conferenceseries.com

23rd Global Dentists and Pediatric Dentistry Annual Meeting

July 17-18, 2017 Munich, Germany

Study of effect of polyvinylpyrrolidone-iodine (PVP-I) 2% as an anti-oedematous agent in third molar surgery

Kanwaldeep Singh Soodan Maharishi Markandeshwar University, India

A single blind randomized control trial was carried out on 50 healthy outpatients who required surgical removal of mandibular third molars under local anesthesia were selected. The patients were divided into 2 groups (n=25), the treatment (PVP-I) and control group (normal saline). The treatment group patients were irrigated using PVP-I 2% (w/v) (Betadine, Win- Medicare, India) during bone guttering and tooth sectioning. The control group patients were irrigated with saline (sodium chloride 0.9%, w/v; Parenteral Drugs, India) only. Procedures that exceeded more than 1 hour were excluded from the study. Using Pederson difficulty index, patients with moderately difficulty index were chosen. All parameters for swelling were recorded preoperatively, on the first, second and seventh postoperative days for both procedures. The data were statistically analyzed using SPSS (version 22.0) software. Independent t-test was applied for operative time in minutes and the two groups matched (p>0.05) for operative time. For change in swelling, t-tests was applied and we found increase in swelling in saline group which was highly significant for change from preoperative to day 2 (p=0.005) and from preoperative to day 7 (p-value<0.001). Mean for Pederson index for Betadine and saline group was found out to be same (P=1). PVP-I 2% was found out to be significantly reducing swelling as compared to saline suggesting that it acts as an anti-oedematous agent in mandibular third molar surgery.

dr.kanwal@rediffmail.com

Stable alveolar bone implant reconstructive integration naturally

Mahmood Qureshi Qureshi Dental Centres, Pakistan

Introduction & Aim: In a relentless pursuance of perfection and a definitive solution for long term stability of tissues around dental implants, the author will present an exceptional concept – "SABIRIN", stable alveolar bone implant reconstructive integration naturally: A unique philosophy encompassing the sequential and codified reversal of the bone back to its original 3-D Engineered Divine Osseo-architecture by incorporating the 5 in 1 modus operandi: A major paradigm shift in re-establishing the natural spiritual union of the form and function.

Analysis: Loss of teeth always leads to the shrinkage of jaw bone at the extraction site with a 50-70% bone loss in height and width over a period of 2-4 years resulting in unaesthetic facial lines, increase in size of maxillary sinus, over closure, prognathic appearance, reduced horizontal labial angle of lip, loss of tone in muscles of facial expression causing functional, anatomical and cosmetic problems. A typical patient, with existing edentulous areas and desiring implant treatment doesn't have adequate bone to permit implants to be placed into normal root locations. This atrophy is a dynamic functional loss as the bone heals and changes from stress bearing to non-stress bearing bone for implant placement.

Methods: SABIRIN modules: Bone renaissance implant placement with special osteotomes, soft tissue manipulation, vascularized osteotomies, sinus and onlay grafts, piezosurgery, autologous growth factors and stem cells.

Results: The refurbishment of patients to innate curve, contour, aesthetics and function is achieved by using SABIRIN components which resurrect the lost contours of hard and soft tissues with a long-term, esthetic predictability.

Discussion: Based on the 25 years of experience, the presenter thoroughly discusses the rationale, gives practical guidelines and presents surgical maneuvers to rectify hard and soft tissue deficiencies complemented by CGF to enhance facial esthetics.

mqimplants@gmail.com