



Introduction to Dentistry

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TERMINOLOGY IN PEDIATRIC AND ORTHODONTICS

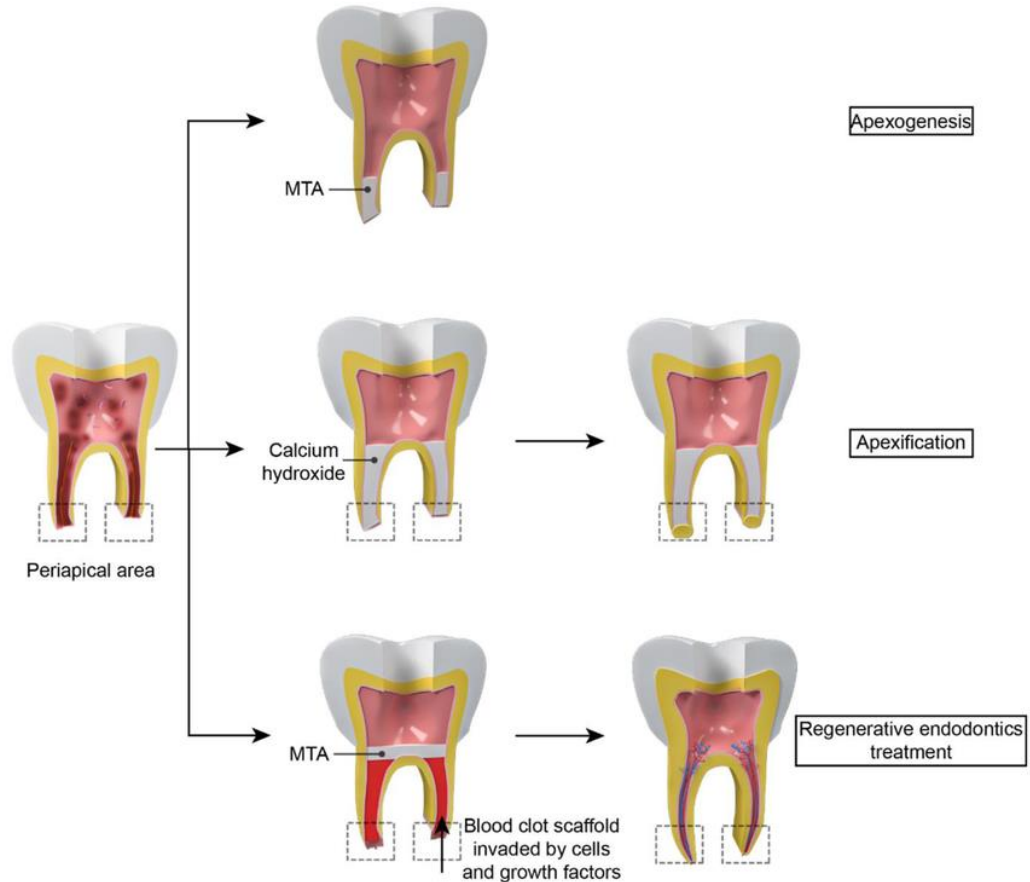
مصطلحات متعلقة بطب اسنان الأطفال و التقويم



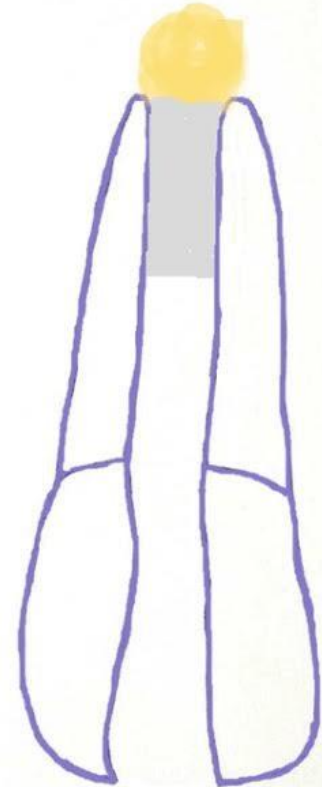
Restorative Dental Care in Primary Dentition
Restorative dental care in the primary dentition is essential for preserving the function and integrity of primary (baby) teeth, which play a crucial role in proper chewing, speech development, and maintaining space for permanent teeth. When primary teeth are affected by decay, trauma, or other issues, various restorative treatments may be recommended to repair and protect the teeth.



Apexogenesis is a procedure performed on immature teeth with exposed or nearly exposed pulp, typically following dental trauma. It involves removing a portion of the inflamed pulp and placing a biocompatible material over the remaining pulp to encourage continued root development and apex closure.



Apexification is a procedure used to induce the formation of a calcified barrier (apical barrier) at the apex of an immature tooth with an open apex. It involves removing the inflamed pulp tissue, disinfecting the root canal space, and placing a medicament to promote apical closure and root development.



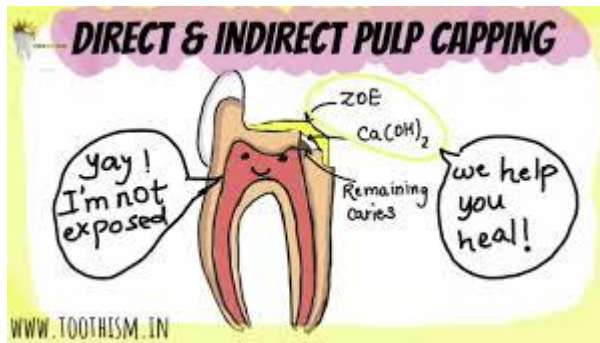
Pulpotomy is a partial pulp removal procedure performed in primary teeth with deep carious lesions or reversible pulpitis. It involves removing the affected coronal pulp tissue, applying a medicament to the remaining vital pulp tissue, and sealing the pulp chamber with a restorative material to preserve pulp vitality and function.



Pulpectomy is a complete pulp removal procedure performed in primary teeth with irreversible pulpitis or pulpal necrosis. It involves removing the entire pulp tissue from the pulp chamber and root canals, disinfecting the root canal space, and filling the canals with a biocompatible material to prevent infection and maintain tooth structure.



Direct and indirect pulp capping is a conservative procedure used to treat exposed dental pulp due to caries or trauma. In direct pulp capping, a medicament is placed directly onto the exposed pulp tissue to stimulate pulp repair and dentin formation. Indirect pulp capping involves placing a protective liner over the affected dentin to encourage pulp healing and prevent further pulp exposure.



Pit and fissure sealants are thin, plastic coatings applied to the chewing surfaces of molars and premolars to seal off deep pits and grooves where bacteria and food particles can accumulate. Sealants create a smooth, protective barrier that helps prevent dental decay in vulnerable areas of the teeth (see graphic below).



Fluoride is a mineral that helps strengthen tooth enamel and protects against tooth decay. Fluoride application methods include:



- ❖ Fluoride toothpaste: Children should use fluoridated toothpaste containing an appropriate concentration of fluoride (typically 1000-1500 ppm for children) to brush their teeth twice daily under adult supervision.

- ❖ Fluoride mouth rinse: Fluoride mouth rinses are available for children at risk of dental caries. They can be used as part of a daily oral hygiene routine to supplement fluoride exposure and strengthen tooth enamel.
- ❖ Fluoride supplements
- ❖ Fluoride gel and foam
- ❖ Fluoride varnish



What Is Orthodontics?

The specialty area of dentistry is concerned with the diagnosis, supervision, guidance and correction of malocclusions. The formal name of the specialty is orthodontics and dentofacial orthopedics.





An orthodontist is a specialist in the diagnosis, prevention and treatment of dental and facial irregularities. Also known as “orthodontic specialists,” orthodontists are required to follow their dental school education with the completion of two to three years of orthodontic specialty education in an accredited orthodontic residency program. This additional education makes orthodontists specialists in orthodontics.

Angle's Classification of Malocclusion

A commonly used system of classifying the severity of malocclusions is Angle's Classification of Malocclusion (sometimes called Angle's Classification of Occlusion). The system includes three classes of severity as follows:

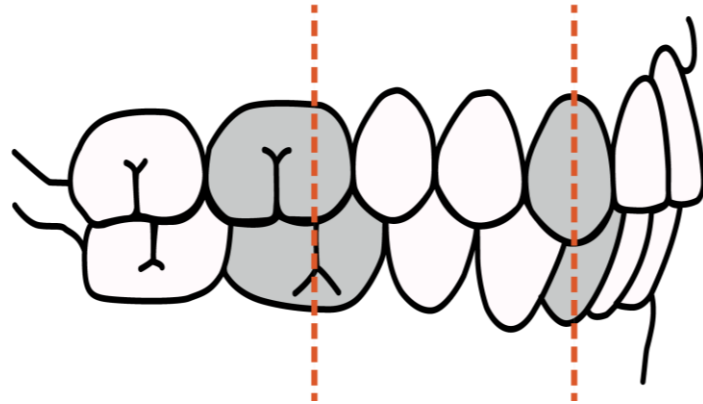
Did you know?

Dr. Edward Angle is the father of modern orthodontics.



Class I Malocclusion

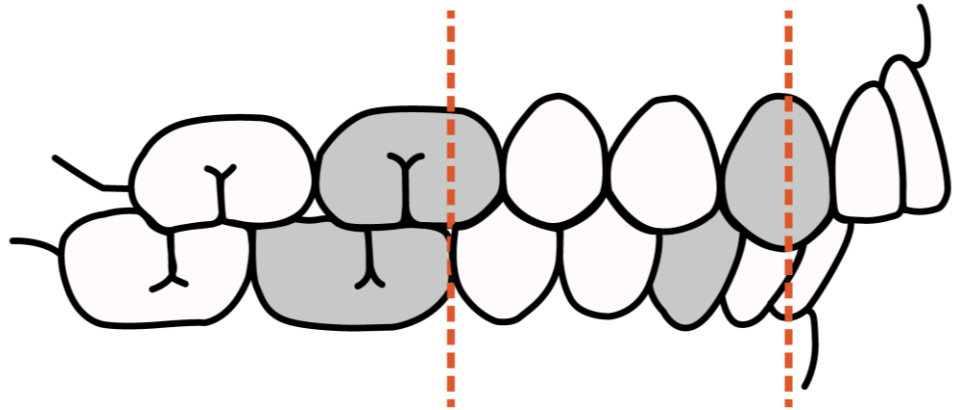
A malocclusion in which the back molars meet properly, but the front teeth may appear to be crowded together or spaced apart. There may be an overbite, an openbite, a posterior (back) crossbite or an anterior (front) crossbite with a Class I Malocclusion.



Class I malocclusion

Class II Malocclusion

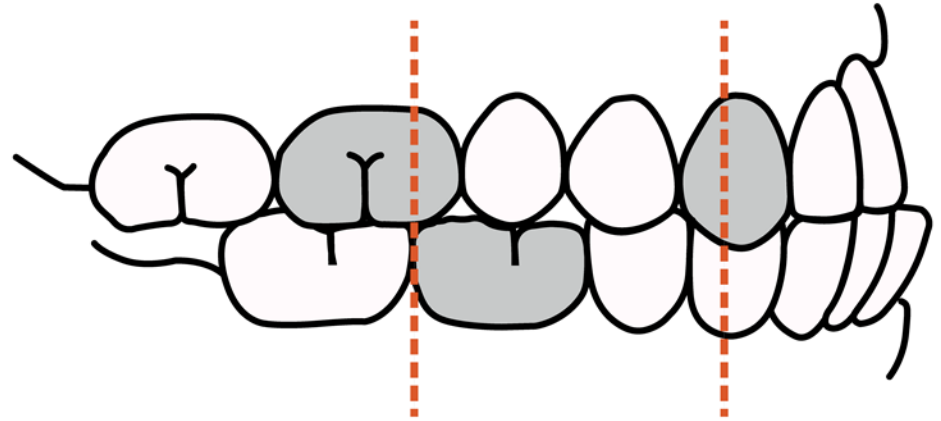
A malocclusion in which the lower teeth and/or jaw is positioned back relative to the upper teeth and/or jaw. This results in the upper front teeth protruding forward.



Class II malocclusion

Class III Malocclusion

A malocclusion in which the lower teeth and/or jaw is positioned ahead relative to the upper teeth and/or jaw.



Class III malocclusion

THE

DENTAL



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