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MESSAGE FROM THE EDITORIAL TEAM LEADER



Dear colleagues, we are pleased to launch the first issue of the Saudi Society of Periodontology newsletter. We aimed during the preparation of this material to build a link connecting all members of the society with the updates in the field. The updates will range from new regulations, policies,

materials and products in periodontology and oral implantology towards getting to know each other well through welcoming new specialists in the community and presenting selected evidence based treated cases by talented colleagues.

I would like to thank the board of directors of the Saudi Society of Periodontology for their endless support for launching the newsletter and making it reachable to all members particularly during this difficult time with the outbreak of Covid-19 infection worldwide and the strict restriction on the professional activities. We hope that this work can add to the paragon built by all of us for the specialty practice in our lovely country and without hesitation I am sure that we will be soon a national benchmark.

Dr. Adnan AlMaghlouth

PROTECTIVE MEASURES ADOPTED IN DENTAL PRACTICE DURING COVID-19 OUTBREAK

- Establish a triage station to measure the temperature of all the staff and patients.
- Suspend all dental clinics except emergency cases.
- Hand hygiene is recommended for 40-60 seconds in the following situation:
 - Before touching the patient
 - Before dental procedures
 - After body fluids exposure
 - After touching the patient
 - After touching the patient surroundings
- Use the complete personal protective equipment. N-95 masks or FFP2-standard masks are recommended for dental procedures.
- 1% hydrogen peroxide or 0.2% povidone mouthwash is recommended preoperatively.
- Avoid any procedures that are likely to induce coughing.
- Extraoral dental radiographies are recommended since intraoral radiograph may stimulate coughing and saliva secretion.
- Minimize the use of a 3-way syringe, sonic/ultrasonic rotary machines, high speed and any aerosol-generating devices.
- Use anti-retraction high-speed if you have to use high speed during the procedure.
- The 4-handed technique is recommended for controlling the infection.
- Use saliva ejector and high-volume suction to reduce the production of droplets and aerosols.
- Hand scaler is recommended for periodontal scaling.
- Chemomechanical caries removal under rubber dam isolation is recommended.
- Suspected patients should be treated (if necessary) in an isolated and well-ventilated room or negatively pressured rooms.
- Keep the dental office clean and dry since this environment decrease the persistence of COVID-19.
- Regularly clean and disinfect door handles, chairs, desks, elevator's buttons,, etc.
- Patient with confirmed diagnosis of COVID-19 should postponed their dental treatment at least 1 month after recovery date.

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CASE REPORT: GINGIVAL FIBROUS HYPERPLASIA

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Overview

A 42-year-old male patient reported with a chief complaint of swelling in the gingival margin of right front tooth for one year which was unaesthetic. Medical history was non relevant, patient smokes more than 10 cigarettes per day. Intra oral examination revealed fair oral hygiene (OHI-S score 2.6) with localized moderate dental biofilm induced Gingivitis (AAP2017) mainly near the upper anterior, 11 had a probing depth buccally of 7 mm. interdental gingiva was normal in shape and marginal gingiva in-rolled in relation to tooth 11 with grade 111 enlargement. Enlargement was sessile polyp, ovoid and red with pebbled surface, extending 0.9 cm bucco-lingually and 1.2 cm mesio-distally (figure 1). It was not tender, firm, non-compressible with no bleeding on probing.



Figure 1 pre-operative image

Intra oral periapical radiograph (figure 2) and panoramic (figure 3) were taken revealing an absence of vertical bone loss.



Figure 2&3 showed no bone loss

Phase one therapy was done then Surgical treatment included the removal of the gingival enlargement and surgical sub-epithelial connective tissue graft with a coronally repositioned flap for recession treatment of #11.

Surgical procedure

Excisional biopsy was made using #15 blade with an external bevel incision. sound margins were included in the excision with carefully avoiding the inter dental papilla. (Figure 4)



Figure 4 After excision

The excised tissue was 8 mm in length and 5 mm in width (figure 5) stored in formalin solution and sent to the histopathology lab for investigation.

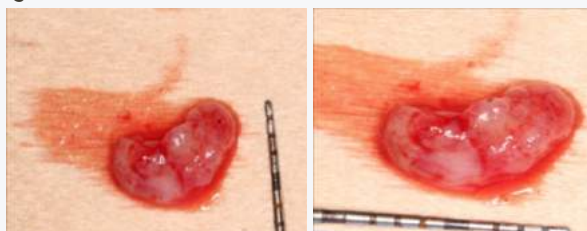


Figure 5

The recipient site was prepared by doing tunneling technique, then a single incision technique to harvest sub epithelial connective tissue graft from the palatal area. However, it was slightly modified by also harvesting around 2mm epithelial collar, then primary intention suture was done with 4-0 silk sutures. The graft was pouched inside the prepared area leaving around 2mm the exposed epithelial collar. The graft was sutured with 5-0 vicryl single interrupted and the flap was sutured with 5-0 proline sling sutures.



Figure 6 Preparing the recipient site for CTG



Figure 7,8,9

Post-operative instruction was given to the patient mainly to stop smoking completely for the whole healing period and for the oral hygiene care, chlorhexidine mouth wash and ibuprofen 400 mg pain killer t.d.e



Figure 10 two weeks post-op

Patient were seen two weeks after and the surgery and the sutures were removed. The healing was uneventful. The palatal wounds had healed and completely closed by 14 days.



Figure 11 one month post-operative

Histopathological report

Microscopic examination reveals multiple sections in oral mucosa with slight nodular configuration. The mucosa lined by stratified squamous epithelium. The surface epithelium exhibits hyperplasia with spongiosis, leukocytic exocytosis, basal cell melanosis, focal pseudoepitheliomatous hyperplasia, hyperplastic rete ridges, and reactive atypia. The underlying connective tissue composed of proliferation of collagen fibers and blood vessels engorged with RBCs, located mainly in the superficial lamina propria, with marked chronic inflammation, the inflammatory cells composed of plasma cells. Other inflammatory cells include lymphocytes and few neutrophils.

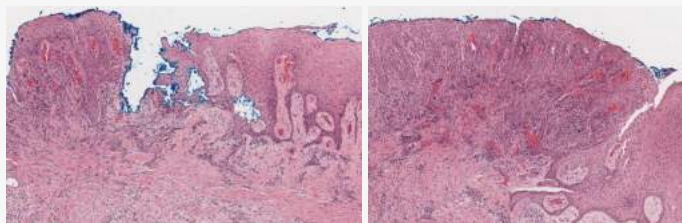


Figure 12 Inflamed gingival fibrous hyperplasia

Conclusion

In summary, the main reason of this fibrous hyperplasia could be traumatic with poor oral hygiene it could be confused with pyogenic granuloma, peripheral giant cell granuloma and peripheral ossifying fibroma. The protocol performed in the present case is considered conservative, simple with controlled excision of the lesion and covering recession, to solve patient's esthetic problem, this facilitated in reducing the patient's anxiety and improvement in the gingival recontouring and the esthetic appearance.

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The Saudi Society of Periodontology is pleased to welcome our new periodontists and wish them all the best.

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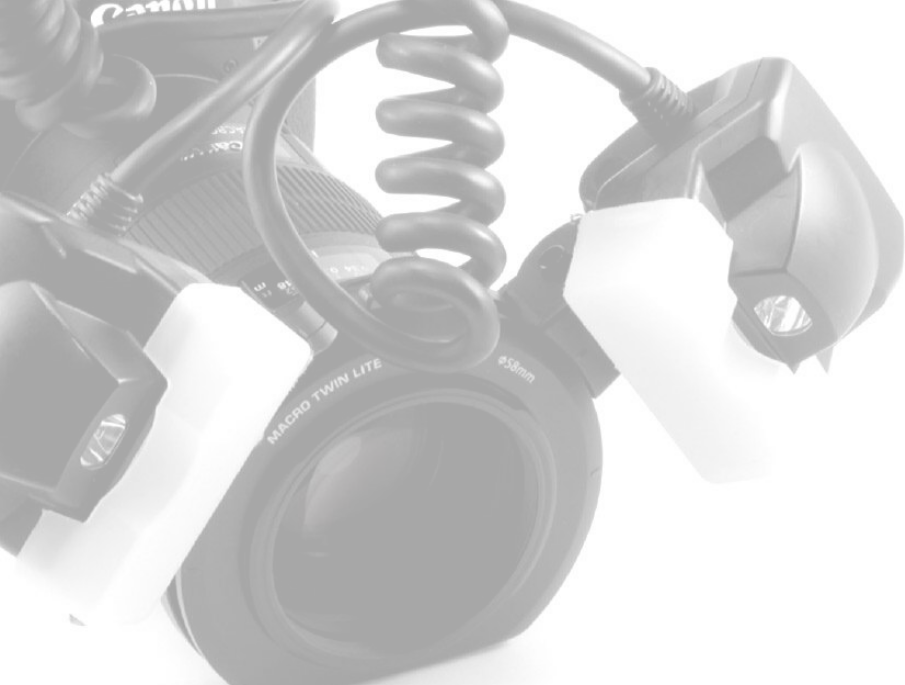
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CLINICAL PHOTOGRAPHY IN DENTISTRY

By Dr. Khuloud Al-Mugbel

History of dental photography

Clinical photography in dentistry is an old trade. It started long time ago since 1840. In fact, dentists were the first to use photography on their practices. Since then, the revolutions of camera were non-stopping. Switching from conventional films that take time to develop into digital that captures, edit, and delete photos in seconds. That marked the start of a new era in dental photography.

Importance of dental photography

Nowadays, dental photography is very essential tool for daily practice. It helps the patients to visualize the condition of their oral cavity and facilitate their decisions on given treatment options. Also, it enhances effective communication with the patient, laboratory and consultation with other specialties. Moreover, dental photography is considered a great educational instrument.

Tips for dental photography

Here are some useful tips for great photos:

- The procedure should be explained to the patient
- Patient should be seated in comfortable position
- The mouth must be free from food particles, excess saliva, blood, impression material and any debris
- Use cheek and lip retractors for clear view
- Use rhodium coated mirrors for occlusal and lateral views
- Avoid fogging mirror by dipping into hot water
- To minimize confusion, limit the photos to the area concerned and avoid showing unnecessary objects; e.g. tongue, gloves, mirror, etc.
- Use manual focus since autofocus is unreliable for oral cavity

Ethics and legal considerations of dental photography

While there are great benefits of clinical photography, patient's privacy can be violated if polices are not taken seriously. Therefore, The Health Insurance Portability and Accountability Act (HIPAA) mentioned on their privacy rule, "clinical photographs and videos is considered a part of patients' medical records and are subject to the same consent, confidentiality, and security as any other part of their records".

The updated Law of Practicing Healthcare Professions by Ministry of Health (MOH) stated that all health care providers are prohibited to take photographs or publish surgical procedures or treatment of their patients unless the followings are achieved:

- 1- Written informed consent signed by the patient
- 2- Approval from the health care institute
- 3- Full respect of human dignity and ethical conducts

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IMPORTANT OUTCOMES FROM SSP BOARD MEETINGS

Meeting held on January 22nd, 2019 at Saudi Commission for Health Specialties- Riyadh



- Approved membership fees:
 - Consultants, and specialists: 400 SAR
 - General dentists: 300 SAR
 - Students: 200 SAR
- Forming committees within the society to work on making agreements and building strategic partnerships with governmental and private sectors

Meeting held on February 28th, 2019 at Executives Hotel- Riyadh



- Edited the membership fees to be:
 - Dental Auxiliary, and Students: 200 SAR
- Approval of the official identity and logo of the society
- Cooperation agreement has been signed with INDEX (the conferences and exhibitions organization of AEEDC-Dubai)
- Cooperation agreement has been with the Saudi Orthodontic Society during its 13th annual conference in Jeddah. Upon the agreement, participating in SOS conference in February 2020 with:
 - 1 scientific session
 - Pre-conference workshop
- Cooperation with Al-Turki medical group- Hu Friedy- to establish specialized scientific workshops
- Activation of SMS messages
- Arrange scientific meetings and workshops in all KSA regions with coordination the SSP committees
- Approval of the date for the annual conference of the society during November or December 2020 and 2021

Meeting held on April 21st ,2019 at Park Hyatt Hotel- Jeddah



- Konoz Retaj Company approved to be the operational company of the society
- Agreement of the scientific committee on:
 - Preparing a mechanism to facilitate the registration of those wishing to submit practical material through the society
 - Ensuring travel and subsistence expenses for the speaker
- It was agreed through the committee to designate representatives of regions to coordinate the scientific activities
- Approving the granting of honorary membership to:
 - Dr. Khaled AlZoman
 - Prof. Ali AlGhamdi
 - Dr.Hamad AlZoman
 - Dr. Rayan Kayal
- The annual conference of the society during the years 2020 and 2021 will be on November. Thursday, Friday, and Saturday were chosen as a suitable day for scientific events
- Coordination with Dr. Maha Bahammam and Dr. Adnan AlMaghlouth to follow up regarding participation of the Saudi Orthodontics Society in February 2020
- Organizing the strategic plans with a quality specialist



SSP

MEMORIES

During the 10th Perio Residents Day which held on April 20th, 2019 at Park Hyatt Jeddah Hotel, the Saudi Society of Periodontology have granted honorary membership to:

Prof. Ali AlGhamdi

Dr. Hamad Alzoman

Dr. Montaser AlQutb

Dr. Khalid AlZoman

for their outstanding services for the specialty and establishment and management of the Saudi Board of Periodontology in its early years.



At the same event, the winners of the 10th Perio Residents Day in Poster Presentation Awards:

1st place: Dr. Fahad AlAdwani

2nd place: Dr. Saad Alazmi

3rd place: Dr. Abdulmajeed Almuaddi



At the same event, the winners of the 10th Perio Residents Day in Oral Presentation Awards:

1st place: Dr. Abdulrahman AlSabei

2nd place: Dr. Maisa Marghalani

3rd place: Dr. Alanoud AlMuaibid



During the opening of the scientific meeting in Riyadh which held on December 7th, 2019 at Crown Plaza Hotel and Convention Center. The Saudi Society of Periodontology honored Dr. Khalid Nazmi Saeed for his endless efforts serving the specialty and the society.





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