Distraction Osteogenesis for Craniomaxillofacial Problems

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Introduction

Distraction osteogenesis (DO) is a biological process involving the formation of new bone between viable bone segments that are gradually separated by incremental traction. The traction generates tension that stimulates new bone formation parallel to the vector of distraction. Also called “callus distraction” by some, it is unique in that it does not require the addition of a bone graft to produce new bone (1–3).
Abstract

There is no better way to give back to dentistry — which has given us so much as dentists — than to mentor a young person into the profession. With the size of the applicant pool dramatically increasing over the past 10 years (73.6 percent), the challenge of the admissions process has increased as well. To put it simply, the “line” of those desiring dentistry as a profession has become quite long. In 2010, based upon data from the Texas Medical and Dental Schools Application Service, the ratio of dental applicants to positions exceeded the ratio of applicants to medical school positions! We haven’t seen ratios like this since the late 1970’s. This guide will aid mentoring dentists in the process of helping their mentees to be successful as applicants, dental students and, ultimately, dental practitioners.

KEY WORDS:
Mentoring pre-dental students, guidance for pre-dental students

Management of Invasive Cervical Resorption:
Observations from Three Private Practices and a Report of Three Cases


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Invasive cervical resorption (ICR) is a common clinical entity. In 2009, the endodontist author and his partner diagnosed ICR 49 times in their private practice. Although common, ICR is not well understood within the dental community and is often undiagnosed or misdiagnosed. Even when diagnosed correctly, there is often disagreement or confusion about the best course of treatment, even within the endodontic community.

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Abstract

Invasive cervical resorption (ICR) is a type of external resorption that is not well understood or well known in the dental community. It is often misdiagnosed, leading to improper treatment or unnecessary loss of the tooth. Treatment may involve the periodontium as well as the tooth and pulp, and management can be complex. Early diagnosis and appropriate treatment are the keys to a successful outcome. This article discusses the decision-making process and management of ICR, with emphasis on the restorative aspects of treatment. Three treatment cases are presented that include nonsurgical and surgical approaches, with recalls of 4, 8, and 9.5 years.

KEY WORDS: External resorption, extracanal invasive resorption, invasive cervical resorption, trichloroacetic acid