

affect the success of implant stability. The aim of our study is to evaluate the effects of smoking on the success of dental implants in generalized aggressive periodontitis patients.

Methods

Totally, 32 implants were inserted in 13 generalized aggressive periodontitis patients, 7 were smoker and 6 were non-smoker. Demographic data was collected. Peri-implant plaque index (PI), bleeding on probing (BOP), and probing depth (PD) were recorded. Marginal bone loss (MBL) was measured using standardized digital radiographs at baseline, 1 and 6-months. Data were tested statistically using Kruskal-Wallis and Mann-Whitney U tests.

Results

In initial osseointegration period, totally 2 implants were failed in the smoker group. 17 implants in non-smoker and the 13 implants in smoker group were evaluated. MBL was higher in the smoker group than nonsmoker both follow up periods, but the differences were not statistically significant at 1 and 6- months ($p=0.784$ and $p=0.996$, respectively).

Conclusions

Our short term findings emphasize that there is a relation in smoking and peri-implant marginal bone loss in periodontally compromised patients. Smoking is not a contraindication for dental implant therapy, however, dentists should provide detailed information on the addiction-related risk of implant failure. Especially, patients should be informed that implant success is very much related to their compliance about smoking habits and a strict recall protocol.

Funding

This study was supported by Oral Reconstruction Foundation.

Tob. Induc. Dis. 2018;16(Suppl 3):A72

DOI: 10.18332/tid/94863

The ordering of smokers' criteria in choosing toothpaste with fuzzy dematel model

Ergün Tarım¹, Vildan Mevsim², Emel Kandemir³

¹Department of Bioengineering, Izmir Institute of Technology, Izmir, Turkey, ²Family Medicine Department, Dokuz Eylül University, Izmir, Turkey, ³Computer Science Department, Dokuz Eylül University, Izmir, Turkey

Aim

Smokers give more harm to tooth and mouth flora than non-smokers. These conditions can affect the decision of smokers when buying toothpaste. Unlike non-smokers, expectations of toothpaste can vary. Regarding these, the aim of this study is to show which criteria are important to smokers in choosing toothpaste for dental health or related problems. These criteria are sorted according to their importance with the model to be applied.

Methods

The model applied in this study is Fuzzy DEMATEL (Fuzzy Decision-Making Trial and Evaluation Laboratory) model. The model was used to determine the importance values of the criteria for toothpaste selection. The data were obtained from patients who smoked and who applied to outpatient clinic of Dokuz Eylül University Family Medicine Department.

Results

To put the toothpaste criteria in order of importance, the criterion selection results of smokers were taken from individual patients. With the data, the criteria in choosing toothpaste were sorted from the most to the least important

with the Fuzzy DEMATEL model.

Conclusions

Today's personal care products directly affect the health of the individual. When providing these products, users consider not only the criteria for being healthy but also many other criteria. This effect is also observed in toothpaste, which is a specific product. The most important criterion in choosing toothpaste is that people have important data about dental care. Finding people's most important criteria in choosing toothpaste, important data about people's dental care are obtained.

Tob. Induc. Dis. 2018;16(Suppl 3):A73

DOI: 10.18332/tid/94773

Effect of smoking on long-term stability of coronally advanced flap: 6-year follow-up

Burcu Kanmaz¹, Mehmet Kanmaz², Başak Kaval³, Nurcan Buduneli⁴

¹Department of Periodontology, Faculty of Dentistry, Izmir Democracy University, Izmir, Turkey, ²Private CTG Oral and Dental Health Center, Izmir, Turkey, ³Karşıyaka Oral and Dental Health Center, Izmir, Turkey, ⁴Department of Periodontology, Faculty of Dentistry, Ege University, Izmir, Turkey

Aim

Smoking is the strongest modifiable risk factor for periodontal diseases that also deteriorates the response to periodontal treatment. Mucogingival operations may also provide less successful outcomes in smokers. The aim of this study was to evaluate possible effects of smoking on long-term stability of root coverage using coronally advanced flap procedures in localized gingival recessions.

Methods

Six recession defects in each of the smoker and non-smoker groups were evaluated in this study. Coronally advanced flap was performed with microsurgery technique. Probing depth, clinical attachment level, keratinized gingival width, plaque index, papilla bleeding index, recession depth, recession width, and root surface area were evaluated at baseline, and then postoperative 6-month, and 6-year follow-up sessions. Percentage of root coverage and complete root coverage were also calculated at postoperative controls. Data were analysed with appropriate statistical tests.

Results

All patients included in this study provided efficient plaque control and good oral hygiene level was maintained throughout the study protocol. Baseline clinical attachment level measurements revealed significantly higher values in the smoker group ($p<0.05$). All other clinical measurements were similar in the smoker and non-smoker groups at baseline and also at 6-month and 6-year control evaluations ($p>0.05$).

Conclusions

This 6-year follow-up study suggests that smoking does not have a significant adverse effect on the long-term stability of root coverage as long as the patients maintained efficient plaque control.

Funding

This study was supported by a grant from the Ege University Research Foundation (Project No: 2010 DIS 004).

Tob. Induc. Dis. 2018;16(Suppl 3):A74

DOI: 10.18332/tid/94549