

7TH. CONGRESS OF DENTISTS IN BOSNIA AND HERZEGOVINA WITH INTERNATIOANL PARTICIPATION

ABSTRACTS OF INVITED LECTURES

Prof. Dr Nur Balci

(Medipol University, Faculty of Stomatology, Istanbul, Türkiye)

Clinical Tips for Increasing the Width of Attached Gingiva

Attached gingiva is a tissue playing an important role in maintaining gingival health and

preventing gingival recession. In the cases where the attached gingiva is insufficient, patients may have difficulty in maintaining plaque control, inflammation may occur in the tooth and/or restoration margins and aesthetic problems may occur. For these reasons many techniques are tried to increase the amount of attached gingiva. In this lecture, free gingival graft and modified apical repositioned flap (MARF) techniques to increase the attached gingiva will be discussed.

Key words: Attached Gingiva, free gingival graft, modified apical repositioned flap (MARF)

Prof.dr. Lejla Kazazić

(University u Sarajevu- Faculty of Dentistry with Stomatology Clinical Center , BiH)

Methods of impression in implant prosthodontics

Placement of dental implants in the profession greatly changes the possibilities of total prosthetic therapy and total or partial edentulous as well as functional, aesthetic and psychological rehabilitation of the patient after teeth loss. It is possible to reconstruct the natural position, shape and function of the teeth without the need for grinding adjacent healthy teeth and satisfactory stabilization and retention of prosthetic therapy eliminating problems related to mobility of mobile prostheses. The purpose of this lecture is to evaluate the printing techniques and materials used in implant prosthodontics. The basic prerequisite for the success of any prosthetic work is a precise and accurate impression. When making prosthetic work on implants, the importance of a good and accurate impression is extremely important. Just a small

mistake in the impression leads to a bad fit of the prosthetic work which ultimately leads to the loss of bone and implants. Specific fact of this impression is that the real situation in the mouth must be very precisely and accurately transferred to the model. Therefore, it is very important to use impression materials of appropriate viscosity precision, strength and dimensional stability. Special attention will be devoted to the description of the methods of taking impression with both conventional and digital techniques. Advantages and disadvantages of both techniques and methods will be explained.

Key words: Methods of impression, implant prosthodontics, prosthetic rehabilitation, dental implants

Prof.dr. Gedrange,Tomasz

(University in Drezden, DR Germany , FDI, CE program)

Personalized bone reconstruction in orthodontic point of view- indication and limitation

An accurate diagnosis is the most essential requisite for providing treatment with a predictable long-term success. Prior to administering treatment, the aetiology of the disorders must be investigated and a correct diagnosis established. An abundance of treatment plans and options are available today, limited only by medical contraindications, time and the financial resources of a given patient.

Defects involving severe disorders in the relationship between the maxilla and the mandible do not qualify only for orthodontic treatment. Such disorders should be treated by an interdisciplinary orthodontic and surgical team. Despite the use of standard treatment methods, the therapy is always planned and carried out individually for each patient.

Alveolar bone seems to play a key role in providing support to the teeth, which are anchored to the bone by desmodontal fibres. The progressive alveolar bone resorption process occurs due to a loss of anatomic, biologic and mechanical factors.

In order to avoid harvesting an autograft, and thereby eliminating additional surgical procedures

and risks, bone grafting materials and substitutes are alternative filler materials to be used for ridge augmentation.

Now demanding, advanced treatment plans are eyes of the future. This session presents the essential practical steps necessary in diagnostic and decision-making process to arrive at an aesthetic and a comprehensive treatment plan.

Regenerative medicine, which has already been known in reconstructive surgery, is used increasingly more often in the treatment of orthognathic defects. It is a mistake to ignore skeletal disorders in adult patients in the hope that bone formation can be influenced by the orthodontic movement of the tooth.

Key words: Personalized bone reconstruction, orthodontics, orthognathic defects

Prof.dr. Zoran Mandinić

(Faculty of Stomatology, University in Belgrade, Serbia)

Justification of radiological diagnostics in children's dentistry- between science and practice

Dental radiography is an useful diagnostic tool often complementing the clinical examination

in the diagnosis of pathological conditions in children. In many cases, the radiographic findings are accurate information. However, the risks associated with radiography should not be overlooked. Despite to their credit, radiographic exposures carry an inherent and well-documented risk that cannot be avoided, underestimated especially in the younger age group of patients. Justification of X-ray examinations in children and young patients is of great importance because this population group is more radiosensitive than adults. Therefore it is essential for any x-ray examination to provide full benefit to the individual; by measuring overall potential diagnostic benefits versus the individual harm it may cause exposure. The prescription of radiographic examinations in children requires to be clearly established in prior indication and appropriately justified meaning that expected result of the radiographic imaging could not be obtained by other lower risk diagnostic methods. The expediency of this diagnostic method implies chosen procedure

of radiological exposure to be reliable and repeatable with a sufficient degree of sensitivity, specificity and precisely set clinical problem. In all circumstances, protection optimization is not only about dose minimization, but also on the assessment of exposure harm and benefits. Exposure to radiation should be as low as possible to reduce the risk of adverse tissue effects. It is generally known that pediatric patients must be treated differently than adults, partly because children poses, a higher risk of malignant transformation than adults receiving the same dose of ionizing radiation. Guidelines in dental radiology are designed to avoid unnecessary exposure to x-rays and optimized the effects of use. Dentists are advised to be aware of the risks related to dental imaging, as well as the possibilities of applying non-invasive modern diagnostics (diagnodent, diagnocam), respecting the principles of radiation protection to ensure minimal dose safe for the patient (effective dose). In order to adopt the new guidelines, a comprehensive review was carried out by electronic database search: MEDLINE, EMBASE, Cochrane Oral Health Group Register trials, The Cochrane Central Register of Controlled Trials (CENTRAL), TheCochrane Database data from systematic reviews (CDSR), (DARE) and Cochrane Health Technology Assessment (HTA). The search of the electronic database is limited to published human studies since January 1 1990 to October 1, 2018, in order to include studies of digital radiography and production of concurrent evidence. Inclusive criteria for making guidelines in the application of radiology in children's dentistry were: patients under the age of 18, the use of dental X-rays, orthopantomography and CBCT in six clinical situations (caries, acute dentogenic infections, dental trauma, dental anomalies, developmental disorders, non-specific pathological conditions). Diagnostic value was defined as any change in measures of diagnostic reliability; changes in diagnostic thinking; changes in administrative decisions; changes in patient outcomes and changes in cost efficiency.

Key words: pediatric dentistry, dental radiology, dental imaging

Prof.dr. Hrvoje Jurić

(Stomatološki fakultet, Sveučilište u Zagrebu, Hrvatska)

Regenerativni postupci nakon ozljede zuba

– što znamo i možemo?

(Regenerative procedures after a tooth injury

– what do we know and can do)

In the lecture would be presented a detailed protocol for the treatment of a patient who has suffered dental trauma from emergency admission to the planning of long-term treatment that will fulfill the patient, but also the wishes of the dentist from a functional and aesthetic point of view. The first step should always be appropriate emergency treatment after the injury, from the first contact with the traumatized patient until the finish of the first visit. Taking medical history from patients (child) or from adult accompanying with child, is an extremely important factor in assessing the psychophysical status of a traumatized patient. An element that certainly needs to be consider when we treat a child is the aspect of physical trauma in terms of abuse or neglect. Clinical examination, X-ray diagnostics and pulp vitality testing precede the clinical diagnosis, after which the patient can be optimally treated, as emergency management on the traumatized tooth is of utmost importance for the further treatment and long-term prognosis. A definitive treatment plan is more certain after reviewing what has been achieved so far and it should be consider potential collaboration with other specialist branches (prosthetics, orthodontics). The lecture will also cover topics on splinting and stabilization of injured teeth, as well as restoring crown fractures with adhesives and composite materials, with all endodontic aspects of traumatized young permanent tooth, as well as possibilities in prevention of dental injuries.

Key words: Regenerative procedures, tooth injury, traumatized young permanent tooth

Doc.dr. Mihael Stanojević

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Ekonomski principi u vođenju**stomatološke ordinacije****(Economic principles in running****a dental office)**

In an increasingly dynamic world, both dentistry as a profession and as a business must adapt to the economic changes happening around us. Today, we are increasingly forced to conduct our practice as micro-enterprises, without proper education in this area. Unfortunately, we mostly learn from our own mistakes. With this presentation we wanted to draw attention to certain aspects of the business of dental practices, and I hope that we will raise awareness of the necessity of education not only professionally, but also in business, in order to do business with as little stress as possible, and to the greatest satisfaction of our patients and us. We are aware that through university education we have acquired a high level of knowledge and skills in dentistry, but also that we have almost no knowledge in running a business from an economic point of view. The work shows the calculations that I produced by running a private practice in the last sixteen years. Certainly, this is not the last version and you should trust the numbers, because they do not lie and they are used in everyday business, as well as planning future investments.

Key words: dental service price, calculation, business education