to increase by 12 per cent, with many new visitors coming from nearby countries like Cambodia, Myanmar and Taiwan. “Not just a place where East meets West but Singapore is also increasingly being considered a gathering point for different parts of the East to meet one another,” Dreyer said.

“...IDEM also offers the opportunity to share knowledge, ideas and practical applications in dentistry.”

Still lots to see and discover at IDEM

By Dental Tribune International

Singapore: In the presence of Singapore’s Health Minister Gan Kim Yong and senior representatives of Koelnmesse, the Singapore Dental Association, and FDI World Dental Federation, the eighth edition of IDEM Singapore was officially opened on 09 April 2014 at the Suntec Singapore International Convention and Exhibition Centre. The Minister, who graced the traditional Opening Ceremony outside the Exhibition Hall on Level 4 as Guest of Honour, congratulated the organisations of the show that, in his words, “has evolved to be a ‘must-attend’ event for all dental healthcare professionals and related industries in the Asia-Pacific region.”

Praise was also given by Singapore Dental Association’s President Dr Kuan Chee Seong, who said that the ongoing support of Gan’s Ministry and other sponsors is a testament that IDEM has firmly consolidated its status as the focal event for the Asia-Pacific dental community. “Besides the opportunity to interact with friends and dental professionals from around the world, IDEM also offers the opportunity to share knowledge, ideas and practical applications in dentistry,” he said.

IDEM 2014 is poised to be the largest dental show ever to be held in Singapore since it was launched in 2000. According to Koelnmesse’s Vice President of Asia Pacific, Michael Dreyer, 50 per cent more dental manufacturers and distributors have signed up for the event, which is being held over the weekend at the recently renovated Suntec Singapore convention centre. Reflecting greater interest from industry players in the Asia Pacific region, national pavilions from China and Japan are also held throughout the days.

Aside from the trade fair bustle, clinical presentations as part of the scientific programme will continue today at Level 4 with lectures and workshop focusing on fields like prosthodontics and orthodontics. A special presentation by US dentist Dr Barry Freyberg on 05 April 2014 at 4.50 p.m. focused on the detection and prevention of oral cancer, which is among the few types of cancer which are currently on the rise worldwide. At the Dental Tribune Study Club Symposium at booth 6P-22, Singapore’s own prosthetic expert, Dr Stephen Soo of Specialist Dental Group, will provide insight into CAD/CAM and how its use can benefit workflow in dental practices.

New concepts and methods for dental labs will be discussed at the Dental Technicians Forum, one of the new educational formats specifically targeting other members of the dental profession. In addition to these presentations, lectures for dental hygienists/therapists were also held throughout the days.
Dentistry – your dream profession

At Danube Private University, students undergo a six-year course in dental medicine, and on completion of the course are awarded the internationally recognized degree Dr. med. dent. This elite course of study at the leading edge of medical and dental science, utilising state-of-the-art medical and dental equipment, practical facilities and our in-house clinic, stresses to both challenge and support its students. We want our graduates to be among the acknowledged leaders of their profession. The dental faculty of the University includes many highly respected scientists who take great pleasure in being a part of a new, innovative project in basic dental studies that is of particular benefit to society – led by our Chancellor, Professor Dr. Dr. Dieter Müssig and our Dean, Professor Dr. Dr. h.c. Andrej Kielbassa.

In addition to instruction in medical and dental subjects, the President of the University, Honorary Consul M.B. Wagner-Pischel, is dedicated not only to the achievement of excellence in research, instruction and innovation, but also to the holistic education of the young people, ensuring that they receive a solid grounding in the arts, literature, science journalism and music, as well as training in empathy. The aim is to promote the well-rounded development of the young people, and equip them with positive approaches for their subsequent career that enhance their communicative intelligence. Dental health and personal care and hygiene play a key role in how people are perceived today. Beauty and mindfulness are perceived more than anywhere else in oral and dental health. A good dentist can be compared to an artist, as she requires an exceptional understanding of form and colour as well as spatial visualisation skills. When combined with the state of the art in medical and dental knowledge, the result is uncompromising excellence in patient treatment.

For President Wagner-Pischel, a life spent in the exercise of a profession about which one is passionate is an important and meaningful life commitment as well as a significant contribution to the welfare of society as a whole.

“Our students at Danube Private University have excellent life and education opportunities. We offer them a top dentistry course equipped with state of the art technology that focuses on students’ needs and values them above all else, while upholding the finest traditional humanistic values. Danube Private University emphasizes not only medical and dental science, but also human interaction among students and instructors as well as responsibility to both patients and society,” explains M.B. Wagner-Pischel, President of Danube Private University.

To date, the student body of Danube Private University is made up mostly of the children of dentists and doctors from German-speaking Europe. Young people from all over the world are interested in studying at Danube Private University. In response, we are offering a preparatory course of study for students outside of German-speaking Europe.

Composite Veneers and Masking Discoloration; About Red & White Aesthetics; Direct Veneers Diastema Closure; Virtual Articulator and CAD/CAM Designing Workshop.

The second day of the conference will feature the new Dental Hygiene Seminar focused entirely on the Dental Hygienist providing the latest in Periodontal Instrumentation and Oral Prevention and Management of Dentine Hypersensitivity.

Additional to the knowledge delegates will exchange, all attendees will benefit from the networking opportunities in the cozy atmosphere provided by Jumeirah Beach Hotel where you can meet your colleagues from across the globe while lunching at Dubai’s best restaurant.

All Dentists, Dental Technicians and Dental Hygienists are welcome to get the most updated scientific exchange and view the latest technology, trends and developments in CAD/CAM & Digital Dentistry. The future is here and all are welcome to join.
When teeth have been lost early, those remaining distal to the edentulous space, usually present with a mesial tipping, displacement and rotation. Individuals with an abnormal mesio-distal inclination or displacement of the posterior teeth were found to have a positive association between mesial inclination and periodontal destruction. Once periodontal health is established, occlusal forces are used to reduce mobility, to regain bone lost owing to traumatic occlusal forces, and to treat the sequelae of clinical problems related to occlusal instability and restorative needs. Failure to provide appropriate treatment of occlusal trauma in patients with chronic periodontitis may result in progressive bone loss, adverse change in prognosis thus resulting in tooth loss. Uprighting these teeth by orthodontic means before the conventional restoration of the edentulous areas may corroborate to their periodontal treatment and maintenance in the dental arch. When premolars will be replaced adequate space is necessary not only at the mesio-distal but also at the bucco-lingual direction. Teeth with a negative prognosis can be used to maintain or improve the volume and structure of the alveolar bone at the site where they are located. The forced eruption of a tooth, which is planned to be extruded, alters the architecture of the soft periodontal tissues and improves the quality of the available bone (Figure 4). Therefore, the final prosthetic work is associated with a better overall result with a decrease in the gingival height produced by this method.

"Failure to provide appropriate treatment of occlusal trauma in patients with chronic periodontitis may result in progressive bone loss".

Orthodontics, restorative dentistry and oral health

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