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Trichloroacetic Acid for localized juvenile spongiotic gingival hyperplasia [Recurso electrónico] : A case report with a novel treatment / L. Moine, G. Gilligan

Este artículo se encuentra disponible en su edición electrónica. Su acceso electrónico es a través del enlace de 'Acceso al documento'.

Bibliografía: p. 51 : 14 refs.

Abstract: Introduction: Localized juvenile spongiotic gingival hyperplasia (LJSGH) was originally described by Darling and Chang as a rare gingival condition which involves young and young adults. A high recurrence rate was also described after excision. Aim: The aim of this study is to report a case of a 13-years old male with a gingival mass diagnosed as LJSGH treated with a novel treatment based on topical applications of Trichloroacetic Acid (TA) after a conventional surgical treatment. TA could be a safe alternative and a non-invasive technique to treat lesions associated to LJSGH.

Pediatric Dental Journal [Recurso electrónico]. -- 2018 (August), v. 28, n. 2, p. 47-51

1. Gingival conditions 2. Localized juvenile spongiotic gingival hyperplasia 3. Topical treatment 4. Trichloroacetic Acid

2

Oral findings in a patient with megacystis microcolon intestinal hypoperistalsis syndrome [Recurso electrónico] : a case report / Chihiro Takasaki, Toshihiro Yoshihara, Yasutaka Yawaka

Este artículo se encuentra disponible en su edición electrónica. Su acceso electrónico es a través del enlace de 'Acceso al documento'.

Bibliografía: p. 60-61 : 26 refs.

Abstract: Megacystis microcolon intestinal hypoperistalsis syndrome (MMIHS) is a rare congenital anomaly characterized by abdominal distension, distended non-obstructive urinary bladder, microcolon, and intestinal hypoperistalsis. Although facial manifestations have been reported, oral findings in MMIHS patients have never been described. Here, we report the case of a 4-year 10-month-old girl with MMIHS who visited our clinic for delayed tooth eruption. Oral examination revealed that she had a high and narrow palate, gingival hyperplasia, impacted teeth, and delayed eruption. X-ray images showed no congenital lack of primary and permanent teeth. This is the first report of oral findings of an MMIHS patient.

Pediatric Dental Journal [Recurso electrónico]. -- 2018 (August), v. 28, n. 2, p. 57-61

1. Delayed eruption 2. Gingival fibromatosis 3. Impacted teeth 4. Megacystis microcolon intestinal hypoperistalsis syndrome

3

Esthetic rehabilitation of first permanent molars affected with severe form of Molar Incisor Hypomineralization using indirect composite onlays [Recurso electrónico] : a case series / Ankita Dhareula... [et al.]

Este artículo se encuentra disponible en su edición electrónica. Su acceso electrónico es a través del enlace de 'Acceso al documento'.

Bibliografía: p. 67 : 22 refs.

Abstract: Restorative management of MIH affected young permanent first molars is often challenging for pediatric dentists. Poor patient compliance, extreme sensitivity, rarity of the condition and increased treatment

costs are some of the factors compounding its management. Traditionally, Stainless Steel and Cast Metal crowns have been the mainstay for management of these molars. However, young age of patients and demand for esthetics necessitates the search for an esthetic and conservative alternative. Present case series aims to highlight the use of minimally invasive Indirect Composite Onlays for rehabilitation of ten permanent molars affected with severe form of MIH in children, aged 8-14 years. At 30-36 months (x-34.8 mths) follow-up, all the onlays were found to be in place with complete elimination of pre-treatment sensitivity. Marginal integrity and anatomic form remained unaltered over time. Depreciation in colour stability and evidence of cavosurface marginal discolouration at 30 months was evident in only one of the restored onlays. Thus, Indirect Resin onlays may serve as esthetic conservative restorative alternative for MIH affected molars with favourable outcomes.

Pediatric Dental Journal [Recurso electrónico]. -- 2018 (August), v. 28, n. 2, p. 62-67

1. Esthetic restorations 2. Indirect composite 3. MIH 4. Onlays

4

Management of over retention of permanent incisor impacted by compound odontoma [Recurso electrónico] : clinical, radiological, and microscopic evaluation / Valéria de Abreu da Silva Bastos... [et al.]

Este artículo se encuentra disponible en su edición electrónica. Su acceso electrónico es a través del enlace de 'Acceso al documento'.

Bibliografía: p. 72 : 12 refs.

Abstract: Objective: This case report describes the management of primary tooth over retention and permanent impacted tooth a compound odontoma and the microscopic evaluation. Case report: At 11-years-old, the child was referred for Pediatric Dentistry due to lack of permanent maxillary left central incisor. Radiographic examination revealed over retention of primary maxillary left central incisor associated to a mixed lesion showing tooth-like structures in region of permanent maxillary central left incisor. The primary overretained tooth and the 6 denticles, characterized as compound odontoma, were surgically removed and impacted central incisor was placed in orthodontic traction over a period of 10 months. Odontoma histological characterization was carried out through Hematoxilin and Eosin coloration, polarized light microscopy, and scanning electron microscopy. Small tooth like structures with well defined enamel and dentin could be seen. Conclusión: Orthodontic management was successfully performed for correct alignment of the maxillary left central incisor impacted by compound odontoma reestablishing function, phonation, and esthetic.

Pediatric Dental Journal [Recurso electrónico]. -- 2018 (August), v. 28, n. 2, p. 68-72

1. Children 2. Mineral tissue 3. Odontoma 4. Orthodontics

5

Material properties on enamel and fissure of surface pre-reacted glass-ionomer filler-containing dental sealant [Recurso electrónico]/ Koji Hirayama... [et al.]

Este artículo se encuentra disponible en su edición electrónica. Su acceso electrónico es a través del enlace de 'Acceso al documento'.

Bibliografía: p. 94-95 : 19 refs.

Abstract: Purpose: In pediatric dentistry, sealants have been used to prevent caries. Due to its material properties such as fluoride-releasing ability and physical strength, surface pre-reacted glass (S-PRG) filler is added primarily to resin-based dental materials for clinical use. In this study, we investigated the properties of S-PRG filler containing sealant. Methods: Before using sealant, the primer was applied to extracted bovine incisors. Scanning electron microscopy (SEM) observation revealed that the primer treatment caused no structural changes of enamel surface, unlike conventional phosphoric acid etching. Further, shear bond strength

test was performed to measure the initial strength and durability after thermal cycling. Bond strength of S-PRG filler containing sealant was comparable to those of other sealants even though the former does not involve phosphoric acid etching. In addition, after treating the enamel surface with the primer or phosphoric acid, it showed excellent flowability in the primer group compared to phosphoric acid treatment. Results: SEM observation showed that the sealant sealed the enamel surface as it migrated to reach the deep areas of the fissures. When the marginal sealing ability of the sealant was evaluated based on dye penetration, no dye penetration in the marginal region was observed in any specimens. In addition, measurement of the pH of an acid solution containing a cured specimen of the sealant containing S-PRG filler showed that the solution's pH became more alkaline as the immersion time increased. Conclusión: These findings suggest that the sealant is an extremely effective material for preventing caries.

Pediatric Dental Journal [Recurso electrónico]. -- 2018 (August), v. 28, n. 2, p. 87-95

1. Bond strength 2. Flowability 3. S-PRG 4. Sealant

6

Manual versus rotary instrumentation for primary molar pulpectomies [Recurso electrónico] : a 24 months randomized clinical trial / R. Morankar... [et al.]

Este artículo se encuentra disponible en su edición electrónica. Su acceso electrónico es a través del enlace de 'Acceso al documento'.

Bibliografía: p. 101-102 : 35 refs.

Abstract: Objective: The study compared manual and rotary canal instrumentation differences in primary molars receiving pulpectomy and their effect on clinical success after two years. Materials and methods: Sixty pulpally involved primary mandibular second molars requiring pulpectomy treatment were randomly assigned for manual or rotary instrumentation in children aged 4-7 years. The endodontic procedural steps were similar except the method of root canal instrumentation i.e. manual group (Stainless steel files 2% taper) and rotary group (Hyflex CM NiTi rotary files 4% taper). Results: The mean instrumentation time for the manual and rotary groups were 25.71 ± 3.84 and 19.37 ± 4.94 min respectively with a statistically significant difference ($p < 0.001$) between the groups. The differences between the groups' obturation time, quality of obturation, and complications during instrumentation were not statistically significant ($p > 0.05$). At 24 months, the clinical success was 92.3% and 85.2% ($p = 0.52$) whereas the radiographic success was 65.4% and 66.7% ($p = 0.78$) comparing the manual and rotary groups respectively. Conclusión: Rotary instrumentation takes significantly less time than manual. There was no difference in obturation time, quality of obturation, or success rates after 24 months.

Pediatric Dental Journal [Recurso electrónico]. -- 2018 (August), v. 28, n. 2, p. 96-102

1. Manual instrumentation 2. Primary molars 3. Rotary instrumentation

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Preventive effects of iontophoresis on bovine enamel decalcification through enhancing uptake and transportation of fluoride -in vitro study [Recurso electrónico] / Toshiko Tanaka... [et al.]

Este artículo se encuentra disponible en su edición electrónica. Su acceso electrónico es a través del enlace de 'Acceso al documento'.

Bibliografía: p. 109 : 28 refs.

Abstract: Background: Topical fluoride application has been performed all over the world especially in the field of Pediatric Dentistry to prevent enamel decalcification. However, the effect of the method against demineralization has not been sufficiently reported yet. This study was performed to evaluate the effectiveness

of the method by measuring the uptake amount of fluorine (F) into enamel, and also to investigate the relationship between the amount of F incorporated and the decalcification depth. Methods: Bovine incisors were immersed in 2% fluoride solution in the absence (the immersion method) or presence (the iontophoresis method) of iontophoresis. Sample teeth were then decalcified in 0.1 M lactic acid solution. The F concentration was measured using a fluorine ion meter, while atomic absorption spectrophotometry was used to determine calcium (Ca) concentrations. Results: When the decalcification time was 15 min, the uptake of F was significantly higher in the iontophoresis method than in the immersion method. Furthermore, the decalcification depth was markedly shallower with the iontophoresis method than with the immersion method. In immersion method, no changes were observed in the uptake of F between decalcification times of 5 and 15 min regardless of immersion times. F uptake levels were dependent on the current-carrying time. A clear inverse correlation was observed between F uptake levels and the decalcification depth ($r = 0.967$). Conclusions: Iontophoresis increased the uptake of F and enhanced its penetration into the enamel, thereby decreasing decalcification by acid. The study showed the effectiveness of the iontophoresis method.

Pediatric Dental Journal [Recurso electrónico]. -- 2018 (August), v. 28, n. 2, p. 103-109

1. Decalcification 2. Decalcification depth 3. Enamel 4. Fluoride 5. Iontophoresis

8

Current knowledge among pediatric dentistry specialists in Japan regarding prevention of infective endocarditis [Recurso electrónico]/ Kazuma Kokomoto... [et al.]

Este artículo se encuentra disponible en su edición electrónica. Su acceso electrónico es a través del enlace de 'Acceso al documento'.

Bibliografía: p. 116-117 : 18 refs.

Abstract: Infective endocarditis (IE) is a life-threatening disease, with dental procedures known to produce bacteremia considered to be major factors in its development. Thus, prevention of IE onset with antibiotics given prior to performing dental treatments is widely recommended. However, few studies have been conducted to determine the general knowledge of pediatric dentists regarding IE prevention. Members of the Japanese Society of Pediatric Dentistry were invited to participate in a survey in order to elucidate common knowledge among pediatric dentists for prevention of IE. A total of 118 answered the questionnaire, most of whom had experience with prescribing antibiotics for IE prevention. Approximately 80% of those answered that they administer antibiotics only to patients at high risk for IE, though they also noted difficulties understanding which heart diseases are defined as high risk for the disease. As for dental procedures associated with an increased risk for IE, most of the respondents answered dental treatments conducted as surgical procedures, while less invasive procedures were thought to be low risk for IE. More than 80% of the queried pediatric dentists selected oral amoxicillin at a dose of 50 mg/kg of body weight for child patients. Among those, over 50% prescribed antibiotics only prior to performing dental treatment. We found that pediatric dentists in Japan tend to prescribe antibiotics in accordance with the guidelines, though they expressed difficulty with understanding which heart diseases are at high risk of IE, likely due to lack of training in cardiology.

Pediatric Dental Journal [Recurso electrónico]. -- 2018 (August), v. 28, n. 2, p. 110-117

1. Antibiotics 2. Infective endocarditis 3. Pediatric dentists 4. Prevention