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Management of complex cases in endodontics: Diagnosis, treatment, prognosis

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Endodontic specialists usually treat complex cases consisting of challenging difficult teeth along with challenging patient management, which need advanced materials and techniques. Given the skills, time, equipment and the technical and anatomical knowledge, endodontic specialists are expected to solve these cases doing all efforts possible to make teeth again available for their functional oral status, having a long term prognosis. Through the use of the three-dimensional diagnostic tools, microscope, ultrasonics, repair materials and all the technical advancements available today, the outcome of these "Hopeless" cases has drastically increased in last decade. This lecture aims to present an explicative case series representative of several complex clinical situations solved using the ideal approach and to describe techniques and clinical tips to treat such cases. Topics will include re-treatment; removal of crowns/bridges, fiber and metal posts, separated instruments, soft and carrier-based filling materials; MTA; management of open apices, resorption and perforations; locating, shaping, cleaning and filling of difficult or missed canal anatomy, such as calcified, ledged, blocked and severely curved canals; advanced irrigation techniques to better clean complex canal anatomy; endodontic surgery; trauma and fractures; minimal invasive endodontic treatment and restoration. Microscope-assisted dentistry and advanced diagnostic techniques, such as CBCT, will be analyzed and discussed for both orthograde and surgical cases. The importance of the use of magnification including loupes, special lights and microscope to solve these complex situations will be underlined and their proper use even by general practitioners who want to avoid iatrogenic errors and improve their practice will be described.

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Tobacco smoking and chewing: Oral cancer

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It is now accepted that there is an etiological relationship between the smoking of tobacco and oral carcinoma regardless of the type of tobacco and method of consumption. Pipe and cigar smoking have been linked with carcinoma of the lip for many years, and the evidence linking cigarette smoking with intraoral carcinoma is now firmly established. Studies have particularly incriminated heavy cigarette smoker and have shown that those smoking 40 to mote cigarettes per day have a significantly increased risk of oral cancer, ranging from about 10 to 20 times that of non-smokers in different series. The type of tobacco, curing methods, and methods of smoking may also influence the relative risk of oral cancer. For example, the high incidence of oral cancer in India is likely to be due, in part, to widespread smoking of bidis and the habit of reverse smoking, a habit that is particularly common in women. Reverse smoking is also practised in various other countries, for example Colombia, and is associated particularly with cancer of the palate, one of the rarest sites for oral cancer in other groups. It has been reported that the relative risk of oral cancer for reverse smokers is over 40 times that of non-smokers.

Smokeless tobacco: Snuff is a finely ground or powdered tobacco which may be inhaled dry or used moist in snuff-dripping by placing a pinch of snuff between the gum and the cheek or upper lip. Report from South-Eastern USA, where snuff-dripping is prevalent, and from Sweden indicate that the habit is associated with a significantly increased risk for carcinoma of the gingiva and buccal mucosa. Tobacco chewing was relatively common in the United Kingdom in the early part of 20th century, particularly in occupations such as mining where smoking was environmentally dangerous because of the possibility of explosion.

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