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Outcomeof beta tricalcium phosphate as a bone substitute material in post extraction sockets of mandibular third molar impacted teeth

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The aim of the study was to find out the status of mandibular bone regeneration after applying beta tricalcium phosphate in post extraction socket of mandibular impacted 3rd molar teeth. 40 patients were selected for this research who came to the department of Oral Surgery at Bangabandhu Sheikh Mujib Medical University, Dhaka, Bangladesh for seeking treatment. They were divided into two groups in respect of age, sex and presence of desired tooth. Among those 40 cases, 20 cases (study) got used beta tricalcium phosphate as bone substitute in post extraction sockets and remaining 20 cases (control) got no bone substitute. Post operative clinical examination and radiological evaluation wereperformed at immediate after operation then at 1, 3, 6 months postoperatively. The rate of bone formation in the bony defects was measured by Orthopantomograph. Healing and gradual filling of the bony cavities were obtained in all cases. Computer based statistical analysis of the post operative radiography showed reduction in size of the bony defect and gradual increase of radio-opacity were found better in the study group than that of control group. Uniformed bone regeneration could be obtained after extraction of mandibular horizontal impacted 3rd molar teeth with use of beta tricalcium phosphate.

The results of this study advocate the use of beta tricalcium phosphate into post extraction socket of mandibular horizontally impacted 3rd molar teeth as a bone substitute because it reduces the time of localized bone formation than no use of beta tricalcium phosphate.

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Management of patients with radiotherapy in maxillofacial surgery

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The aim of radiotherapy is to be specific to the tumorcell by destruction of these cells .This through interfering with the nuclear materials that necessary for cell reproduction and cell growth. But the effect of radiation actually specific for tumor cells as the normal cell affected.Majority of cell death, cells able to survive with impaired function as loss normal ability to replicate. Some cells survive normally but this depend on nature of the tumor cell and type of radiotherapy.

Most patients of oral cancer recieving radiation dose 5000-6000 rad as a cure dose. But this dose can be given as fractioned dosein order to allow time for normal tissue to repair of its self and allow the tumor cells to shrink slowly

Osteoradionecrosis: is considered to be the most serious complication of radiotherapy which defined as osteomylitis of irridiatedbone.It is common in mandible than maxilla:as mandible is formed of compact bone with main large blood vesseles and most of lesions are common in mandible than maxilla

Biography

Abdelbadia Abdallah Abdelmabood is Lecturer of Oral maxillofacial surgery, Faculty of Dentistry, Suez canal university. He is Specialized and interested in oral implant logy and OMFS reconstructions. He received his D.D.S from Suez Canal University 2012 and master degree from Suez Canal University 2009.

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