Dental Implants in the Older Adult

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Abstract

A need for dental implant treatment in the older population is recognized considering the prevalence of partial and complete edentulism and the positive predictability of implant therapy. Even with a number of barriers to overcome for the older adult seeking implant care, dental implants provide stabilizing support for removable dental appliances and have been shown to be successful in that population. In this paper, we describe quality of life, systemic, surgical, and prosthodontic considerations of this prosthetic treatment along with maintenance challenges.

KEY WORDS: dental implants, older adults, quality of life, edentulous, partially edentulous

CLINICAL REPORT

Intra-oral Formication Induced by Occupational Exposure Mimicking Inhalation Abuse

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Chronic occupational exposure to acetone, toluene and acrylic monomer (methyl methacrylate and cyanoacrylates) vapors can cause the same potent psycho-active biological reactions and specific neurological damages commonly found in inhalation abusers, who will manifest symptoms based on the type of chemicals abused, frequency and duration of abuse, as well as individual physiology (1-15). Both types of exposure can damage bone marrow, kidney, liver, as well as hearing (loss) (20-22,27). Specific damage to cerebellar white matter, sometimes manifesting as cognitive impairment, and neurobiological, social, and psychological challenges (11-16). Sudden death can be a consequence during any stage of inhalation abuse as a result of hypoxia (1-17).

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Straws Do Not Cause Dry Sockets When Third Molars are Extracted

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Early pioneers in dentistry were primarily experts in the art of the tooth extraction. These dentists often wondered, as we do today, what they could do to lower the risk of complications. One common problem in particular, the dry socket, has raised many questions as to why it occurs and how to prevent it. Alveolar osteitis (AO), otherwise known as a dry socket, was first defined by Crawford in 1896 (1). It occurs at the extraction site and is characterized by an absence of the blood clot. There are different factors that could result in the loss of the clot, but there is one that concerns the majority of patients: whether or not they can utilize a straw.

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Abstract

Purpose: To provide evidence in contrast to a widely held belief that the dry socket, ie Alveolar Osteitis (AO), is primarily a biological process and not a mechanical disruption or removal of the clot due to suction from utilizing a straw in the postoperative period.

Patients and Methods: Sixty randomly selected patients had all 4 third molars extracted. One half of the patients were given straws to use with all meals for 2 days after surgery.

Results: Two-hundred-twenty teeth were extracted. No dry socket occurred in the maxilla, 17 occurred in the mandible; 8 or 15% who had used a straw and 9 or 15% who did not.

Conclusion: There is no evidence that there is an increased incidence of dry sockets when using a straw in the first 2 days after third molars have been extracted.

KEY WORDS:
Alveolar osteitis, oral antral fistula, postoperative bleeding