

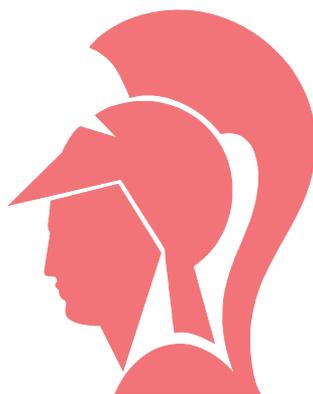
MINERVA

STOMATOLOGICA

VOLUME 64 · SUPPL. I · N. 2 · APRIL 2015

**XXII Congresso Nazionale
Collegio dei Docenti Universitari
di Discipline Odontostomatologiche**

Milano, 9-11 aprile 2015



EDIZIONI · MINERVA · MEDICA



INDICE

1
CHIRURGIA ODONTOSTOMATOLOGICA

27
CLINICA

37
CONSERVATIVA

45
ENDODONZIA

55
GNATOLOGIA

63
IMPLANTOLOGIA

85
MATERIALI DENTALI

93
ODONTOIATRIA PEDIATRICA

INDICE

103
ORTOGNATODONZIA

151
PARODONTOLOGIA

163
PATOLOGIA ORALE

181
PREVENZIONE E IGIENE DENTALE

203
PROTESI

**XXII Congresso Nazionale
Collegio dei Docenti Universitari
di Discipline Odontostomatologiche**

Milano, 9-11 aprile 2015

ers. In one case, rubella occurred in the second month of pregnancy. No association was found with any drug.

Conclusion. Epidemiology of oro-facial malformations within this study seems to be similar to other reported statistics. The potential role of alcohol, smoke and infections (rubella in the particular case of our series) seems to be confirmed. Accurate dissemination actions about the causative role of such factors should be performed in order to minimize risk for the reported malformations.

Elastodontic therapy in a growing patient affected by dentinogenesis imperfecta

S. Saltarelli, G. Nardacci, F. Calcagnile, E. Guglielmo, O. Brugnoletti, V. Luzzi, G. Ierardo

Dipartimento di Scienze Odontostomatologiche e Maxillo-facciali, Roma

Aim. Dentinogenesis imperfecta (DI) is an autosomal dominant disorder of tooth development. This clinic condition can be associated with osteogenesis imperfecta. At first clinical examination, these patients have short roots and crowns, hypoplastic dentin, sane enamel which tends to deteriorate due to supporting lack and a larger breadth of the pulp chamber with respect to average. Moreover, the Dentinogenesis imperfecta (DI) is also associated with different degrees of discoloration, on a color spectrum from gray to yellow-brown.

From a radiographic point of view, teeth affected from DI are called "specter teeth" because of the emptiness appearance, as it is possible to observe only the polished outlines.

We used an elastodontic therapy along patient growth from the deciduous dentition to permanent one, with second class malocclusion, deep bite and lower arch crowding.

Materials and methods. Elastodontic braces are devices which allow through light forces use to carry out an eruptive guide for dental elements, improve deep bite and second class malocclusion through a preformed bite construction based on a mandibular advancement. Eventually, performing the so-called "lip bumper effect".

Initially, the patient, who was five and a half years old, was treated with an elastodontic brace "Nite-Guide", which was carried both at night and on daylight (two hours per day) performing exercises aimed to activate facial muscles and facilitate the deep bite reopening.

At a later stage, when the patient was 7 years old, during her first permanent molars and incisors eruption, following best practices, it has been placed a clogged-o-Guide Series G, which is usually utilized as a brace in case of mixed dentition.

At 9 years with deep bite resolution, it was reported to the patient to use the occluded-o-Guide only at night to hold down previous results and sustain patient's dental growth.

At 11 years old, after successful teeth switching, it was prescribed an occluded-o-Guide Series N, which is functional for permanent dentition and guaranteed an eruptive guide for last dental elements.

Results. The patient has corrected optimally her second class malocclusion, deep bite, and dental misalignment. The elastodontic devices have allowed a proper eruptive guide for all teeth in various commuting stages.

Conclusion. This clinic case could be considered an exemplificative approach for all those patients with systemic and/or dental diseases that disallow adequate dental retention, which is necessary for most orthodontic appliances, whereas elastodontic devices do not require adequate dental retention thus result as the proper solution.

Assessing risk factors for dental caries: a statistical models

D. Corridore, F. Pepe, C. Panarello, A. Abbasciano, A. D'Errico, I. Voza, M. Bossù

Sapienza University of Rome, Department of Oral and Maxillo and Facial Science, Unit of Pediatric Dentistry, Roma

Background. Considering the complex etiology of dental caries, from the methodological side, a rich set of statistical models is currently available to analyze dental caries indices. These models have been applied in several studies to investigate the impact of different risk factors on the cumulative severity of dental caries experience and in most of the cases: (i) these studies focus on a very specific subset of these risk factors, which increases the risk of bias in the statistical analysis due to the presence of confounding variables not included in the modeling strategy; (ii) in the statistical modeling only few candidate models are considered and model selection is at best only marginally addressed. As a result, our understanding of the robustness of the statistical inferences with respect to the choice of the model is very limited, and the richness of the set of statistical models available for analysis in only marginally exploited.

Aim. In this paper we argue that these limitations can be overcome considering a very general class of candidate models and carefully exploring the model space using standard model selection criteria and a rich set of a measures of global fit and predictive performance of the candidate models.

Methods. We use data on 558 children between 2 and 9 years old from the province of Caserta. In our illustration, caries severity is measured as a sum of the Decayed, Missing or Filled Teeth Index in both the permanent dentition (DMFT) and in the deciduous teeth (dmft). We pay special attention to the choice of the best model to address the research question considering a total of more than 2.6 millions of models obtained combining standard classes of models for caries data with different choices of the set of explanatory variables to be included in the model. These choices correspond to all possible subsets of a rich set of risk factors which includes (i) socio-demographic attributes of the child and his/her parents; (ii) habits and perceptions that are potentially relevant for caries experience; (iii) premature delivery, and breast-feeding; and (iv) risk factors specific of the oral environment of the patient. The wide array of potential caries determinants included in the study allows us to assess the impact of a large number of risk factors on DMFT properly taking into account and eliminating the effect of other confounding variables. Model selection is performed using two standard procedures: the Akaike's criterion (AIC) and the Schwartz criterion (BIC). Relative strengths of the best AIC and BIC models are addressed taking into account a very rich set