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Posters Presentations

Carina Melo, Dent Implants Dentures 2017, 2:2 (Suppl)
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Chronic fluoride exposure promotes morphological alterations on enteric neurons of the small intestine

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Fluoridation of public water supplies is among the top ten health achievements of the twentieth century, preventing dental caries development, but excessive fluoride (F) exposure during tooth formation can cause dental fluorosis. Besides predominant accumulation in teeth and bones, F toxicity can also affect soft tissues, such as the intestine, promoting important gastrointestinal symptoms. The Enteric Nervous System (ENS) controls the gastrointestinal tract (GIT) function, and alterations in enteric neurons can disturb the gastrointestinal behavior, leading to relevant symptomatology. Although, F toxicity in the central nervous system has been extensively discussed, there is no information regarding to F effects on the ENS. This study evaluated the morphology of the general population of myenteric neurons of the small intestine of rats after chronic F exposure. 18 male rats (Rattus norvegicus, Wistar type) were divided into 3 groups: Control (deionized water), 10 and 50 ppm F (NaF solution in drinking water for 30 days). Duodenum, jejunum, and ileum were harvested and processed for immunohistochemistry to mark the HuC/D protein on the myenteric plexus. Morphometric analysis (areas of neurons cell bodies) was performed on HuC/D- immunoreactive neurons. In the duodenum, the 50 ppm F group presented a statistically significant decrease in the mean value of the neurons cell bodies area compared to the control group. Chronic exposure to 50 ppm F caused morphological alterations on myenteric neurons of the duodenum, which can be correlated with functional changes that can lead to the important intestinal symptoms described as consequence of F toxicity on the GIT.

Biography

Carina Melo is a PhD Student from University of Sao Paulo, in the Program of Applied Dental Sciences in the Oral Biology area. Her Dentistry course was completed in 2007 and Master's degree in 2011 at the University of Sao Paulo.

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Notes:

Mohammad Samiei et al., Dent Implants Dentures 2017, 2:2 (Suppl)
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Efficacy of vascular endothelial growth factor and MTA on angiogenesis of dental pulp stem cells transferred onto polymeric scaffold

Mohammad Samiei, Marzieh Aghazadeh, Oldouz Hosseinighalehjough and Nadia Jahedjou
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Introduction: Stem cells are considered to have self-renewal and multipotential entities and thus can generate several differentiated cell types and regenerating tissues. Vascular endothelial growth factor (VEGF) plays a central role in angiogenesis, promoting the formation of new capillaries. Mineral trioxide aggregate (MTA) is a biocompatible material that has a wide range of clinical applications, including pulp capping, root perforation repair, and root-end filling. This study investigated effect of VEGF and MTA on angiogenesis of dental pulp stem cells transferred onto polymeric scaffold.

Materials & Methods: Dental pulp stem cells have been prepared in a form of equipped and increased to 2 million cells. After passing the preparation procedure, polymeric wells that made by poly caprolactone chitosan (PCL-CS) polymer, inserted in plates and 105 cells transferred to the palates. VEGF was added to the chambers of the experimental groups. After 14 days of incubation, the cells were transferred to flowcytometry center for assessment of CD31 and VEGFR2 as the angiogenesis factors.

Results: In the PCL-CS-MTA scaffold group, in the presence of VEGF, human dental pulp stem cells can express 90+8% of VEGFR2. While the expression of this receptor on cells cultured on PCL-Cs scaffold alone was 1/2+0/9%. Furthermore, the CD31 receptor expression was 71/4± 6/6% on the PCL-Cs-MTA, however, CD31 expression in control group was 5±1/2%. The increase in both receptor expression was statistically significant ($p<0.05$).

Conclusion: The present study shows that angiogenesis of dental pulp stem cells is increased in the presence of VEGF on the polymeric scaffold with MTA. Consequently, it seems that VEGF and MTA have the ability of enhancing angiogenesis in pulp stem cells.

Biography

Mohammad Samiei is an Assistant Professor of Endodontics at Tabriz University of Medical Sciences. He has a great experience in the field of Dentistry. He is a course Director, Lecturer and Instructor in Department of Community Dentistry.

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Faisal Al Rumaihi, Dent Implants Dentures 2017, 2:2 (Suppl)
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Case Report of Dental Management for child with Mondini Syndrome

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Mondini syndrome is a rare congenital sensorineural deafness. Malformation of cochlea in inner ear unilateral or bilateral may cause hear loss, recurrent meningitis and otorrhea. Mondini syndrome can be isolated or combined with another ear malformation or other syndrome. The condition occurs at seventh week of embryonic development. This case reports 5 years old female child patient came to the dental clinic complaining from pain in lower right second molar. First case in officer clinic diagnosed with profound hearing loss bilateral with sever Mondini deformity in the inner ear. Patient not responding to any sounds. There is no history of any other congenital problems. There is positive history of consanguinity and there is no family history of congenital hearing loss. No history of trauma or meningitis, no significant perinatal history. The patient looks well, no dysmorphic features, normal external auditory canal and bilateral dull tympanic membrane. Examination was otherwise normal. CT revealed deformity in cochlea. Otoacoustic emissions and ABR was consist with the diagnosis of severe to profound sensorineural hearing loss. Failed trial of cochlear implant, period of hearing aid trial failed to show any response status post brainstem implant done in Germany. Communication with hearing impaired patient has some difficulties and needs a good level of skills and awareness. In this case, it was the father helped with sign language and communicating with the child patient easier. Dentists should learn simple techniques for dealing with such impairment like removing mask to allow for lip reading, writing or drawing what they want to say or using sign language.

Biography

Faisal Al Rumaihi has completed his BDS in 1988 from King Saud University in Riyadh KSA and Residency program at RKH Hospital in 1989. He has completed Restorative and Cosmetic Dentistry in 1995 at Boston University, USA and PhD degree at Boston University Goldman School of Graduate Dentistry USA. He is the Consultant Restorative in Dentistry in Prince Sultan Military Medical City in Riyadh. He is Director of Restorative section in dental clinic and have a year of teaching and clinical supervision experience.

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Gyo-Zin Ahn et al., Dent Implants Dentures 2017, 2:2 (Suppl)
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Microtensile bond strength and micromorphologic analysis of surface-treated resin nanoceramics

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Purpose: The aim of this study was to evaluate the influence of different surface treatment methods on the microtensile bond strength of resin cement to resin nanoceramic (RNC).

Materials & Methods: RNC onlays (Lava Ultimate) (n=30) were treated using air abrasion with and without a universal adhesive, or HF etching followed by a universal adhesive with and without a silane coupling agent, or tribological silica coating with and without a universal adhesive, and divided into 6 groups. Onlays were luted with resin cement to dentin surfaces. A microtensile bond strength test was performed and evaluated by one-way ANOVA and Turkey HSD test (a=.05). A nanoscratch test, field emission scanning electron microscopy, and energy dispersive X-ray spectroscopy were used for micromorphologic analysis (a=.05). The roughness and elemental proportion were evaluated by Kruskal-Wallis test and Mann-Whitney U test.

Resluts: Tribologigcal silica coating showed the highest roughness, followed by air abrasion and HF etching. After HF etching, the RNC surface presented a decrease in oxygen, silicon, and zirconium ratio with incraeasing carbon ratio. Air abrasion with universal adhesive showed the highest bond strength followed by tribologigcal silica coating with universal adhesive. HF etching with universal adhesive showed the lowest bond strength.

Conclusion: An improved understanding of the effect of surface treatment of RNC could enhance the durability of resin bonding, when used for indirect restorations. When using RNC for restoration, effective and systemic surface roughening methods and an appropriate adhesive are required.

Biography

Gyo-Zin Ahn has completed his Bachelor's Degree from College of Dentistry Dankook University. Currently, he is pursuing his Master's course in Dental Prosthodontics.

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Tanvi Samujh, Dent Implants Dentures 2017, 2:2 (Suppl)
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A step ahead in periodontal regeneration: Platelet rich fibrin (PRF)- A second-generation platelet concentrates

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In the past decade attempts have been made to discover biomaterials with significant contribution in healing and regeneration of soft and hard tissues in those suffering from periodontal disease. Now, the focus has further shifted on an autogenous material called platelet rich fibrin which provides an osteoconductive scaffold along with growth factors in a fibrin matrix to stimulate patient's own cells towards a regenerative response. Further, the clinical research demands development of a bioactive surgical additive which regulates the inflammation and increase the speed of healing process. And in this sense, platelet rich fibrin (PRF) appears as a natural and satisfactory alternative with favorable results and low risks. The slow polymerization during centrifugation and fibrin-based structure makes PRF a better healing biomaterial than platelet rich plasma (PRP) and other fibrin adhesives. PRF is a natural fibrin-based biomaterial without any artificial biochemical modification and has a potential role in periodontal regeneration. It is easy to prepare, non-toxic or biocompatible to living tissues and economically cheap that might result in the local release of growth factors accelerating the tissue healing process. This material is routinely used in periodontally involved patients in our Institute. Detailed procedure will be discussed at the time of poster presentation.

Biography

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Andréa Candido dos Reis, Dent Implants Dentures 2017, 2:2 (Suppl)
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Retention and deformation of a new attachment model for mini-implantretaineoverdentures

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The gradual loss of retention and the need for periodic replacement of attachment system components are the most frequent complications in implant-supported overdentures. Develop a new polymeric attachment model for overdentures and compared your retention and deformation with a conventional O-ring attachment system. A matrix with two mini-implants with ball abutments was used to simulate the mandibular border during a fatigue resistance test. A total of 60 polyacetal (n=20), polytetrafluoroethylene (PTFE) (n=20) and O-ring (n=20) attachments were captured in pairs with acrylic resin and subjected to 3.625 insertion/removal cycles, simulating 30 months of overdenture use. The internal and external deformation of the attachments was assessed using an optical stereomicroscope. One-way analysis of variance and Tukey's test (α=0.05) were used for statistical evaluation. The polyacetal attachment system showed the highest retention (P<.001), followed by the O-ring and PTFE attachments. The O-ring attachments exhibited the lowest deformation (P<.001), and the polyacetal attachments had the highest internal deformation (P<.001). The new polyacetal attachment model that was developed resulted in the high retention of mini-implant-retained overdentures, and despite the deformation experienced, the results suggested a period longer than 30 months before replacement would be required.

Biography

Andréa Candido dos Reis has completed his PhD at the age of 30 years at the University of São Paulo and postdoctoral studies at the Federal University of São Carlos. Currently she is associate professor at the School of Dentistry of Ribeirão Preto, University of Sao Paulo. Develops intensive research projects in the area of development and innovation of dental materials and she has published a total of 71 papers in national and international journals.

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Ziv Schwartz, Dent Implants Dentures 2017, 2:2 (Suppl)
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Oral lymphomatoid papulosis type C: A diagnostic pitfall, often confused with T-cell lymphoma

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Eosinophilic ulcer of the oral mucosa (EUOM) is a rare, benign, self-resolving lymphoproliferative disorder, which typically presents with asymptomatic to mildly tender ulcers. Histological findings of EUOM are characterized by a polymorphic infiltrate with many eosinophils often extending into the underlying muscle. Although this entity is well documented within the dental literature, it is not well known to physicians. The pathogenesis of the condition is unclear, although reports dating back to 1997 suggest that at least a subset of EUOM represents CD30 positive lymphoproliferative disorder (CD30+LPD). More specifically, the original report and subsequent authors suggest that the patients fall on the spectrum of CD30+LPD most reminiscent of Lymphomatoid papulosis (LyP) seen in the skin. This oral variant of LyP would be expected to have the same diverse morphologic spectrum as that seen in cutaneous LyP. We present five EUOM patients whose biopsies showed an atypical lymphocytic infiltrate most compatible with type C LyP, a histologically unique subset of LyP, reminiscent of the biopsy findings encountered in the reported case by Ficarra and co-workers. (Ficarra, et al., 1997) In four of the five cases, the biopsies were interpreted by expert hematopathologists as an aggressive form of peripheral T cell lymphoma resulting in recommendations to administer systemic chemotherapy to four of the patients, the scheduling of one patient for induction therapy and transplantation before revision of the diagnosis, and administration of chemotherapy to one of the patients. The natural clinical course of spontaneous regression refuted the original diagnoses as a form of aggressive peripheral T cell lymphoma. Recognition of oral LyP is critical to avoid inadvertent exposure to potentially toxic chemotherapeutic regimens intended for the treatment of high grade lymphoma.

Biography

Ziv Schwartz has completed his Master of Health Administration and his Undergraduate studies at Cornell University. Subsequently, he has worked as an Administrative Fellow at Northwell Health. He is currently a third year Medical Student at SUNY Downstate College of Medicine.

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Clodelle McKay-Hamelin, Dent Implants Dentures 2017, 2:2 (Suppl)
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Nutrition and oral health: The link between nutrient deficiency and oral health conditions

Clodelle McKay-Hamelin
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It is fair to say that it is in spite of professionals discovering different aspects in the dental industry that may have allow the population to improve their oral health. However, disclosed data base and unreliable health ''tips and tricks'', are yet, inevitably, easily accessible online. Thus, nebulous information can mislead and confuse people. As an outcome, the public's misconception on a specific oral condition can easily be twisted, inducing poor dental hygiene habit(s) and/or poor oral health. People are constantly exposed to beauty and health lifestyle habits advertisement, yet, know so little about what healthy habits are when it comes down to the role of nutrition and oral health. The industry of dental research has been able to captivate people's attention on various aspects, for instance: methods to enhance a smile. Unfortunately, so little information is disclosed about dental health issues and poor oral hygiene habits. Dental clinical trials allows to asses a specific aspect and target a population, in order to stand out accurate data base and help to improve better and healthier lifestyle habits. Hence, this study evaluates aspects such as the link between eating habits, lifestyle, role of nutrition/diet/nutrients and degenerative oral and/or dental conditions

Biography

Clodelle McCay-Hamelin is currently pursuing her clinical internship in the faculty of dental practice, Canada. She is also an intern of Dentistry prosthodontics at the Canadian dental clinic establishment.

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e-Posters

Alexandre de Alcântara, Dent Implants Dentures 2017, 2:2 (Suppl)
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Rehabilitation of trumpeter performance and the importance of dental treatment for wind musicians

Alexandre de Alcântara
Dental Office, Brazil

The rehabilitation of the performance of a trumpeter through dental treatment requires an understanding of dental materials and protocols, as well as a knowledge of the musician's mandibular physiology during musical performance. A trumpeter, like all other wind musicians, has for years developed a coordinated action of various muscles of the mouth, lips, chin and face, that regulates the opening and closing of the lips. The embouchure, also acts as a region that separates the mouthpiece from the lips. This double function control of the opening and protection of the lips allows a small area of the lips to produce rapid vibrations that, consequently, will change the air column inside the instrument, producing the musical notes. The following clinical case illustrates the need to look at the musician's needs in his performance, in addition to the normal esthetic and functional needs of a patient. The trumpeter described here suffered an accident in his childhood, which led to the loss of the right upper central incisor. As a result, the instrumentalist began to use a provisional made in an unnatural way that caused additional effort at the time of his performances. The proposal was to first to put a dental implant and immediately proceed to the making of a new provisional one, seeking a better anatomical shape for the tooth, which would aid in the sound production, also facilitating in the confection of the definitive prosthesis, thus restoring the function and preserving the patient's esthetics.

Biography

Alexandre de Alcântara has Graduated in 1993, and since 1995, he is a reference in the treatment of musicians in Brazil. In 2012, at the request of the auhtor, the Brazilian Federal Council of Dentistry reformulated its procedures and approved a regulation that benefited all Brazilian wind instrumentalists, giving them the status of patients with special needs within Dentistry. He is the Author of books, articles and various publications. He has already been interviewed by many television channels, as well as by important media in the dental and musical areas in Brazil and abroad.

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Ghada Amin Khalifa, Dent Implants Dentures 2017, 2:2 (Suppl)
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A three-dimensional virtual analysis versus two-dimensional analysis in evaluation of the complex impactions

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Introduction: The radiographic images play a major role in detecting the position of the impacted teeth, shape, orientation, and their relation to the adjacent vital structure. Thus, they facilitate their surgical removal with minimal trauma and minimize the post-operative complications. Plain radiographs provide two-dimensional images that have certain drawbacks. In complex impactions, the missing of certain data may lead to postoperative complications.

Objectives: The aim of this study is to compare between the radiographic results of three-dimensional computed tomography (3DCT) which inserted into Simplant software and that of two-dimensional orthopantomograms(OPGs).

Material & Methods: A total of 50 abnormally positioned impacted teeth were studied. The shape, position, orientation, and the relation to the adjacent vital structures were studied by using OPGS and 3DCT scans. The correlation between the surgical findings during surgeries and radiographic results was also done. The dataset of the 3DCT scans was inserted and manipulated by Simplant technology to virtually visualize the impacted teeth.

Results: Thirty cases were lower impacted wisdom molars, 10 cases were upper impacted third molar, while the impacted upper canine found in 5 cases, and the other 5 cases were impacted lower second premolar. There were no differences between the OPGs and 3DCT scans regarding the orientation of impactions. 3DCT scans were much more precise in determination of the exact location of the teeth in the jaw. The buccal, palatal, or lingual position of the teeth were difficult to be determined in OPGs. The configuration of the roots was better seen by using 3DCT scans. The results of 3DCT scans were also correlated with the surgical findings, during surgeries, more than those of OPGs.

Conclusion: It could be concluded that the data which is obtained from 3DCT scans can meet the objectives of the diagnostic images much more than OPGs in diagnosis and determination of the surgical panning for the removal of the complex impacted teeth. Thus, they facilitate their surgical removal with minimal complications, and amplify the documentations that provided to the patient in the consent.

Biography

Ghada Amin Khalifa is an Associate Professor of Oral and Maxillofacial Surgery at the Faculty of Dental Medicine, Al Azhar University, Cairo, Egypt since 2012. She has received her BDS, MSc and MD from Faculty of Oral and Dental Medicine Cairo University in 1993, 2000 and 2007 respectively. In addition to teaching, she is regularly doing Oral and Maxillofacial surgeries at Al Zahraa Hospital with a Maxillofacial team work.

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Accepted Abstracts

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Partial extraction therapies (PET): Is it a myth or reality?

Ahmed Halim Ayoub
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Ideally, a method for the prevention of alveolar ridge resorption after extraction should be cost effective and minimally invasive. Various methods of guided bone regeneration (GBR) have been described to retain the original dimension of the bone after extraction. All these procedures are cost-intensive and technique-sensitive. In contrast, Partial Extraction Therapies (PET) is cost-effective but still technique-sensitive. It avoids the resorption of the bundle bone. This presentation will provide an in-depth review of a new innovative armamentarium and techniques utilized for PET and specifically socket shield approaches for tooth replacement with dental implants. The actual step-by-step technique will be highlighted as well as a biological rationale supported by current literature and histology.

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Implants and halitosis: Screws with a smell

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Halitosis is still a large taboo in our society, although it is a common problem that affects nearly 25% of the total population. The oral cavity (in particular the tongue dorsum) is the major origin of this disease (85%), followed by the ENT-area (10%) and several blood-borne diseases (5%) e.g., Diabetes. First the origin of the phenomenon will be discussed. It is explained that volatile sulfur components (e.g. H2S) and amines (e.g., Cadaverine), produced by the anaerobic microflora in the oral cavity are the main contributing fragrances of bad breath. Furthermore the different detection methods (Subjective: Organoleptical/Objective: Halimeter® and Oral Chroma®) will be highlighted. Although gingivitis, periodontitis and mainly tongue coating are the principle oral causes, also dental implants can strongly contribute to breath odor problems. So furthermore, the origin of breath malodor due to implant-involved cause peri-implantitis, microbial leakage and dentures will be presented. Finally the treatment approaches for all the different origins of implant-halitosis will be proposed and discussed in more detail.

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Using social media to challenge the perception of dentistry

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In 2014, I recognized that social media was transforming other industries and dentistry was slow to adapt. Synonymously, social media was creating a cultural change in consumer behaviors in one particular market, the millennials. Millennials are a generation who document their lives online. Consequently, the pressure of having your perfect smile has never been greater. On paper this creates an ideal business landscape for the dental industry, but shockingly the associations with dentists and hygienists were negative and focused around pain, high cost and inconvenience. Few associated their perfect smile with their local dentist or hygienist. Instead, quick fix toothpastes and gimmicky products promoted online by influencers, resonated highly. I wanted to change that, so I developed my own personal brand. #LiveToSmile launched in 2015 as a dental lifestyle brand, focusing on the importance of living to smile. By creating a relatable online presence, advocating an aspirational lifestyle from a confident female finding her way in business, I aimed to educate and influence millennials. Through showing my personality, values and dental knowledge via social media, I started to build trust and breakdown the negative cliches of dentistry. I gained hundreds of new patients who were willing to pay a premium to take care of their smile. In 2016 I proudly launched #LiveToSmile into a third practice on the famous Harley Street, London. In 2017 I became a key opinion leader for the global brand Philips. All of which has been as a result of my social media campaigns and goal of challenging the perception of dentistry.

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Tempocopy, a protocol to achieve complete oral rehabilitations copying the provisional prosthesis by means of CAD/CAM

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Introduction & Aim: A method to achieve complete oral rehabilitation with predictable success. Applicable to oral rehabilitations with fixed prosthesis on teeth and/or implants. We use the fixed provisional restorations to determine the centric occlusion and dental morphology for an optimal functional outcome on a periodontal, phonetic and aesthetic level.

Materials & Methods: We prepare every case of rehabilitation in a classical way, using die cast models, diagnostic wax up, CBCT scan, surgical guide and a thermoplastic mold of our wax up in order to achieve provisional methacrylate crowns made intra orally. In order to deprogram the masticatory muscles and finding the centric occlusion, a Lucia Jig is then incorporated in the provisional crowns. After a minimal time of 10 minutes the centric position is located. Adding methacrylate posterior occlusal stability and lateral guidance is optimized. Esthetic and phonetic adaptations are made. If there are neither subjective nor objective problems the next weeks of follow up, we scan our provisional bridge. This virtual bridge then was positioned on the virtual model and all the parameters controlled. Finally the technician makes the reduction on the virtual structure for later ceramic covering and this design is send to the Zirconia milling machine.

Results: Achieving the occlusion in centric relation, reestablishing the TMJ in its physiological position makes us realize full arch rehabilitations with a very good long term prognosis.

Conclusion: The Tempocopy protocol allows us to work with much more predictability in aspects of occlusion, periodontics, phonetics and aesthetics.

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Relationship of sports dentistry with other areas of health

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The Sports Dentistry is an area of practice that includes theoretical and practical segments of Dentistry, aiming to investigate, prevent, treat and rehabilitate, understanding the influence of diseases of the oral cavity on the performance of professional and amateur athletes, with the purpose of Improving athletic performance and prevent injuries, taking into account the physiological particularities of athletes, the modality they practice and the rules of sport. Technical-scientific knowledge regarding the sporting modality and the physiology of the exercise are of singular importance, since both can influence differently in the process of development of alterations or injuries, as well as in the recovery process. Diagnosing and healing all factors that cause a decrease in the physical and psychological performance of the athlete, performing all the necessary procedures, so that the athlete has a standard of excellence when it comes to oral health. Sports dentist care includes: Doping; types of dental materials; dental erosion (isotonic consumption); adequate breathing; body posture (occlusion); facial trauma; dental trauma; mouthguard; periodontitis; follow clinical protocols; oral cancer; dental esthetic and dental disturbances in sleep

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Effect of chloroform, eucalyptol and orange oil solvents on the microhardness of human root dentin

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This study aimed to assess the effect of chloroform, eucalyptol and orange oil solvents on the microhardness of human root dentin. Sixty-eight single-rooted single-canal extracted human premolar teeth were used. Tooth crowns were separated from the roots at the ce- mentoenamel junction (CEJ). Roots were buccolingually sectioned into mesial and distal halves. Specimens were randomly divided into 5 groups, with 20 teeth in each solvent group and 4 teeth in each control group. Primary microhardness of specimens was measured using Vickers microhardness tester. Specimens were ex-posed to solvents for 15 minutes and were subjected to microhardness testing again. Data were recorded and analyzed using repeated measure ANOVA. No significant difference was found in dentin microhardness before and after exposure to solvents in any of the orange oil, eucalyptol, chloroform or saline groups (P=0.727). None of the experimental groups showed any significant difference in terms of dentin microhardness reduction (P=0.99) and had no significant difference with the negative control group. This study showed that chloroform, eucalyptol and orange oil as gutta percha solvents did not decrease the microhardness of root dentin. Thus, none of the mentioned solvents has any superiority over the others in terms of affecting dentin properties.

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Dental telemetry: The digital dentistry is the meeting point of multidisciplinary dental treatments

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The digital dentistry is causing a revolution in dental offices all over the world. Just like other technology changes, as the car industry and engineering, the digital advances in dentistry open a range of new treatment possibilities. On the other hand, the amount of details required in functional and aesthetic planning makes the dentistry check-list bigger according to the patients' modern needs. The Dental Telemetry concept was developed to join these two realities and it brings the most important dentistry parameters to the digital environment, allowing a complete, fast and multidisciplinary vision to the dentist. Clinical protocols like 3D digital planning, multidisciplinary communication, chairside/labside/centerside dental protocols in digital dentistry, 3D impression alternatives and future possibilities will be discussed in this lecture.

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Elevate your Endo

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Current concepts in root canal system preparation still largely rely on mechanical instrumentation and magnification. Two major factors affect the choice of instruments for root canal preparation: Its ability to achieve the root canal shaping and its safety. The file accuracy is linked to its resistance to fracture, its lack of threading in dentinal walls when used in continuous rotary motion and its ability to respect the initial canal path in curved canals. The original canal anatomy must be maintained. Most of these factors depend on the profile of the instrument and so, on the design of its active part and magnification. For more than 25 years NiTi have been used to shape root canal space. Ever since companies have been trying to improve endodontic files in order to achieve a more predictable outcome of the shaping procedures and enhance the cleaning efficiency of endodontic irrigants, fracture free instrumentation along with magnification which will able to achieve predictable endodontic. Innovations focused on the designs of the files such as cross sections, taper, helical angles and many other specifications that distinguish the identity of specific instruments. This evolution reduced significantly file breakage that nevertheless was still haunting NiTi users and pushed forward the researches into new directions.

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