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## *E-Banking of pre-extraction records through natural dentition archival (NDA)*

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*E-Banking of pre-extraction records globally at one center is now possible. This paper provides information about “Natural Dentition Archival (NDA)” which is a new concept conceptualized of generating pre-extraction records by the age of 25-34 years, which can be utilized later (when needed in the future) to fabricate the denture better, by incorporating near natural dental characteristics in it and ensure greater patient acceptability. Preparing a diagnostic cast, facial profile, photograph, photograph of anterior teeth in occlusion and recording tooth shade are steps, can be recommended for “Natural Dentition Archival”. Prosthodontist who do not make use of pre-extraction records and give due consideration to the natural findings of the patient while denture fabrication are missing the scientific component in denture fabrication, translating into compromised the patient’s satisfaction. A survey among prosthodontists have viewed this concept as ideal and good for denture-making and resulting in greater patient satisfaction; also they also felt that this concept can serve as an aid for forensic evidence. The storage and preservation of the records collected during NDA is not an extra burden and tedious. In this digital era, there are systems referred as electronic patient record or automated patient record (initiated since 1980) which have been designed to create, manage and store information of the patient and can be utilized to create an *e-bank* of NDA records. It is time that the dentist start to practice NDA and help to create an *e-bank* of the global data.*

**Introduction:** This paper will address loss of Vertical Dimension due to wear and treatment options to improve facial aesthetics and occlusion, with a step by step guide to assess the correct vertical dimension to work to. Occlusal wear is one of the biggest problems facing restorative dentists worldwide. Wear often leads to loss of vertical dimension. This paper aims to review the different treatment options and then show case studies to support increasing vertical dimension and improving facial aesthetics. Occlusal considerations will be paramount during the presentation.

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## **Occlusion of implant-supported restorations**

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A good occlusion can be defined as synonymous with a physiological occlusion; i.e., it is comfortable for the patient, it is functioning without problems, and it is stable and does not change. An interesting question is: Does the occlusion of restorations on natural teeth and on oral implants is quite the same? At the early stage of implant prosthodontics, the different attachment between teeth and implants to the bone was emphasized as very important. With the increasing experience of successful implant treatment using varying occlusal principles, this difference seems to be of minor or negligible importance. At present, it seems prudent to accept that principles and methods applied in conventional prosthodontics can in general be used also for implant prostheses. Occlusion may seem complicated but is seldom mysterious or difficult. Complex theories of occlusion and sophisticated instruments for jaw registration should be abandoned because they have never been documented to be necessary for successful results. Occlusion can be managed successfully by using simple methods for jaw registration and different occlusal concepts. The study of occlusion involves not only the static relationship of teeth but also their functional interrelationship and all the components of the masticatory system. The muscles of mastication, the neural feedback pathways, the temporomandibular joints and the shape of the occluding surfaces of the teeth influence the positions and movements of the mandible. The way in which teeth meet and move over each other must be understood so that any restoration placed in a mouth will be part of a harmoniously functioning occlusion. Every restoration, whether a simple amalgam filling or complex crown and bridgework and implant-supported restorations, which involves the occlusal surface will affect the occlusion. Therefore, restorations should be planned so that they do not cause effects that exceed the adaptive tolerance. The aims of the lecture are; clarification the types of dynamic occlusion, the differences between implant and natural teeth related to functional occlusion and finally the evidence-based approach for implant occlusion.

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