Abstracts

Introduction:
Dental implants have been the proven and promising treatment option for replacing missing oral and facial structures for the past few decades. Traditional approach for rehabilitating the growing jaws of the individuals with the implant supported prosthesis is not in routine practice, so whether the rehabilitation in growing jaws will be a predictable and reliable treatment option.

Summary:
The success of any treatment based on the fulfillment of functional and esthetic demands for that particular clinical condition. The implant is the preferred treatment modality for the growth completed jaw due to its reliability in the outcome, but still the outcome is ambiguous in growing jaws due to susceptible complications because the position of the implant will not be in pace with changes of the growing bone, so it will affect the position of the implant and in turn impact the success of the prosthetic procedures. Clinician should have an insight about the precautions and protocol to be implemented in treating such patients.

Conclusion:
Dental implants will be a suitable treatment modality in growing jaws if the specialist provides the treatment with proper understanding of the growth pattern of the individual and with maintenance protocol.

DOI: 10.4103/0972-4052.306424

Digital technology in maxillofacial prosthodontics - Review
Dr. Sajni Rai
A.B. Shetty Memorial Institute of Dental Sciences, Mangalore

Introduction:
Rehabilitation of patients with maxillofacial defects has always been challenging. Maxillofacial prosthesis fabrication techniques have advanced over a period of time. from the usage of conventional techniques which comprises of impression making, diagnostic models, fabrication of prosthesis, accurately fitting the prosthesis and rehabilitation. this is usually time consuming and requires multiple visits to the clinic. Digital technology has revolutionized the way in which the maxillofacial prosthesis is fabricated using the digital workflow of visualization, design, manufacture and evaluation.

Methodology:
Literature Review

Conclusion:
Digital Technology has contributed in improving the techniques both by machines and ease, thus reducing the time requires to fit and rehabilitate.

DOI: 10.4103/0972-4052.306425

Size, shape, position and color of Iris: Key to success of an ocular prosthesis
Dr. Rajendra Kumar Dubey
Govt. Dental College, Raipur, Chhattisgarh

Introduction:
The eyes are not only enables an individual to receive the marvelous expressions of nature but also play a significant role in expressing the individual's facial expression and esthetic to others. Disfigurement, discoloration or loss of an eye has a substantial effect on individual psyche and social life too. The Maxillofacial Prosthodontists are one, who may render and strive for delivering realistic eye prosthesis with matching size, shape, position and color of the iris and the eye in total, to restore facial esthetic and thus self esteem & social acceptance of the individual.

Summary:
Numerous techniques, advocated in literature to achieve realistic color, size, shape and position of the iris in an ocular prosthesis fabricated either by stock eye reline methods or customizing method utilizing manual or digital technologies, has been searched using PubMed, Google Scholar and hand search. Each technique has been analyzed on basis their limitations and advantages in the form of complexity/ease to execute, esthetic results, affordability and patient friendly during execution.

Conclusion:
Every technique has its own limitations, but suitable for a particular patient in specific clinical situation, expertise, and availability of resources required for the technique. This review is an attempt to enlighten the efforts and constraint of the techniques persuaded in literature to restore colour, size shape and position of iris in an ocular prosthesis. Thus it may be a path finder for new maxillofacial prosthodontists to choose a right technique suitable to a specific clinical situation and condition of the patient.

DOI: 10.4103/0972-4052.306426

Time gap between grafting and dental implant placement in cleft lip and alveolus patients: A Systematic Review
Dr. Rizwana Mallick
Faculty of Dentistry, Jamia Millia Islamia, New Delhi
Abstracts

Introduction: Orofacial cleft is a common congenital anomaly, accounting global prevalence of 0.79 to 1.3 cases in 1000 live births. Cleft can manifest alone or in combination of cleft lip or palate which can either be unilateral or bilateral. Alveolar cleft is a common finding with concomitant occurrence in 75 percent of total cases, an incidence of 1.8 to 2.5 in 1000 live births. Alveolar cleft can either derange normal teeth eruption pattern or lead to tooth agenesis with maxillary lateral incisor being the most commonly affected tooth. Missing teeth in cleft region are either orthodontically camouflaged or prosthodontically rehabilitated which conventionally includes use of removable or fixed partial dentures. Both these rehabilitations can cause potential damage of adjacent structures with esthetic shortcomings.

Summary: Use of dental implants in grafted cleft site is an encouraging modality helping in overcoming these obstacles. However, to undertake this treatment, it is important to know appropriate time after grafting when implant can be placed. This paper aims to determine an appropriate time gap between grafting and implant placement in alveolar cleft patients via a systematic review of literature published between January 2011 and February 2020 (Via electronic search).

Conclusion: Tertiary bone grafting is frequently required despite a positive history of previous grafting procedure. Successful implant-based rehabilitation was reported irrespective of the followed method. More studies, preferably in form of control trials, with detailed descriptions in terms of data acquired and procedural difficulties are required to sensitize clinicians about probable timelines and treatment outcomes. This will help in developing a universally acceptable protocol, making future comparisons easier and comprehensive.

DOI: 10.4103/0972-4052.306427