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Identify strategies to diagnose clinical/subclinical evidence of dental caries

Integrate non-surgical intervention techniques into the general dentistry practice





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8. THE HERO IN THE AGE OF CHECKLISTS

We have an opportunity before us, not just in medicine but in virtually any endeavor. Even the most expert among us can gain from searching out the patterns of mistakes and failures and putting a few checks in place. But will we do it? Are we ready to grab onto the idea? It is far from clear.









COMMANDER, APOLLO 8

Congressional Space Medal of Honor
CO Eastern Air Unes

"A superior pilot uses his superior judgment to avoid situations which require the use of his superior skill." "''()) I second Administration (B Jamery 2001)

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PRINCIPLES OF DIAGNOSIS

The goal of examining a patient for the presence of dental caries is to detect the earliest signs of carious demineralization on enamel and root surfaces

If early signs of demineralization are detected, preventive care may reverse the caries process

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Who would put class two fillings in this new patient 17 year old girl? Mom says she comes to the dentist every 6 months and tissue looks healthy. No previous fillings done.

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INDICATIONS FOR TOOTH RESTORATION

Aid plaque control and thereby manage caries activity at this specific location Protect the pulp-dentin complex and arrest the lesion by sealing it Restore the function, form, and aesthetics of the tooth



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WHAT DO WE KNOW/NEED TO KNOW? Cavitations Present Caries Risk Caries Activity



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WHAT DO WE KNOW/NEED TO KNOW? Cavitations Present

Caries Risk

Caries Activity

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WHAT DO WE KNOW/NEED TO KNOW? Cavitations Present Caries Risk

Caries Activity

INTERNATIONAL		SIFICATION AN	D MANAGEM	ENT SYSTEM
		Activity	Inactivity	
	ASA	PSA	Non PSA	
	Yisual Color Luster	White Loss of Luster	Brown Shiny	
	Tactile	Rough	Smooth and Hard	
	Visual/Tactile	Surface Breakdown	Surface Intact	













COMMUNITY DOTE DISCOURSE OF THE DISCOURS	OE - OD TABLE 2 Survival est outer exame (OE) to ou terror OP to denire (II)	$ \begin{array}{c} \overbrace{0}^{} \overbrace{0}^{$		
First published: 10 june 2020 https://doi.org/10.1111/cdoe.12562		00-12-30	OD-to-D	
Funding information	Participants	107	52	
This work was supported by internal runding or Pontricia Universidad Catolica de Criste.	Eligible surfaces	527	128	
	Events	90	78	
	Incidence (95% CI), %	16.0 [13.6-19.9]	58.4 [50.7-68.0]	
OD (outer dentine), radiolucency at dentine- enamel junction but	Total time at risk (sarface-years)	1368.52	172.52	
Nichou obvious spread in dentine	Incidence rate (95% CI), per 100 surface-years	6.6 (5.4-0.1)	44.1 [35.2-55.2]	
D (den- tine), radiolucency in outer part of dentine	Mean survival time, years	6.4 [6.0-6.9]	2.0 [1.7-2.3]	
	Median survival time, years		1.6[1.2-1.7]	



WHAT DO WE KNOW/NEED TO KNOW?

Cavitations Present Caries Risk

Caries Activity





WELL! That was last year. I choose to watch all of them and STRESSED oral hygiene, fluoride, the whole nine yards. This is her today. EVERY. SINGLE. TOOTH.

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I'm beginning to watch more and more of those type of lesions. With our more sensitive digital sensors, we pick up a lot more of those. If I see any penetration into dentin, then I fill. Like - Reply - >> 5 - June 7 at 8:21am Watch?!

Penetration into dentin = Fill





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The goal of dentistry is to make the patient worse at the slowest possible rate



Indications for carious tissue are evident prior to the indication for surgical intervention

Lesion size, lesion activity, and caries risk are integral in the restorative treatment planning process

There is a large evidence base supporting non-surgical intervention for non-cavitated lesions

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