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## Myofunctional integrated orthodontics

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The role of the Dentist in diagnosis and treatment of SRBD is now well recognized. This role can either comprise an indirect or direct approach. The indirect approach involves the recognition of a potential sleep disorder and subsequent referral to an ENT, primary care physician or sleep specialist for a definitive evaluation and treatment. The direct approach involves the incorporation of the dentist into the medical team for the therapeutic phase of treatment. The typical contribution is the use of oral appliances and delivery of Myofunctional Therapy. The Myobrace System has been proven as the best vehicle for delivering Myofunctional Therapy for 25 years. It is now also emerging a revolutionary vehicle to allow dental practitioners augment and improve traditional sleep medicine treatment modalities. This course will equip the dental team with a practical system to aid in treatment of SRBD that requires no adjustments. It will also allow the dental team to provide a definitive treatment in the pediatric population that remains largely untreated. Approximately 50-70 million people in the United States are chronic sufferers from sleep-related breathing disorders (SRDB). The associated health care expenses are estimated at \$16 billion annually and \$50 billion regarding lost productivity. The adverse impact of SRDB on the health of the population include, but are not limited to, hypertension, cardiovascular diseases, metabolic disorders such as diabetes, gastric disorders such as gastroesophageal reflux disease, respiratory disorders such as asthma, psychological disorders and increased mortality rates.

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## The viability of optimization methods of bone regeneration: PRF, doxycycline, bovine bone compared to autogenous bone graft- Histomorphometric study in rats

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The 10% doxycycline gel and the PRF had a good effect on filling of critical defects in rat calvaria, favoring the formation of bone tissue. This study aimed to investigate the effect of fibrin-rich plasma, Bio-Oss, doxycycline gel and autogenous graft on bone defects in the calvaria of rats. A critical-size defect of 5-mm diameter was performed in the calvaria of 48 rats. These animals were divided into 6 groups of 8 animals each, according to the treatment received: autogenous clot, fibrin-rich plasma, doxycycline gel, Bio-Oss and autogenous bone. The animals were euthanized after 30 and 60 days. Bone regeneration was evaluated by histomorphometric analysis. The mean percentages of new bone were statistically similar between groups' autogenous bone, bovine bone, doxycycline and PRF at 30 days (29.95%, 26.15, 29.79 and 28.12%) and 60 days (43.46, 40.34, 41.58 and 47.75%  $\pm$  5.78). These groups showed statistically higher values to the blood clot autogenous group at 30 days (13.78%) and 60 days (20.82%). We conclude that the use of bovine bone, doxycycline or PRF behaved similarly to autogenous bone graft, still considered the gold standard for filling bone defects.

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