Eating Your Teeth Away

A technique, pioneered in Italy, transfers a tooth’s root and part of the bone and ligament around it to help people with damaged corneas regain their sight. The root, bone, and ligament are shaped into a cube that the cylinder is inserted into. This cylinder channels light to the retina, which allows the person to see. To date only surgeons in Italy, Britain, Germany, and Singapore have attempted the procedure. Britain has performed 16 operations and achieved 100% success. Singapore doctor’s first attempt was in January of this year at the Singapore National Eye Centre (SNEC).

Dental Disease in New Delhi

By Robin Goodman

Dental problems in New Delhi are on the rise, and the increase is seen among all age groups. The culprit, despite increased dental hygiene awareness, is an increasing reliance on junk foods and carbonated drinks. The high acid content of carbonated drinks wears down tooth enamel, which makes junk foods, like pizza and chips stick to teeth more readily. In addition, skipping meals or fasting to “stay slim” means that stomach acid reaches the mouth and deactivates tooth enamel.

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Key to Practice Management

At first glance, it might seem impossible to create an ideal schedule on a daily basis. The truth, however, is that most practices have a 30% decrease in profits and production simple due to the way scheduling is handled.

Eliminate Endo Infections

Due to the special anatomic environment in the root canal and tooth, materials that are sufficient to eliminate infections or organ malformations in other sites are not sufficient for complete recovery of endodontic infections.

Science & Research

Testing Ortho Materials

Many examples come to mind, such as the new adhesive systems, newer generations of composites, more non-surgical periodontal therapy, more procedure-specific use of biomaterials due to better-applied research results, and so on.

The American Dental Association (ADA) has defined the concept of EBD as:

“An approach to oral health care that requires the judicious integration of systematic assessments of clinically relevant scientific evidence, relating to the patient’s oral and medical condition and history, with the dentist’s clinical expertise and the patient’s treatment needs and preferences.”

EBD has five components and this premise is simply based on the notion that in order to perform a scientific search for the current best evidence, one must be able to interpret the clinical scenario, translate it into searchable terminology (very easy to do!) and then find the best evidence by critically assessing the quality and the appropriateness of the published evidence in order to address the identified clinical scenario. The five components are:

1. Form a scientific search for the best evidence (very easy to do!)
2. Be able to interpret the clinical scenario to define anything but “evidence-based dentistry” (EBD)
3. Use evidence “current best evidence as defined by the best available evidence even as early as ten years ago in dental or dental hygiene school in some respects is not even true today.”
4. Given limited access to oral health care, the situation in developing countries in Africa is expected to get worse due to low exposure to fluorides and increased consumption of sugars.
5. In most populations, severe periodontitis exists among 5–15% of the populace. Although a modest reduction in tooth decay has been realized among the younger generation of the developed world, it is still a primary cause of pain and ill health for the older generation.

Oral Disease Around the Globe: The Battle Continues

Oral cancer is one of the three most common types of cancer in south central Asia. Worldwide, it is the eighth most common among men and women, and the third most common type of cancer, is exhibiting an alarming increase in central and eastern Europe, Denmark, Germany, and Scotland. Increases in these two types of cancer have also been reported in Australia, New Zealand, Japan, and the USA. Risk factors include alcohol use, chewing betel, smokeless tobacco use, and smoking.

The World Oral Health Report outlines the major aspects and priorities of the WHO’s Global Oral Health Programme. The report addresses in detail what are defined as modifiable risks (tobacco use, sugar consumption, lack of calcium) and sociocultural determinants, for levels of education, poor oral health traditions, poor living conditions) and suggests solutions.