SEA SCIENCE AND SKILLS

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ABSTRACT BOOK

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Oral **Presentation**

Background: Patients undergoing radiation therapy, as primary, adjuvant or combined treatment of cancers of the head and neck are prone to several dental complications. These cancers are often treated with radiation therapy, a technique that uses ionizing radiation and perform a therapeutic effect by semi–selective damage to the genetic material of the cancer cells, directly or through the production of free radicals, which results in cell death. Aim: to highlight the current understanding and management of dental needs for patients before, during and after radiation therapy. Method: research was done exploring specialized databases PubMed, MEDLINE, EBSCO, Science Direct, Scopus for the period 2010–2023, by use of MeSH terms: head and neck cancers, radiation therapy, oral manifestations, oral complications; Results: The adverse effects of RT manifest in damage to normal cells, especially those that divide quickly, or are less able to repair, resulting in specific radiation syndromes: xerostomia and dysgeusia occurred because of damage to the salivary glands, oral mucositis from epithelial cells damage, pathological changes in the normal flora, radiation caries, reduced mouth opening due to changes in the structure of collagen and osteoradionecrosis from reduced capacity of bone healing.
Conclusion: Management of lesions of the oral cavity after radiotherapy are an integral part of oral health care, hence the early detection and treatment of these lesions will greatly improve the quality of life of patients and the survival rate in cases of head and neck cancers.
Key words: head and neck cancers, radiation therapy, oral manifestations, oral complications

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Biomechanics in Deep Bite Malocclusion Treatment

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Objective: Deep bite malocclusion is one of the most common malocclusions in daily orthodontic practice. Proper biomechanics is used to resolve the variety of skeletal and/or dental discrepancies.
Aim: To present different cases where the choice of treatment is based in part on the etiology of the deep bite, expected growth, the vertical dimension, relationship of the teeth with the adjoining soft tissue structure and the desired position of the occlusal plane.
Material and Methods: Class II division 2 patients, with deep overbite, skeletal Class II, occlusal cant was presented to illustrate the principles of deep bite cases management.
Results: We corrected the deep overbite by extrusion of the posterior teeth or by intrusion of anterior teeth or by combination of both techniques according to the