ACBID 2012, 6th International Congress, 30 May - 3 June 2012

P-122

REVIEW OF DIFFERENT METHODS FOR ANESTHETIZING OF MANDIBULAR PRIMARY MOLARS

Roza HAGHGOO, Pediatric Dentistry, Shahed University Farid ABBASİ, Oral Medicine, Shahed University

Background and Aim: Effective pain control in children is fundamental for the accomplishment of most dental procedures. Pain control during dental treatment is effective in cooperation and patient's compliance. The aim of this article is to review various methods for anesthetizing of mandibular primary molars.

Methods and Materials: All articles related to anesthesia of mandibular primary molars between 1995-2012 were collected and evaluated.

Results: Inferior alveolar nerve block is a common technique for anesthetizing of primary mandibular molars, this technique has some disadvantages for children, specially the lengthy duration of the anesthesia increases possibility of post operative trauma.. Infiltration anesthesia, periodontal ligament anesthesia and intra osseous can be used as alternative techniques. These techniques have advantages and disadvantage.

Conclusion: Several techniques can be used for anesthetizing of mandibular primary molars. Clinician selects favorite methods depend of dental procedure, child's age and patient's cooperation.

Key Words: Anesthesia primary molar Mandibular

P-123

DENTIGEROUS CYST OF MANDIBLE BY ONLY MARSUPIALIZATION TREATMENT: A CASE REPORT

Nesrin SARUHAN, Dept. of Oral and Maxillofacial Surgery, Ataturk University, Erzurum Umit ERTAS, Dept. of Oral and Maxillofacial Surgery, Ataturk University, Erzurum Adnan KİLİNC, Dept. of Oral and Maxillofacial Surgery, Ataturk University, Erzurum

Dentigerous cysts are the most common of all developmental odontogenic cysts of the jaws and account for approximately 20-24% of the jaw cysts. Dentigerous cysts are seen as a well-defined radiolucent lesion of alveolar bone in preadolescents and inhibits the eruption of the involved permanent tooth. It is characterized by a unilocular radiolucent lesion that encloses permanent tooth buds or, under certain circumstances, displaced tooth buds. Buccal bony expansion is the most common clinical feature. The other clinical feature is root dilacerations. The risk of cyst formation around the crowns of unerupted mandibular first premolars, maxillary incisors, or mandibular second molars is significant. The two main methods of treating a dentigerous cyst are removal and marsupialization. Excision is indicated when there is no likelihood of damaging anatomic structures, such as apices of vital teeth, the maxillary sinus, or inferior alveolar nerve. Marsupialization can maintain the impacted tooth in the cystic cavity and promote its eruption. Marsupialization is especially useful for dentigerous cysts with teeth displacement, large cysts and child. In this report, dentigerous cyst in mandible and its treatment with marsupialization in a child is presented.

Key Words: Dentigerous cyst marsupialization child