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Post orthodontic aesthetics: A smile apart

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The principle objective of any aesthetic dental treatment is to achieve a beautiful smile. It's the beauty of the smile that gauges the acceptability of any given treatment. The primary treatment for improvement in appearance and achievement of an esthetic smile is orthodontic treatment in the present dental scenario with the changing concepts of orthodontics making it acceptable for any age group. There is a very limited number of patients who, in spite of being treated with contemporary orthodontics, still require an additional approach for esthetic correction. This heightened awareness of esthetics has challenged the field of orthodontics to look into this aspect in a more organized and systematic manner for which a through multidisciplinary approach is essential. Five (5) exclusive case reports are discussed where alternatively novel techniques were implemented, maintaining a conservative approach within the perimeters of restorative and esthetic guidelines.

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Comparison of fracture and deformation in the rotary endodontic instruments: Protaper versus K-3 system

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Introduction: Fracture of rotary instrument in the root canal space is considered as a serious procedural accident in endodontics. The best way to manage such accidents is to avoid use of deformed endodontic file.

Materials & Methods: An experimental study was done on the extracted human teeth to compare the fracture and deformation of the two endodontic files system namely, K-3 and Protapers. A record was kept of any file deformation or fractured during root canal preparation. The location of fracture was also noted along with the identity of the canal in which fracture took place. Chi-square test was applied to compare the deformation and/or fracture in the two rotary systems.

Results: The incidence of fracture was similar in the two groups. Most of the fractures occurred in mesiobuccal canals of maxillary molars and buccal canals of premolars. However, the likelihood of file fracture increases 5.65 folds when the same file is used more than 3 times.

Conclusions: There was no difference in K-3 and Protaper files with respect to file deformation and fracture. Irrespective of the rotary file system, apical third of the root canal space was the most common site for file fracture.

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