



# Managing Controlled Substance Risk and Role in Assessing Dentistry

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## DESCRIPTION

Aesthetic complications in implant treatment have become an important issue for patients and dentists. In this review article, we present an assessment of current knowledge regarding the physiological dimensions of peri-implant soft tissue and the factors that may influence peri-implant tissue esthetics. Factors such as papillary filling adjacent to the implant and height of the midface mucosa are important parameters that determine the esthetic success of implant-supported restorations. Papilla filling adjacent to a single dental implant appears to depend on the clinical attachment level of adjacent teeth. To ensure an optimal interproximal mucosal gap between two adjacent implants in the maxillary anterior teeth, the horizontal distance between the implants should be at least 3 mm. If the implants cannot be placed at least 3 mm apart, a single implant with a cantilever bridge should be considered. The placement of buccolingual implants plays an important role in the height of the midface mucosa. Soft-tissue volume transplantation after immediate implant placement when a thin soft-tissue phenotype is present or when combined with surgical peri-implantitis treatment may help to overcome facial mucosal regression.

Although the accuracy of direct digitization of oral structures has improved, in certain situations, B. indirect digitization is required, even when scanning the entire dental arch. Once accurate images are imported, efficient designs can be achieved using CAD software. Smile Design using 3D facial scans better predicts planned restorations, but complex cases require further improvement of virtual articulators. Computer-aided manufacturing can come in many forms. Subtractive methods are primarily used for restorative purposes, and many chair side CAM materials have become available, while additive methods offer potential material savings and advantages when fabricating complex geometries. Evidence supporting the use of CAD/CAM techniques in implant restoration is limited. However, it is

used to create custom implant abutments and crowns from a variety of materials such as titanium, zirconia, PEEK, and hybrid his crowns with titanium-based abutments.

Dens invaginatus or dens in dente is a developmental dental abnormality resulting from the invagination of the enamel organ into the dental papilla during tooth formation. On radiographs, it is usually seen as a radiolucent invagination surrounded by a radiopaque area (enamel) confined to the crown or extending to the root. The cavity is open to the oral cavity and can hold saliva, food particles and bacteria. In conditions where the enamel layer of the invagination is essentially absent or lost due to caries, bacterial cells and products from the invagination diffuse through the dentinal tubules and reach the pulp, causing disease. Treatment of recessed teeth includes prophylactic sealing or filling of intussusception. Alternatively, if the pulp is affected, treatment options include vital pulp therapy, non-surgical root canal therapy, apical preparation or regeneration endodontic therapy, peri-root surgery, and intentional reimplantation or tooth extraction. It is always recommended to approach intussusception regardless of the type of intussusception. If the pulp is irreversibly inflamed or dead, the root canal should be treated. Endodontic treatment of recessed teeth is often challenging due to its anatomical complexity and requires the development of specific and individual strategies. This review describes the endodontic implications of this anomaly and current treatment recommendations based on anatomical, pathological, and technical considerations.

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## CONFLICT OF INTEREST

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