

ISSN 0020-6539

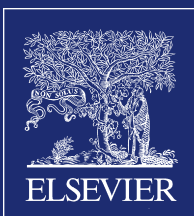
**IDJ**  
INTERNATIONAL  
DENTAL JOURNAL

October 2024  
Volume 74 Supplement I

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Abstracts of the 2024 FDI  
World Dental Congress  
(Special Edition)

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# International Dental Journal

Volume 74, Supplement 1, October 2024

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bone levels. All implants (100%) survived after 10 years. 23 implants (30%) presented mild clinical findings of perimucositis, 2 implants (2%) presented peri-implantitis (bone loss  $\geq 2$  mm) and perimucosal inflammation.

**DISCUSSION:** The findings of this study indicates that tissue-level implants supporting single crowns in well-maintained patients presents high implant survival and favored clinical outcomes.

**CONCLUSION/CLINICAL SIGNIFICANCE:** The implant shoulder being located away from the bone crest may decrease the risk of periimplant diseases but the regular maintenance visits are as important as the implant design and location.

<https://doi.org/10.1016/j.identj.2024.07.258>

### Guided tissue regeneration for periodontal intrabony defects

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**INTRODUCTION:** The use of modern biomaterials for guided tissue regeneration (GTR) proves to be a much effective method in stimulating the regenerative potential of the bone tissue, compare to isolated surgical treatment.

**CASE DESCRIPTION:** The aim of present case was to evaluate the effect of Emdogain(enamel matrix derivate) with Collagen Block(Geistlich) in treatment of intrabony defects. A 51 year old male patient came to the Department of Periodontology and oral pathology with the chief complaint of bleeding gums. Intrabony vertical defects radiographically verified in teeth #17,#16,#15 were present.Phase 1 therapy was initiated and

the patient was advised to rinse with 0.12% chlorohexidin twice daily for 14 days.Patient was asked to start antibiotic thrice daily with probiotic capsules.Mucoperiosteal flap was reflected and thorough debridement of the furcation defect was evaluated.EMD and Collagen Block was condensed into the furcation and intrabony defects. Flap was sutured with 5 0 silk sutures.

**DISCUSSION:** After the surgical treatment patient was instructed to rinse with 10% betadine sol. and not to brush and chew from the operated side for 14 days. The patient was recalled for suture removal, pocket probing depth (PPD), horizontal furcation defect (HFD), and BOP were recorded after 6 months.There was reduction in all the clinical parameters along with evidence of radiographic bone fill.

**CONCLUSION/CLINICAL SIGNIFICANCE:** The use of biomaterials as an adjunct in periodontal surgery represents a promising potential in the facilitated and effective periodontal treatment. Stimulation and regeneration of the junctional epithelium, reduction of infrabony defects and restoration of the anatomical appearance and shape of the supporting alveolar bone.

<https://doi.org/10.1016/j.identj.2024.07.259>

### Case Presentation of Primary Herpetic Gingivostomatitis

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**INTRODUCTION:** Primary Herpetic Gingivostomatitis primarily caused by the herpes simplex 1 (HSV-1) virus, characterized by lesions in the oral cavity. It is commonly seen in children and typically presents with systemic symptoms such as fever, malaise, and decreased appetite. As the disease progresses, vesicles develop in the oral and perioral regions, which later rupture to form painful, ulcerative lesions.

**CASE DESCRIPTION:** A 13-year-old male patient, of moderate socioeconomic status, with no known systemic diseases, presented to our clinic with complaints of fever, malaise, and loss of appetite, along with pain and bleeding in the tongue, lips, vestibular mucosa, and gingiva. Clinical examination revealed vesicles and ulcerative lesions on the tongue, lips, vestibular mucosa, and gingiva. Radiologically there was not any abnormal finding. Based on the clinical findings and patient history, a diagnosis of Primary Herpetic Gingivostomatitis was made. The patient underwent first-line periodontal treatment, and antiviral therapy containing acyclovir (Zovirax<sup>®</sup> cream and tablets) was initiated. Additionally, the patient was educated about oral hygiene, and regular follow-ups were scheduled.

**DISCUSSION:** Primary Herpetic Gingivostomatitis can be mistaken for other conditions such as hand-foot-mouth disease, Acute Necrotizing Ulcerative Gingivitis, Stevens-Johnson Syndrome, Recurrent Aphthous Stomatitis, and Erythema Multiforme. Therefore, proper interpretation of clinical findings and consideration of other possible diagnoses are crucial.

**CONCLUSION/CLINICAL SIGNIFICANCE:** Primary Herpetic Gingivostomatitis is a manageable condition with accurate diagnosis and treatment. Mastery of the clinical features and