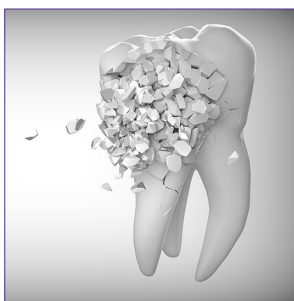
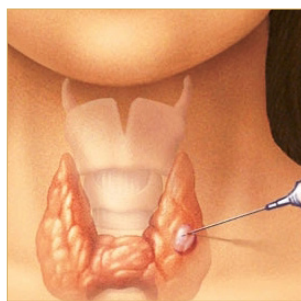
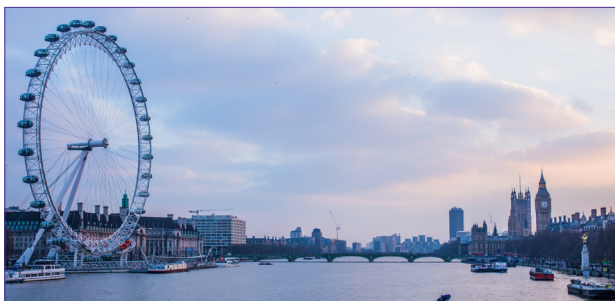


Video Presentation

ENT 2019 *Dental Health 2019*



Joint Event
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Salivary Metabolomics and Oral Cancer

Gokul Sridharan

YMT Dental College and Hospital, India

Cancers of the oral cavity especially oral squamous cell carcinoma is a common malignancy associated with significant morbidity and mortality. Oral squamous cell carcinoma is a multifactorial disease characterized by a complex interplay of environmental factors and molecular alterations resulting in unhindered cell proliferation. Despite diagnostic and therapeutic advances, the disease remains a challenge for medical professionals with poor five-year survival rate. Lack of awareness of the precursor lesions of oral cancer, delayed diagnosis and absence of adequate screening and diagnostic modalities are some of the reasons for the poor survival rate of OSCC. Over time, the technological advancements have enabled us to unravel some of the intricate details of oral carcinogenesis. “Omics” technology encompassing genomics, proteomics, transcriptomics and metabolomics are increasingly being used in cancer diagnostics. Metabolomics is the study of metabolome which includes a repertoire of small molecules present in cells, tissues, organs and biological fluids. The metabolome is considered as the final downstream product and hence closest to the phenotypic nature of the cell. Analyzing the metabolomic profile could aid in identification

of tumor biomarkers in OSCC. Saliva as a diagnostic tool has gained wide acceptance owing to its non-invasive nature, ease of collection and the availability of sensitive and specific techniques for identification of minor quantities of the metabolite. This presentation provides an overview of the clinical significance of salivary metabolomics highlighting the importance of salivary based tumor biomarkers in oral cancer.

Speaker Biography

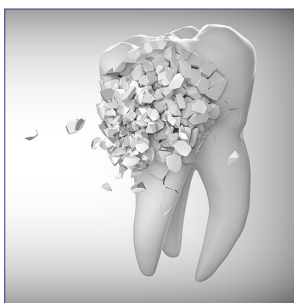
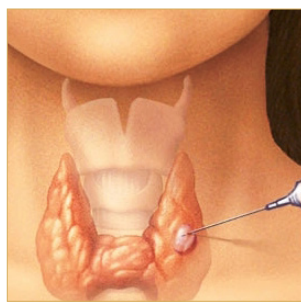
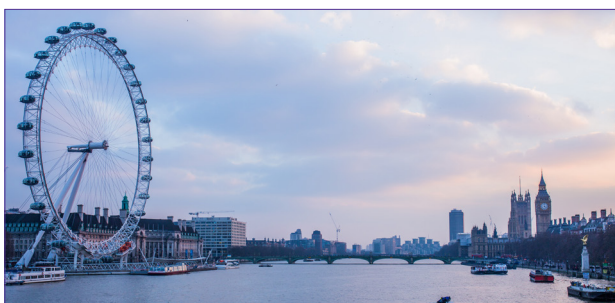
Gokul Sridharan is currently working as an associate professor in the department of oral pathology and microbiology at YMT Dental College and Hospital, Navi Mumbai. He has obtained his Doctor of Philosophy (PhD) for his work titled “Salivary and serum metabolomics in oral leukoplakia and oral squamous cell carcinoma” and his field of interest includes oral pre-cancer, oral cancer, salivary diagnostics, metabolomics and oxidative stress. He has several scientific publications and actively contributes as a peer reviewer to numerous journals. He is an active member of editorial board of several journals of repute. Dr. Gokul Sridharan has undergone training and is a qualified diploma holder in medial law and ethics and is also certified in tobacco cessation and control.

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 Notes:

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Chlorhexidine and bioglass can preserve the resin-dentine bonding

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Despite all the improvements resin based dental adhesive materials have gone through, leakage in the resin-dentine interface is still a major limitation of resin based dental restorative materials. Dentine matrix metalloproteinases have been associated with this leakage through their involvement in the proteolytic degradation of the resin-dentine hybrid layer. The inhibitory effect of chlorhexidine on this enzymatic activity is well established. Bioactive glass materials can also reduce the resin-dentine interface leakage through remineralisation of the dentine.

In this study RelyXTM Unicem AplicapTM was modified by incorporating chlorhexidine and Bioglass 45S5 into the cement composition. One hundred and fifty dentine specimens were obtained from human permanent single rooted teeth and restored with the test cements. The test cements push-out bond strength was measured and statistically analysed after ageing the specimens in artificial saliva for one week and after

nine months. The matrix metalloproteinases activity was also quantified after each storage period. The study results showed that incorporating chlorhexidine and Bioglass 45S5 jointly or separately into the composition of RelyXTM Unicem AplicapTM did reduce MMP-2 activity after the short- and long-term storage. It was also shown by the results of this work that incorporating chlorhexidine and Bioglass 45S5 jointly, and chlorhexidine separately into the composition of the cement also reduced MMP-9 activity after short- and long-term storage.

Statistical analyses of the test results has shown that incorporating chlorhexidine and Bioglass 45S5 into the RelyXTM Unicem Aplicap TM cement composition significantly preserves the push-out bond strength after up to nine months of storage ($p=0.02$).

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Bone augmentations with autologous bone in oral implantology

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Oral implantology is a branch of the oral surgery that opened a new era in dentistry and whose is in continuous development. We can say that oral implantology is a mixture of dento-alveolar, prosthetic and gnathology. The concept of osteointegration, guided tissue regeneration, bone grafts, sinus-lift interventions have contributed to expanding dental implant indications and increasing the success rate. In the therapy of bone defects for the purpose of substituting the hard tissues, additive materials are used. These in the form of origins, are divided into autographs, analogs and alloplastic materials.

Bone tissue is the only tissue in the body that can be cured without any structural or functional deterioration without scars. It has long been considered as the gold standard in addition techniques, being the only additive material with osteogenic capacities. It does not involve high costs being harvested from the same patient who would receive the graft. It was first in add-on type bone as it was biocompatible with a lower risk than the graft is not acceptable because it comes from the same patient. The incidence of autologous bone graft use was represented by the high rate of intra and postoperative complications as well as the high bone loss.

Once harvested, the autograft should be used immediately

or stored for short periods of time in sterile saline, Ringier dairy solution or D5W to maintain vitality of bone cells. It is contraindicated to keep the grafts in distilled water because cell lysis is produced due to the hypotonicity of the water. Also, keeping grafts in the blood decreases the survival rate of cells in the graft because the red blood cells eliminate cytotoxic cells that damage the cells.

The autogrip collection places are divided into two categories: a) intraoral b) extraoral

Conclusion and significance: Since the beginning of bone grafting, autograft was the first material used to obtain an optimal bone quantity. The first place of harvesting was the iliac crest. The autograft has the highest success rate of all addition materials, the quality of the bone formed being very good and without any extra cost to the patient. Available bone volume regardless of where we harvest, less in the case of jaw tubercular auto screen (2-4ml). We have the best bone quality in the mandibular symphysis. Respiration time between 3-8 months. Autograph can solve almost any type of bone defect from lifting of unilateral jaw simula, small alveolar defects, large alveolar defects. Another advantage is that it can be combined with other materials.

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Management of orthognathic surgery

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The facial skeleton can be repositioned, redefining the face through a variety of well-established orthognathic procedures, including Le Fort I, Le Fort II, Le Fort III, maxillary segmental osteotomy, sagittal split osteotomy of the mandibular ramus, vertical ramus osteotomy, inverted L and C osteotomy, mandibular body segmental osteotomy, and mandibular symphysis osteotomy. Most maxillofacial deformities can be managed with 3 basic osteotomy: the mid face with the Le Fort I-type osteotomy, the lower face with

the sagittal split ramus osteotomy of the mandible, and the horizontal osteotomy of the symphysis of the chin. However the most difficult part of orthognathic surgery is the part that take place after the surgery since the patient mood change due to the actual facial and the psychological changes that take place after the surgery. I will shed some light on these changes and the best way mange them.

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Saliva as a diagnostic fluid

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In humans, the normal biological role of salivary gland is to produce saliva. Saliva is a clear, slightly acidic mucoserous exocrine secretion. The saliva provides an important role in the host defense mechanism of the upper gastrointestinal tract, which is controlled by variable secretory molecules like proteins and growth factors.

Saliva has many components, and each one has a specific function. One of the main components is the electrolytes, including sodium, potassium, calcium, magnesium, bicarbonate, and phosphates. Other components of saliva include immunoglobulins, proteins, enzymes, mucins and nitrogen products (urea and ammonia). Saliva contains a high concentration of calcium and phosphate ions. Saliva is supplied by blood; therefore, biomarkers present in blood could be also present in saliva. Saliva is emerging as a diagnostic fluid, as it is easy to collect, noninvasive, inexpensive, safe, and contains valuable diagnostic material. It has been used to detect several different diseases including cystic fibrosis, cardiovascular diseases, diabetes, HIV, oral and systemic cancer, caries, periodontal disease, and autoimmune connective tissue diseases like rheumatoid arthritis,

systemic lupus erythematosus, and Sjogren syndrome (SS).

Our study: Our objective was to determine whether saliva from patients with SS has higher levels of inflammatory mediators as compared to healthy controls. Moreover, we sought to establish whether a novel collection device was superior to a conventional saliva collection method for detection of inflammatory cytokines. We recruited SS (n = 9) and healthy controls (n = 8) and collected saliva from them using a conventional method and a novel collection device termed the RNAPro SAL. We analyzed saliva using a cytokine multiplex array. Our results showed that the conventional method is superior to the RNAPro SAL for the detection IL-1 α and IL-1 β . In contrast, the RNAPro SAL was superior to the conventional method in detecting IL-2, IL-5, TNF β , and IL-23. Saliva collected with the RNAPro SAL device revealed that SS patients showed higher levels of TNF β and lower levels of IL-5 compared to healthy controls. Therefore, cytokines in saliva may be useful in distinguishing SS patients, and the RNAPro SAL may be a valuable novel collection device for salivary diagnostics.

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Conscious sedation in Spanish Dental Schools: Current Situation

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International University of Catalonia, Spain

Introduction: The current Spanish curricula for degrees in dentistry include conscious sedation (CS) as a basic training competency. However, is the CS training delivered by Spanish dental schools a consensus-based educational framework enabling students to use this anaesthetic technique after graduation? To answer this research question, a study was designed aiming to identify the strategies used to teach this competency in Spanish dental schools and the characteristics of teaching.

Materials and methods: The authors reviewed legislation concerning officially established requirements for a degree in dentistry as well as curricula currently taught in Spain.

Results: Our analysis identified clear discrepancies among the schools of dentistry studied. The only overlap was observed in

reference to the level of proficiency imparted, which prevents Spanish dentistry students from using this anaesthetic technique after graduation.

Discussion and Conclusions: Specific features of the normative framework and of the Spanish legislative system underlying the design of the present curricula of degrees in dentistry would explain the discrepancies in CS competencies taught at our schools of dentistry. Almost 10 years since its implementation and in light of the new demands of the complex society in which we live, Spanish universities must unify their educational criteria regarding CS training to ensure the appropriate qualification of our new dentists in this technique.

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Case report series: The use of diode lasers in veterinary dentistry

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Lasers' utility is extending more and more nowadays, coming up to support conservative treatments. Even more, pathological entities for which conservative treatments have produced uncertain, poor or less repetitive results may find their key to success with the help of diode lasers. Understanding their action mechanism and their interaction with the tissues will tell us where, how and for how long should we use them. Feline calicivirus and Feline immunodeficiency virus are infectious agents that usually are associated with chronic gingivostomatitis, seeking for a repeatable treatment with reproducible healing time prediction. We have a series of case reports with our approach to different oral pathologies, like severe lingual ulcer associated to Feline calicivirus, alveolar gingivitis associated to Feline immunodeficiency virus, feline aggressive juvenile periodontitis, where the use of near infra-red lasers brought a lot of improvement in the

clinical panel. Another interesting case report regarding the use of diode lasers is a complex case of suborbital abscess, expressed by an extraoral fistula for an upper fourth premolar, where we combined surgical endodontics with the utility of lasers and we have obtained complete clinical healing in 24 hours. Results were spectacular and confirmed that everything that was studied and accomplished in human dentistry regarding the use of diode lasers in oral pathologies may also be applied to our patients in veterinary dentistry. This, gives us hopes for shortening the healing time of the pathological conditions that are so painful and difficult to approach through conservative treatment methods. All the results may be explained by the lasers interaction mechanism with the tissues, as stated by recognized authors

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