

# 4<sup>th</sup> Asia Pacific Congress & Expo on **Dental and Oral Health** July 27-29, 2015 Brisbane, Australia

## Dental implant therapy for medically complex patients

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This course focuses on a number of systemic factors that have an impact on the indications, contraindications and success rates of endosseous implants. The results of this modern treatment approach – implants are different when applied to a health-compromised patient or, more accurately defined, “medically complex patient.” It is of utmost importance that the treating dentist considers the interaction between “local” and “systemic” factors. The number of medically complex patients, together with the aging population, is constantly growing. Dentists should be aware of this change in the population profile, which assures an increase or at least prevents a decrease in their patient pool. Increased attention to the patient’s general health becomes mandatory. The patient’s medical history plays a central role in dental treatment planning, and monitoring devices for blood pressure, pulse, oxygen saturation and temperature have become imperative in every dental office that provides implant-supported oral rehabilitation. Since implant dentistry is a medical dental discipline required for the general population but mainly for medically complex patients, a basic knowledge in internal medicine is becoming a sine qua non subject in the education program of every dentist. Statistical data accentuate the need for this approach. By the year 2020, 17.7% of the population in the United States will be over 65 years old, and 85% of this population will have at least one chronic disease and will be taking between two and eight medications. Cooperation with the patient’s physician and the provision of full information relating to the physiological implications of implant treatments are basic requirements for patient selection, treatment planning and follow-up. However, it is the dentist’s responsibility to make the final decisions and to intelligently apply them. Nonetheless, several studies relating to the risk factors associated with dental implants for medically complex patients are encouraging. The perioperative morbidity and the rate of implant failure are not higher for the medically complex patients in terms of age, diabetes or the use of steroids. Local anesthesia, anxiolytic and analgesic medications do not appear to increase the rate of complications. Unfortunately, there are few evidence-based data on dental implant treatment for medically complex patients; guidelines are inadequate and perioperative recommendations are sparse, resulting in unclear protocols. This course presents current knowledge that will help to facilitate this multifaceted decision-making process, thereby improving both treatment outcome and patient satisfaction. The topics to be covered include the following: dental implant therapy for the diabetic patient, the hypertensive patient, the patient with an increased bleeding tendency and the patient treated with bisphosphonates, the use of adrenalin in local anesthesia, and the implications of radio- and chemotherapy.

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## Review of horizontal root fracture as well as reporting a case with complicated crown and horizontal root fractures

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Management of dental trauma can be a challenging problem in dental practices. Knowledge of current trauma guidelines is important in effectively managing dental trauma so that favorable outcomes are achieved. The purpose of this paper is to review the current guidelines and management strategies of dental trauma in permanent dentition. After injury to permanent teeth, the treatment strategy is dictated by the concern for vitality of the periodontal ligament and pulp of the injured tooth. The emergency nature of dental trauma requires that the dentist be knowledgeable and readily available during and after office hours to provide care. Finally the treatment sequences, results and two years follow up of a case with complicated crown and horizontal root fracture and orthodontic force eruption will be reported.

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