

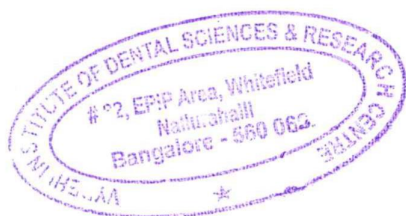



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3.3.4 *Papers published in national/ international conference proceedings indexed in UGC-CARE list on the UGC website/Scopus/Web of Science/PubMed*

Name of the teacher	Title of the paper	Title of the proceedings of the conference	National / international	Year of publication	ISBN/ISSN number of the proceedings	Affiliating Institute at the time of publication	Name of the publisher
Dr.Sohail Yasin	Demystifying open apex – A case series on the management of open apex	Demystifying open apex	International	2023	ISSN: Print - 0972-0707, Online - 0974-5203	Vydehi Institute of Dental Sciences	Medknow Wolters Kluwer Health
Classification of Cleft Lip and Palate	Chetan Shankar Vidya Dhari Kosuri Rajivi Kalpakuri		International	July 2022		Vydehi Institute of Dental Sciences	LAMBERT Academic Publishing.




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Abstract

will be avoided to prevent the degradation of active components. The ethanolic plant extracts will be filtered through Whatman No. 1 filter paper. The obtained extracts will be subjected to evaporation under reduced pressure at 40°C to remove the ethanol. Then *E. Faecalis* will be cultured and transferred to three culture plates which will then be subjected to Chlorhexidine solution and Seabuck thorn oil and incubation will be done. Zones of inhibition will be evaluated.

Expected results: Maximum zone of inhibition is expected with Seabuck thorn oil.

Reg. No. 951

Category: Systematic Review

Prebuild to rebuilt

Unmesh D. Khanvilkar

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Early endodontic research paid little attention to the impact of subpar coronal restorations on endodontic results and instead concentrated on the quality of preparation and obturation to assure long-term treatment success. According to the literature, coronal leakage rather than apical leaking is more likely to be a factor in determining clinical success or failure. Endodontic failure may be largely attributed to coronal leakage, isolation difficulties, and the possibility of inter-appointment coronal-radicular fracture. By offering a robust core strength and coronal seal, a bonded core implanted before cleaning and obturating the tooth's canal system can significantly reduce the risk for leakage during and after endodontic therapy. The simplicity of placing the rubber dam will make up for the brief time spent on pre endodontic build up.

Reg. No. 953

Category: Case Series/Case Reports

Radix entomolaris and radix paramolaris: An endodontic clinical challenge

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For a successful endodontic treatment, thorough understanding of root canal anatomy and morphology is required. Teeth exhibiting anatomic irregularities or accessory or aberrant root canals may result in incomplete disinfection of the root canal system leading to endodontic failure. An operator needs to be well aware of such anatomical variations while performing the treatment to have successful outcome. It has been reported that mandibular first molars show several anatomic variations, both in number of canals and number of roots. An extra root placed lingually (radix entomolaris) or buccally (radix paramolaris) can be seen in mandibular molars which has a varied prevalence in different ethnic groups. Its prevalence has been reported to be more prevalent in Mongolian and Eskimo populations (21% to 33%) while in Indian population it is found to be less than 5% (0.2 to 5%). An awareness and understanding of this unusual root and its root canal morphology is necessary for successful endodontic treatment of such cases. Care and caution has to be exercised in such cases for locating the canal orifice, chemo mechanical cleaning and shaping of the root canals before a three dimensional fluid tight obturation. The presented paper describes the management of cases of mandibular first molars with (radix entomolaris, RE) and radix paramolaris (RP) and a brief literature review regarding the prevalence of these anatomical variations.

Reg. No. 954

Category: Case Series/Case Reports

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Demystifying open apex – A case series on the management of open apex

Sohail Yasin, Goutham Balakrishnan

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Introduction: Traumatic injuries to the teeth are common among most of the facial injuries. Most of these injuries occur before the completion of root formation. Premature loss of vital pulp results in a fragile tooth with a compromised crown-root ratio, thin dentin walls and an apex which is not completely formed. There are various therapies to treat permanent teeth with open apex and pulpal pathology. Apexification is a procedure of induction of a calcified apical barrier in the apical zone of an incompletely formed root. The primary objective of endodontic therapy is complete obturation of root canal space to prevent reinfection. In teeth with incomplete root development the absence of natural constriction at the end of the root canal presents a challenge and makes the control of the filling materials difficult. In such case the communication between the root canal system and the peri-radicular tissues can be sealed with a barrier material against which obturation material can be compacted. **Case Report/Series:** This case series presents with cases that were successfully managed with various methods of management of open apices. **Conclusion:** This case series highlights the importance of thorough knowledge of various materials used in the management of immature apices. A clinician must be aware of the various techniques to manage such cases with a successful outcome.

Reg. No. 956

Category: Original Research

The effect of xylene on cyclic fatigue resistance of three different rotary retreatment files – An in vitro study

Neha Verma

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Objectives: This study aimed to evaluate the effect of xylene on the cyclic fatigue resistance of three different rotary nickel-titanium (NiTi) retreatment files. **Materials and Methods:** Sixty ProTaper, D-RaCe, and Neoendo retreatment files (20 each) were randomly assigned to two groups (n=30); Group I with immersion in xylene for 5 min, and Group II not immersed in xylene. All instruments were tested for cyclic fatigue. Resistance to cyclic fatigue was determined by counting the number of cycles to failure in a 60° curve with a 5-mm radius by recording the time to fracture in seconds. **Results:** ProTaper and D-RaCe retreatment files were unaffected from immersion to xylene. D-RaCe retreatment instruments showed better cyclic fatigue resistance than ProTaper and Neoendo retreatment instruments, though the difference was statistically non-significant (p>0.05). Immersion in xylene for 05 minutes increased the cyclic fatigue resistance for Neoendo (N3) but not for D-Race (DR2) and ProTaper (D3), and the results were statistically significant (p<0.05). **Conclusions:** D-RaCe retreatment instruments had the highest cyclic fatigue resistance among retreatment files tested in this study. Immersion in xylene affect the cyclic fatigue resistance of D Race and Protaper, however, it increased the cyclic fatigue resistance of Neoendo retreatment files.

Reg. No. 958

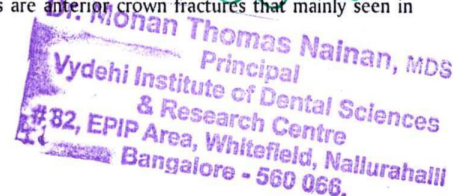
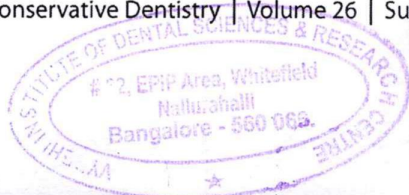
Category: Case Series/Case Reports

Preserving the natural: Case report on reattachment

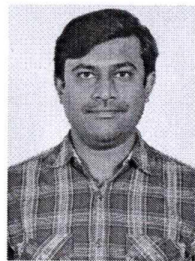
Shraddha Hemant Padwal

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Tooth injuries constitute an integral part of clinical odontology. Common form of dental injuries are anterior crown fractures that mainly seen in



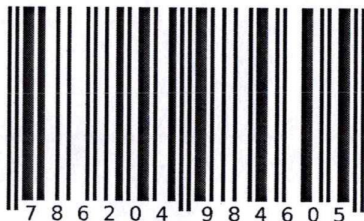
Classification for cleft lip and palate is important for both clinical research and epidemiological investigation and also plays an important role in diagnosis and planning the treatment. Classifications of cleft lip and palate deformities have seen an ocean of changes, each with a different basis for classification, ranging from anatomic and embryologic considerations to the complexity of the deformity. Many newer approaches have also used mathematical expressions to provide a complete description of the deformity including those which can be used for computerized data analysis. This book gives a bird's eye view on the review of past and the most recent classifications and also gives a better understanding of how improvements/advancements in the field have led to a better representation of the various types of cleft deformities.



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CLASSIFICATIONS OF CLEFT LIP AND CLEFT PALATE



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