Journal of Oral Health and Craniofacial Science

Volume - 3, Issue - 1

Research Article **Published Date:- 2018-04-19**

Pathological Findings on Dental Panoramic Tomograms of Edentulous Patients Seen at a University Hospital

Objective: To describe pathological fi ndings on pre-treatment dental panoramic tomograms of edentulous jaws taken before complete denture treatment.

Design: Descriptive cross-sectional study.

Setting: Prosthetic division, Department of Conservative and Prosthetic Dentistry.

School of Dental Sciences, University of Nairobi.

Results: Data was obtained from clinical records and OPGs of 163 edentulous patients seen at the prosthetic clinic between 2010 and 2016 for complete denture therapy. From history and examination alone, clinicians reported significant findings on 50.3% of records, while 43.6% had no such findings. Ten (10) (6.1%) records were unclear. Examination of OPGs revealed 79.1% of the films had no pathological findings while in 20.9% had. Most of the findings (70.0%) were retained roots, 6% were radio-lucencies, 12% were other radio-opacities, 9% were impacted teeth while 3% had both retained root and radio-opacity. Most pathologies (64%) were located in the posterior region of jaws while the other findings were evenly distributed in the anterior and posterior regions of the jaws. There was no predilection of pathological findings to any other factor other than gender. In 83.4% records, queries on clinical notes coincided with significant findings on OPGs; while 16.6% were either unclear or did not coincide. Most (71%) OPG findings led to modification of treatment plan.

Conclusion: Pathological findings are common on pre-treatment OPGs. It may be good practice to take an OPG for edentulous patients prior to complete denture therapy where such services are available, to prevent complications from intra-bony pathologies. However, Most of the findings are either detectable by clinical exam or may not be of major consequence to the health of patients. Complete denture may be done without OPGs for new and old denture wearers where the service is not available.

Case Report **Published Date:- 2018-02-09**

Large perforating Submandibular Stone-A Case Report

Salivary stone (sialothiasis) is a calcifying concentration within the ductal system of salivary gland [1]. The majority of salivary calculi occur in the submandibular gland duct because of its length, upward course and the thicker mucus [2].

Review Article **Published Date:- 2018-01-12**

Open bite malocclusion: An overview

The term open bite is referred as no contact between anterior or posterior teeth. The complexity of open bite is attributed to a combination of skeletal, dental and habitual factors. Etiology of open bite can be attributed to genetics, anatomic and environmental factors. However, the tendency toward relapse after conventional or surgical orthodontic treatment has been indicated. Therefore, open bite is considered one of the most challenging dentofacial deformities to treat. The aim of this article is to emphasize that early etiological diagnosis, dentofacial morphology and classification are essential to the successful outcome of the technical intervention. Failure of tongue posture adaptation subsequent to orthodontic and/or surgical treatment might be the primary reason for relapse of open bite. Prolonged retention with fixed or removable retainers is advisable and necessary in most cases of open bite treatment. The treatment of open bite remains a tough challenge to the clinician; careful diagnosis and timely intervention with proper treatment modalities and appliance selection will improve the treatment outcomes and long-term stability.

Review Article **Published Date:- 2018-01-10**

Fixed functional Appliances in Orthodontics-A review

Correcting class II malocclusion has always challenged an orthodontist owing to the complex and multifactorial aetiology. Age of patient and selection of the appliance plays an important role in the outcome of the treatment. Growth modification using functional appliances achieves stable results in class II patients. An orthodontist has wide variety of fixed and removable appliances for addressing a class II malocclusion. In this review article an attempt has been made to compile various available fixed functional appliances.