

Conference Malaysia International Dental Show 2018

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Topic 1: Early Detection and Management of Oral Cancer

Screening for oral cancer should include a thorough history and physical examination. The clinician should visually inspect and palpate the head, neck, oral, and pharyngeal regions. This procedure involves digital palpation of neck node regions, bimanual palpation of the floor of mouth and tongue, and inspection with palpation and observation of the oral and pharyngeal mucosa with an adequate light source; mouth mirrors are essential to the examination. Forceful protrusion of the tongue with gauze is necessary to visualize fully the posterior lateral tongue and tongue base.

The clinician should review the social, familial, and medical history and should document risk behaviors (tobacco and alcohol usage), a history of head and neck radiotherapy, familial history of head and neck cancer, and a personal history of cancer. Patients over 40 years of age should be considered at a higher risk for oral cancer.

Topic 2: Dental Veneer : Clinical Decision Making

Dental veneers (sometimes called porcelain veneers or dental porcelain laminates) are wafer-thin, custom-made shells of tooth-colored materials designed to cover the front surface of teeth to improve your appearance. These shells are bonded to the front of the teeth changing their color, shape, size, or length.

Dental veneers can be made from porcelain or from resin composite materials. Porcelain veneers resist stains better than resin veneers and better mimic the light reflecting properties of natural teeth. You will need to discuss the best choice of veneer material for you with your dentist.

Topic 3: Interdisciplinary Periodontic

Unfastened orthodontic bands are particularly suspects as possibly complicating factors jeopardizing interproximal periodontal support, and at the present time "special periodontally friendly bands" are being designed in research and design laboratories. These challenging effects of band impingement may directly compromise local resistance related to subgingival pathogens in susceptible patients and result in damage to both interproximal gingival tissues and alveolar crestal bone in a manner similar to that produced by faulty crown margins. Periodontal support might also be damaged during tooth intrusion where patients have active periodontitis or gingival infection significant enough to convert to periodontal disease.

In these kinds of susceptible patients a screening examination for the interleukin (IL) family of inflammatory mediators may be wise. The details of genetic screening involve studying the genetic potential of exaggerated immunologic reactions of host response to bacterial challenge such as those that recruit IL-1 β .

The etiology of periodontal problems may not simply rely on exaggerated host immunologic reactions. Mattingly and coworkers and others reflect the view that long-term fixed appliances can contribute to unfortunate but predictable qualitative alterations in the subgingival bacterial biofilms that become progressively periodontopathic with time.

Topic 4: Current Concept for Complex Endodontic

In complex clinical situations it is necessary to perform careful evaluation of the case beforehand and establish an appropriate treatment plan, otherwise there is a risk of underestimating the problem. This can lead to failure, not only of the root canal therapy itself, but also of the subsequent direct or indirect restoration. Indeed, this was the case in a patient who presented caries pathology with pulpal inflammation at the 3.3, which needed to be used as anchorage for a mobile prosthesis and was accordingly restored by means of a glass-fibre intracanal post and a ceramic-fused-to-gold crown. Upon completion of treatment, which lasted roughly six months, the patient continued to complain of discomfort at the canine while chewing. This was initially attributed to a problem of occlusion, but digital magnification of the periapical-endoral x-ray showed that the tooth featured a further oral root that had previously escaped notice and had therefore not been treated. Once the problem had been identified, the case was simple to resolve, and the symptoms disappeared upon treatment of the painful root.

Topic 5: Vertical Bone Augmentation: Bone Ring Technique

The replacement of a lost natural tooth by an osseointegrated implant represents one of the most significant advancements in dentistry. Implant supported restorations not only allows a patient to function with confidence but also helps enjoy a better quality of life.

Initial protocol for implant placement prescribes a healing period of 6–8 months after tooth extraction to allow for better primary stability at implant placement. However, with the continuing advances, immediate implant placement protocol was introduced in which implants can be placed immediately following tooth extraction. Immediate placement protocol is advantageous as it helps in reduction of treatment time and surgical interventions as well as helps in preservation of bone and soft tissues.

For immediate implant placement, extraction sockets should have little or no bone loss. In case, extraction sockets are severely defective; immediate implant placement is usually not possible. In such cases, therapeutic bone regeneration approaches in conjunction with principles of osteogenesis, osteoconduction, and osteoinduction should be used first before placing an implant.

Topic 6: Comprehensive approach of Oral Rehabilitation

"Oral rehabilitation" is a phrase that is used to encompass several levels of oral therapy. Usually, dentists think of an oral rehabilitation as meaning restoration of all of the teeth in a given mouth. However, when only the defective teeth in any mouth are restored, that too could be defined as an oral rehabilitation. The advent of esthetic dentistry has encouraged oral rehabilitation for esthetic reasons

only. This article suggests that such oral rehabilitations should be preceded by thorough informed consent and education about other, more conservative, therapies.

Patients should have full knowledge that such rehabilitations are not required, and that they may require frequent re-treatment at significant cost. Qualified specialists or experienced general dentists are capable of treating all levels of oral rehabilitation, and completion of courses at specific commercial institutes is not necessary.

Before rehabilitation, it is very important to arrive at a good diagnosis and establish the treatment plan. Consequently, this specialty is closely associated with other specialties such as periodontics, cosmetic dentistry, orthodontics and conservative dentistry.

Topic 7: Understanding Approach in Early Orthodontic Management

The time-honored tradition of getting braces for your kids when they're in their teens may be changing. These days, it's becoming more and more common to see braces on much younger kids, even first and second graders! That's because it's often advantageous to correct certain problems while your child's jaw is still growing. Early intervention can help correct problems like overcrowding, and while not all orthodontic problems can be addressed while your child is still learning to read and write, early treatment may make treatments that have to wait until he's older, shorter and less complicated too.

Younger kids may also be more open to the idea of having braces on their teeth. Teens are self-conscious and may balk at the prospect, although today's braces are a far cry from the braces you may have worn in your early teens. They're more comfortable in general, and there are options like clear braces that don't stand out as much. Fun colored elastics are appealing to younger kids, too. They can choose their favorite color, and even adorn their smiles with colors associated with holidays. It's a fun way to participate in their own treatment and make the most of the time they spend in braces.

Topic 8: Phase II Adult Orthodontic

The second phase of treatment (Phase II) moves permanent teeth into their final positions. For most patients this is done with traditional braces in order to complete the tooth and jaw alignment that was started during the first phase of treatment. If two-phase treatment is recommended but ignored, it may create an unhealthy environment for the growth and development of the child's teeth, gums, jaws and face.

The American Association of Orthodontists recommends that no matter how young your child is, if you notice any of the early indicators of possible problems, he or she should have an orthodontic check-up right away. And the American Association of Orthodontists recommends that every child should have an orthodontic check-up no later than age 7.

Topic 9: CBCT Imaging: What to look for?

Dental cone beam computed tomography (CT) is a special type of x-ray machine used in situations where regular dental or facial x-rays are not sufficient. It is not used routinely because the radiation exposure from this scanner is significantly more than regular dental x-rays. See the Safety page for more information about x-rays. This type of CT scanner uses a special type of technology to generate three dimensional (3-D) images of dental structures, soft tissues, nerve paths and bone in the craniofacial region in a single scan. Images obtained with cone beam CT allow for more precise treatment planning.

You should wear comfortable, loose-fitting clothing to your exam. You may be given a gown to wear during the procedure.

Metal objects, including jewelry, eyeglasses, dentures and hairpins, may affect the CT images and should be left at home or removed prior to your exam. You may also be asked to remove hearing aids and removable dental work. Women will be asked to remove bras containing metal underwire. You may be asked to remove any piercings, if possible.

Topic 10: Implant retained-tooth supported overdenture

The physical effects of tooth loss include decreased oral facial support due to the loss of hard and soft tissue; the look of premature aging in the facial region caused by bone resorption, a decrease in lip support and facial height; impaired phonetics and oral function; and pain. These physical issues contribute to the discomfort and ultimate instability of conventional removable denture prostheses by requiring the denture wearer to utilize the lip, tongue and cheek muscles to hold traditional dentures in place.

Implant-retained dentures resolve many of these issues. For instance, patients experience a secure and stable fit, better comfort, improved biocompatibility, increased support and decreased bone loss when two to four implants are placed to support a full-arch prosthesis. In addition, improved material sciences have provided newly developed denture base technology and denture tooth materials that are stronger and more esthetic. Overall, this type of prosthesis allows patients to function normally in society and enables them to eat what they want, instead of only what they can. The preservation of bone that is noted around root-form implants also promotes long-term health and prosthetic stability.

Topic 11: The 3-D Computed Guided Implant

In 1999 dental implant planning applications were developed, allowing interactive planning of virtual implants in 2-D and 3-D. The use of radiopaque templates/scanning appliances at the time of the CT scan made it possible for the prosthetic outcome to be incorporated into interactive presurgical planning. This advancement paved the way for an association between radiographic anatomic interpretation, prosthetic treatment planning, and precise surgical execution. Through the use of stereolithography and CAD/CAM technology, surgical templates could be fabricated to help clinicians place implants in a well-planned preoperative/prosthetic manner, rather than intraoperative planning, which is often surgical-driven.

The use of surgical templates can benefit the patient as well as the dental team (restorative dentist, surgical specialist, and laboratory technician). The work performed can be more accurate and less invasive than in traditional cases. The ability to transfer the desired three-dimensional position of implants from the virtual model to the mouth has made this a more efficient outcome.

Topic 12: Dental Entrepreneurship

Entrepreneurship is also associated with innovations and start-ups which are very common in other fields. Technological innovations and improvisation of existing equipment or materials are very important for the advancement of the art and science of clinical dentistry. While some innovations suffer a lack of support, resulting in general non-acceptance, some innovations are gradually adopted and supersede previous techniques and/or materials. Dentists need to be innovators in technology, and so far they have contributed greatly to the development of such innovations in dentistry by finding its clinical dental application. Based on enduring innovations such as high-speed turbine handpiece, high-speed suction, rubber dam, endodontic files and obturation systems, digital dental radiography, dental cone beam computed tomography, digital smile designing, maxillo-facial materials, elastomeric impressions, dental implants, to name a few. One must appreciate the intentions of the innovators have been to improve the quality and experience of dentistry for both patient and clinician; thus improving the "quality of life" of the patients.

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