

Editorial Highlights on Periodontics and Prosthodontics

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Editorial Highlights

Journal of Periodontics and Prosthodontics commemorates its decade long service to the scientific community by consistently publishing peer-reviewed articles and tracking the progress and significant advancements in the field of Prosthetic Dentistry and oral inflammation. Ever since its inception in the year 2015, in addition to regular issue releases on a quarterly basis, this transdisciplinary journal is also releasing special issues and conference proceedings from time to time, thus comprehensively covering a wide range of topics and emerging challenges in Medicine, physiology and pathology of the periodontium, tissue integration of dental implants, biology and the modulation of periodontal, alveolar bone healing and regeneration, diagnosis, epidemiology, prevention and therapy of periodontal disease and the clinical aspects of tooth replacement with dental implants, and Clinical Epidemiology, Oral Implantology. The journal focuses on application oriented research on Medicine, physiology and pathology of the periodontium, tissue integration of dental implants, biology and the modulation of periodontal, alveolar bone healing and regeneration, diagnosis, epidemiology, prevention and therapy of periodontal disease and the clinical aspects of tooth replacement with dental implants, and Clinical Epidemiology, Oral Implantology. In this issue some of the recent and impactful research articles that were published by the journal will be discussed.

Chorion and amnion membranes are used as cost effective, allogenic substitute for the connective tissue autograft for achieving predictable root coverage [1]. The objective of the study was to investigate the potential of amnion and chorion membranes as a substitute for the free connective tissue autograft in the bilaminar technique of root coverage. An in vitro mechanical testing and evaluation of the degradation profile of these membranes were carried out. Tensile strength, Young's modulus and elongation at break for amnion and chorion membranes were tested using universal testing machine. Suture retention and degradation tests were conducted. The tensile strength of amnion membrane is 155 kPa and that of chorion is 95 kPa. Young's Modulus of amnion membrane is 645 kPa and that of chorion is 335 kPa. Extension at break is 17.3 mm for amnion and 13.5 mm for chorion. The degradation profiles were expressed as mean accumulated weight losses of the membranes at the end of the first, second, third and fourth week. Chorion membrane has greater thickness and density when compared

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to amnion. Mechanical testing of these membranes points out that they are elastic in nature. Amnion is more elastic with higher tensile strength, Young's modulus and extension at break than chorion. In the suture retention test, amnion membrane can take up more load during suturing. In vitro degradation profiles of both membranes look promising. Amnion and chorion membranes are not totally degraded at the end of 4 weeks. In terms of in vitro degradation, amnion membranes appear to be more resistant than chorion membranes. Both membranes retain their physical form up to three weeks.

The placement of immediate implants into fresh extraction sockets has become routine for many surgically-based clinicians aiming to speed treatment modalities. While once considered 'risky', today it is well known that immediate implant dentistry can achieve similar survival rates as those described using a delayed approach. One topic that has been debated in recent years has been the choice of bone grafting material utilized to fill the gap created between the remaining buccal wall and the implant surface. Many studies (both pre-clinical and clinical with/without implants) have found marked dimensional alterations occurring post extraction if no biomaterial is utilized.

A few concepts have been proposed to influence dimensional change post-extraction. First the presence of a thin buccal wall, often characterized as less than 1 mm, is more prone to resorption [2]. This remains prominent especially in the esthetic zone where the buccal plate is often thinner than 1 mm. If a proper selection criterion is not enforced, there is an increased risk of implant exposure to the midfacial implant surface from mucosal recession, which in certain clinical studies has been reported to occur as high as 40% of the time in immediate implant dentistry cases. Plausible factors that may be responsible

for these unsatisfactory esthetic outcomes include 1) facial bone wall thickness, 2) tissue biotype, 3) implant type, 4) implant size and 5) implant positioning

These research articles published by the journal have immense

relevance and significance in development and optimization of cost-effective and affordable treatments; characterization of ridge complexities and underline medical conditions in pharmaceutical formulations and biological samples.

References

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