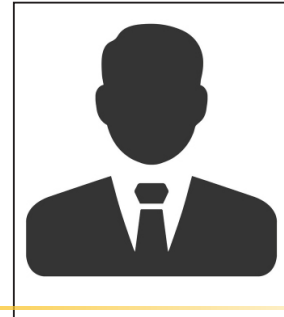


Title: Epidemiology of Oral Cancers among Sudanese population

Khidir Faisal Mahmoud

International university of Africa, Africa



Received: March 05, 2022; Editor assigned: March 06, 2022, Reviewed: March 12, 2022, QC No. Q-00001;
Published: July 04, 2022 Invoice No. DROH-0000P1

Background: The incidence of oral cancer (OC) is increasing worldwide, rendering the problem as a considerable component of the global burden of cancers. In Sudan, OC is the fifth most common cancer type with a total of 920 cases per year and this represents 9% of the cases reported annually in Africa. The objectives of this study were to study the epidemiology of oral cancer and to describe cases registered in Khartoum Teaching Dental hospital during (2014-2015).

Materials and Methods: A descriptive cross-sectional hospital-based study with two components: retrospective and exist survey. All files of the patients which were diagnosed as oral cancer and have been operated were selected. Record-based data collected using a form and exist survey data collected using a questionnaire. Data entered and analysed using the SPSS.

Result: A total of 224 patients were studied. Their age ranged from 4 to 87 years and) 33% (of them were 61 and above years. Around two thirds (59.8%) were male. And about one third (28.6 %) of the respondents were from Khartoum state. Squamous cell carcinoma (SCC) represents 60.8% of cases. A total of 125 cases (66.1%) showed good prognosis.

Conclusion: The majority of patients with oral cancer were 61 and above years old, Male patients were more than female patients, Majority of cases represent their state was Khartoum.

Keywords: oral cancer, squamous cell carcinoma, Africa

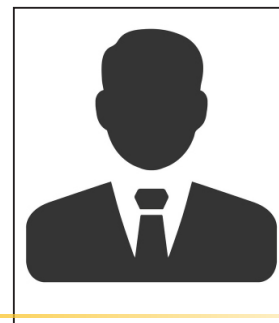
Biography

Khidir Faisal Mahmoud, Assistant professor at Dental public health department, International University of Africa
Dental public health specialist, along with an experience in teaching students at dental universities as Assistant Professor, long term governmental experience in the health sector in Sudan as well as a nongovernmental experience with different national and international organizations. In addition to special interest in a accreditation health institutions, management of health system , planning , total quality management, clinical skills training & clinical work as a dentist.

Title: Use Of Panoramic Radiographs For Evaluation Of Maxillary And Mandibular Residual Ridge Resorption: In Vitro Study

Priyanka Tiwari

Sumandeep Vidhyapeeth University, India



Received: March 20, 2022; Editor assigned: March 06, 2022, Reviewed: March 12, 2022, QC No. Q-00002;
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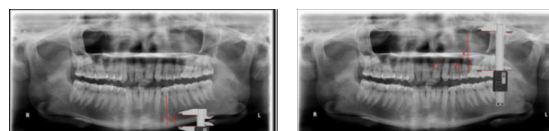
Introduction- Progressive ridge resorption is one of the main causes of loss of stability and retention of mandibular complete dentures. The location of the mental foramen can be identified easily on panoramic radiographs, and radiographic examinations are considered an important component of Prosthodontics diagnostic and treatment planning. Also the location of maxillary landmark is important to know how much resorption is there. Aim: To determine the average ratio of bone height with nearest constant anatomical landmarks in maxilla and in mandible.

Objective: To find out the association between radiographic findings & prosthodontics, such as measurements of the amount of resorption and the variation in the treatment planning of edentulous patients. **METHODS-** The subjects OPG was taken using standard radiographic procedural parameters. The measurement was done for distance 'c', 'a', 'x', 'y', 'z'. Then the calculations from measurements were done to calculate the ratio of c/a, to calculate the ratio of x/y, to calculate the ratio of x/z. **RESULT-** The descriptive statistics was done. The C/a ratio mean is 2.71 ± 0.31 . The X/Y ratio mean is 1.49 ± 0.34 and the X/Z ratio mean is 1.51 ± 0.24 . **CONCLUSION-** This ratio can be assessed in edentulous patients and then there further treatment plan can be decided according to the ratio. The implant placement can be assessed by using the measurements in this study.

Keywords: Average alveolar bone, panoramic radiograph, mental foramen, mandibular ridge, zygomatic process, maxillary ridge.

Figure 1: Mandibular landmarks - 'c': is from the inferior border of the mandible to the alveolar crest. 'a': is from the inferior border of the mandible to lower edge of the mental foramen in dentulous mandible.

Figure 2: Maxillary landmarks- 'x': from line joining most inferior points of borders of bony orbits to line joining inferior margins of images of zygomatic processes. 'y': point from zygomatic process to alveolar crest in maxillary first molar regions) in dentulous maxilla. 'z': point from zygomatic process to alveolar crest in maxillary lateral incisor region) in dentulous maxilla.



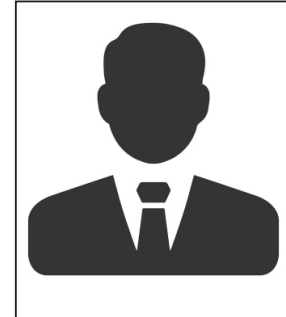
Biography

Dr. Priyanka Tiwari did her Bachelor's in Dental Surgery (BDS) from People's Dental Academy, Bhopal (M.P.), and India and did her Master's in Dental Surgery (MDS) in Prosthodontics from K.M. Shah Dental College & Hospital, Vadodara, (Gujarat), India. Completed a Certificate course by the name "JADE: Joint Alliance Duke-NUS Education Certificate Program in Medical Affairs" in 2020 from Singapore Duke-NUS Medical University. She has 6 years of experience including teaching & clinical in various eminent hospitals, college and clinics.

Title: AN EASY WAY TO BRACES SYSTEM

Aiman Obeid

Belarusian State University, United Arab Emirates



Received: May 24, 2022; Editor assigned: May 25, 2022, Reviewed: May 30, 2022, QC No. Q-00003;
Published: July 04, 2022 Invoice No. DROH-0000P1

- What is the purpose of braces system?
- Biology of the periodontal ligaments and alveolar bone?
- Elements and consistence of braces system?
- How does braces system work?
- Steps for putting braces and ligating the wire?
- Consequence of the wires?
- Debonding
- Retention
- Instrument
- Which cases can/not we treat as a beginner?
- When we can/not use braces?

Presentation will focus on the practical part of braces system, enabling you to start practicing braces system, it has slides of photos and practical videos with the explanation such how to fix the braces on, installing and ligating the wire with elastic ligatures and the power chain, sorting the wires types showing the differences between them and the function/roll of each of them, the sequences of the wires sizes, removing the braces and cleaning procedure, necessary instruments for all the procedures and many other useful information.

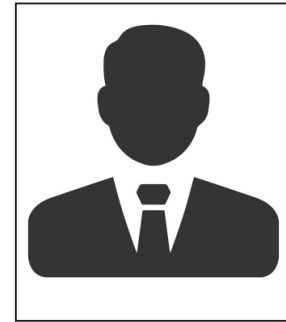
Biography

Dr.Aiman Obeid has completed his specialization in orthodontic in 2012 in Belarussian Medical State University, Belarus. After that he started his work as an orthodontist in UAE, he published his scientific work (about self ligating braces) in one of reputed medical journals, translated a research of 140 pages in lingual braces. Participated as a speaker in "2nd International Conference on Dental Practice" (webinar) about "AN EASY WAY TO BRACES SYSTME". Spoke in TV interviews in famous local and international TV channel.

Title: Peri-implantitis, (Implant Related Periodontal Disease) Prevalence, Practical Treatment and Prevention

Walid M. Elebiary

Alexandria University, Egypt



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Published: July 04, 2022 Invoice No. DROH-0000P1

Background: Soft and hard tissue that occur around osseointegrated dental implants are named as peri-implant tissues.

The soft tissue compartment is denoted as peri-implant mucosa, which is formed through wound healing process following implant, healing abutment and/or abutment placement.

The hard tissue compartment forms a contact relationship to the implant surface which leads to implant stability.

Because of their histologic and anatomic features, peri-implant tissues have two basic functions, mucosa which protects the underlying bone while the bone supports the implant.

Peri-implant mucositis, it's an inflammatory lesion of the soft tissue surrounding an endosseous implant in the absence of the loss of supporting bone or marginal bone loss.

Peri-implantitis is an inflammatory lesion that affects the implant supporting bone leading to peri-implant bone loss.

Biography

Dr. Walid M. Elebiary, BDS, DRD, MSc

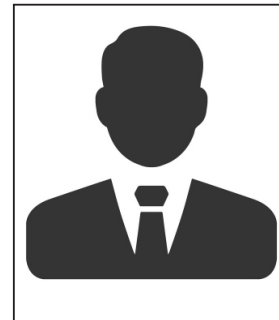
Graduate 1992, Alexandria Univ., Egypt

Diploma of Restorative Dentistry and Fixed Prosthodontics 1995, Alexandria University. Master of Periodontology, Oral Medicine 1999, Alexandria University. Member of the American Academy of Periodontology, Member of the American Academy of Implant Dentistry.

Title: Assessment of the fitness of removable partial denture frameworks manufactured using additive manufacturing/selective laser melting

Selma Saadaldin

Western University, Canada



Received: May 20, 2022; Editor assigned: May 21, 2022, Reviewed: May 28, 2022, QC No. Q-00005;
Published: July 04, 2022 Invoice No. DROH-0000P1

Statement of the Problem: 3D printing selective laser melting additive manufacturing considered as the future for removable partial denture (RPD) fabrication. Fitness accuracy is an important criteria for removable partial dentures that will affect its success

The purpose of this study is to compare the fitness accuracy of digitally produced RPD using selective laser melting additive manufacturing technology with ones that were produced by lost wax/ casting method and with combined digital and conventional frameworks

Methodology: CI I Kennedy classification RPD frameworks were fabricated. There were 3 groups: 3DP-G1 where frameworks produced digitally through digital designing and then the frameworks printed by selective laser melting additive manufacturing. C-G2 where the framework produced by lost wax/casting method. and the third group (SP-G3) where the framework produced by scanning wax-up of the framework and then printed as in the first group. 6 frameworks were produced from each group, Fitness accuracy of the frameworks was assessed by three

methods: 1. subjective clinician assessment through specific criteria. 2. by calculating spaces at five specified locations under the frameworks when seated on the master casts using images imported from micro-CT . Finally, spaces at the same locations were measured by using light-body polyvinyl siloxane impression materials.

Results: Clinicians found that all frameworks were seated well without rocking of rotation or lateral movement. There was no significant difference among the spaces calculated underneath the 18 frameworks for the three various groups at significance level of ($\alpha=0.05$). Although the spaces detected in the micro-CT images were remarkably higher than the ones from the silicone registration materials.

Conclusions: RPD frameworks that produced by 3D printing technology using selective laser melting additive manufacturing have a high level of fitness accuracy that are comparable to the ones produced by lost wax/casting method.

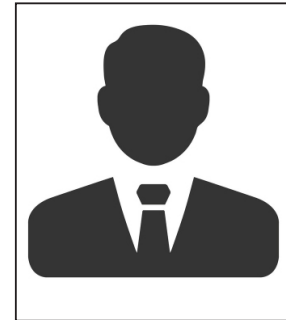
Biography

Selma Saadaldin is prosthodontist, faculty member at Schulich Dentistry, Western university, She got her BDS and Master's degree from Baghdad University, later she got her PhD in Dental materials from Western University. Currently she is doing her post graduate studies in Dental education at University of Dundee, UK. She has multicultural educational background as she worked different dental schools in Canada, UAE Saudi Arabia and Iraq.

Title: OBP (Optimized Biomechanical Protocol) - Myths and truths about self-ligating brackets in orthodontics. Clinical Tips

Eduardo A Dainesi

University of São Paulo, Brazil



Received: May 13, 2022; Editor assigned: May 14, 2022, Reviewed: May 22, 2022, QC No. Q-00006;
Published: July 04, 2022 Invoice No. DROH-0000P1

Self-ligating brackets have been gaining popularity over the past several decades. Orthodontic literature shows that lower friction between the bracket slot and an arch-wire is one of the best benefits of this system. It is partially true since the friction reduction does not depend only on the bracket and wire connection system. To reduce frictional forces It is necessary to use thermodynamic wires, especially those with ionic surface treatment. Reduced friction during orthodontic treatment in performing induced tooth movement means that more biologically compatible forces may be applied. That means working with lower force levels, allowing better control of the mechanics, especially anchorage, and reducing the probability of biological cost as root resorptions. The Optimized Biomechanical Protocol (OBP) has the following purposes: reducing clinical working time (by using self-ligating brackets to allow a fast working time); Reduction of the orthodontic biological cost; biomechanical comfort during the treatment, and largest time for the detailing and refinement of the occlusion (through the application of a logical sequence of thermodynamic arch-wires and strategically positioned stops). All of these to get in patient's satisfaction and well-being as a big goal. Thus, this presentation presents some clinical tips to show the simplicity of the OBP

Biography

Eduardo Alvares Dainesi completed his Ph.D. in orthodontics at the age of 34 years, in 1998 at the University of São Paulo - Brazil (USP – Bauru), and his Postdoctoral degree in orthodontics at the same University in 2001. Since then, he has coordinated postgraduate courses such as specialization and master's degree in orthodontics, in addition to working in private practice. Currently, he serves as scientific director at Eduardo Dainesi Institute – Dentistry Post-Graduation School, Bauru (São Paulo -Brazil), and as a Visiting Researcher Professor at the University of São Paulo – USP Bauru.