Contents

Editorial ........................................................................... 2
Toothwear Histories: A sensitive issue .................................................................. 3
Radiovisigraphy: An update .................................................................................. 8
Procelain laminate veneers: A Clinical success? ................................................. 12
Wegener’s Granulomatosis: A case study in general dental practice .............. 19
Double arch impressions for simplified Restorative dentistry ..................... 22
Cement selection ................................................................................................. 27
Caries prevention-Fluoride: Reaction paper ...................................................... 29
Amalgam and its alternatives .............................................................................. 33
The many faces of hepatitis .................................................................................. 35
Mouth misery ......................................................................................................... 38
Gingival bleeding ................................................................................................ 41
Imaging enhances diagnosis and treatment, Bring new opportunities ............. 43
The repair of four fractured incisors in a multiple unit,........................................ 46
maxillary splint using Porcelain veneers: A case report .................................... 46
A functionally stable, cosmetic denture with a high lip line .............................. 49
Treatment planning for the posterior partially edentulous patient .................. 52
Diagnosis and management of HIV-Associated periodontal lesions ............. 57
Snoring/Sleep apnea an obvious realm for orthodontist ..................................... 70

We are greatful to the original source of the articles published in this Magazine, which have been reproduced without making any changes.
Editorial

Pakistan Dental Digest is being circulated, specially among the dental professionals, all over the country, in order to keep them abreast of the latest developments in the field of Dentistry. We are borrowing these reports and research works from various international sources purely devoted to dentistry. I am sure that our professionals are greatly benefited with this little and humble contribution of our Foundation.

From the very first issue of the Digest every care has been taken to present the best selection of articles from experts and maintain a very high standard and quality of it by resorting to the best paper, printing and get-up. This has been done inspite of sky rocketing prices of printing essentials, but it is now becoming difficult to carry the burden all alone without the support and help of the professionals and industries.

In this context dentists, technicians, and business houses were contacted for subscription/advertisement, which are the only sources of income for our Journal. It is, however, very disappointing that response was surprisingly not the least encouraging by the dental profession. May be, that they feel that such a Digest should be circulated free of cost to them. I am sorry that nowadays education in any form cannot be obtained free of cost.

Therefore, please subscribe our Magazine as early as possible. If we will not receive your subscription then you please simply understand that your name has been removed from the Mailing List. I am sure you will not like to happen this. After all the subscription is very nominal and affordable by you. Therefore, send your subscription immediately.

Sincerely,

Ishtiaq Ahmed Roomi
Gingival bleeding

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Introduction
Gingival bleeding is a common complaint. It varies in severity, without discrimination of sex or age. The bleeding has been noticed in acute gingival infection and too in chronic inflammation. Bleeding is observed with tooth brushing, tooth pick or biting solid foods like apples etc. Bleeding and bad taste is an other complaint of patient after getting out of bed, and therefore, its management has become a challenge to the profession.

Background of management
To control any problem, it is pertinent to find out acute exciting causative agents of the disease and to have the knowledge of the host. Soofi (1966) carried out a study in vitro, on a few acute ulcerative gingivitis cases, by taking bacterial Smear from lesions in Acute Nectroyzing Ulcerative Gingivitis. These smears were directly studied under an electronic microscope; fusiform bacilli and spirochetes were predominantly seen along with some vibrio, strep to cocci and filamentous organisms. The fusiform bacilli were cultured in a special medium called "Onata Medium" and fusiform bacilli were tested for M.I.C. (Minimum Inhibition Concentration) against Metronidazole, Benzyl penicillin Dimethyl-oxetacyclcline and Cephaloridin. Metronidazole was found equally effective, like other antibiotics against fusiform bacilli in vitro study.

The discovery of Metronidazole in 1957 and clinical trials by Duckworth et al. (1968) for A.U.G. have proved its efficiency in control of bleeding of gums. Soofi (1978) made a study on 126 cases of Acute Ulcerative Gingivitis. 79.80% of these trials cases of Acute Ulcerative Gingivitis, 79.80% of these trials cases had fusiform and spirochetes and 1.18% of gram-ve bacilli in direct smear examination. The cases were managed with 4 tablets of Tinidazole and its use has proved 98% effective against bleeding gums. Soofi (1978) made a further confirmatory study on 312 cases of bleeding gums, in which 157 cases were without fusiforms and spirochetes in direct smear, and again bleeding gums in these cases was managed by a single dose of 4 tablets of 500 mg./each of Tinidazole.

Soofi (1987) is making further this study in management of cases of chronic nature. In this observation of the bacterial smears, he found more cases without predominance of spirochetes and fusiforms bacilli. This proves that gingival bleeding is caused by some hidden bacteria or protozoa or any other bacilli. Because bleeding of gums has been controlled sufficiently for about a week, with single dose of 4 tablets of Tinidazole of 500 mg. each. Soofi (1993) has confirmed of the efficacy of drug for bleeding of gums more 99%.

In all such cases, where gingival bleeding is being controlled by this drug, it only reduces the inflamed condition and reduces the engorged blood vessels and hence spontaneously bleeding stopped etc. It does not take away the management by the dental surgeons, i.e. removal of bacterial plaque, calculus or the technique of curettage and root planning or gingival surgery. The other antibiotics only help in reduction or resolution of chronic gingival inflammation. The previous hypothesis of fusiforms against this disease is changing its course.

Discussion on present study
From this study it is accepted fact that the micro-organism has got leading role in the etiology of gingival bleeding and periodontal disease. In our direct smear study we have discovered spirochetal forms of bacteria along with fusiform bacillus and in culture study we have recognized the existence of strep to cocci, staphylococci and pneumococci and other various forms of colonicides.

In early studies of Soofi (1978) 126 cases, in which 27 were found without spirochetal and fusiform bacilli in direct smear test and similarly in second phase of 312 cases 157 cases were found without these organisms whereas the patients visited with major complaint of gingival bleeding. With the single systemic dose of Tinidazole (Faziogn) 4 tablets of 500 mg. the bleeding complaint both in and acute cases has stopped. The bleeding, as the chief complaint of the patient is being subsided his confidence in rest of the regular treatment becomes handy and easy. Since the drug is antiprotozoal in action, therefore, it is conceded with Hartzell (1915) where, he suggested the use of emetine in the treatment of periodontal disease, Noguchi (1912) has observed a Treponema mucosum, amnous producing spirochete from pyorhea alveolaris grown in pure culture. Barite (1914) and Bass (1915) have worked on amoebic pyorrhea.

Therefore, I am convinced to accept the concept that in addition to Microorganisms mentioned above there...
Conclusion
Gingival bleeding is initiated by Microorganisms and it can be recognized with proper investigation by applying perfect techniques for cultivation of Microorganisms and their existence in the gingival sulcus and the management of this bleeding is easy with the proper medicine initially and later on complete curetage and surgery of gums.

References

Postscript
The consultant in a hospital setting has several advantages in taking such a history. The title 'Professor' or 'Doctor' implies some medical knowledge which may help patients discuss non-dental matters. The patient is unlikely to know him or her socially and it may be easier to discuss personal matters with a stranger rather than with the family dentist.

The questions asked and the explanation given with them, will give the patient considerable insight into the various causes of toothwear. Sometimes the consultant may think he or she has not found the cause of the wear although a gastric cause may be suspected from the distribution of the toothwear. However, the patient may leave with a clearer understanding of the problem although they may not be prepared to discuss it at once. Such a consultation has been successful because the patient may now elect to discuss the matter with their doctor or dentist.

References

Continue from page 20
Little is known about the aetiology and pathogenesis of Wegener's granulomatosis. Four recent case reports have described some intra-oral manifestations of this disease.3-6 It has been pointed out as early as 1965 that Wegener's granulomatosis should be considered as possible in the differential diagnosis of any intra-oral soft tissue swelling unresponsive to treatment.

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Continue from page 37
against hepatitis E, prevention relies on maintaining good standards of hygiene, particularly among travellers to endemic areas. Hepatitis A immunoglobulin, manufactured in the UK or Europe, is unlikely to protect travellers against infection with hepatitis E.

More to follow?
Is the presence of hepatitis F, G, and so forth, a possibility? Certainly, three new viruses have now been discovered in blood samples of an American doctor who contracted the disease in 1964: GBV-A, GBV-B and GBV-C. These, like hepatitis C, are members of the flavivirus family.

Hopefully, future research will also lead to the development of effective vaccines and successful treatments to combat a disease which has such a major impact on health worldwide.