



DEPARTMENT OF ORTHODONTICS AND DENTOFACIAL ORTHOPAEDICS

E-Teaching/Learning sessions for Post Graduate

Post Graduate academic schedule

DATE	TOPIC	PRESENTER	PARTIPANTS
22.06.2020	Debate-Obstructive sleep apnea	Dept of orthodontics	16

Zoom Meeting 40-Minutes


pg debate no 6

Meeting ID 713 8548 5959

Host Gokul Raj

Password ortho

Numeric Password 458419
(Telephone/Room Systems)

Invite Link <https://us04web.zoom.us/j/71385485959?pwd=Y2NmUGJDdXJNOG1hb3Y3a1pvOWJIZz09>
 Copy Link

Participant ID 141925

You are connected to Zoom Global Network via data centers in the United States



Chettinad
Dental College & Research Institute

Participants (16)

Find a participant

- Gokul Raj (Host)
- SM Sagaya Mary
- BG Baala Gopal
- AN Anitha Nallusamy
- Annamalai Orthodontist
- Dr. Varu
- Joshua Stalin
- Nivethitha Bhaskar
- Prema Anbarasu
- P priyadarshini
- Priyanga Ravi
- Saravanakumar Subramanian
- SW Somya Wilson
- SUSHMITHA RAM
- Yamini Jeyaraj

-
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-

Invite

Unmute Me

...

Search here

ENG 10:06 AM 6/22/2020

Participants (16)

Find a participant

- Navin N (Me)
- Gokul Raj (Host)
- SM Sagaya Mary
- BG Baala Gopal
- AN Anitha Nallusamy
- Annamalai Orthodontist
- Dr. Varu
- Joshua Stalin
- Nivethitha Bhaskar
- Prema Anbarasu
- P priyadarshini
- Priyanga Ravi
- Saravanakumar Subramanian
- SW Somya Wilson
- SUSHMITHA RAM

-
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-

Invite

Unmute Me

...

Search here

ENG 10:06 AM 6/22/2020



Chettinad
Dental College & Research Institute

Zoom Meeting 40-Minutes

00:06:21 Speaker View

Grid of participants:

- Gokul Raj
- Navin N
- priyadarshini
- Nivethitha Bhaskar
- Priyangha Ravi
- Dr. Varu
- Anitha Nallusamy
- Yamini Jeyaraj
- SUSHMITHA RAM
- Prema Anbarasu
- Baala Gopal
- Somya Wilson
- Joshua Stalin
- Sagaya Mary
- Saravanakumar Subrama...
- Annamalai Orthodontist

Unmute Start Video Participants Chat Share Screen Record Reactions Leave

Search here

Windows taskbar: 9:36 AM 6/22/2020

Zoom Meeting 40-Minutes

You are viewing Priyangha Ravi's screen View Options

00:09:09 Speaker View

Recording

Chettinad Dental College & Research Institute

SURGERY FOR OBSTRUCTIVE SLEEP APNEA

TEAM B

- Dr Somya
- Dr Priyadharshini
- Dr Navin
- Dr Priyangha
- Dr Gokul Raj

Grid of participants:

- Gokul Raj
- Navin N
- priyadarshini
- Nivethitha Bh...
- Priyangha Ravi
- Dr. Varu
- Yamini Jeyaraj
- SUSHMITHA ...
- Prema Anbar...
- Baala Gopal
- Somya Wilson
- Joshua Stalin
- Sagaya Mary
- Saravanakum...
- Annamalai O...
- Anitha Nallusamy

Mute Start Video Participants Chat Share Screen Record Reactions Leave

Search here

Windows taskbar: 9:39 AM 6/22/2020



Chettinad
Dental College & Research Institute

Zoom Meeting 40-Minutes You are viewing Priyanga Ravi's screen View Options

Recording 00:09:12 Speaker View

Obstructive Sleep Apnea :-

- ❖ Cessation or decrease in airflow along with a breathing effort
- ❖ It is the most common type of sleep disordered breathing
- ❖ Recurrent episodes of upper airway collapse at level of soft palate.

Normal breathing during sleep Obstructive sleep apnea

Tongue Soft palate Uvula Blocked airway

Participants: 16 Chat Share Screen Record Reactions Leave

Search here

Zoom Meeting You can control Priyanga Ravi's screen View Options

Recording 00:12:45

DIAGNOSIS OF OSA

STOP-Bang Questionnaire

Please answer the following questions by checking "yes" or "no" for each item.

Question	Yes	No
Snoring (Do you snore loudly?)		
Excessive daytime sleepiness (Do you often feel tired, fatigued, or sleepy during the daytime?)		
Observed Apnea (Has anyone observed that you stop breathing, or choke or gasp during your sleep?)		
High Blood Pressure (Do you have or are you being treated for high blood pressure?)		
BMI (Is your body mass index more than 35 kg per m ² ?)		
Age (Are you older than 50 years?)		
Neck Circumference (Is your neck circumference greater than 40 cm (15.75 inches)? females (Are you male?)		

Score 1 point for each positive response.
Scoring interpretation: 0 to 2 = low risk, 3 or 4 = intermediate risk, 5 or 6 = high risk.


- ❖ Physical examination and questionnaire
- ❖ Polysomnography
- ❖ Split scale polysomnography
- ❖ Full scale polysomnography
- ❖ Electroencephalogram
- ❖ Cardiorespiratory parameters

Participants: 16 Chat Share Screen Record Reactions Leave

Search here


Zoom Meeting You are controlling Priyanga Ravi's screen View Options

Recording 00:18:38




SURGERY

- Nasal septal / turbinate reduction surgery



- Genioglossus advancement



Anitha Nallusamy

Navin N

Gokul Raj

priyadarshini

Nivethitha Bh...

Priyanga Ravi

Yamini Jeyaraj

SUSHMITHA ...

Baala Gopal

Somya Wilson

Joshua Stalin

Sagaya Mary

Saravanakum...

Annamalai O...


Dr. Varu

Search here

ENG 9:48 AM 6/22/2020


Zoom Meeting You can control Priyanga Ravi's screen View Options

Recording 00:19:53




Uvulopalatopharyngoplasty

Before After



Uvulopalatopharyngoplasty (UPPP) - Palatopharyngoplasty - Uvulopalatopharyngoplasty



Anitha Nallusamy

Navin N

Gokul Raj

priyadarshini

Nivethitha Bh...

Priyanga Ravi

Yamini Jeyaraj

SUSHMITHA ...

Baala Gopal

Somya Wilson

Joshua Stalin

Sagaya Mary

Saravanakum...

Annamalai O...

Dr. Varu

Search here

ENG 9:49 AM 6/22/2020



Zoom Meeting

Recording

00:17:08

ORAL APPLIANCES VS CPAP

- Therapeutic effectiveness suggest that greater compliance with oral appliances results in a similar effectiveness as does CPAP, which improves the oxygenation better
- Most OSA patients who had already been successfully treated with CPAP could effectively use an oral appliance as a treatment alternative, since it partially or completely reduced the sleep-disordered breathing even in those with severe OSA
- Both CPAP and oral appliances have an effect on blood pressure.

Treating obstructive sleep apnea: The case for oral appliances Alan A. Lowe : Am j orthod , 2012

Gokul Raj

Navin N

Saravanakum...

Anitha Nallusamy

Sagaya Mary

Nivethitha Bh...

priyadarshini

Baala Gopal

Yamini Jeyaraj

Priyanga Ravi

Somya Wilson

Joshua Stalin

Dr. Varu

Annamalai O...

SUSHMITHA ...

Search here

ENG IN 10:27 AM 6/22/2020

Zoom Meeting 40-Minutes

Recording

You are viewing Sagaya Mary's screen

View Options

00:17:13

2 Speakers View

Saravanakum...

Navin N

Gokul Raj

Nivethitha Bh...

Sagaya Mary

Anitha Nallusamy

priyadarshini

Baala Gopal

Yamini Jeyaraj

Somya Wilson

Priyanga Ravi

Joshua Stalin

Dr. Varu

Annamalai O...

SUSHMITHA ...

ORAL APPLIANCES VS CPAP

- Therapeutic effectiveness suggest that greater compliance with oral appliances results in a similar effectiveness as does CPAP, which improves the oxygenation better
- Most OSA patients who had already been successfully treated with CPAP could effectively use an oral appliance as a treatment alternative, since it partially or completely reduced the sleep-disordered breathing even in those with severe OSA
- Both CPAP and oral appliances have an effect on blood pressure.

Treating obstructive sleep apnea: The case for oral appliances Alan A. Lowe : Am j orthod , 2012

ENG IN 10:27:50

Search here



Chettinad

Dental College & Research Institute

DEPARTMENT OF ORTHODONTICS AND DENTOFACIAL ORTHOPAEDICS

E-Teaching/Learning sessions for Post Graduate

Post Graduate academic schedule

DATE	TOPIC	PRESENTER	PARTIPANTS
23.06.2020	Debate-One phase versus two phase	Dept of orthodontics	16

 Zoom Meeting 40-Minutes




Baala Gopal's Personal Meeting Room

Meeting ID 304 224 0652

Host Baala Gopal

Password 11111

Invite Link <https://us04web.zoom.us/j/3042240652?pwd=Qjl0VEMxZDc3Mm9sOTJQRFRm53UT09>

 [Copy Link](#)

Participant ID 196485

You are connected to Zoom Global Network via data centers in the United States



Chettinad
Dental College & Research Institute

Participants (16)

Find a participant

	Navin N (Me)		
	Baala Gopal (Host)		
	Sriman Vishnu		
	Anitha Nallusamy		
	Annamalai Orthodontist		
	Dr. Varu		
	Gokul Raj		
	Joshua Stalin		
	Nivethitha Bhaskar		
	Prema Anbarasu		
	priyadarshini		
	Priyanga Ravi		
	Sagaya Mary		
	Saravanakumar Subramanian		
	Somya Wilson		

Invite Unmute Me

Search here

99+ 6 ENG IN 12:34 PM 6/23/2020 22

Participants (16)

Find a participant

	Baala Gopal (Host)		
	Sriman Vishnu		
	Anitha Nallusamy		
	Annamalai Orthodontist		
	Dr. Varu		
	Gokul Raj		
	Joshua Stalin		
	Nivethitha Bhaskar		
	Prema Anbarasu		
	priyadarshini		
	Priyanga Ravi		
	Sagaya Mary		
	Saravanakumar Subramanian		
	Somya Wilson		
	Yamini Jeyaraj		

Invite Unmute Me

Search here

99+ 6 ENG IN 12:34 PM 6/23/2020 22



Chettinad

Dental College & Research Institute



Chettinad

Dental College & Research Institute

You are screen sharing 00:15:47

Stop Share

CONS OF TWO PHASE TREATMENT :-

- ❖ Increased cost
- ❖ In cases like bimaxillary protrusion when extraction is done, one phase treatment is beneficial.
- ❖ Discrepancy in growth patterns tend to re-establish after some time.
- ❖ Continued rapid growth can easily erase the treatment effects.
- ❖ Child behavior

Ref : Bishara SE, Justus R, Graber TM. Proceedings of the workshop discussions on early treatment. Am J Orthod Dentofacial Orthop 1998;113:5-6.



Chettinad

Dental College & Research Institute

You are screen sharing 00:15:18

Stop Share

CONS OF TWO PHASE TREATMENT :-

- ❖ Dilaceration of roots
- ❖ Decalcification under the bands
- ❖ Impaction of maxillary canines or second molars
- ❖ Patient burnout and patient dissatisfaction
- ❖ Prolonged treatment duration

Ref : Bishara SE, Justus R, Graber TM. Proceedings of the workshop discussions on early treatment. Am J Orthod Dentofacial Orthop 1998;113:5-6.



Chettinad

Dental College & Research Institute



Chettinad
Dental College & Research Institute

You are screen sharing 00:20:55 Stop Share

Influences on the outcome of early treatment for Class II malocclusion

J. F. Camilla Tulloch, BDS, FDS, William R. Proffit, DDS, PhD, and Ceib Phillips, PhD
Chapel Hill, N.C.

In the first phase of a randomized clinical trial of early versus late Class II treatment, statistically significant differences were observed between the treatment and observation groups. However, there were wide variations in response. The change in jaw relationship (categorized as the annualized reduction in ANB angle) was favorable or highly favorable in 76% of the headgear, 83% of the functional appliance, and 31% of control (observation only) groups. The patient's initial skeletal severity, age/maturity at the outset of treatment, growth pattern, and cooperation with treatment were examined as possible influences on early growth modification treatment. Correlations between the annualized change in the ANB angle and any of the possible influences were close to zero and not statistically significant. **We conclude that there is little to be gained from precisely timing early treatment to specific age/maturity markers and that a favorable reduction in Class II skeletal problems can occur for patients in a broad range of skeletal severity and growth patterns.** Cooperation, measured as the number of hours of reported wear, or the clinical assessment of compliance, explained little of the variation in treatment response. The wide variation in growth seen in the untreated patients highlights the importance of well-controlled studies if clinicians are to improve their ability to select children with the greatest chances of a favorable treatment response. (Am J Orthod Dentofac Orthop 1997;111:533-42.)



Chettinad
Dental College & Research Institute

Unmute Start Video Participants 15 New Share Pause Share Annotate Remote Control More

You are screen sharing 00:24:02 Stop Share

One-phase versus two-phase treatment

Anthony A. Gianelly, DMD, PhD, MD^a
Boston, Mass.

❖ Dr. Anthony Gianelly, the professor and chairman of the Department of Orthodontics at Boston University, points out that “there are few, if any, benefits that are unique to and dependent on earlier treatment. For more than 90 percent of patients, all treatment goals can be accomplished in one phase of treatment started in the very late mixed dentition.”



Chettinad
Dental College & Research Institute

Recording You are viewing Baala Gopal's screen View Options 00:29:39 Speaker View Exit Full Screen

Two phase ppt.pdf - Adobe Reader

Open Fill & Sign Comment

TWO PHASE ORTHODONTIC TREATMENT TEAM A

Baala Gopal Navin N Nivethitha Bh... Gokul Raj Sriman Vishnu Dr. Varu Anitha Nallusamy priyadarshini Joshua Stalin Saravanakum... Priyanga Ravi Somya Wilson Prema Anbar... Sagaya Mary Annamalai O...

Unmute Stop Video Participants 15 Chat Share Screen Record Reactions Leave

Recording You are viewing Baala Gopal's screen View Options 00:32:02 Speaker View Exit Full Screen

Two phase ppt.pdf - Adobe Reader

Open Fill & Sign Comment

EARLY TREATMENT IN CLASS II

- The present concept is to outline the patients problems use inputs to establish priorities in dealing with the problem, present reasonable alternatives and explain risk / benefits.

The orthodontist must:

1. Recognize the various characteristics of malocclusion and Dentofacial deformity.
2. Define the nature of problem including the etiology if possible.
3. Design a treatment strategy based on specific needs and desires of the individual.
4. Present the treatment strategy to the patient.

Baala Gopal Navin N Nivethitha Bh... Gokul Raj Sriman Vishnu Dr. Varu Anitha Nallusamy priyadarshini Joshua Stalin Saravanakum... Priyanga Ravi Somya Wilson Prema Anbar... Sagaya Mary Annamalai O...

Unmute Stop Video Participants 15 Chat Share Screen Record Reactions Leave



Zoom Meeting 40-Minutes

You are viewing Baala Gopal's screen

View Options

Recording

Remaining Meeting Time: 06:49

00:33:07

Speaker View

Two phase ppt.pdf - Adobe Reader

File Edit View Window Help

Open

Tools Fill & Sign Comment

77.5%

TREATMENT MODALITIES-

- 1.Redirection of facial growth through functional alteration of dentoalveolar eruption pattern or jaw growth.
- 2.Dentofacial orthopaedics in which dentofacial growth is altered through the application of the forces sufficient in magnitude to retard / redirect maxillary or maxillo mandibular growth.
- 3.Repositioning the teeth through orthodontic tooth movement.

Early class II Treatment assessment should be done by

- 1.Functional examination
2. Postural rest position
- 3.Tmj examination
- 4.Growth pattern direction
- 5.Radiological examination

Baala Gopal

Navin N

Nivethitha Bh...

Gokul Raj

Sriman Vishnu

Dr. Varu

Anitha Nallusamy

priyadarshini

Joshua Stalin

Saravanakum...

Priyanghai Ravi

Somya Wilson

Prema Anbar...

Sagaya Mary

Annamalai O...

Unmute

Stop Video

Participants

Chat

Share Screen

Record

Reactions

Leave

Search here

ENG IN 12:34 PM 6/23/2020

Zoom Meeting 40-Minutes

You are viewing Baala Gopal's screen

View Options

Recording

00:03:32

Speaker View

Two phase ppt.pdf - Adobe Reader

File Edit View Window Help

Open

Tools Fill & Sign Comment

77.5%

C. Grippasalo, E. G. Pacientonico, F. Pantamali, G. Antonini, R. Dell

Perseus School of Orthodontics, Università Cattolica del Sacro Cuore, Rome, Italy

e-mail: grippasalo@uniroma2.it

Early orthodontic treatment: a new index to assess the risk of malocclusion in primary dentition

New index targeted on the risk of malocclusions in primary dentition, called Baby-ROMA (Risk Of Malocclusion Assessment) index, was set up to assess risks/benefits in early orthodontic therapies.

The Baby- ROMA index was designed from the observation that some of the malocclusion signs, observed in primary dentition, can worsen with growth, others remain the same over time and others can even improve.

Therefore it would be important to classify the malocclusions observed at an early stage on a risk-based scale

Sriman Vishnu

Navin N

Joshua Stalin

Somya Wilson

Gokul Raj

Dr. Varu

Baala Gopal

Priyanghai Ravi

Annamalai O...

Saravanakum...

Sagaya Mary

Anitha Nallusamy

Prema Anbar...

priyadarshini

Unmute

Stop Video

Participants

Chat

Share Screen

Record

Reactions

Leave

Search here

ENG IN 12:44 PM 6/23/2020



Chettinad

Dental College & Research Institute

DEPARTMENT OF ORTHODONTICS AND DENTOFACIAL ORTHOPAEDICS

E-Teaching/Learning sessions for Post Graduate

Post Graduate academic schedule

DATE	TOPIC	PRESENTER	PARTIPANTS
24.06.2020	Debate-Self ligating bracket-Treatment efficiency	Dept of orthodontics	16

 Recording

pg deabte no 8


Meeting ID 718 0061 0951

Host Gokul Raj

Password ortho

Numeric Password 594149
(Telephone/Room Systems)

Invite Link <https://us04web.zoom.us/j/71800610951?pwd=dnpFdGxiZTVodGtxYUFZMUdKcFVNQT09>

 Copy URL

Participant ID 147665

You are connected to the Zoom global network via a data center in the United States.




Chettinad

Dental College & Research Institute

Participants (15)

Find a participant

- SM Sagaya Mary (Me) 
- Gokul Raj (Host) 
- P priyadarshini 
- AN Anitha Nallusamy 
- Annamalai Orthodontist 
- BS Baalagopal S 
- Dr. Varu 
- Joshua Stalin 
- Nivethitha Bhaskar 
- Priyanga Ravi 
- Saravanakumar Subramanian 
- Somya Wilson 
- Sriman Vishnu 
- SUSHMITHA RAM 

Invite

Unmute Me

...

Search for anything

Windows taskbar with various application icons and system tray showing ENG and 24-06-2020.

Participants (15)

Find a participant

- Gokul Raj (Host) 
- P priyadarshini 
- Saravanakumar Subramanian 
- AN Anitha Nallusamy 
- Annamalai Orthodontist 
- BS Baalagopal S 
- Dr. Varu 
- Joshua Stalin 
- Nivethitha Bhaskar 
- Priyanga Ravi 
- Somya Wilson 
- Sriman Vishnu 
- SUSHMITHA RAM 
- Yamini Jeyaraj 

Invite

Unmute Me

Raise Hand













Unmute Start Video Participants Chat Share Screen Record Reactions Leave



Zoom Meeting

— □ ×

Recording

 Gokul Raj	Sagaya Mary	 Saravanakumar Subr...	 Dr. Varu
 Somya Wilson	 Priyanga Ravi	priyadarshini	Anitha Nallusamy
 SUSHMITHA RAM	 Prema Anbarasu	 Joshua Stalin	 Sriman Vishnu
Baalagopal S	 Annamalai Orthodont...	 Yamini Jeyaraj	 Nivethitha Bhaskar

Windows taskbar: Search for anything, icons for various applications, system tray showing ENG, 12:57, 24-06-2020.

You are screen sharing Stop Share



Active clip

Spring clip pressing against the arch wire.

Active clips reduce the slot size in horizontal dimension. The gingival wall is smaller than occlusal wall. This may have an effect on full 3D Expression.



Passive clip

System of ligation remains away from arch wire.

The slot size remains unaffected. Passive clips in Damon have a slide that opens and closes vertically on facial surface and Smart Clip has Nickel-titanium clips on either side of tie wings to capture the wire.





- BioQuick Self-Ligating Bracket (2014)
- Carriere SLX Self-Ligating Bracket System²⁰ (2014)
- Empower (2016)
- In-Ovation X (2017)



Figure 20: Bio-Quick Bracket



Figure 21: Carriere SLX bracket



Figure 22: Empower 2

Recording

You are viewing priyadarshini's screen

View Options

Speaker View

Exit Full Screen

CHAIR-SIDE EFFICIENCY AND EASE OF USE

❖ Time saved – 20 second per arch

❖ Proponents have suggested that the saved time could be used to schedule more patients, increase efficiency, improve patient relations, or allow oral hygiene reinforcement.

❖ However, it could also be suggested that a saving of 40 seconds per patient is insignificant and would not make many operators change their practice.

Gokul Raj

Sagaya Mary

Sriman Vishnu

Baalagopal S

Priyanga Ravi

Nivethitha Bhas...

Somya Wilson

Anitha Nallusamy

Joshua Stalin

Yamini Jeyaraj

Annamalai Orth...

SUSHMITHA RA...

Dr. Varu

priyadarshini

Saravanakumar...

Unmute

Start Video

Participants 15

Chat 3

Share Screen

Record

Reactions

Leave



Chettinad
Dental College & Research Institute

Recording

You are viewing priyadarshini's screen

View Options

Speaker View

Exit Full Screen

Journal of Orofacial Orthopedics
Fortschritte der Kieferorthopädie

Original article

Systematic review on self-ligating vs. conventional brackets: initial pain, number of visits, treatment time

Aleš Čelar, Magdalena Schedlberger, Petra Dörfler, Michael Berti¹

Overall treatment time
These two studies were homogeneous and our meta-analysis yielded a moderate effect of a shorter treatment time when using conventional brackets [7, 14]. The overall effect of -0.35 was not statistically significant ($p=0.08$) and demonstrated an average of about 10 fewer days of treatment with conventional brackets (Figure 4).

Conclusion. The lack of significant overall effects apparent in this meta-analysis contradicts evidence-based statements on the advantages of self-ligating brackets over conventional ones regarding discomfort during initial orthodontic therapy, number of appointments, and total treatment time. Due to the limited number of studies included, further randomized controlled clinical trials are required to deliver more data and to substantiate evidence-based conclusions on differences between the two bracket types considering orthodontic pain, number of visits, treatment, and ligation times.

Gokul Raj

Saravanakumar...

Sriman Vishnu

Somya Wilson

Annamalai Orth...

Sagaya Mary

Dr. Varu

Priyanga Ravi

priyadarshini

Yamini Jeyaraj

Prema Anbarasu

Joshua Stalin

Baalagopal S

Anitha Nallusamy

SUSHMITHA RA...

Unmute

Start Video

Participants 15

Chat

Share Screen

Record

Reactions

Leave



DEPARTMENT OF ORTHODONTICS AND DENTOFACIAL ORTHOPAEDICS

E-Teaching/Learning sessions for Post Graduate

Post Graduate academic schedule

DATE	TOPIC	PRESENTER	PARTIPANTS
25.06.2020	Debate-Self ligating bracket-scientific evidence	Dept of orthodontics	14

 Zoom Meeting 40-Minutes


Baala Gopal's Personal Meeting Room

Meeting ID 304 224 0652

Host Baala Gopal

Password 11111

Invite Link <https://us04web.zoom.us/j/3042240652?pwd=Qjl0VEMxZDc3Mm9sOTJQRFRm53UT09>

 [Copy Link](#)

Participant ID 272461

You are connected to Zoom Global Network via data centers in the United States



Participants (14)

Find a participant

Navin N (Me)

Baala Gopal (Host)

varalaksmi raja

Anitha Nallusamy

Annamalai Orthodontist

Gokul Raj

Joshua Stalin

Nivethitha Bhaskar

Priyangha Ravi

Sagaya Mary

Saravanakumar Subramanian

Somya Wilson

Sriman Vishnu

Yamini Jeyaraj

Invite

Unmute Me

Search here

ENG IN 2:56 PM 6/25/2020

Zoom Meeting 40-Minutes

You are viewing varalaksmi raja's screen

View Options

00:31:50 Speaker View

J Ortho Orthop
DOI: 10.1007/s00056-017-0110-4

CrossMark

ORIGINAL ARTICLE

Transversal changes, space closure, and efficiency of conventional and self-ligating appliances

A quantitative systematic review

Risk of bias within studies

A total of 11 studies were included in the meta-analysis and their risks of bias were evaluated. Two included studies had low risks of bias, while the other 9 studies had unclear risks of bias (Table 2).

Conclusions

On the basis of this systematic review and meta-analysis, which collected and synthesized current evidence from RCTs regarding the clinical use of orthodontic brackets, CBs appear to have an advantage over SLBs in expanding the mandibular intercanine arch width, while SLBs appear to be superior for utilization on intermolars without stability. Furthermore, no difference in the clinical effectiveness of orthodontic space closure between bracket types was found. Moreover, current evidence does not favor SLBs or CBs in terms of alignment efficiency, although investigated evidence supports the utilization of CBs in terms of overall treatment efficiency. However, because evidence is not compelling, more high-quality RCTs with low risk of bias are required for the confirmation of these results. For the best results, orthodontist's choice of bracket types should be based on an understanding of clinical evidence, which has been largely covered in this study.

Unmute

Stop Video

Participants 14

Chat

Share Screen

Record

Reactions

Leave

Search here

ENG IN 2:55 PM 6/25/2020



Chettinad
Dental College & Research Institute

Zoom Meeting 40-Minutes You are viewing varalaksmi raja's screen View Options

00:17:24 Speaker View

self ligating treatment efficiency- EVIDENCE BASED

TEAM A

Participants: 14 Chat Share Screen Record Reactions Leave

Unmute Stop Video

Search here

ENG IN 2:40 PM 6/25/2020

Participants in grid: Priyanga Ravi, Navin N, Sriman Vishnu, Nivethitha Bh..., Gokul Raj, Baala Gopal, Joshua Stalin, Yamini Jeyaraj, Anitha Nallusamy, Annamalai O..., Sagaya Mary, Saravanakum..., varalaksmi r..., Somya Wilson

Zoom Meeting 40-Minutes You are viewing varalaksmi raja's screen View Options

Recording 00:20:09 Speaker View

The **AAO Council on Scientific Affairs (COSA)** reviewed the strength of research evidence that claim superiority of SL Bracket systems to conventional brackets. The Questions studied were ...

- ❖ Does Lateral Expansion of the Dental Arch by SL Brackets "Grow" Buccal Alveolar Bone?
- ❖ Is Lateral expansion of Dental Arches by SL Bracket Systems comparable with lateral expansion gained by RME followed by conventional edgewise treatment?
- ❖ Is lateral expansion of the dental arch gained by SL Bracket Systems stable in the long term?
- ❖ Are SL Bracket Systems more efficient and more effective than conventional ligation systems in treatment?
- ❖ Do SL Systems provide lower clinical forces compared to conventional ligation?
- ❖ Do patients treated with SL experience less pain during treatment?
- ❖ Are conventional edgewise brackets less hygienic in treatment compared to SL?
- ❖ Do SL brackets provide less friction between brackets and the arch wire?
- ❖ Is there evidence for reduced friction in SL systems?

Participants: 13 Chat Share Screen Record Reactions Leave

Unmute Stop Video

Search here

ENG IN 2:43 PM 6/25/2020

Participants in grid: Priyanga Ravi, Navin N, Nivethitha Bh..., Gokul Raj, Baala Gopal, Joshua Stalin, Yamini Jeyaraj, Annamalai O..., Sagaya Mary, Saravanakum..., varalaksmi r..., Somya Wilson, Sriman Vishnu



Zoom Meeting: 40-Minutes
You are viewing varalaksmi raja's screen
View Options ▾

Recording
Remaining Meeting Time: 03:17
00:43:39
Speaker View

Root resorption during orthodontic treatment with self-ligating or conventional brackets: a systematic review and meta-analysis

Jianyu W¹, Mellei U¹, Yu U¹, Xiaobing U¹ and Zhihe Zhao^{1*}

Abstract

Background: The aim of this study was to compare the extent of root resorption (RRR) in patients receiving fixed orthodontic treatment with self-ligating or conventional brackets.


Methods: Systemic searches of the PubMed, Embase, Cochrane, Scopus, and Web of Science databases were performed through electronic search in databases including (1976-2019). Studies included: Chinese National Knowledge Infrastructure (CNKI) and SCIE and manual search in relevant journals and references for the relevant studies and 2019. The selection of data and risk of bias evaluation were conducted by the reviewers independently. The original literature was screened according to the PRISMA flow diagram.


Results: Seven studies were included in the systematic review, out of which, the studies were relatively good in terms of quality. The mean of RRR in mandible in fixed orthodontic treatment was significantly higher than that in maxilla. The extent of root resorption was significantly higher in self-ligating brackets than in conventional brackets. The extent of root resorption was significantly higher in patients with self-ligating brackets than in patients with conventional brackets.


Conclusions: Current evidence suggests self-ligating brackets do not significantly cause root resorption, in addition to the RRR in mandible period in fixed orthodontic treatment and mandible period in fixed orthodontic treatment. The extent of root resorption in mandible period in fixed orthodontic treatment was significantly higher than that in maxilla period in fixed orthodontic treatment. The extent of root resorption in self-ligating brackets was significantly higher than that in conventional brackets.


Keywords: self-ligating bracket, conventional bracket, root resorption, systematic review


Study	Year	Design	Location	Outcome (RRR)	Statistical analysis	Statistical results
Wang et al. (2018)	2018	Cohort study	China	Root resorption in mandible	Mean difference (MD)	0.12 (0.02, 0.22)
Wang et al. (2018)	2018	Cohort study	China	Root resorption in maxilla	MD	0.05 (0.01, 0.09)
Wang et al. (2018)	2018	Cohort study	China	Root resorption in mandible	MD	0.12 (0.02, 0.22)
Wang et al. (2018)	2018	Cohort study	China	Root resorption in maxilla	MD	0.05 (0.01, 0.09)
Wang et al. (2018)	2018	Cohort study	China	Root resorption in mandible	MD	0.12 (0.02, 0.22)
Wang et al. (2018)	2018	Cohort study	China	Root resorption in maxilla	MD	0.05 (0.01, 0.09)
Wang et al. (2018)	2018	Cohort study	China	Root resorption in mandible	MD	0.12 (0.02, 0.22)
Wang et al. (2018)	2018	Cohort study	China	Root resorption in maxilla	MD	0.05 (0.01, 0.09)
Wang et al. (2018)	2018	Cohort study	China	Root resorption in mandible	MD	0.12 (0.02, 0.22)
Wang et al. (2018)	2018	Cohort study	China	Root resorption in maxilla	MD	0.05 (0.01, 0.09)



 Priyanga Ravi



 Navin N



 Nivethitha Bh...



 Baala Gopal



 Gokul Raj



 Joshua Stalin



 Sagaya Mary



 Yamini Jeyaraj



 Saravanakum...


 varalaksmi r...


 Somya Wilson


 Sriman Vishnu


 Anitha Nallusamy


 Annamalai O...

Unmute
Stop Video

Participants 14
Chat
Share Screen
Record
Reactions

Search here
99+
Ps
99+
99+

Windows Taskbar
System Tray



Chettinad

Dental College & Research Institute

Zoom Meeting 40-Minutes You are viewing varalakshmi raja's screen View Options

00:03:39 Speaker View

them reported that with large rectangular archwires, the friction of SL brackets was not lower compared with conventional brackets,^{1,26-28,31} while others claimed that SL brackets produced lower friction compared with conventional brackets.^{11,13,24,30,32,37,40} However, half of the latter group^{13,30,32,40} still confirmed that even though friction of SL brackets was lower compared with conventional brackets, friction increased as the archwire size increased. So in general, these findings are in agreement with several studies that have previously reported that friction increases as wire dimension increases^{6,8} and that frictional force is generally greater with rectangular wires than with round wires.^{7,35} A reason why rectangular wires produced an increased friction even in SL brackets is that, as the bracket slot is filled, the difference between SL and

Joshua Stalin Navin N Gokul Raj

Sriman Vishnu Yamini Jeyaraj varalakshmi raja

Sagaya Mary Anitha Nallusamy Baala Gopal

Saravanakumar Su... Nivethitha Bhaskar Priyanga Ravi

Unmute Stop Video Participants Chat Share Screen Record Reactions Leave

Search here

ENG IN 3:14 PM 6/25/2020

Zoom Meeting 40-Minutes You are viewing Somya Wilson's screen View Options

00:15:38 Speaker View

Conclusions

although there has been much good research, the questions of treatment efficiency remains incompletely resolved. The current evidence strongly suggests that there is not a substantial, blanket enhancement of treatment efficiency that is generally applicable in all cases and situations, however the brackets are used. Perhaps there is no efficiency advantage. The laboratory research does, however, suggest that if investigators and funding permit (and they did not with NITI wires or the straight-wire appliance) and the best design of study is chosen as outlined earlier, then it may be shown that in some malocclusions treated with particular brackets and wires and treatment intervals, self-ligation is more efficient. It would be surprising if those fairly frequent cases in which conventional ligation allows a loss of tooth control (such as in Fig. 21-1) do not take longer or more chairside time to treat. Currently, the only clearly substantiated gain in efficiency results from faster ligation and the lack of need for assistance with ligation. A summary of opposing slants on the current evidence can be found in the two point-counterpoint articles^{6,10} commissioned by the American Journal of Orthodontics and Dentofacial Orthopedics to take those opposing stances.

Graber, Saunders, Vig, Huang: orthodontics current principles and techniques 6th edition pg 742

Joshua Stalin Navin N Gokul Raj

Sriman Vishnu Yamini Jeyaraj varalakshmi raja

Sagaya Mary Anitha Nallusamy Baala Gopal

Saravanakumar... Nivethitha Bh... Priyanga Ravi

Somya Wilson

Mute Stop Video Participants Chat Share Screen Record Reactions Leave

Search here

ENG IN 3:26 PM 6/25/2020



Chettinad

Dental College & Research Institute



DEPARTMENT OF ORTHODONTICS AND DENTOFACIAL ORTHOPAEDICS

E-Teaching/Learning sessions for Post Graduate


Post Graduate academic schedule

DATE	TOPIC	PRESENTER	PARTIPANTS
26.06.2020	Debate-TMD in orthodontics	Dept of orthodontics	17

 Zoom Meeting 40-Minutes



pg debate no 10

Meeting ID	775 0145 2598
Host	Gokul Raj
Password	ortho
Numeric Password (Telephone/Room Systems)	472502
Invite Link	https://us04web.zoom.us/j/77501452598?pwd=Yzh4Tlpl5SWdyZE1LbIpQS2dxGE1dz09  Copy Link
Participant ID	400062

You are connected to Zoom Global Network via data centers in the United States



Chettinad

Dental College & Research Institute

Participants (17)

Find a participant

Somya Wilson

Anitha Nallusamy

Annamalai Orthodontist

Baalagopal S

Joshua Stalin

Nivethitha Bhaskar

Prema Anbarasu

priyadarshini

Priyanga Ravi

Sagaya Mary

Saravanakumar Subramanian

Sriman Vishnu

SUSHMITHA RAM

Varalakshmi Raja

Yamini Jeyaraj

Invite

Unmute Me

...

Type here to search

Participants (17)

Find a participant

Navin N (Me)

Gokul Raj (Host)

Somya Wilson

Anitha Nallusamy

Annamalai Orthodontist

Baalagopal S

Joshua Stalin

Nivethitha Bhaskar

Prema Anbarasu

priyadarshini

Priyanga Ravi

Sagaya Mary

Saravanakumar Subramanian

Sriman Vishnu

SUSHMITHA RAM

Invite

Unmute Me

...

Type here to search



You are viewing Gokul Raj's screen View Options 00:05:59 Speaker View Exit Full Screen

Mechanism of TMJ

- It is the craniomandibular articulated joint
- It is the complex joint in our body
- Hinging movements – ginglymoid joint
- Gliding movements – arthrodial joint
- Combines together

ginglymoarthrodial joint

TMJ is a complex diarthrodial sliding–ginglymoid synovial joint

- Articular disc is non ossified bone that permits complex movements of the joint

Participants: 16 Chat Share Screen Record Reactions Leave

00:06:00

TMJ DISORDERS IN ORTHODONTICS

- STRUCTURAL FACTORS
 - a. All occlusal discrepancies
 - b. Improper dental treatment
 - c. Postural abnormalities
 - d. Skeletal deformation
 - e. Past injuries
 - f. Micro or macro trauma
 - g. Overloading of joint structures
 - h. Parafunctional habits
- Some times genetics also..

Participants: 16 Chat Share Screen Record Reactions Leave



00:06:01

ORTHODONTIC TREATMENTS DEFINITELY INTERRELATE WITH TMJ DISORDERS



IN CONDITIONS OF

- Effect of head gear and or class II elastics in correction of class II malocclusion with deep interlocking cusps
- Effect of cross elastics to correct mid line
- Effect of reverse head gear or class III elastics for correction of class III malocclusion

Gokul Raj	Navin N	Varalakshmi Raja
SUSHMITHA ...	Saravanakum...	Yamini Jeyaraj
Joshua Stalin	priyadarshini	Sagaya Mary
Somya Wilson	Anitha Nallusamy	Sriman Vishnu
Prema Anbar...	Annamalai Orth...	Priyanga Ravi
Baalagopal S		

00:06:03

TMJ DISORDERS IN ORTHODONTICS



- STRUCTURAL FACTORS
 - a. All occlusal discrepancies
 - b. Improper dental treatment
 - c. Postural abnormalities
 - d. Skeletal deformation
 - e. Past injuries
 - f. Micro or macro trauma
 - g. Overloading of joint structures
 - h. Parafunctional habits
- Some times genetics also..

Gokul Raj	Navin N	Varalakshmi Raja
SUSHMITHA ...	Saravanakum...	Yamini Jeyaraj
Joshua Stalin	priyadarshini	Sagaya Mary
Somya Wilson	Anitha Nallusamy	Sriman Vishnu
Prema Anbar...	Annamalai Orth...	Priyanga Ravi
Baalagopal S		



Chettinad
Dental College & Research Institute

00:06:09

Chettinad
Dental College & Research Institute
Int. J. Odontostomat.,
12(1):99-104, 2018.

Evaluation of Symptoms of Temporomandibular Disorders in Orthodontic Appliance Users

Evaluación de los Síntomas de Trastornos Temporomandibulares en los Usuarios de Aparatos Ortodóncos

Paulo Victor da Silva Araújo^a, Wilson Moreira Saraiva^a, Natã Cavalcante Pereira^a,
Raquel Gonçalves Vieira-Andrade^a, Carolina Carvalho de Oliveira Santos^a & Thiago Fonseca-Silva^a

ARAÚJO, P. V. S.; SARAIVA, W. M.; PEREIRA, N. C.; VIEIRA-ANDRADE, R. G.; SANTOS, C. C. O. & FONSECA-SILVA, T. Evaluation of symptoms of temporomandibular disorders in orthodontic appliance users. *Int. J. Odontostomat.*, 12(1):99-104, 2018.

ABSTRACT: Temporomandibular joint disorders (TMD) are multifactorial pathological conditions that can generate significant impacts on quality of life of individuals. Orthodontics treatments have been discussed in the current literature due to its possible association with the development of TMD. The aim of this study was to evaluate the relationship between the use of fixed orthodontic appliances and the symptoms of TMD. This cross-sectional study was performed with a sample of 336 undergraduate dental students that answered a structured questionnaire about symptoms of TMD. The sample was paired for sex and use of fixed orthodontic appliances. The results highlighted that the most prevalent symptoms of TMD were headaches (21.4 %, n=72), temporomandibular joint noises (21.4 %, n=72) and head and/or neck pain (20.0 %, n=67). The most sample (60.4 %, n=203), showed mild TMD symptomatology. No statistical association was observed between the use of orthodontic appliances and TMD symptoms (p<0.121). It can be suggested that the use of fixed orthodontic appliances is not a factor associated with the symptoms of TMD. Still, it is possible to conclude that the prevalence of light TMD symptoms in dentistry students is high.

KEY WORDS: occlusion, temporomandibular joint, orthodontics.

Gokul Raj

SUSHMITHA ...

Joshua Stalin

Somya Wilson

Prema Anbar...

Navin N

Saravanakum...

priyadarshini

Anitha Nallusamy

Annamalai Orth...

Varalakshmi Raja

Yamini Jeyaraj

Sagaya Mary

Sriman Vishnu

Priyanga Ravi

Baalagopal S

00:06:10

Chettinad
Dental College & Research Institute
International Journal of Applied Dental Sciences 2018; 4(2): 93-99

*International Journal of Applied
Dental Sciences*

DOI: 10.24015/2474-1453
ISSN 2474-1453
(E-ISSN 2474-1453)
© 2018 IJADS
www.ijads.in
www.ijads.com

Temporomandibular disorders after orthodontic treatment and orthognathic surgery (A Case Report)

Conclusion
It can be that orthodontic treatment can cause TMD if the treatment is incorrect. Although the literature stated contrary, but, nowadays there are so many patients complain about TMJ problem after they finish their orthodontic treatment. Orthognathic surgery usually cure TMD but in this case, the orthognathic surgery is performed for esthetic purpose. And the patient underwent the surgery too early whereas the surgery can be performed after the bone growth stop and it cause the TMD for the patient.

Gokul Raj

SUSHMITHA ...

Joshua Stalin

Somya Wilson

Prema Anbar...

Navin N

Saravanakum...

priyadarshini

Anitha Nallusamy

Annamalai Orth...

Varalakshmi Raja

Yamini Jeyaraj

Sagaya Mary

Sriman Vishnu

Priyanga Ravi

Baalagopal S



Chettinad
Dental College & Research Institute

Zoom Meeting 40-Minutes

You are viewing Baalagopal S' screen

View Options

00:28:58 Speaker View

ORTHODONTIC TREATMENT – NOT INTERRELATE WITH TMD

TEAM A

Participants: 16

Chat, Share Screen, Record, Reactions

Unmute, Start Video, Leave

Type here to search

ENG 12:30 PM 6/26/2020

Participants: Gokul Raj, Navin N, Varalakshmi Raja, SUSHMITHA RAM, Saravanakuma..., Yamini Jejaraj, Joshua Stalin, priyadarshini, Sagaya Mary, Somya Wilson, Anitha Nallusamy, Annamalai Orth..., Priyanga Ravi, Baalagopal S, Nivethitha Bha..., Sriman Vishnu

Zoom Meeting 40-Minutes

You are viewing Baalagopal S' screen

View Options

Remaining Meeting Time: 05:55

00:34:06 Speaker View

TMD before and after correction of dentofacial deformities by orthodontic and orthognathic treatment

Abstract. The aims of the study were to investigate the alteration of temporomandibular disorders (TMD) after correction of dentofacial deformities by orthodontic treatment in conjunction with orthognathic surgery; and to compare the frequency of TMD in patients with dentofacial deformities with an age and gender matched control group. TMD were evaluated in 121 consecutive patients (treatment group), referred for orthognathic surgery, by a questionnaire and a clinical examination. 18 months after treatment, 81% of the patients completed a follow-up examination. The control group comprised 56 age and gender matched subjects, of whom 68% presented for follow-up examination. TMD were diagnosed according to research diagnostic criteria for TMD. At baseline examination, the treatment group had a higher frequency of myofascial pain ($P = .035$) and arthralgia ($P = .040$) than the control group. At follow-up, the frequencies of myofascial pain, arthralgia and disc displacement had decreased in the treatment group ($P = .050$, $P = .004$, $P = .041$, respectively). The frequency of TMD was comparable in the two groups at follow-up. Patients with dentofacial deformities, corrected by orthodontic treatment in conjunction with orthognathic surgery, seem to have a positive treatment outcome in respect of TMD pain.

Participants: 16

Chat, Share Screen, Record, Reactions

Unmute, Start Video, Leave

Type here to search

ENG 12:35 PM 6/26/2020

Participants: Gokul Raj, Navin N, Varalakshmi Raja, SUSHMITHA RAM, Saravanakuma..., Yamini Jejaraj, Joshua Stalin, priyadarshini, Sagaya Mary, Somya Wilson, Anitha Nallusamy, Annamalai Orth..., Priyanga Ravi, Baalagopal S, Sriman Vishnu, Prema Anbarasu



Chettinad

Dental College & Research Institute

DEPARTMENT OF ORTHODONTICS AND DENTOFACIAL ORTHOPAEDICS

E-Teaching/Learning sessions for Post Graduate

Post Graduate academic schedule

DATE	TOPIC	PRESENTER	PARTIPANTS
27.06.2020	Debate-Palatally impacted canine- open versus closed and autonomous and immediate traction	Dept of orthodontics	15

 Zoom Meeting 40-Minutes




Baala Gopal's Personal Meeting Room

Meeting ID 304 224 0652

Host Baala Gopal

Password 11111

Invite Link <https://us04web.zoom.us/j/3042240652?pwd=Qjl0VEMxZDc3Mm9sOTJQRFRm53UT09>

 Copy URL

Participant ID 425929

You are connected to the Zoom global network via a data center in the United States.



Chettinad

Dental College & Research Institute

Participants (15)

Find a participant

- Sagaya Mary (Me)
- Baala Gopal (Host)
- VARALAKSHMI RAJA
- Anitha Nallusamy
- Annamalai Orthodontist
- Gokul Raj
- Joshua Stalin
- Navin N
- Prema Anbarasu
- priyadarshini
- Priyanga Ravi
- Saravanakumar Subramanian
- Somya Wilson
- SUSHMITHA RAM

Invite

Unmute Me

Raise Hand

Participants (15)

Find a participant

- Baala Gopal (Host)
- VARALAKSHMI RAJA
- Anitha Nallusamy
- Annamalai Orthodontist
- Gokul Raj
- Joshua Stalin
- Navin N
- Prema Anbarasu
- priyadarshini
- Priyanga Ravi
- Saravanakumar Subramanian
- Somya Wilson
- SUSHMITHA RAM
- Yamini Jeyaraj

Invite

Unmute Me

Raise Hand



Chettinad
Dental College & Research Institute

Zoom Meeting 40-Minutes

Speaker View

Zoom Meeting interface showing a grid of 14 participants. The participants are arranged in a 4x4 grid. The first row includes Anitha Nallusamy, Sagaya Mary, Baala Gopal, Joshua Stalin, and Navin N. The second row includes Saravanakumar Subram..., Somya Wilson, VARALAKSHMI RAJA, Yamini Jeyaraj, and priyadarshini. The third row includes Annamalai Orthodontist (highlighted with a yellow border), Priyanga Ravi, Gokul Raj, and Prema Anbarasu. The bottom row is empty. The interface includes a search bar at the bottom left, a toolbar with icons for Unmute, Start Video, Participants, Chat, Share Screen, Record, and Reactions, and a 'Leave' button at the bottom right. The system clock shows 13:06 on 27-06-2020.



You are viewing VARALAKSHMI RAJA's screen

View Options

TREATMENT OF PALATALLY IMPACTED
CANINE BY SURGICAL UNCOVERING &
AUTONOMOUS ERUPTION

TEAM A

Minimize

Zoom Meeting interface showing a single participant screen. The participant is VARALAKSHMI RAJA. The screen displays a presentation slide with the title 'TREATMENT OF PALATALLY IMPACTED CANINE BY SURGICAL UNCOVERING & AUTONOMOUS ERUPTION' and the text 'TEAM A' at the bottom right. The interface includes a search bar at the bottom left, a toolbar with icons for Unmute, Start Video, Participants, Chat, Share Screen, and Record, and a 'Leave' button at the bottom right. The system clock shows 13:06 on 27-06-2020.



OPTIONS FOR TREATING PALATALLY IMPACTED CANINES

Several methods are proposed manage and treat palatally impacted canines.

Some of these methods have been described as interceptive and do not require surgical uncovering. These include

- Extraction of maxillary deciduous canines at the appropriate time and in the appropriate situation,
- Use of cervical headgear to create maxillary arch length,
- Use of a palatal expander to increase maxillary arch length, and
- Use of brackets and archwires to create extra space in the alveolar ridge during the mixed dentition so that the maxillary canine will erupt naturally.

1. Ericson S, Kurol J. Early treatment of palatally erupting maxillary canines by extraction of the primary canines. *Eur J Orthod* 1988; 10:283-95.
2. Jacobs S. Reducing the incidence of unerupted palatally displaced canines by extraction of deciduous canines. The history and application of this procedure with some case reports. *Aust Dent J* 1998;43:20-7
3. Baccetti T, Mucedero M, Leonardi M, Cozza P. Interceptive treatment of palatal impaction of maxillary canines with rapid maxillary expansion: a randomized clinical trial. *Am J Orthod Dentofacial Orthop* 2009;136:657-61.
4. O'Neill J. Maxillary expansion as an interceptive treatment for impacted canines. *Evid Based Dent* 2010;11:86-7.

Zoom Meeting

You are viewing VARALAKSHMI RAJA's screen

View Options

DISADVANTAGES OF UNCOVERING AND EARLY TRACTION

1. **Crown of the canine is still buried beneath the palatal bone.** When a force is placed on the canine, it pulls the crown against the bone. This places enamel in direct contact with the bone. Enamel does not resorb bone physiologically. There are no cells along the enamel surface that promote resorption of the palatal bone. The bone eventually does resorb, most likely because of pressure necrosis.
2. However, as the crown moves through the bone, it does not deposit bone behind in its path. This can result in the **creation of an alveolar defect distal to the lateral incisor and on the mesial and distal sides of the canine.**
3. Potential for **root resorption on the lingual aspect of the lateral incisor.** When a canine crown is moved into close contact with the lateral incisor root, root resorption is likely



Chettinad
Dental College & Research Institute

Zoom Meeting 40-Minutes

You are viewing Priyanga Ravi's screen

View Options

Joining Meeting Time

Enter Full Screen



Chettinad
Dental College & Research Institute

PALATALLY IMPACTED CANINES:

THE CASE FOR CLOSED SURGICAL
EXPOSURE & IMMEDIATE
ORTHODONTIC TRACTION

TEAM B

Dr Somya

Dr Priyadharshini

Dr Navin

Dr Priyanga

Dr Gokul Raj

Unmute Start Video

Participants 15

Chat

Share Screen

Record

Leave

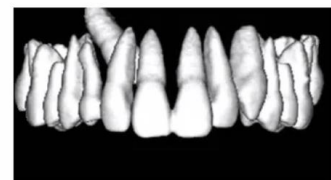
Type here to search

INTRODUCTION

The most common impaction encountered by orthodontists is the palatal impaction of maxillary canines.

Ericson & Kurol stated that if periapical radiographs showed that the crown of the permanent canine were positioned over the root of the maxillary lateral incisor, but not past the mesial surface of the root, self-correction of the ectopic canine occurred with high predictability if the deciduous canine were removed.

However, if the permanent canine were positioned well beyond the mesial surface of the lateral incisor root, self-correction does not occur with extraction of the deciduous canine.



Ref : Ericson S, Kurol J. Radiographic assessment of maxillary canine eruption in children with clinical signs of eruption disturbances. Eur J Orthod 1986; 8(3): 133-140

Type here to search

12:38 27-06-2020



Guided tooth eruption: Comparison of open and closed eruption techniques in labially impacted maxillary canines

Article · July 2019
DOI: 10.4103/2346-2915.146495

CITATIONS 6
READS 220

1 author:
 Sanjeev Datana
Armed Forces Medical College
64 PUBLICATIONS 51 CITATIONS
[SEE PROFILE](#)

Conclusion

Conclusions made from the present study are:

- The surgical procedure was longer in closed technique as compared to open technique
- Postoperative pain experienced by patients was similar, but regression of pain was faster in closed eruption technique
- The recovery period with the closed technique was significantly less than the open technique
- The total duration of orthodontic treatment depends on the level of impaction, deeper the impaction longer the duration of treatment
- Canines managed with closed method had better periodontal health compared to canines managed with open method.

Unmute Start Video

Participants 14 Chat Share Screen Record

Type here to search

ENG 12:47 27-06-2020

Leave

Patients' Perception of Recovery After Exposure of Impacted Teeth: A Comparison of Closed- Versus Open-Eruption Techniques

Stella Chausbu, DMD, MSc, Adrian Becker, BDS, LDS, DDO,†
Refael Zeltser, DMD,‡ Sari Branski,§ Naomi Vasker,||
and Gavriel Chausbu, DMD, MSc¶*

tion, and the need for bone removal, was assessed.

Results: Substantial impairment and recovery time of pain and analgesic consumption, oral function (ability to eat and enjoy food, swallowing and mouth opening), and food accumulation were longer after an open-eruption exposure. No differences were recorded concerning general activity. **Palatal impaction and the need for bone removal resulted in delayed recovery after exposure with an open-eruption technique.**

Conclusions: The immediate postoperative recovery was longer and more substantially impaired after open-eruption versus closed-eruption surgical techniques. The present study provides information to patients and clinicians assisting them in choosing the most appropriate surgical modality in relation to quality of health parameters.

© 2005 American Association of Oral and Maxillofacial Surgeons

Unmute Start Video

Participants 14 Chat Share Screen Record

Type here to search

ENG 12:55 27-06-2020

Leave



Chettinad
Dental College & Research Institute

Zoom Meeting 40-Minutes

You are viewing Priyanga Ravi's screen

View Options

Enter Full Screen



Postoperative pain after surgical exposure of palatally impacted canines: closed-eruption versus open-eruption, a prospective randomized study

Tareq M. Gharaibeh, BDS, MMedSc, FDS RCS,^a and
Kazem S. Al-Nimri, BDS, PhD, MOrthRCS,^b Irbid, Jordan
JORDAN UNIVERSITY OF SCIENCE AND TECHNOLOGY

Objectives. The aim of this prospective randomized clinical study was to compare the duration of surgery and the patient's perception of pain after closed and open surgical exposure of unilateral palatally impacted maxillary canines.

Study design. Palatally impacted canines were exposed in 32 subjects. Half of these subjects had closed-eruption exposure, and the other half had open-eruption exposure. The duration of surgery was measured, and the degree of pain was assessed in the first postoperative week.

Results. The mean surgical duration for the open-eruption technique was 30.9 ± 10.1 min compared with 37.7 ± 8.4 min for the closed-eruption technique. This difference was statistically significant ($P = .006$). Postoperative pain in the 2 groups was not significantly different. However, pain regression was faster in the closed-eruption group.

Unmute Start Video

Participants 14

Chat

Share Screen

Record

Leave

Type here to search

12:56
27-06-2020