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Management of acute dental trauma in children: A literature review

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Dentofacial and dental trauma causes frequent problems, especially for children. Injury to children's teeth can be very distressing for children as well as for their parents. This article is based on a review of the current dental literature related to dental trauma. An electronic search was conducted using the following terms; teeth, trauma, first aid and permanent teeth. By 14 years of age, 30% of children have experienced a dental injury. Studies report that school-aged boys suffer dental trauma in the permanent dentition, almost twice as frequency as girls. Sport accidents, fights and falls are the most common cause of dental trauma. The initial evaluation of a patient with dental trauma should include a full physical examination of head, neck and face. An adequate history is essential to the examination and should include answer to the questions like: How did the injury occur? This is important because it provides information on the severity of the injury. When did the injury occur? In relation to a tooth avulsion, the extra oral time and storage condition are very to make decision for later treatment because it may determine whether or not tetanus prophylaxis is needed. Was there a period of unconsciousness? Amnesia and vomiting are all signs of brain damage. When the dentist faces an emergency, it is very important to give emotional support to the patient as well as to the parents.

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The effects of artificial saliva and fluoride varnish on microhardness of bleached enamel with 40% hydrogen peroxide: An *in vitro* study

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Background: Teeth whitening have been accepted as one of the most conservative treatment methods of discolored teeth, however, these materials have also some complications for teeth. The aim of this study was to investigate the effect of artificial saliva and fluoride varnish on microhardness of bleached enamel with 40% hydrogen peroxide.

Methods: Twenty intact extracted human anterior teeth were selected. Once the initial preparation of the teeth, they were divided into two groups randomly. Primary microhardness of enamel was measured by Vickers test. Then both groups separately were bleached with 40% hydrogen peroxide, and microhardness was measured again. In the next step, first group was stored in artificial saliva (AS) and fluoride varnish was used in second group. The microhardness was measured again. Data were analyzed with paired t-test at a significant level of P<0.05

Results: In both groups, enamel microhardnesswas decreased after bleaching, this reductionwas not significant in the first (AS) group, while was significant in the second (fluoride) group (P=0.3 in AS group, P=0.03 in fluoride group). Moreover, the artificial saliva (P=0.05) and fluoride (P=0.004), increased the enamel microhardness after bleaching.

Conclusion: Based on this study, artificial saliva and fluoride can increase the enamel micro hardness.

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