3rd Annual Summit on

DENTISTRY AND DENTAL EXPO

June 12-13, 2019 | Bangkok, Thailand

DENTISTRY 2019



SCIENTIFIC TRACKS & ABSTRACTS

DAY 1

DAY 1 SESSIONS
JUNE 12, 2019

Dentistry

SESSION CHAIR

Jose-Luis Diaz-Ortega
National Institute of Public Health, Mexico

SESSION INTRODUCTION

Title: Clinical considerations and precautions for immediate loading of dental implant in extracted tooth socket

Sachin Bhalla, Dr Bhallas Dental Superspeciality Clinic, India

Sachin Bhalla, J Clin Dentistry Oral Health 2019, Volume 3

CLINICAL CONSIDERATIONS AND PRECAUTIONS FOR IMMEDIATE LOADING OF DENTAL IMPLANT IN EXTRACTED TOOTH SOCKET

Sachin Bhalla
Dr Bhallas Dental Superspeciality Clinic, India

In case of immediate loading the most important evaluation lied on the investigative tool either available prior to loading or while and before tooth is extracted with bad prognosis and clinical evaluation as last key resort in reference to patients interest or in cases of delayed loading too CBCT, OPG, IOPA and bone callipers. All these tools are important for loading of dental implant. Extract mobile tooth or grossly decayed tooth or root stump followed with curettage; measure length of root extracted from cingulum and from crown occlusal aspect (Crown root ratio); measure the B-L width/BP. Width/bone width available. Use of bone callipers: Correct use of drilling sequence as per system used in dental office. Length of root=length of Implant; Width of root=Width of implant; length of implant to be kept 3 to 4mm short of length of root; Length of root is 13mm then length of implant=10mm or less as per investigative protocol; Width=implant if selected 5mm or 4.25 or 4.00mm; B-L=6 to 7 or more use of divider and a measuring scale; B-P=7 to 8 or more use of divider and a measuring scale. Precautions: Last two drills as per protocol should not be used in immediate loading; Maxilla=Bone expands and implant engages; Mandible= D1/D2/D3; Last drill to be used as per protocol should be avoided; After this simply place implant in socket following inter dental bone if indicated on clinical evaluation then engage with rotation with the help of torque adjusting rachet as threads of most implant are self-cutting and self-drilling; placement of bone graft/membrane/suture; minimum 3-6mm, site evaluation followed with medication and post-operative investigation before loading tooth.

BIOGRAPHY

Sachin Bhalla has completed his graduation in Dental Surgery from RGUHS University, KLE Dental College, India. He was appointed as Lecturer and work in MPDC for five years at home town from 2010 to 2015. He did his first conference and hands on Dental Implant at SGT University, India in 2013. His recent advances were in Clinical Dentistry AIIMS, New Delhi in 2014; He conducted a workshop with Prof J R Winkler, UDM School of Dentistry, USA; on 8th April, 2018 hands on workshop on ridge preservation technique by Prof Dr Mauricio Araujo, Faculty, Rio-D-Jenerio, Brazil. On 14th and 15th April, he was awarded with a certificate on Endo-Esthetics Implant Symposium IDA by Dr Sudhir Yadav, Dr Prashant Gupta, Dr Munish Kaushik, Dr G K Gupta, President and Secretary. He was participated and certified on Pro Arch Master Class, Straumann, USA in 2019; 1st Asian Hard and Soft Tissue Symposium conducted by American Academy of Implant Dentistry (5 GAAID).

sachinbhalla3@gmail.com

Note:

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SCIENTIFIC TRACKS & ABSTRACTS

DAY 2

DAY 2 SESSIONS

JUNE 13, 2019

Dentistry

SESSION CHAIR

Cho Min Naing
International Medical University, Malaysia

SESSION INTRODUCTION

Title: The future of dentistry

William J Dunn, University of Texas Dental School at Houston, USA

William J Dunn, J Clin Dentistry Oral Health 2019, Volume 3

THE FUTURE OF DENTISTRY

William J Dunn
University of Texas Dental School at Houston, USA

A technological renaissance is here due to advances in computer technology and an awareness of incorporating biologics and genomics into medicine and dentistry. Advances in communication, construction, teaching and medicine have all benefited from this technology. CEREC, or ceramic reconstruction, has finally reached a level of accuracy that surpasses the accuracy of indirect restorations made by hand and digital radiography is now the standard in imaging. The major areas of dentistry that will see an explosion of technology will be presented. The fastest growing area of dentistry is imaging using a variety of digital instruments to accurately obtain two and three-dimensional images in real time. This technology will be used in all aspects of dentistry, but in particular, diagnosis and treatment planning. New aspects of imaging will involve using three-dimensional imaging in real time to discover cracks in teeth and mapping of caries throughout a tooth. A movement away from metal and ceramic will occur with the use of bioactive and smart materials and materials that will regenerate tooth structures, perhaps with stem cells. Three-dimensional printing will become the standard for the fabrication of everything in the office. Devices using technology from the airline industry, using heads-up-display and recognition software will make dentistry safer. Most importantly, the profession will come to embrace that all patients are unique in their genetic makeup and personalized medicine will become standard treatment for patients in the future.

BIOGRAPHY

William J Dunn is a graduate of the University of Texas Dental School at Houston, Texas. He completed a Residency in Comprehensive Dentistry at Keesler Medical Center in Biloxi, Mississippi in 1994. He completed a Fellowship in Dental Biomaterials at the University of Florida in 2000. He is a Diplomate of the American Board of General Dentistry and is a Fellow of the Academy of Dental Materials. He served as Military Consultant to the surgeon general for dental research, medical ethics, materials, devices and investigations. He has published more than 46 papers and has spoken extensively at national and international conferences.

wjddarkhorse@gmail.com

Note: