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Is type of impaction of 3rd molars a risk factor in the frequency of post-operative complications? A retrospective study undertaken in the Charles Clifford Dental Hospital, United Kingdom

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Aim: To investigate the relationship between the type of impaction of wisdom teeth and the incidence of post-operative complications of surgical removal of impacted third molars.

Methods: A retrospective study of 210 patients, who has had one or more of their impacted 3rd molars removed at the Department of Oral Surgery in Charles Clifford Dental Hospital was done by reviewing case notes to collect the incidence of post-operative complications and comparing them to the type of impaction identified on plain film radiographs. The information was collected from patients attending the hospital from the period February 2016 to June 2016.

Results: There was no significant difference between the type of impaction and the incidence of post-operative complications, (Kruskal-Wallis ANOVA $p \geq 0.12$). Alveolar osteitis (dry socket) was the most common post-operative complication (77.7%), with females and smokers at a higher risk compared to male and non-smokers. Surgical difficulty score of all four types of impacted wisdom (mesioangular, horizontal, vertical and distoangular) had no significant effect on the incidence of post-operative complications.

Conclusion: This retrospective study suggests that there is no relationship between the frequency of post-operative complications and the type of impaction of third molars.

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Digitizing the facebow: A communication tool for implantology

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Communication between the clinician and technician has been an ongoing problem in dentistry. To help improve the issue, a dental software application has been developed – the Virtual Facebow App. It is an alternative to the traditional analogue facebow (AF), used to orient the maxillary cast in mounting. Comparison data of the two methods indicated that the digitized Virtual Facebow provided increased efficiency in mounting, increased accuracy in occlusion and cost. Occlusal accuracy, lab and total time were statistically significant ($P < 0.05$). The Virtual Facebow (VF) provides a novel alternative for cast mounting and another tool for clinician-technician communication.

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