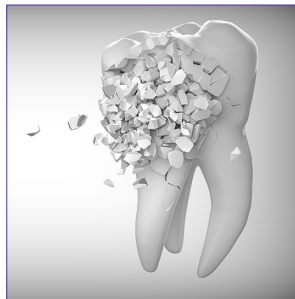
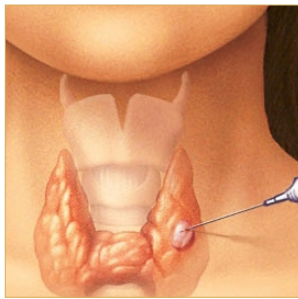
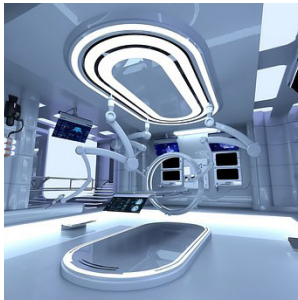


Scientific Tracks & Sessions September 05, 2019

ENT 2019 *Dental Health 2019*



Joint Event

7th International Conference on

Otolaryngology: ENT Surgery

&

2nd International Conference on

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September 05-06, 2019 | London, UK

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The advent of high fluoride dentifrices

Sharon Vincent and Abi M Thomas

Christian Dental College, India

Fluoride has been an important part of oral hygiene regimen used around the globe for the past seventy years. The benefit of fluoride toothpastes in preventing caries is firmly established. Low fluoride toothpastes are no longer recommended. High concentration fluoride toothpastes are a relatively recent innovation and come in two strengths, a moderately strong 2,800ppm sodium fluoride paste and a high strength 5,000ppm sodium fluoride paste. Saliva and plaque act as important bioreserves of fluoride ion and are crucial in maintaining intra oral fluoride balance. Comparison of fluoride retention following the use of these dentifrices at all clinically relevant time intervals could be suggestive of their use in patients at a high caries risk. Various clinical trials reported significant caries reduction ranging from 18% to 24% with high fluoride dentifrices. This caries preventive action is attributed to the high intra oral fluoride levels upto

12 hours with 2800 ppm dentifrice and upto 24 hours with 5000ppm dentifrice. Hence, high fluoride dentifrices are of significance to people with difficulties in maintaining adequate oral hygiene like individuals with special health care needs, or patients running a high risk of developing caries or those who do not brush twice a day.

Speaker Biography

Sharon Vincent was graduated from Govt. College of Dentistry, Indore (India) and completed her Masters in Pediatric and Preventive Dentistry at the age of 26 years from Christian Dental College, CMC Ludhiana (India). She has three publications to her credit with ongoing research in fluoride dentifrices. Her areas of expertise are pediatric orthodontics and restorative dentistry, with a keen interest in presurgical cleft lip and palate orthopedics.

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Notes:

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Periodontal disease and coronary plaque vulnerability-Insights from the the ATHERODENT Study

Carmen Ioana Biris

University of Medicine and Pharmacy of Tirgu Mures, Romania

The role of periodontal disease (PD) as a mediator of systemic inflammation has been well established. At the same time, PD has been recognized to play a significant role in progression of cardiovascular diseases, being associated with the severity of coronary artery lesions. However, its association with high-risk atheromatous plaque in the coronary arteries has not been elucidated so far. The purpose of the ATHERODENT trial (ClinicalTrials.gov Identifier: NCT03395041) was to evaluate the interrelation between severity of periodontal disease (PD) and coronary plaque vulnerability, in patients with unstable angina.

Methods: So far, 52 patients with unstable angina were enrolled in the ATHERODENT clinical trial, who underwent: (1) complex dental examination for assessment of periodontal diseases as expressed by periodontal index (PI) and (2) coronary computed tomography angiography for analysis of morphology, composition and vulnerability features of the culprit coronary plaques causing myocardial ischemia.

Results: The total PI was directly correlated with the total amount of calcium in the coronary arteries, as expressed by coronary calcium score ($r=0.45$, $p=0.0008$). Coronary calcium score was significantly higher in patients with high PI (505.29 ± 478.64 vs 93.82 ± 233.0 , $p=0.0001$). Similarly, patients with high PI presented a significantly higher plaque volume in lesions causing ischemia ($p=0.019$), and a larger volume of non-calcified plaque

($p=0.002$). At the same time, we assessed several features of high risk in coronary plaques such as positive remodeling, low density atheroma, spotty calcification and napkin-ring sign. Interestingly, patients with high risk atheromatous plaques presented more severe PD as expressed by the loss of gingival attachments (3.6 ± 2.91 vs. 1.66 ± 1.8 , $p=0.009$), papillary bleeding index (4.5 ± 3.06 vs. 2.04 ± 1.96 , $p=0.002$) and total PI (28.20 ± 13.34 vs. 18.71 ± 11.31 , $p=0.001$) than those with low risk plaques.

Conclusions: Presence of periodontal disease is associated with a more vulnerable phenotype of the atheromatous plaques causing an acute coronary event. Patients with high-risk features of the culprit coronary plaques present an increased severity of the PD as compared to patients with low-risk atheromatous lesions. These indicate that PD could represent a marker of increased risk in patients with coronary artery disease.

Speaker Biography

Carmen Ioana Biris is the Assistant University Lecturer, University Lecturer, Associate Professor and Scientific Researcher at the University of Medicine and Pharmacy Targu Mures, Romania. She is also a Specialist General Dentist and a Specialist in Prosthodontics and Oral Rehabilitation. She has been a active participant in national and international dental meetings, symposiums and congresses.

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