IMPACTED TEETH

A 3-IN-1 MEDICAL REFERENCE

Medical Dictionary

Bibliography &

Annotated Research Guide

TO INTERNET REFERENCES



IMPACTED TETH

A MEDICAL DICTIONARY, BIBLIOGRAPHY,
AND ANNOTATED RESEARCH GUIDE TO
INTERNET REFERENCES



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The collective knowledge generated from academic and applied research summarized in various references has been critical in the creation of this book which is best viewed as a comprehensive compilation and collection of information prepared by various official agencies which produce publications on impacted teeth. Books in this series draw from various agencies and institutions associated with the United States Department of Health and Human Services, and in particular, the Office of the Secretary of Health and Human Services (OS), the Administration for Children and Families (ACF), the Administration on Aging (AOA), the Agency for Healthcare Research and Quality (AHRQ), the Agency for Toxic Substances and Disease Registry (ATSDR), the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), the Healthcare Financing Administration (HCFA), the Health Resources and Services Administration (HRSA), the Indian Health Service (IHS), the institutions of the National Institutes of Health (NIH), the Program Support Center (PSC), and the Substance Abuse and Mental Health Services Administration (SAMHSA). In addition to these sources, information gathered from the National Library of Medicine, the United States Patent Office, the European Union, and their related organizations has been invaluable in the creation of this book. Some of the work represented was financially supported by the Research and Development Committee at INSEAD. This support is gratefully acknowledged. Finally, special thanks are owed to Tiffany Freeman for her excellent editorial support.

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FORWARD

In March 2001, the National Institutes of Health issued the following warning: "The number of Web sites offering health-related resources grows every day. Many sites provide valuable information, while others may have information that is unreliable or misleading." Furthermore, because of the rapid increase in Internet-based information, many hours can be wasted searching, selecting, and printing. Since only the smallest fraction of information dealing with impacted teeth is indexed in search engines, such as **www.google.com** or others, a non-systematic approach to Internet research can be not only time consuming, but also incomplete. This book was created for medical professionals, students, and members of the general public who want to know as much as possible about impacted teeth, using the most advanced research tools available and spending the least amount of time doing so.

In addition to offering a structured and comprehensive bibliography, the pages that follow will tell you where and how to find reliable information covering virtually all topics related to impacted teeth, from the essentials to the most advanced areas of research. Public, academic, government, and peer-reviewed research studies are emphasized. Various abstracts are reproduced to give you some of the latest official information available to date on impacted teeth. Abundant guidance is given on how to obtain free-of-charge primary research results via the Internet. While this book focuses on the field of medicine, when some sources provide access to non-medical information relating to impacted teeth, these are noted in the text.

E-book and electronic versions of this book are fully interactive with each of the Internet sites mentioned (clicking on a hyperlink automatically opens your browser to the site indicated). If you are using the hard copy version of this book, you can access a cited Web site by typing the provided Web address directly into your Internet browser. You may find it useful to refer to synonyms or related terms when accessing these Internet databases. **NOTE:** At the time of publication, the Web addresses were functional. However, some links may fail due to URL address changes, which is a common occurrence on the Internet.

For readers unfamiliar with the Internet, detailed instructions are offered on how to access electronic resources. For readers unfamiliar with medical terminology, a comprehensive glossary is provided. For readers without access to Internet resources, a directory of medical libraries, that have or can locate references cited here, is given. We hope these resources will prove useful to the widest possible audience seeking information on impacted teeth.

The Editors

¹ From the NIH, National Cancer Institute (NCI): http://www.cancer.gov/cancerinfo/ten-things-to-know.

CHAPTER 1. STUDIES ON IMPACTED TEETH

Overview

In this chapter, we will show you how to locate peer-reviewed references and studies on impacted teeth.

The Combined Health Information Database

The Combined Health Information Database summarizes studies across numerous federal agencies. To limit your investigation to research studies and impacted teeth, you will need to use the advanced search options. First, go to http://chid.nih.gov/index.html. From there, select the "Detailed Search" option (or go directly to that page with the following hyperlink: http://chid.nih.gov/detail/detail.html). The trick in extracting studies is found in the drop boxes at the bottom of the search page where "You may refine your search by." Select the dates and language you prefer, and the format option "Journal Article." At the top of the search form, select the number of records you would like to see (we recommend 100) and check the box to display "whole records." We recommend that you type "impacted teeth" (or synonyms) into the "For these words:" box. Consider using the option "anywhere in record" to make your search as broad as possible. If you want to limit the search to only a particular field, such as the title of the journal, then select this option in the "Search in these fields" drop box. The following is what you can expect from this type of search:

• Oral Manifestations of Gastrointestinal Disease

Source: CDA Journal of the California Dental Association. 27(4): 311-317. April 1999.

Contact: Available from California Dental Association. 1201 K Street, Sacramento, CA 95814. (916) 443-0505.

Summary: A variety of gastrointestinal diseases can be associated with lesions of the oral cavity. These lesions usually correlate with active intestinal disease, but they may present prior to any other evidence of the disease and even be used to initiate diagnosis and treatment. This article, from a dental journal on pathology, reviews the more common oral manifestations of gastrointestinal disease and their dental management. Covered oral manifestations include angular cheilitis, aphthous ulcers, candidiasis, erosion of enamel and dentin, gingivitis, glossitis, hemorrhage, intraoral burning, labial

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swelling, odontomas, supernumerary or **impacted teeth**, pigmentation, and ulcerations and erosions. Diseases and conditions covered include nutritional deficiencies, anorexia nervosa and bulimia, iron deficiency anemia, pernicious anemia, scurvy, inflammatory bowel diseases (Crohn's disease and ulcerative colitis), and polyposis syndromes, including Gardner's syndrome and Peutz Jeghers syndrome. 13 figures. 14 references.

Oral Rehabilitation of a Patient with Amelogenesis Imperfecta

Source: Journal of Prosthodontics. 6(4): 257-264. December 1997.

Summary: This article reports on a patient with Type I hypoplastic amelogenesis imperfecta, subtype D, who presented for prosthodontic evaluation. The authors describe the developmental and pathophysiological background of this disease. A clinical report describing the diagnosis, treatment planning, and dental rehabilitation of the patient is provided. In the past, extraction of all the teeth and treatment with complete dentures has been a common reported treatment. The authors note that often, the presenting clinical features will complicate the treatment planning process. Some of these features are skeletal open occlusal relationship, **impacted teeth**, open contact points, and hypoplastic teeth. Many times, with the hypoplastic pattern of amelogenesis imperfecta, the patient's unaltered dentition looks remarkably like teeth already prepared for crowns. An awareness of the clinical features of amelogenesis imperfecta helps with identifying the condition and leads to successful treatment. 10 figures. 27 references. (AA-M).

Federally Funded Research on Impacted Teeth

The U.S. Government supports a variety of research studies relating to impacted teeth. These studies are tracked by the Office of Extramural Research at the National Institutes of Health.² CRISP (Computerized Retrieval of Information on Scientific Projects) is a searchable database of federally funded biomedical research projects conducted at universities, hospitals, and other institutions.

Search the CRISP Web site at http://crisp.cit.nih.gov/crisp/crisp_query.generate_screen. You will have the option to perform targeted searches by various criteria, including geography, date, and topics related to impacted teeth.

For most of the studies, the agencies reporting into CRISP provide summaries or abstracts. As opposed to clinical trial research using patients, many federally funded studies use animals or simulated models to explore impacted teeth. The following is typical of the type of information found when searching the CRISP database for impacted teeth:

• Project Title: MOLECULAR BASIS OF TOOTH ERUPTION

Principal Investigator & Institution: Wise, Gary E.; Professor and Head; Veterinary Anatomy & Cell Biol; Louisiana State Univ A&M Col Baton Rouge Office of Sponsored Programs Baton Rouge, La 70803

Timing: Fiscal Year 2002; Project Start 01-JUL-1991; Project End 05-APR-2003

² Healthcare projects are funded by the National Institutes of Health (NIH), Substance Abuse and Mental Health Services (SAMHSA), Health Resources and Services Administration (HRSA), Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDCP), Agency for Healthcare Research and Quality (AHRQ), and Office of Assistant Secretary of Health (OASH).

Summary: The dental follicle, a loose connective tissue sac which surrounds the tooth, is required for eruption, and along with the adjacent stellate reticulum (SR), contains genes coding for the probable eruption molecules. A cascade of molecular signals in which there is cross-talk between the follicle and SR may initiate the cellular events of eruption; namely, early postnatal recruitment of mononuclear cells to the follicle to form osteoclasts needed for bone resorption to form the eruption pathway. Thus, it is the objective of this proposal to determine if certain of these molecules present in vivo are required for eruption and what is the role of such molecules in initiating the cellular events. To that end, monocyte chemotactic protein-1 (MCP-1), a molecule present in the dental follicle, will be injected into rats to determine its effect on the time of eruption and its ability to recruit the mononuclear cells into the follicle. The ability of the follicle cells to secrete MCP-1 in response to other putative eruption molecules also will be determined. Two molecules present in the SR, interleukin-1alpha (IL-1alpha) and parathyroid hormone related protein (PTHrP), may signal molecules in the follicle to initiate eruption. Injections of these molecules, use of null mice devoid of the receptor gene for IL-1alpha, and analysis of gene expression by RT-PCR and ribonuclease protection assay techniques all will be used to determine if these molecules are necessary for eruption, as well as determining how they affect gene expression and mononuclear cell numbers. Gene expression and immunolocalization of interleukin-6 in the follicle also will be examined. By determining what local molecular signals are required for eruption, an understanding of why teeth sometimes do not erupt (e.g., third molars in humans) may be gained. In turn, molecular treatment may someday be used to induce impacted teeth to erupt, as well as perhaps initiate tooth movement that often is required in orthodontics. Additionally, because bone resorption is required for eruption, these studies also will provide answers about the molecular basis of alveolar bone resorption, an understanding of which is critical in treatment of periodontal diseases.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

The National Library of Medicine: PubMed

One of the quickest and most comprehensive ways to find academic studies in both English and other languages is to use PubMed, maintained by the National Library of Medicine.³ The advantage of PubMed over previously mentioned sources is that it covers a greater number of domestic and foreign references. It is also free to use. If the publisher has a Web site that offers full text of its journals, PubMed will provide links to that site, as well as to sites offering other related data. User registration, a subscription fee, or some other type of fee may be required to access the full text of articles in some journals.

To generate your own bibliography of studies dealing with impacted teeth, simply go to the PubMed Web site at http://www.ncbi.nlm.nih.gov/pubmed. Type "impacted teeth" (or synonyms) into the search box, and click "Go." The following is the type of output you can expect from PubMed for impacted teeth (hyperlinks lead to article summaries):

³ PubMed was developed by the National Center for Biotechnology Information (NCBI) at the National Library of Medicine (NLM) at the National Institutes of Health (NIH). The PubMed database was developed in conjunction with publishers of biomedical literature as a search tool for accessing literature citations and linking to full-text journal articles at Web sites of participating publishers. Publishers that participate in PubMed supply NLM with their citations electronically prior to or at the time of publication.

• "Fatigue on rest" and associated symptoms (headache, vertigo, blurred vision, nausea, tension and irritability) due to locally symptomatic, unerupted, impacted teeth.

Author(s): Eidelman D.

Source: Medical Hypotheses. 1979 March; 5(3): 339-46.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=A

bstract&list_uids=459987

 A comparison of rofecoxib versus celecoxib in treating pain after dental surgery: a single-center, randomized, double-blind, placebo- and active-comparator-controlled, parallel-group, single-dose study using the dental impaction pain model.

Author(s): Malmstrom K, Fricke JR, Kotey P, Kress B, Morrison B.

Source: Clinical Therapeutics. 2002 October; 24(10): 1549-60.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12462285

• A method for eruption of impacted teeth.

Author(s): Haydar SG, Uckan S, Sesen C.

Source: J Clin Orthod. 2003 August; 37(8): 430-3. No Abstract Available.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=14519906

• A procedure for attachment of gold chain for traction of impacted teeth.

Author(s): Kaan SK, GekKiow G.

Source: Aust Orthod J. 1992 October; 12(3): 166-8.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=1300994

• A radiological study of the frequency and distribution of impacted teeth.

Author(s): Brown LH, Berkman S, Cohen D, Kaplan AL, Rosenberg M. Source: J Dent Assoc S Afr. 1982 September; 37(9): 627-30. No Abstract Available. http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=6960561

 A randomized, double-blind, parallel-group study comparing the analgesic effect of etoricoxib to placebo, naproxen sodium, and acetaminophen with codeine using the dental impaction pain model.

Author(s): Malmstrom K, Kotey P, Coughlin H, Desjardins PJ.

Source: The Clinical Journal of Pain. 2004 May-June; 20(3): 147-55.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15100590

• A treatment plan for impacted teeth.

Author(s): Taheri MH.

Source: N Y J Dent. 1979 June-July; 49(6): 187-9. No Abstract Available.

• An orthopantomographic study of prevalence of impacted teeth.

Author(s): Aitasalo K, Lehtinen R, Oksala E.

Source: Int J Oral Surg. 1972; 1(3): 117-20. No Abstract Available.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=4199159

• An unusual case of multiple impacted teeth.

Author(s): Black SL, Zallen RD.

Source: Oral Surg Oral Med Oral Pathol. 1974 June; 37(6): 975-6. No Abstract Available. http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=4524898

Analgesic efficacy of amfenac, aspirin and placebo after extraction of impacted teeth.

Author(s): Jain AK, Hunley CC, Kuebel J, McMahon FG, Ryan JJ.

Source: Pharmacotherapy. 1986 September-October; 6(5): 236-40.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=3540874

• Analgesic efficacy of intranasal butorphanol (Stadol NS) in the treatment of pain after dental impaction surgery.

Author(s): Desjardins PJ, Norris LH, Cooper SA, Reynolds DC.

Source: Journal of Oral and Maxillofacial Surgery: Official Journal of the American Association of Oral and Maxillofacial Surgeons. 2000 October; 58(10 Suppl 2): 19-26. http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11021731

Anesthetic considerations in the surgical excision of impacted teeth.

Author(s): Quinn TW.

Source: Dent Clin North Am. 1979 July; 23(3): 461-9. No Abstract Available.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=288672

• Ankylosis between enamel and bone in impacted teeth. (Radiographic and microscopic study).

Author(s): Lepp FH, Sander O.

Source: Dtsch Zahn Mund Kieferheilkd Zentralbl Gesamte. 1969 June; 52(11): 437-49. No Abstract Available.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=4916106

• Asymptomatic impacted teeth in edentulous jaws undergoing preprosthetic surgery. A long-term evaluation.

Author(s): Huang H, Mercier P.

Source: International Journal of Oral and Maxillofacial Surgery. 1992 June; 21(3): 147-9. http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=1640126

• Attachment bonding to impacted teeth at the time of surgical exposure.

Author(s): Becker A, Shpack N, Shteyer A.

Source: European Journal of Orthodontics. 1996 October; 18(5): 457-63.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8942094

• Case no. 11: Radiopaque lesion of the maxilla causing dental impaction.

Author(s): Farman AG, Gould AR.

Source: Ky Dent J. 1987 March-April; 39(2): 27. No Abstract Available.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=3472011

• Cementum growth in impacted teeth.

Author(s): Giuliana G, Trisi P, D'Arpa M, Scarano A.

Source: Acta Stomatol Belg. 1995 March; 92(1): 7-11.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=7484515

• Clinical and radiologic investigation of the incidence, complications, and suitable removal times for fully impacted teeth in the Turkish population.

Author(s): Saglam AA, Tuzum MS.

Source: Quintessence Int. 2003 January; 34(1): 53-9.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12674360

Clinical assessment of injuries in orthodontic movement of impacted teeth. I. Methods of attachment.

Author(s): Boyd RL.

Source: Am J Orthod. 1982 December; 82(6): 478-86.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=6760724

Clinical assessment of injuries in orthodontic movement of impacted teeth. II. Surgical recommendations.

Author(s): Boyd RL.

Source: Am J Orthod. 1984 November; 86(5): 407-18.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=6594063

Comparative Ki-67 expression and apoptosis in the odontogenic keratocyst associated with or without an impacted tooth in addition to unilocular and multilocular varieties.

Author(s): Kim do K, Ahn SG, Kim J, Yoon JH.

Source: Yonsei Medical Journal. 2003 October 30; 44(5): 841-6.

• Completely impacted teeth in dentate and edentulous jaws.

Author(s): Yamaoka M, Furusawa K, Fujimoto K, Uematsu T.

Source: Aust Dent J. 1996 June; 41(3): 169-72.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8768639

• Computed tomography in the management of impacted teeth in children.

Author(s): Bodner L, Sarnat H, Bar-Ziv J, Kaffe I.

Source: Asdc J Dent Child. 1994 September-December; 61(5-6): 370-7. No Abstract Available.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=7897009

Considerations and treatments to erupt impacted teeth.

Author(s): Albert E.

Source: J Gen Orthod. 1998 June; 9(2): 13-27. Review. No Abstract Available.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10535029

• Controlled eruption of impacted teeth with threaded pins.

Author(s): Prescott M, Goldberg M.

Source: J Oral Surg. 1969 August; 27(8): 615-8. No Abstract Available.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=5265201

• Coronal displacement of cementum: correlation between age and coronal movement of cementum in impacted teeth.

Author(s): Bocutoglu O, Yakan B.

Source: Aust Dent J. 1997 June; 42(3): 185-8.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=9241930

Correction of impacted teeth: a case report.

Author(s): Goodman NR.

Source: Am J Orthod. 1975 April; 67(4): 440-3. No Abstract Available.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=1054918

• Correlation between age and thickness of cementum in impacted teeth.

Author(s): Azaz B, Ulmansky M, Moshev R, Sela J.

Source: Oral Surg Oral Med Oral Pathol. 1974 November; 38(5): 691-4. No Abstract Available.

• Diagnostic value of tuned-aperture computed tomography versus conventional dentoalveolar imaging in assessment of impacted teeth.

Author(s): Yamamoto K, Hayakawa Y, Kousuge Y, Wakoh M, Sekiguchi H, Yakushiji M, Farman AG.

Source: Oral Surgery, Oral Medicine, Oral Pathology, Oral Radiology, and Endodontics. 2003 January; 95(1): 109-18.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12539036

• Direct bonding on impacted teeth.

Author(s): Nielsen IL, Prydso U, Winkler T.

Source: Am J Orthod. 1975 December; 68(6): 666-70.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=1106211

Does an impacted tooth cause root resorption of the adjacent one?

Author(s): Nitzan D, Keren T, Marmary Y.

Source: Oral Surg Oral Med Oral Pathol. 1981 March; 51(3): 221-4.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=6938880

• Double impacted teeth.

Author(s): Nogueira CJ.

Source: Oral Surg Oral Med Oral Pathol. 1975 August; 40(2): 294-5. No Abstract Available.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=1057154

• Effects of maxillary anterior supernumerary impacted teeth on diastema.

Author(s): Yamaoka M, Furusawa K, Yasuda K.

Source: Oral Surgery, Oral Medicine, Oral Pathology, Oral Radiology, and Endodontics. 1995 September; 80(3): 252.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=7489264

• Embedded and impacted teeth.

Author(s): Scott AS.

Source: Oral Surg Oral Med Oral Pathol. 1978 May; 45(5): 828-9. No Abstract Available. http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=276804

• Etiology and indications for the management of impacted teeth.

Author(s): Lytle IJ.

Source: Northwest Dent. 1995 November-December; 74(6): 23-32. Review.

• Exposure of impacted teeth and orthodontic movement via trans-osseous forces.

Author(s): Fingeroth MM, Trieger N, Momtaheni M.

Source: Quintessence Int. 1979 December; 10(12): 9-14. No Abstract Available.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=298789

• Extrusion and alignment of an impacted tooth using removable appliances.

Author(s): Cuoghi OA, Bertoz FA, De Mendonca MR, Santos EC, An TL.

Source: J Clin Orthod. 2002 July; 36(7): 379-83. No Abstract Available.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12165979

Glass ionomer cement dressing for surgically exposed impacted teeth.

Author(s): Nordenvall KJ.

Source: J Clin Orthod. 1999 January; 33(1): 45-9. No Abstract Available.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10535008

• Glass ionomer cement used as surgical dressing after radical surgical exposure of impacted teeth.

Author(s): Nordenvall KJ.

Source: Swed Dent J. 1992; 16(3): 87-92.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=1496460

• Histologic study of 155 impacted teeth.

Author(s): Langeland K, Langeland LK.

Source: Odontol Tidskr. 1965 October 30; 73(5): 527-49. No Abstract Available.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=5215529

• Histology of the fissure contents in completely impacted teeth.

Author(s): Awazawa Y, Hayashi K, Kiba H, Awazawa I, Misumi N.

Source: Bull Group Int Rech Sci Stomatol Odontol. 1988 August-December; 31(3-4): 99-117. No Abstract Available.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=3207923

• Hypocalcification type amelogenesis imperfecta in permanent dentition in association with heavily worn primary teeth, gingival hyperplasia, hypodontia and impacted teeth.

Author(s): Atasu M, Biren S, Mumcu G.

Source: J Clin Pediatr Dent. 1999 Winter; 23(2): 117-21.

• Ibuprofen controlled-release formulation. A clinical trial in dental impaction pain.

Author(s): Cooper SA, Quinn PD, MacAfee K, Hersh EV, Sullivan D, Lamp C.

Source: Oral Surg Oral Med Oral Pathol. 1993 June; 75(6): 677-83.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8515979

• Image accuracy of plain film radiography and computerized tomography in assessing morphological abnormality of impacted teeth.

Author(s): Bodner L, Bar-Ziv J, Becker A.

Source: American Journal of Orthodontics and Dentofacial Orthopedics: Official Publication of the American Association of Orthodontists, Its Constituent Societies, and the American Board of Orthodontics. 2001 December; 120(6): 623-8.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11742307

• Impacted teeth in denture-bearing areas: a potential source of problems.

Author(s): Carl W, Schaaf NG.

Source: Oral Surg Oral Med Oral Pathol. 1972 March; 33(3): 331-4. No Abstract Available.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=4551231

• Impacted teeth in relation to odontomas.

Author(s): Morning P.

Source: Int J Oral Surg. 1980 April; 9(2): 81-91.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=6773900

• Impacted teeth in the maxilla: usefulness of 3D Dental-CT for preoperative evaluation.

Author(s): Sawamura T, Minowa K, Nakamura M.

Source: European Journal of Radiology. 2003 September; 47(3): 221-6.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12927666

Impacted teeth.

Author(s): Szmyd L.

Source: Dent Clin North Am. 1971 April; 15(2): 299-318. No Abstract Available.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=4926802

Impacted teeth: prophylactic extractions or not?

Author(s): Carl W, Goldfarb G, Finley R.

Source: The New York State Dental Journal. 1995 January; 61(1): 32-5.

• Impacted teeth: reflections on Curran, Kugelberg, and Rood.

Author(s): Assael LA.

Source: Journal of Oral and Maxillofacial Surgery: Official Journal of the American Association of Oral and Maxillofacial Surgeons. 2002 June; 60(6): 611-2.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12022091

• Impacted teeth--an overview of treatment rationales.

Author(s): Lehman JE.

Source: J Macomb Dent Soc. 1992 Spring; 30(3): 19-23. Review. No Abstract Available. http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=1619356

Impacted tooth at the level of the orbital floor.

Author(s): Najjar TA, Gaston GW, Stadelmann R.

Source: Oral Surg Oral Med Oral Pathol. 1979 August; 48(2): 191. No Abstract Available. http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=289088

• Impacted tooth in mandibular fracture line: treatment with closed reduction.

Author(s): Baykul T, Erdem E, Dolanmaz D, Alkan A.

Source: Journal of Oral and Maxillofacial Surgery: Official Journal of the American Association of Oral and Maxillofacial Surgeons. 2004 March; 62(3): 289-91.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15015159

• Interdisciplinary treatment of a Class II deep-bite patient with missing and impacted teeth.

Author(s): Brancart A, Lejuste P, Devreux D, Genin P.

Source: J Clin Orthod. 1999 June; 33(6): 347-51. No Abstract Available.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10535019

• Intra-alveolar surgical uprighting of impacted teeth: a case report.

Author(s): Schatz JP, de Baets J, Joho JP.

Source: Endodontics & Dental Traumatology. 1997 April; 13(2): 92-5.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=9550037

• Intrabony migration of impacted teeth.

Author(s): Shapira Y, Kuftinec MM.

Source: Angle Orthod. 2003 December; 73(6): 738-43; Discussion 744. Review.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=14719741

• Intrafollicular anesthesia for the removal of impacted teeth.

Author(s): Wall WH.

Source: The Journal of the American Dental Association. 1983 May; 106(5): 647-9. http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=6575088

• Lesions associated with impacted teeth.

Author(s): Baughman RA.

Source: Fla Dent J. 1974 Fall; 45(3): 20-2. No Abstract Available.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=4372109

Localization of impacted teeth utilizing inherent panoramic distortions.

Author(s): Serman NJ, Buch B.

Source: Ann Dent. 1992 Summer; 51(1): 8-10.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=1632628

• Maintaining an ideal tooth-gingiva relationship when exposing and aligning an impacted tooth.

Author(s): Wong-Lee TK, Wong FC.

Source: British Journal of Orthodontics. 1985 October; 12(4): 189-92.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=3863674

• Management of impacted teeth.

Author(s): Alling CC 3rd, Catone GA.

Source: Journal of Oral and Maxillofacial Surgery: Official Journal of the American Association of Oral and Maxillofacial Surgeons. 1993 January; 51(1 Suppl 1): 3-6. Review.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8419585

Multiple impacted teeth in cleidocranial dysostosis.

Author(s): Levin MP, Green L.

Source: Oral Surg Oral Med Oral Pathol. 1972 April; 33(4): 669. No Abstract Available. http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=4502239

• Multiple impacted teeth in cleidocranial dysostosis.

Author(s): Kirson LE, Scheiber RE, Tomaro AJ.

Source: Oral Surg Oral Med Oral Pathol. 1982 November; 54(5): 604. No Abstract Available.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=6960316

• Multiple impacted teeth in the maxilla.

Author(s): Yalcin S, Gurbuzer B.

Source: Oral Surg Oral Med Oral Pathol. 1993 July; 76(1): 130. No Abstract Available. http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8351111

• Multiple osteomas, impacted teeth and odontomas--a case report of Gardner's Syndrome.

Author(s): Bradley JF, Orlowski WA.

Source: J N J Dent Assoc. 1977 Winter; 48(2): 32-3. No Abstract Available.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=275470

Multiple supernumerary and impacted teeth.

Author(s): Finkel A, Solondz G, Friedman J.

Source: Oral Surg Oral Med Oral Pathol. 1974 June; 37(6): 976-7. No Abstract Available. http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=4524899

• Orthodontics. Part 10: Impacted teeth.

Author(s): Roberts-Harry D, Sandy J.

Source: British Dental Journal. 2004 March 27; 196(6): 319-27; Quiz 362.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15044983

• Pain relief after dental impaction surgery using ketorolac, hydrocodone plus acetaminophen, or placebo.

Author(s): Fricke J, Halladay SC, Bynum L, Francisco CA.

Source: Clinical Therapeutics. 1993 May-June; 15(3): 500-9.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8364942

• Pathologic quiz case: a 28-year-old man with an impacted tooth.

Author(s): Kolareth A, Robinson RA.

Source: Archives of Pathology & Laboratory Medicine. 2003 March; 127(3): E173-4. http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12653614

• Pathology related to impacted teeth.

Author(s): Tsaknis PJ, Carpenter WM.

Source: J Acad Gen Dent. 1975 November-December; 23(6): 36-8. No Abstract Available. http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=1065669

• Patients' perceptions of recovery after exposure of impacted teeth with a closed-eruption technique.

Author(s): Chaushu G, Becker A, Zeltser R, Branski S, Chaushu S.

Source: American Journal of Orthodontics and Dentofacial Orthopedics: Official Publication of the American Association of Orthodontists, Its Constituent Societies, and the American Board of Orthodontics. 2004 June; 125(6): 690-6.

• Peridontal status following surgical-orthodontic alignment of impacted teeth.

Author(s): Odenrick L, Modeer T.

Source: Acta Odontologica Scandinavica. 1978; 36(4): 233-6.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=280118

Periodontal concerns associated with the orthodontic treatment of impacted teeth.

Author(s): Frank CA, Long M.

Source: American Journal of Orthodontics and Dentofacial Orthopedics: Official Publication of the American Association of Orthodontists, Its Constituent Societies, and the American Board of Orthodontics. 2002 June; 121(6): 639-49.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12080317

• Periodontal health of orthodontically extruded impacted teeth. A split-mouth, long-term clinical evaluation.

Author(s): Quirynen M, Op Heij DG, Adriansens A, Opdebeeck HM, van Steenberghe D.

Source: J Periodontol. 2000 November; 71(11): 1708-14.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11128918

• Personal computer-based three-dimensional computed tomographic images of the teeth for evaluating supernumerary or ectopically impacted teeth.

Author(s): Kim KD, Ruprecht A, Jeon KJ, Park CS.

Source: Angle Orthod. 2003 October; 73(5): 614-21.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=14580032

• Potential problems associated with "watching impacted teeth".

Author(s): Van Sickels JE, Plotkin RJ.

Source: Pa Dent J (Harrisb). 1980 September-October; 47(5): 8-9. No Abstract Available. http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=6164040

• Presence of impacted teeth as a determining factor of unfavorable splits in 1256 sagittal-split osteotomies.

Author(s): Precious DS, Lung KE, Pynn BR, Goodday RH.

Source: Oral Surgery, Oral Medicine, Oral Pathology, Oral Radiology, and Endodontics. 1998 April; 85(4): 362-5.

• Prevalence of hepatitis viral infection in dental patients with impacted teeth or jaw deformities.

Author(s): Takata Y, Tominaga K, Naito T, Kurokawa H, Sonoki K, Goto D, Wakisaka M, Fukuda J, Yokota M, Takahashi T.

Source: Oral Surgery, Oral Medicine, Oral Pathology, Oral Radiology, and Endodontics. 2003 July; 96(1): 26-31.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12847440

Prevalence of impacted teeth and associated pathology in middle-aged and older Swedish women.

Author(s): Ahlqwist M, Grondahl HG.

Source: Community Dentistry and Oral Epidemiology. 1991 April; 19(2): 116-9.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=2049918

• Radiology in the management of impacted teeth.

Author(s): Sewerin IP.

Source: Int Dent J. 1987 March; 37(1): 25-30.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=3473038

• Rationale for removing impacted teeth: when to extract or not to extract.

Author(s): Peterson LJ.

Source: The Journal of the American Dental Association. 1992 July; 123(7): 198-204. Review.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=1619160

• Reducing failures of gold chain attachments to impacted teeth.

Author(s): Goh G, Kaan SK.

Source: J Clin Orthod. 1993 March; 27(3): 161-2. No Abstract Available.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8098718

• Resorption in impacted teeth. A case report.

Author(s): Piattelli A, Trisi P.

Source: Acta Stomatol Belg. 1993 September; 90(3): 195-8. Review.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=8122592

• Saving impacted teeth.

Author(s): Magnusson H.

Source: J Clin Orthod. 1990 April; 24(4): 246-9. No Abstract Available.

• Studies of permanent tooth anomalies in 7,886 Canadian individuals. I: impacted teeth.

Author(s): Shah RM, Boyd MA, Vakil TF.

Source: Dent J. 1978 June; 44(6): 262-4. No Abstract Available.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=A

bstract&list_uids=277399

Surgical and orthodontic management of impacted teeth.

Author(s): Kokich VG, Mathews DP.

Source: Dent Clin North Am. 1993 April; 37(2): 181-204. Review.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=A

bstract&list_uids=8477864

• Surgical uncovering & luxation of impacted teeth as an alternative to extraction.

Author(s): Laskin JL, Wickwire NA.

Source: Fla Dent J. 1983 Spring; 54(1): 22-3. No Abstract Available.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=A

bstract&list_uids=6583075

• The 'ballista spring" system for impacted teeth.

Author(s): Jacoby H.

Source: Am J Orthod. 1979 February; 75(2): 143-51.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=A

bstract&list_uids=283699

• The effect of aging on tooth morphology: a study on impacted teeth.

Author(s): Nitzan DW, Michaeli Y, Weinreb M, Azaz B.

Source: Oral Surg Oral Med Oral Pathol. 1986 January; 61(1): 54-60.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=A

bstract&list_uids=3456141

• The eruption tendency and changes of direction of impacted teeth following surgical exposure.

Author(s): Ohman I, Ohman A.

Source: Oral Surg Oral Med Oral Pathol. 1980 May; 49(5): 383-9.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=A

bstract&list_uids=6929460

The impacted tooth with pericoronal radiolucency.

Author(s): Watson RE.

Source: Fla Dent J. 1988 Winter; 59(4): 42, 48. No Abstract Available.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=3271690

• The impacted tooth--its legal and surgical management.

Author(s): Salman L, Salman S, Rubin A.

Source: The New York State Dental Journal. 1983 October; 49(8): 577-8.

• The incidence of impacted teeth. A survey at Harlem hospital.

Author(s): Kramer RM, Williams AC.

Source: Oral Surg Oral Med Oral Pathol. 1970 February; 29(2): 237-41. No Abstract Available.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=5262845

The Kilroy Spring for impacted teeth.

Author(s): Bowman SJ, Carano A.

Source: J Clin Orthod. 2003 December; 37(12): 683-8. No Abstract Available.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=14718742

• Three-dimensional evaluation of a rare case with multiple impacted teeth using CT.

Author(s): Kitai N, Fujii Y, Murakami S, Takada K.

Source: J Clin Pediatr Dent. 2003 Winter; 27(2): 117-21.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12597681

• Treatment of impacted teeth by surgical exposure. A survey study.

Author(s): Thilander H, Thilander B, Persson G.

Source: Sven Tandlak Tidskr. 1973 November; 66(6): 519-25. No Abstract Available.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=4526598

• Treatment options for impacted teeth.

Author(s): Frank CA.

Source: The Journal of the American Dental Association. 2000 May; 131(5): 623-32. Review.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=10832256

• Two-archwire technique for alignment of impacted teeth.

Author(s): Samuels RH, Rudge SJ.

Source: J Clin Orthod. 1997 March; 31(3): 183-7. Review. No Abstract Available.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=9511538

• Uncovering labially impacted teeth: apically positioned flap and closed-eruption techniques.

Author(s): Vermette ME, Kokich VG, Kennedy DB.

Source: Angle Orthod. 1995; 65(1): 23-32; Discussion 33.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=7726459

• Unilocular radiolucency associated with an impacted tooth.

Author(s): Copete M.

Source: Ohio Dent J. 1990 Fall-Winter; 64(2): 45-6. No Abstract Available.

CHAPTER 2. PATENTS ON IMPACTED TEETH

Overview

Patents can be physical innovations (e.g. chemicals, pharmaceuticals, medical equipment) or processes (e.g. treatments or diagnostic procedures). The United States Patent and Trademark Office defines a patent as a grant of a property right to the inventor, issued by the Patent and Trademark Office.⁴ Patents, therefore, are intellectual property. For the United States, the term of a new patent is 20 years from the date when the patent application was filed. If the inventor wishes to receive economic benefits, it is likely that the invention will become commercially available within 20 years of the initial filing. It is important to understand, therefore, that an inventor's patent does not indicate that a product or service is or will be commercially available. The patent implies only that the inventor has "the right to exclude others from making, using, offering for sale, or selling" the invention in the United States. While this relates to U.S. patents, similar rules govern foreign patents.

In this chapter, we show you how to locate information on patents and their inventors. If you find a patent that is particularly interesting to you, contact the inventor or the assignee for further information. **IMPORTANT NOTE:** When following the search strategy described below, you may discover <u>non-medical patents</u> that use the generic term "impacted teeth" (or a synonym) in their titles. To accurately reflect the results that you might find while conducting research on impacted teeth, <u>we have not necessarily excluded non-medical patents</u> in this bibliography.

Patents on Impacted Teeth

By performing a patent search focusing on impacted teeth, you can obtain information such as the title of the invention, the names of the inventor(s), the assignee(s) or the company that owns or controls the patent, a short abstract that summarizes the patent, and a few excerpts from the description of the patent. The abstract of a patent tends to be more technical in nature, while the description is often written for the public. Full patent descriptions contain much more information than is presented here (e.g. claims, references, figures, diagrams, etc.). We will tell you how to obtain this information later in the chapter. The following is an

⁴Adapted from the United States Patent and Trademark Office: http://www.uspto.gov/web/offices/pac/doc/general/whatis.htm.

example of the type of information that you can expect to obtain from a patent search on impacted teeth:

Extrusion spring arm

Inventor(s): Terry; Sally J. (137 Beekman St., Plattsburgh, NY 12901)

Assignee(s): none reported Patent Number: 5,112,221 Date filed: July 12, 1990

Abstract: To aid in the eruption of palatally **impacted teeth**, an elongated resilient wire, having a loop formed at one end thereof and a coil spring formed at the other end thereof, is attached to an archwire fixed to the patient's mouth, at the coil spring end thereof. An eyelet is bonded to an exposed portion of the **impacted tooth**, and the loop is attached to the eyelet by an elastic ligature. When the loop is being attached to the eyelet, the resilient arm is moved into a position against the force of the spring so that, when the resilient arm is released, the action of the spring will force the **impacted tooth** down and out of the palate, into the mouth and laterally, towards a dental arch.

Excerpt(s): The invention relates to an extrusion spring arm for aiding in the eruption of palatally impacted cuspids. More specifically, the invention relates to such an extrusion spring arm which is mountable on an archwire and activated by an elastic ligature. In the practice of orthodontics, the situation often arises where a patient may have one or both upper cuspids impacted. In cases where the impacted cuspids are palatally positioned, access to the cuspids, and the ability to guide the cuspid into its proper position in the dental arch may be difficult to obtain. What is needed in many, if not all cases, is an extrusive force. Devices for providing such an extrusive force are known in the prior art as illustrated in, for example, U.S. Pat. No. 4,187,610, Ziegler, Feb. 12, 1980 and U.S. Pat. No. 4,869,667, Vardimon, Sept. 26, 1989.

Web site: http://www.delphion.com/details?pn=US05112221__

Orthodontics by magnetics

Inventor(s): Noble, administratrix; by Mary Lynne (3223 Old Blue Ridge, San Antonio, TX 78230), Noble, deceased; Terry Gordon (3223 Old Blue Ridge, LATE OF San Antonio, TX)

Assignee(s): none reported Patent Number: 3,984,915 Date filed: June 27, 1975

Abstract: This invention involves the orthodontic movement of live teeth in the mouth by using the forces of magnets. A magnet is attached to the teeth by conventional methods such as adhesive bonding or dental appliances. The magnets are placed on the teeth in such a manner to employ the attraction and repulsion characteristics of a magnetic field. These forces may be employed to align teeth, tilt teeth, move root positions and angulations, torque teeth, and erupt impacted or partially **impacted teeth** into the correct position in the mouth. The technique may be used alone or in combination with other conventional orthodontic techniques for either major or minor tooth movement. The magnets may be attached anywhere on a tooth, but preferably in an inconspicuous position. The magnets themselves may have tapered edges to insure

the teeth move to the proper position. In the movement of a single tooth normally a magnet will be attached to the single tooth with the other magnet which creates the repulsion or attraction force being attached to several teeth in combination.

Excerpt(s): This invention relates to the orthodontic movement of teeth in the mouth and, more particularly, the orthodontic movement of the teeth using magnets placed on the teeth to attract or repel adjacent magnets. The magnetic forces will be used to move the teeth in the mouth so that the teeth can be properly aligned with the curvature of the mouth. Prior to the present invention, the conventional way for moving live teeth in the mouth by an orthodontist usually involved the attachment of dental appliances (such as braces) so that a constant force was exerted on the tooth that needed to be moved. An elastic member creating the constant force would continually have to be tightened or strengthened by repeated adjustments by a dentist or orthodontist. Many times dental appliances such as a retainer wire would be required across the front of the teeth to prevent excessive movement of the teeth. Depending upon the type of movement that is desired individual, wire braces or other types of removable dental appliances may be necessary; however, all the methods presently employed by dentists and orthodontists in the movement of teeth require repeated adjustments to insure the proper movement, not to mention the inconvenience and unsightly appearance of the removable dental appliances. Fairly recently a direct bonding technique was developed wherein many of the dental appliances that were formerly attached to the teeth by wire structures are now being attached by a direct bond. One type of direct bonding technique uses an acid to etch the surface of the teeth. Next an adhesive compound is applied to the etched area. The adhesive compound hardens very rapidly to hold the dental appliance to the teeth. While this method of direct bonding has been successful for limited use, it has still not met with widespread acceptance by the dental profession.

Web site: http://www.delphion.com/details?pn=US03984915__

Keeping Current

In order to stay informed about patents and patent applications dealing with impacted teeth, you can access the U.S. Patent Office archive via the Internet at the following Web address: http://www.uspto.gov/patft/index.html. You will see two broad options: (1) Issued Patent, and (2) Published Applications. To see a list of issued patents, perform the following steps: Under "Issued Patents," click "Quick Search." Then, type "impacted teeth" (or synonyms) into the "Term 1" box. After clicking on the search button, scroll down to see the various patents which have been granted to date on impacted teeth.

You can also use this procedure to view pending patent applications concerning impacted teeth. Simply go back to http://www.uspto.gov/patft/index.html. Select "Quick Search" under "Published Applications." Then proceed with the steps listed above.

CHAPTER 3. BOOKS ON IMPACTED TEETH

Overview

This chapter provides bibliographic book references relating to impacted teeth. In addition to online booksellers such as **www.amazon.com** and **www.bn.com**, excellent sources for book titles on impacted teeth include the Combined Health Information Database and the National Library of Medicine. Your local medical library also may have these titles available for loan.

Chapters on Impacted Teeth

In order to find chapters that specifically relate to impacted teeth, an excellent source of abstracts is the Combined Health Information Database. You will need to limit your search to book chapters and impacted teeth using the "Detailed Search" option. Go to the following hyperlink: http://chid.nih.gov/detail/detail.html. To find book chapters, use the drop boxes at the bottom of the search page where "You may refine your search by." Select the dates and language you prefer, and the format option "Book Chapter." Type "impacted teeth" (or synonyms) into the "For these words:" box. The following is a typical result when searching for book chapters on impacted teeth:

Oral Surgery

Source: in Sutton, A.L. Dental Care and Oral Health Sourcebook. 2nd ed. Detroit, MI: Omnigraphics. 2003. p. 295-312.

Contact: Available from Omnigraphics. 615 Griswold Street, Detroit, MI 48226. (313) 961-1340. Fax: (313) 961-1383. E-mail: progers@omnigraphics.com. www.omnigraphics.com. PRICE: \$78.00; plus shipping and handling. ISBN: 780806344.

Summary: The scope of oral and maxillofacial surgery encompasses the diagnosis, surgical and related management of diseases, injuries, and defects that involve both the functional and esthetic aspects of the oral and maxillofacial regions. This includes preventive, reconstructive, or emergency care for the teeth, mouth, jaws, and facial structures. After four years of postgraduate dental education, an oral and maxillofacial surgeon completes four or more years of intensive, postdoctoral, hospital-based surgical residency training. This chapter on oral surgery is from a book that provides

information about dental care and oral health at all stages of life. The chapter offers four sections: a description of the oral and maxillofacial surgeon specialty; a description of oral and maxillofacial surgery; corrective jaw surgery; and nutrition after oral surgery. Specific topics include office surgery, dentoalveolar surgery, reconstructive surgery, dental implants, facial infections, facial trauma, facial pain, oral pathology, orofacial deformities, snoring and obstructive sleep apnea, cosmetic maxillofacial surgery, **impacted teeth,** unequal jaw growth, dentures, and nutritional strategies. The chapter includes nutritious, calorie-dense recipes for food ideas during the convalescence period after oral surgery.

• Acquired Disorders Affecting the Teeth

Source: in Scully, C., et al. Color Atlas of Orofacial Health and Disease in Children and Adolescents. London, England: Martin Dunitz Ltd. 2002. p.71-103.

Contact: Available from Martin Dunitz Ltd, The Livery House. 7-9 Pratt Street, London, England NW1 0AE. 4404074822202. Website: www.dunitz.co.uk. Email: info@mdunitz.globalnet.co.uk. PRICE: \$125.00 plus shipping and handling. ISBN: 1841841021.

Summary: This chapter on acquired disorders affecting the teeth is from a full-color atlas that covers the presentation of the common orofacial disorders and a wide range of less common and some rare disorders. The chapter begins with a brief section on common complaints, covering early loss of teeth, variations in tooth eruption times, variations in tooth number, and variations in tooth size, shape, structure, and color. Disorders are then outlined, including abrasion, ankylosis, attrition, dental caries (cavities), periapical abscess, dilacerations, double teeth (connation), enamel cleft, enamel hypoplasia, erosion, eruption cyst and hematoma, external resorption, extrinsic staining, hyperdontia, hyperplastic pulpitis (pulp polyp), hypodontia, **impacted teeth**, internal resorption (pink spot), intrinsic staining, macrodontia, malocclusion, odontomes, prominent tubercles or cusps, taurodontism, transposition, trauma, child abuse (nonaccidental injury), and surgical emphysema. Full-color photographs are accompanied by brief text entries describing each condition and noting diagnostic and management considerations for each. 98 figures. 7 tables.

APPENDICES

APPENDIX A. PHYSICIAN RESOURCES

Overview

In this chapter, we focus on databases and Internet-based guidelines and information resources created or written for a professional audience.

NIH Guidelines

Commonly referred to as "clinical" or "professional" guidelines, the National Institutes of Health publish physician guidelines for the most common diseases. Publications are available at the following by relevant Institute⁵:

- Office of the Director (OD); guidelines consolidated across agencies available at http://www.nih.gov/health/consumer/conkey.htm
- National Institute of General Medical Sciences (NIGMS); fact sheets available at http://www.nigms.nih.gov/news/facts/
- National Library of Medicine (NLM); extensive encyclopedia (A.D.A.M., Inc.) with guidelines: http://www.nlm.nih.gov/medlineplus/healthtopics.html
- National Cancer Institute (NCI); guidelines available at http://www.cancer.gov/cancerinfo/list.aspx?viewid=5f35036e-5497-4d86-8c2c-714a9f7c8d25
- National Eye Institute (NEI); guidelines available at http://www.nei.nih.gov/order/index.htm
- National Heart, Lung, and Blood Institute (NHLBI); guidelines available at http://www.nhlbi.nih.gov/guidelines/index.htm
- National Human Genome Research Institute (NHGRI); research available at http://www.genome.gov/page.cfm?pageID=10000375
- National Institute on Aging (NIA); guidelines available at http://www.nia.nih.gov/health/

⁵ These publications are typically written by one or more of the various NIH Institutes.

- National Institute on Alcohol Abuse and Alcoholism (NIAAA); guidelines available at http://www.niaaa.nih.gov/publications/publications.htm
- National Institute of Allergy and Infectious Diseases (NIAID); guidelines available at http://www.niaid.nih.gov/publications/
- National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS); fact sheets and guidelines available at http://www.niams.nih.gov/hi/index.htm
- National Institute of Child Health and Human Development (NICHD); guidelines available at http://www.nichd.nih.gov/publications/pubskey.cfm
- National Institute on Deafness and Other Communication Disorders (NIDCD); fact sheets and guidelines at http://www.nidcd.nih.gov/health/
- National Institute of Dental and Craniofacial Research (NIDCR); guidelines available at http://www.nidr.nih.gov/health/
- National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK); guidelines available at http://www.niddk.nih.gov/health/health.htm
- National Institute on Drug Abuse (NIDA); guidelines available at http://www.nida.nih.gov/DrugAbuse.html
- National Institute of Environmental Health Sciences (NIEHS); environmental health information available at http://www.niehs.nih.gov/external/facts.htm
- National Institute of Mental Health (NIMH); guidelines available at http://www.nimh.nih.gov/practitioners/index.cfm
- National Institute of Neurological Disorders and Stroke (NINDS); neurological disorder information pages available at http://www.ninds.nih.gov/health_and_medical/disorder_index.htm
- National Institute of Nursing Research (NINR); publications on selected illnesses at http://www.nih.gov/ninr/news-info/publications.html
- National Institute of Biomedical Imaging and Bioengineering; general information at http://grants.nih.gov/grants/becon/becon_info.htm
- Center for Information Technology (CIT); referrals to other agencies based on keyword searches available at http://kb.nih.gov/www_query_main.asp
- National Center for Complementary and Alternative Medicine (NCCAM); health information available at http://nccam.nih.gov/health/
- National Center for Research Resources (NCRR); various information directories available at http://www.ncrr.nih.gov/publications.asp
- Office of Rare Diseases; various fact sheets available at http://rarediseases.info.nih.gov/html/resources/rep_pubs.html
- Centers for Disease Control and Prevention; various fact sheets on infectious diseases available at http://www.cdc.gov/publications.htm

NIH Databases

In addition to the various Institutes of Health that publish professional guidelines, the NIH has designed a number of databases for professionals.⁶ Physician-oriented resources provide a wide variety of information related to the biomedical and health sciences, both past and present. The format of these resources varies. Searchable databases, bibliographic citations, full-text articles (when available), archival collections, and images are all available. The following are referenced by the National Library of Medicine:⁷

- Bioethics: Access to published literature on the ethical, legal, and public policy issues surrounding healthcare and biomedical research. This information is provided in conjunction with the Kennedy Institute of Ethics located at Georgetown University, Washington, D.C.: http://www.nlm.nih.gov/databases/databases_bioethics.html
- HIV/AIDS Resources: Describes various links and databases dedicated to HIV/AIDS research: http://www.nlm.nih.gov/pubs/factsheets/aidsinfs.html
- **NLM Online Exhibitions:** Describes "Exhibitions in the History of Medicine": http://www.nlm.nih.gov/exhibition/exhibition.html. Additional resources for historical scholarship in medicine: http://www.nlm.nih.gov/hmd/hmd.html
- **Biotechnology Information:** Access to public databases. The National Center for Biotechnology Information conducts research in computational biology, develops software tools for analyzing genome data, and disseminates biomedical information for the better understanding of molecular processes affecting human health and disease: http://www.ncbi.nlm.nih.gov/
- **Population Information:** The National Library of Medicine provides access to worldwide coverage of population, family planning, and related health issues, including family planning technology and programs, fertility, and population law and policy: http://www.nlm.nih.gov/databases/databases_population.html
- Cancer Information: Access to cancer-oriented databases: http://www.nlm.nih.gov/databases/databases_cancer.html
- Profiles in Science: Offering the archival collections of prominent twentieth-century biomedical scientists to the public through modern digital technology: http://www.profiles.nlm.nih.gov/
- Chemical Information: Provides links to various chemical databases and references: http://sis.nlm.nih.gov/Chem/ChemMain.html
- Clinical Alerts: Reports the release of findings from the NIH-funded clinical trials where such release could significantly affect morbidity and mortality: http://www.nlm.nih.gov/databases/alerts/clinical_alerts.html
- **Space Life Sciences:** Provides links and information to space-based research (including NASA): http://www.nlm.nih.gov/databases/databases_space.html
- MEDLINE: Bibliographic database covering the fields of medicine, nursing, dentistry, veterinary medicine, the healthcare system, and the pre-clinical sciences: http://www.nlm.nih.gov/databases/databases_medline.html

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⁶ Remember, for the general public, the National Library of Medicine recommends the databases referenced in MEDLINE*plus* (http://medlineplus.gov/ or http://www.nlm.nih.gov/medlineplus/databases.html).

⁷ See http://www.nlm.nih.gov/databases/databases.html.

- Toxicology and Environmental Health Information (TOXNET): Databases covering toxicology and environmental health: http://sis.nlm.nih.gov/Tox/ToxMain.html
- **Visible Human Interface:** Anatomically detailed, three-dimensional representations of normal male and female human bodies:

http://www.nlm.nih.gov/research/visible/visible_human.html

The NLM Gateway8

The NLM (National Library of Medicine) Gateway is a Web-based system that lets users search simultaneously in multiple retrieval systems at the U.S. National Library of Medicine (NLM). It allows users of NLM services to initiate searches from one Web interface, providing one-stop searching for many of NLM's information resources or databases. To use the NLM Gateway, simply go to the search site at http://gateway.nlm.nih.gov/gw/Cmd. Type "impacted teeth" (or synonyms) into the search box and click "Search." The results will be presented in a tabular form, indicating the number of references in each database category.

Results Summary

Category	Items Found
Journal Articles	3945
Books / Periodicals / Audio Visual	42
Consumer Health	789
Meeting Abstracts	1
Other Collections	8
Total	4785

HSTAT10

HSTAT is a free, Web-based resource that provides access to full-text documents used in healthcare decision-making.¹¹ These documents include clinical practice guidelines, quick-reference guides for clinicians, consumer health brochures, evidence reports and technology assessments from the Agency for Healthcare Research and Quality (AHRQ), as well as AHRQ's Put Prevention Into Practice.¹² Simply search by "impacted teeth" (or synonyms) at the following Web site: http://text.nlm.nih.gov.

⁸ Adapted from NLM: http://gateway.nlm.nih.gov/gw/Cmd?Overview.x.

⁹ The NLM Gateway is currently being developed by the Lister Hill National Center for Biomedical Communications (LHNCBC) at the National Library of Medicine (NLM) of the National Institutes of Health (NIH).

¹⁰ Adapted from HSTAT: http://www.nlm.nih.gov/pubs/factsheets/hstat.html.

¹¹ The HSTAT URL is http://hstat.nlm.nih.gov/.

¹² Other important documents in HSTAT include: the National Institutes of Health (NIH) Consensus Conference Reports and Technology Assessment Reports; the HIV/AIDS Treatment Information Service (ATIS) resource documents; the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment (SAMHSA/CSAT) Treatment Improvement Protocols (TIP) and Center for Substance Abuse Prevention (SAMHSA/CSAP) Prevention Enhancement Protocols System (PEPS); the Public Health Service (PHS) Preventive Services Task Force's *Guide to Clinical Preventive Services*; the independent, nonfederal Task Force on Community Services' *Guide to Community Preventive Services*; and the Health Technology Advisory Committee (HTAC) of the Minnesota Health Care Commission (MHCC) health technology evaluations.

Coffee Break: Tutorials for Biologists¹³

Coffee Break is a general healthcare site that takes a scientific view of the news and covers recent breakthroughs in biology that may one day assist physicians in developing treatments. Here you will find a collection of short reports on recent biological discoveries. Each report incorporates interactive tutorials that demonstrate how bioinformatics tools are used as a part of the research process. Currently, all Coffee Breaks are written by NCBI staff. Each report is about 400 words and is usually based on a discovery reported in one or more articles from recently published, peer-reviewed literature. This site has new articles every few weeks, so it can be considered an online magazine of sorts. It is intended for general background information. You can access the Coffee Break Web site at the following hyperlink: http://www.ncbi.nlm.nih.gov/Coffeebreak/.

Other Commercial Databases

In addition to resources maintained by official agencies, other databases exist that are commercial ventures addressing medical professionals. Here are some examples that may interest you:

- **CliniWeb International:** Index and table of contents to selected clinical information on the Internet; see http://www.ohsu.edu/cliniweb/.
- Medical World Search: Searches full text from thousands of selected medical sites on the Internet; see http://www.mwsearch.com/.

¹³ Adapted from http://www.ncbi.nlm.nih.gov/Coffeebreak/Archive/FAQ.html.

¹⁴ The figure that accompanies each article is frequently supplied by an expert external to NCBI, in which case the source of the figure is cited. The result is an interactive tutorial that tells a biological story.

¹⁵ After a brief introduction that sets the work described into a broader context, the report focuses on how a molecular understanding can provide explanations of observed biology and lead to therapies for diseases. Each vignette is accompanied by a figure and hypertext links that lead to a series of pages that interactively show how NCBI tools and resources are used in the research process.

APPENDIX B. PATIENT RESOURCES

Overview

Official agencies, as well as federally funded institutions supported by national grants, frequently publish a variety of guidelines written with the patient in mind. These are typically called "Fact Sheets" or "Guidelines." They can take the form of a brochure, information kit, pamphlet, or flyer. Often they are only a few pages in length. Since new guidelines on impacted teeth can appear at any moment and be published by a number of sources, the best approach to finding guidelines is to systematically scan the Internet-based services that post them.

Patient Guideline Sources

The remainder of this chapter directs you to sources which either publish or can help you find additional guidelines on topics related to impacted teeth. Due to space limitations, these sources are listed in a concise manner. Do not hesitate to consult the following sources by either using the Internet hyperlink provided, or, in cases where the contact information is provided, contacting the publisher or author directly.

The National Institutes of Health

The NIH gateway to patients is located at http://health.nih.gov/. From this site, you can search across various sources and institutes, a number of which are summarized below.

Topic Pages: MEDLINEplus

The National Library of Medicine has created a vast and patient-oriented healthcare information portal called MEDLINEplus. Within this Internet-based system are "health topic pages" which list links to available materials relevant to impacted teeth. To access this system, log on to http://www.nlm.nih.gov/medlineplus/healthtopics.html. From there you can either search using the alphabetical index or browse by broad topic areas. Recently, MEDLINEplus listed the following when searched for "impacted teeth":

Child Dental Health

http://www.nlm.nih.gov/medlineplus/childdentalhealth.html

Cosmetic Dentistry

http://www.nlm.nih.gov/medlineplus/cosmeticdentistry.html

Dental Health

http://www.nlm.nih.gov/medlineplus/dentalhealth.html

Orthodontia

http://www.nlm.nih.gov/medlineplus/orthodontia.html

Tooth Disorders

http://www.nlm.nih.gov/medlineplus/toothdisorders.html

You may also choose to use the search utility provided by MEDLINEplus at the following Web address: http://www.nlm.nih.gov/medlineplus/. Simply type a keyword into the search box and click "Search." This utility is similar to the NIH search utility, with the exception that it only includes materials that are linked within the MEDLINEplus system (mostly patient-oriented information). It also has the disadvantage of generating unstructured results. We recommend, therefore, that you use this method only if you have a very targeted search.

The Combined Health Information Database (CHID)

CHID Online is a reference tool that maintains a database directory of thousands of journal articles and patient education guidelines on impacted teeth. CHID offers summaries that describe the guidelines available, including contact information and pricing. CHID's general Web site is http://chid.nih.gov/. To search this database, go to http://chid.nih.gov/detail/detail.html. In particular, you can use the advanced search options to look up pamphlets, reports, brochures, and information kits. The following was recently posted in this archive:

• Benefits of X-Rays

Source: St. Charles, IL: American Dental Association (ADA). 1996. [2 p.].

Contact: Available from American Dental Association (ADA). Catalog Sales, P.O. Box 776, St. Charles, IL 60174. (800) 947-4746; Fax (630) 443-9970; http://www.ada.org. PRICE: \$19.00 per 100 copies; bulk orders available. Order Number W138. Summary: This mini-brochure (which folds to pocket size) provides information on the use of radiography (X-rays) in dental care. Dental radiography is valuable for helping to detect oral diseases of the teeth and surrounding tissues. An X-ray exam may reveal small cavities that cannot be seen by a visual exam, infections in the bone, abscesses, cysts, developmental abnormalities such as extra or **impacted teeth**, and some types of tumors. The brochure answers common questions about dental radiography, including topics such as their safety, how often dental X-rays are necessary, and what the dentist can do to minimize radiation exposure. One chart provides comparisons of common sources and amounts of radiation, including bitewings (4 films), full-mouth survey (19 films), a lower GI series, the average amount received living in the United States, and occupational exposure. The brochure recommends that readers consult with their dentist if they have any additional questions about dental radiography. 1 table.

The NIH Search Utility

The NIH search utility allows you to search for documents on over 100 selected Web sites that comprise the NIH-WEB-SPACE. Each of these servers is "crawled" and indexed on an ongoing basis. Your search will produce a list of various documents, all of which will relate in some way to impacted teeth. The drawbacks of this approach are that the information is not organized by theme and that the references are often a mix of information for professionals and patients. Nevertheless, a large number of the listed Web sites provide useful background information. We can only recommend this route, therefore, for relatively rare or specific disorders, or when using highly targeted searches. To use the NIH search utility, visit the following Web page: http://search.nih.gov/index.html.

Additional Web Sources

A number of Web sites are available to the public that often link to government sites. These can also point you in the direction of essential information. The following is a representative sample:

- AOL: http://search.aol.com/cat.adp?id=168&layer=&from=subcats
- Family Village: http://www.familyvillage.wisc.edu/specific.htm
- Google: http://directory.google.com/Top/Health/Conditions_and_Diseases/
- Med Help International: http://www.medhelp.org/HealthTopics/A.html
- Open Directory Project: http://dmoz.org/Health/Conditions_and_Diseases/
- Yahoo.com: http://dir.yahoo.com/Health/Diseases_and_Conditions/
- WebMD®Health: http://my.webmd.com/health_topics

Finding Associations

There are several Internet directories that provide lists of medical associations with information on or resources relating to impacted teeth. By consulting all of associations listed in this chapter, you will have nearly exhausted all sources for patient associations concerned with impacted teeth.

The National Health Information Center (NHIC)

The National Health Information Center (NHIC) offers a free referral service to help people find organizations that provide information about impacted teeth. For more information, see the NHIC's Web site at http://www.health.gov/NHIC/ or contact an information specialist by calling 1-800-336-4797.

Directory of Health Organizations

The Directory of Health Organizations, provided by the National Library of Medicine Specialized Information Services, is a comprehensive source of information on associations. The Directory of Health Organizations database can be accessed via the Internet at

http://www.sis.nlm.nih.gov/Dir/DirMain.html. It is composed of two parts: DIRLINE and Health Hotlines.

The DIRLINE database comprises some 10,000 records of organizations, research centers, and government institutes and associations that primarily focus on health and biomedicine. To access DIRLINE directly, go to the following Web site: http://dirline.nlm.nih.gov/. Simply type in "impacted teeth" (or a synonym), and you will receive information on all relevant organizations listed in the database.

Health Hotlines directs you to toll-free numbers to over 300 organizations. You can access this database directly at http://www.sis.nlm.nih.gov/hotlines/. On this page, you are given the option to search by keyword or by browsing the subject list. When you have received your search results, click on the name of the organization for its description and contact information.

The Combined Health Information Database

Another comprehensive source of information on healthcare associations is the Combined Health Information Database. Using the "Detailed Search" option, you will need to limit your search to "Organizations" and "impacted teeth". Type the following hyperlink into your Web browser: http://chid.nih.gov/detail/detail.html. To find associations, use the drop boxes at the bottom of the search page where "You may refine your search by." For publication date, select "All Years." Then, select your preferred language and the format option "Organization Resource Sheet." Type "impacted teeth" (or synonyms) into the "For these words:" box. You should check back periodically with this database since it is updated every three months.

The National Organization for Rare Disorders, Inc.

The National Organization for Rare Disorders, Inc. has prepared a Web site that provides, at no charge, lists of associations organized by health topic. You can access this database at the following Web site: http://www.rarediseases.org/search/orgsearch.html. Type "impacted teeth" (or a synonym) into the search box, and click "Submit Query."

APPENDIX C. FINDING MEDICAL LIBRARIES

Overview

In this Appendix, we show you how to quickly find a medical library in your area.

Preparation

Your local public library and medical libraries have interlibrary loan programs with the National Library of Medicine (NLM), one of the largest medical collections in the world. According to the NLM, most of the literature in the general and historical collections of the National Library of Medicine is available on interlibrary loan to any library. If you would like to access NLM medical literature, then visit a library in your area that can request the publications for you.¹⁶

Finding a Local Medical Library

The quickest method to locate medical libraries is to use the Internet-based directory published by the National Network of Libraries of Medicine (NN/LM). This network includes 4626 members and affiliates that provide many services to librarians, health professionals, and the public. To find a library in your area, simply visit http://nnlm.gov/members/adv.html or call 1-800-338-7657.

Medical Libraries in the U.S. and Canada

In addition to the NN/LM, the National Library of Medicine (NLM) lists a number of libraries with reference facilities that are open to the public. The following is the NLM's list and includes hyperlinks to each library's Web site. These Web pages can provide information on hours of operation and other restrictions. The list below is a small sample of

¹⁶ Adapted from the NLM: http://www.nlm.nih.gov/psd/cas/interlibrary.html.

libraries recommended by the National Library of Medicine (sorted alphabetically by name of the U.S. state or Canadian province where the library is located)¹⁷:

- Alabama: Health InfoNet of Jefferson County (Jefferson County Library Cooperative, Lister Hill Library of the Health Sciences), http://www.uab.edu/infonet/
- Alabama: Richard M. Scrushy Library (American Sports Medicine Institute)
- **Arizona:** Samaritan Regional Medical Center: The Learning Center (Samaritan Health System, Phoenix, Arizona), http://www.samaritan.edu/library/bannerlibs.htm
- California: Kris Kelly Health Information Center (St. Joseph Health System, Humboldt), http://www.humboldt1.com/~kkhic/index.html
- California: Community Health Library of Los Gatos, http://www.healthlib.org/orgresources.html
- California: Consumer Health Program and Services (CHIPS) (County of Los Angeles Public Library, Los Angeles County Harbor-UCLA Medical Center Library) - Carson, CA, http://www.colapublib.org/services/chips.html
- California: Gateway Health Library (Sutter Gould Medical Foundation)
- California: Health Library (Stanford University Medical Center), http://www-med.stanford.edu/healthlibrary/
- California: Patient Education Resource Center Health Information and Resources (University of California, San Francisco), http://sfghdean.ucsf.edu/barnett/PERC/default.asp
- California: Redwood Health Library (Petaluma Health Care District), http://www.phcd.org/rdwdlib.html
- California: Los Gatos PlaneTree Health Library, http://planetreesanjose.org/
- California: Sutter Resource Library (Sutter Hospitals Foundation, Sacramento), http://suttermedicalcenter.org/library/
- California: Health Sciences Libraries (University of California, Davis), http://www.lib.ucdavis.edu/healthsci/
- California: ValleyCare Health Library & Ryan Comer Cancer Resource Center (ValleyCare Health System, Pleasanton), http://gaelnet.stmarysca.edu/other.libs/gbal/east/vchl.html
- California: Washington Community Health Resource Library (Fremont), http://www.healthlibrary.org/
- Colorado: William V. Gervasini Memorial Library (Exempla Healthcare), http://www.saintjosephdenver.org/yourhealth/libraries/
- Connecticut: Hartford Hospital Health Science Libraries (Hartford Hospital), http://www.harthosp.org/library/
- Connecticut: Healthnet: Connecticut Consumer Health Information Center (University
 of Connecticut Health Center, Lyman Maynard Stowe Library),
 http://library.uchc.edu/departm/hnet/

¹⁷ Abstracted from http://www.nlm.nih.gov/medlineplus/libraries.html.

- **Connecticut:** Waterbury Hospital Health Center Library (Waterbury Hospital, Waterbury), http://www.waterburyhospital.com/library/consumer.shtml
- **Delaware:** Consumer Health Library (Christiana Care Health System, Eugene du Pont Preventive Medicine & Rehabilitation Institute, Wilmington), http://www.christianacare.org/health_guide/health_guide_pmri_health_info.cfm
- Delaware: Lewis B. Flinn Library (Delaware Academy of Medicine, Wilmington), http://www.delamed.org/chls.html
- **Georgia:** Family Resource Library (Medical College of Georgia, Augusta), http://cmc.mcg.edu/kids_families/fam_resources/fam_res_lib/frl.htm
- **Georgia:** Health Resource Center (Medical Center of Central Georgia, Macon), http://www.mccg.org/hrc/hrchome.asp
- Hawaii: Hawaii Medical Library: Consumer Health Information Service (Hawaii Medical Library, Honolulu), http://hml.org/CHIS/
- Idaho: DeArmond Consumer Health Library (Kootenai Medical Center, Coeur d'Alene), http://www.nicon.org/DeArmond/index.htm
- Illinois: Health Learning Center of Northwestern Memorial Hospital (Chicago), http://www.nmh.org/health_info/hlc.html
- Illinois: Medical Library (OSF Saint Francis Medical Center, Peoria), http://www.osfsaintfrancis.org/general/library/
- Kentucky: Medical Library Services for Patients, Families, Students & the Public (Central Baptist Hospital, Lexington), http://www.centralbap.com/education/community/library.cfm
- **Kentucky:** University of Kentucky Health Information Library (Chandler Medical Center, Lexington), http://www.mc.uky.edu/PatientEd/
- Louisiana: Alton Ochsner Medical Foundation Library (Alton Ochsner Medical Foundation, New Orleans), http://www.ochsner.org/library/
- **Louisiana:** Louisiana State University Health Sciences Center Medical Library-Shreveport, http://lib-sh.lsuhsc.edu/
- **Maine:** Franklin Memorial Hospital Medical Library (Franklin Memorial Hospital, Farmington), http://www.fchn.org/fmh/lib.htm
- Maine: Gerrish-True Health Sciences Library (Central Maine Medical Center, Lewiston), http://www.cmmc.org/library/library.html
- Maine: Hadley Parrot Health Science Library (Eastern Maine Healthcare, Bangor), http://www.emh.org/hll/hpl/guide.htm
- Maine: Maine Medical Center Library (Maine Medical Center, Portland), http://www.mmc.org/library/
- Maine: Parkview Hospital (Brunswick), http://www.parkviewhospital.org/
- Maine: Southern Maine Medical Center Health Sciences Library (Southern Maine Medical Center, Biddeford), http://www.smmc.org/services/service.php3?choice=10
- **Maine:** Stephens Memorial Hospital's Health Information Library (Western Maine Health, Norway), http://www.wmhcc.org/Library/

- Manitoba, Canada: Consumer & Patient Health Information Service (University of Manitoba Libraries),
 http://www.umanitoba.ca/libraries/units/health/reference/chis.html
- Manitoba, Canada: J.W. Crane Memorial Library (Deer Lodge Centre, Winnipeg), http://www.deerlodge.mb.ca/crane_library/about.asp
- Maryland: Health Information Center at the Wheaton Regional Library (Montgomery County, Dept. of Public Libraries, Wheaton Regional Library), http://www.mont.lib.md.us/healthinfo/hic.asp
- Massachusetts: Baystate Medical Center Library (Baystate Health System), http://www.baystatehealth.com/1024/
- Massachusetts: Boston University Medical Center Alumni Medical Library (Boston University Medical Center), http://med-libwww.bu.edu/library/lib.html
- Massachusetts: Lowell General Hospital Health Sciences Library (Lowell General Hospital, Lowell), http://www.lowellgeneral.org/library/HomePageLinks/WWW.htm
- Massachusetts: Paul E. Woodard Health Sciences Library (New England Baptist Hospital, Boston), http://www.nebh.org/health_lib.asp
- Massachusetts: St. Luke's Hospital Health Sciences Library (St. Luke's Hospital, Southcoast Health System, New Bedford), http://www.southcoast.org/library/
- Massachusetts: Treadwell Library Consumer Health Reference Center (Massachusetts General Hospital), http://www.mgh.harvard.edu/library/chrcindex.html
- Massachusetts: UMass HealthNet (University of Massachusetts Medical School, Worchester), http://healthnet.umassmed.edu/
- **Michigan:** Botsford General Hospital Library Consumer Health (Botsford General Hospital, Library & Internet Services), http://www.botsfordlibrary.org/consumer.htm
- Michigan: Helen DeRoy Medical Library (Providence Hospital and Medical Centers), http://www.providence-hospital.org/library/
- **Michigan:** Marquette General Hospital Consumer Health Library (Marquette General Hospital, Health Information Center), **http://www.mgh.org/center.html**
- Michigan: Patient Education Resouce Center University of Michigan Cancer Center (University of Michigan Comprehensive Cancer Center, Ann Arbor), http://www.cancer.med.umich.edu/learn/leares.htm
- Michigan: Sladen Library & Center for Health Information Resources Consumer Health Information (Detroit), http://www.henryford.com/body.cfm?id=39330
- Montana: Center for Health Information (St. Patrick Hospital and Health Sciences Center, Missoula)
- National: Consumer Health Library Directory (Medical Library Association, Consumer and Patient Health Information Section), http://caphis.mlanet.org/directory/index.html
- National: National Network of Libraries of Medicine (National Library of Medicine) provides library services for health professionals in the United States who do not have
 access to a medical library, http://nnlm.gov/
- National: NN/LM List of Libraries Serving the Public (National Network of Libraries of Medicine), http://nnlm.gov/members/

- Nevada: Health Science Library, West Charleston Library (Las Vegas-Clark County Library District, Las Vegas),
 http://www.lvccld.org/special_collections/medical/index.htm
- New Hampshire: Dartmouth Biomedical Libraries (Dartmouth College Library, Hanover), http://www.dartmouth.edu/~biomed/resources.htmld/conshealth.htmld/
- New Jersey: Consumer Health Library (Rahway Hospital, Rahway), http://www.rahwayhospital.com/library.htm
- New Jersey: Dr. Walter Phillips Health Sciences Library (Englewood Hospital and Medical Center, Englewood), http://www.englewoodhospital.com/links/index.htm
- New Jersey: Meland Foundation (Englewood Hospital and Medical Center, Englewood), http://www.geocities.com/ResearchTriangle/9360/
- New York: Choices in Health Information (New York Public Library) NLM Consumer Pilot Project participant, http://www.nypl.org/branch/health/links.html
- **New York:** Health Information Center (Upstate Medical University, State University of New York, Syracuse), **http://www.upstate.edu/library/hic/**
- New York: Health Sciences Library (Long Island Jewish Medical Center, New Hyde Park), http://www.lij.edu/library/library.html
- New York: ViaHealth Medical Library (Rochester General Hospital), http://www.nyam.org/library/
- **Ohio:** Consumer Health Library (Akron General Medical Center, Medical & Consumer Health Library), http://www.akrongeneral.org/hwlibrary.htm
- Oklahoma: The Health Information Center at Saint Francis Hospital (Saint Francis Health System, Tulsa), http://www.sfh-tulsa.com/services/healthinfo.asp
- Oregon: Planetree Health Resource Center (Mid-Columbia Medical Center, The Dalles), http://www.mcmc.net/phrc/
- **Pennsylvania:** Community Health Information Library (Milton S. Hershey Medical Center, Hershey), http://www.hmc.psu.edu/commhealth/
- **Pennsylvania:** Community Health Resource Library (Geisinger Medical Center, Danville), http://www.geisinger.edu/education/commlib.shtml
- Pennsylvania: HealthInfo Library (Moses Taylor Hospital, Scranton), http://www.mth.org/healthwellness.html
- **Pennsylvania:** Hopwood Library (University of Pittsburgh, Health Sciences Library System, Pittsburgh), http://www.hsls.pitt.edu/guides/chi/hopwood/index_html
- **Pennsylvania:** Koop Community Health Information Center (College of Physicians of Philadelphia), http://www.collphyphil.org/kooppg1.shtml
- **Pennsylvania:** Learning Resources Center Medical Library (Susquehanna Health System, Williamsport), http://www.shscares.org/services/lrc/index.asp
- Pennsylvania: Medical Library (UPMC Health System, Pittsburgh), http://www.upmc.edu/passavant/library.htm
- Quebec, Canada: Medical Library (Montreal General Hospital), http://www.mghlib.mcgill.ca/

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- **South Dakota:** Rapid City Regional Hospital Medical Library (Rapid City Regional Hospital), http://www.rcrh.org/Services/Library/Default.asp
- **Texas:** Houston HealthWays (Houston Academy of Medicine-Texas Medical Center Library), http://hhw.library.tmc.edu/
- Washington: Community Health Library (Kittitas Valley Community Hospital), http://www.kvch.com/
- Washington: Southwest Washington Medical Center Library (Southwest Washington Medical Center, Vancouver), http://www.swmedicalcenter.com/body.cfm?id=72

ONLINE GLOSSARIES

The Internet provides access to a number of free-to-use medical dictionaries. The National Library of Medicine has compiled the following list of online dictionaries:

- ADAM Medical Encyclopedia (A.D.A.M., Inc.), comprehensive medical reference: http://www.nlm.nih.gov/medlineplus/encyclopedia.html
- MedicineNet.com Medical Dictionary (MedicineNet, Inc.): http://www.medterms.com/Script/Main/hp.asp
- Merriam-Webster Medical Dictionary (Inteli-Health, Inc.): http://www.intelihealth.com/IH/
- Multilingual Glossary of Technical and Popular Medical Terms in Eight European Languages (European Commission) - Danish, Dutch, English, French, German, Italian, Portuguese, and Spanish: http://allserv.rug.ac.be/~rvdstich/eugloss/welcome.html
- On-line Medical Dictionary (CancerWEB): http://cancerweb.ncl.ac.uk/omd/
- Rare Diseases Terms (Office of Rare Diseases):
 http://ord.aspensys.com/asp/diseases/diseases.asp
- Technology Glossary (National Library of Medicine) Health Care Technology: http://www.nlm.nih.gov/nichsr/ta101/ta10108.htm

Beyond these, MEDLINEplus contains a very patient-friendly encyclopedia covering every aspect of medicine (licensed from A.D.A.M., Inc.). The ADAM Medical Encyclopedia can be accessed at http://www.nlm.nih.gov/medlineplus/encyclopedia.html. ADAM is also available on commercial Web sites such as drkoop.com (http://www.drkoop.com/) and Web MD (http://my.webmd.com/adam/asset/adam_disease_articles/a_to_z/a). The NIH suggests the following Web sites in the ADAM Medical Encyclopedia when searching for information on impacted teeth:

• Basic Guidelines for Impacted Teeth

Impacted tooth

Web site: http://www.nlm.nih.gov/medlineplus/ency/article/001057.htm

• Signs & Symptoms for Impacted Teeth

Bad breath

Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003058.htm

Headache

Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003024.htm

Swelling

Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003103.htm

Swollen lymph nodes

Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003097.htm

• Diagnostics and Tests for Impacted Teeth

Dental X-rays

Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003801.htm

• Background Topics for Impacted Teeth

Analgesics

Web site: http://www.nlm.nih.gov/medlineplus/ency/article/002123.htm

Chronic

Web site: http://www.nlm.nih.gov/medlineplus/ency/article/002312.htm

Symptomatic

Web site: http://www.nlm.nih.gov/medlineplus/ency/article/002293.htm

Online Dictionary Directories

The following are additional online directories compiled by the National Library of Medicine, including a number of specialized medical dictionaries:

- Medical Dictionaries: Medical & Biological (World Health Organization): http://www.who.int/hlt/virtuallibrary/English/diction.htm#Medical
- MEL-Michigan Electronic Library List of Online Health and Medical Dictionaries (Michigan Electronic Library): http://mel.lib.mi.us/health/health-dictionaries.html
- Patient Education: Glossaries (DMOZ Open Directory Project): http://dmoz.org/Health/Education/Patient_Education/Glossaries/
- Web of Online Dictionaries (Bucknell University): http://www.yourdictionary.com/diction5.html#medicine

IMPACTED TEETH DICTIONARY

The definitions below are derived from official public sources, including the National Institutes of Health [NIH] and the European Union [EU].

Abdominal Pain: Sensation of discomfort, distress, or agony in the abdominal region. [NIH]

Abrasion: 1. The wearing away of a substance or structure (such as the skin or the teeth) through some unusual or abnormal mechanical process. 2. An area of body surface denuded of skin or mucous membrane by some unusual or abnormal mechanical process. [EU]

Abscess: A localized, circumscribed collection of pus. [NIH]

Acetaminophen: Analgesic antipyretic derivative of acetanilide. It has weak antiinflammatory properties and is used as a common analgesic, but may cause liver, blood cell, and kidney damage. [NIH]

Affinity: 1. Inherent likeness or relationship. 2. A special attraction for a specific element, organ, or structure. 3. Chemical affinity; the force that binds atoms in molecules; the tendency of substances to combine by chemical reaction. 4. The strength of noncovalent chemical binding between two substances as measured by the dissociation constant of the complex. 5. In immunology, a thermodynamic expression of the strength of interaction between a single antigen-binding site and a single antigenic determinant (and thus of the stereochemical compatibility between them), most accurately applied to interactions among simple, uniform antigenic determinants such as haptens. Expressed as the association constant (K litres mole -1), which, owing to the heterogeneity of affinities in a population of antibody molecules of a given specificity, actually represents an average value (mean intrinsic association constant). 6. The reciprocal of the dissociation constant. [EU]

Airway: A device for securing unobstructed passage of air into and out of the lungs during general anesthesia. [NIH]

Alpha Particles: Positively charged particles composed of two protons and two neutrons, i.e., helium nuclei, emitted during disintegration of very heavy isotopes; a beam of alpha particles or an alpha ray has very strong ionizing power, but weak penetrability. [NIH]

Alveolar Process: The thickest and spongiest part of the maxilla and mandible hollowed out into deep cavities for the teeth. [NIH]

Alveoli: Tiny air sacs at the end of the bronchioles in the lungs. [NIH]

Amelogenesis Imperfecta: Either hereditary enamel hypoplasia or hypocalcification. [NIH]

Amenorrhea: Absence of menstruation. [NIH]

Analgesic: An agent that alleviates pain without causing loss of consciousness. [EU]

Anatomical: Pertaining to anatomy, or to the structure of the organism. [EU]

Anemia: A reduction in the number of circulating erythrocytes or in the quantity of hemoglobin. [NIH]

Anesthesia: A state characterized by loss of feeling or sensation. This depression of nerve function is usually the result of pharmacologic action and is induced to allow performance of surgery or other painful procedures. [NIH]

Ankylosis: Fixation and immobility of a joint. [NIH]

Anomalies: Birth defects; abnormalities. [NIH]

Anorexia: Lack or loss of appetite for food. Appetite is psychologic, dependent on memory

and associations. Anorexia can be brought about by unattractive food, surroundings, or company. [NIH]

Anorexia Nervosa: The chief symptoms are inability to eat, weight loss, and amenorrhea. [NIH]

Antibody: A type of protein made by certain white blood cells in response to a foreign substance (antigen). Each antibody can bind to only a specific antigen. The purpose of this binding is to help destroy the antigen. Antibodies can work in several ways, depending on the nature of the antigen. Some antibodies destroy antigens directly. Others make it easier for white blood cells to destroy the antigen. [NIH]

Antigen: Any substance which is capable, under appropriate conditions, of inducing a specific immune response and of reacting with the products of that response, that is, with specific antibody or specifically sensitized T-lymphocytes, or both. Antigens may be soluble substances, such as toxins and foreign proteins, or particulate, such as bacteria and tissue cells; however, only the portion of the protein or polysaccharide molecule known as the antigenic determinant (q.v.) combines with antibody or a specific receptor on a lymphocyte. Abbreviated Ag. [EU]

Anti-inflammatory: Having to do with reducing inflammation. [NIH]

Anti-Inflammatory Agents: Substances that reduce or suppress inflammation. [NIH]

Antipyretic: An agent that relieves or reduces fever. Called also antifebrile, antithermic and febrifuge. [EU]

Apnea: A transient absence of spontaneous respiration. [NIH]

Apoptosis: One of the two mechanisms by which cell death occurs (the other being the pathological process of necrosis). Apoptosis is the mechanism responsible for the physiological deletion of cells and appears to be intrinsically programmed. It is characterized by distinctive morphologic changes in the nucleus and cytoplasm, chromatin cleavage at regularly spaced sites, and the endonucleolytic cleavage of genomic DNA (DNA fragmentation) at internucleosomal sites. This mode of cell death serves as a balance to mitosis in regulating the size of animal tissues and in mediating pathologic processes associated with tumor growth. [NIH]

Arteries: The vessels carrying blood away from the heart. [NIH]

Aspirin: A drug that reduces pain, fever, inflammation, and blood clotting. Aspirin belongs to the family of drugs called nonsteroidal anti-inflammatory agents. It is also being studied in cancer prevention. [NIH]

Assay: Determination of the amount of a particular constituent of a mixture, or of the biological or pharmacological potency of a drug. [EU]

Bacteria: Unicellular prokaryotic microorganisms which generally possess rigid cell walls, multiply by cell division, and exhibit three principal forms: round or coccal, rodlike or bacillary, and spiral or spirochetal. [NIH]

Benign: Not cancerous; does not invade nearby tissue or spread to other parts of the body. [NIH]

Bile: An emulsifying agent produced in the liver and secreted into the duodenum. Its composition includes bile acids and salts, cholesterol, and electrolytes. It aids digestion of fats in the duodenum. [NIH]

Bile duct: A tube through which bile passes in and out of the liver. [NIH]

Blood Cell Count: A count of the number of leukocytes and erythrocytes per unit volume in a sample of venous blood. A complete blood count (CBC) also includes measurement of the hemoglobin, hematocrit, and erythrocyte indices. [NIH]

Blood pressure: The pressure of blood against the walls of a blood vessel or heart chamber. Unless there is reference to another location, such as the pulmonary artery or one of the heart chambers, it refers to the pressure in the systemic arteries, as measured, for example, in the forearm. [NIH]

Body Fluids: Liquid components of living organisms. [NIH]

Bone Resorption: Bone loss due to osteoclastic activity. [NIH]

Bowel: The long tube-shaped organ in the abdomen that completes the process of digestion. There is both a small and a large bowel. Also called the intestine. [NIH]

Bulimia: Episodic binge eating. The episodes may be associated with the fear of not being able to stop eating, depressed mood, or self-deprecating thoughts (binge-eating disorder) and may frequently be terminated by self-induced vomiting (bulimia nervosa). [NIH]

Butorphanol: A synthetic morphinan analgesic with narcotic antagonist action. It is used in the management of severe pain. [NIH]

Calcium: A basic element found in nearly all organized tissues. It is a member of the alkaline earth family of metals with the atomic symbol Ca, atomic number 20, and atomic weight 40. Calcium is the most abundant mineral in the body and combines with phosphorus to form calcium phosphate in the bones and teeth. It is essential for the normal functioning of nerves and muscles and plays a role in blood coagulation (as factor IV) and in many enzymatic processes. [NIH]

Candidiasis: Infection with a fungus of the genus Candida. It is usually a superficial infection of the moist cutaneous areas of the body, and is generally caused by C. albicans; it most commonly involves the skin (dermatocandidiasis), oral mucous membranes (thrush, def. 1), respiratory tract (bronchocandidiasis), and vagina (vaginitis). Rarely there is a systemic infection or endocarditis. Called also moniliasis, candidosis, oidiomycosis, and formerly blastodendriosis. [EU]

Candidosis: An infection caused by an opportunistic yeasts that tends to proliferate and become pathologic when the environment is favorable and the host resistance is weakened. [NIH]

Case report: A detailed report of the diagnosis, treatment, and follow-up of an individual patient. Case reports also contain some demographic information about the patient (for example, age, gender, ethnic origin). [NIH]

Celecoxib: A drug that reduces pain. Celecoxib belongs to the family of drugs called nonsteroidal anti-inflammatory agents. It is being studied for cancer prevention. [NIH]

Cell: The individual unit that makes up all of the tissues of the body. All living things are made up of one or more cells. [NIH]

Cell Death: The termination of the cell's ability to carry out vital functions such as metabolism, growth, reproduction, responsiveness, and adaptability. [NIH]

Central Nervous System: The main information-processing organs of the nervous system, consisting of the brain, spinal cord, and meninges. [NIH]

Central Nervous System Infections: Pathogenic infections of the brain, spinal cord, and meninges. DNA virus infections; RNA virus infections; bacterial infections; mycoplasma infections; Spirochaetales infections; fungal infections; protozoan infections; helminthiasis; and prion diseases may involve the central nervous system as a primary or secondary process. [NIH]

Cerebral: Of or pertaining of the cerebrum or the brain. [EU]

Cerebral Cortex: The thin layer of gray matter on the surface of the cerebral hemisphere that develops from the telencephalon and folds into gyri. It reaches its highest development in man and is responsible for intellectual faculties and higher mental functions. [NIH]

Cheilitis: Inflammation of the lips. It is of various etiologies and degrees of pathology. [NIH]

Chromatin: The material of chromosomes. It is a complex of DNA, histones, and nonhistone proteins (chromosomal proteins, non-histone) found within the nucleus of a cell. [NIH]

Chronic: A disease or condition that persists or progresses over a long period of time. [NIH]

Clinical trial: A research study that tests how well new medical treatments or other interventions work in people. Each study is designed to test new methods of screening, prevention, diagnosis, or treatment of a disease. [NIH]

Codeine: An opioid analgesic related to morphine but with less potent analgesic properties and mild sedative effects. It also acts centrally to suppress cough. [NIH]

Colitis: Inflammation of the colon. [NIH]

Collapse: 1. A state of extreme prostration and depression, with failure of circulation. 2. Abnormal falling in of the walls of any part of organ. [EU]

Colon: The long, coiled, tubelike organ that removes water from digested food. The remaining material, solid waste called stool, moves through the colon to the rectum and leaves the body through the anus. [NIH]

Computational Biology: A field of biology concerned with the development of techniques for the collection and manipulation of biological data, and the use of such data to make biological discoveries or predictions. This field encompasses all computational methods and theories applicable to molecular biology and areas of computer-based techniques for solving biological problems including manipulation of models and datasets. [NIH]

Computed tomography: CT scan. A series of detailed pictures of areas inside the body, taken from different angles; the pictures are created by a computer linked to an x-ray machine. Also called computerized tomography and computerized axial tomography (CAT) scan. [NIH]

Computerized axial tomography: A series of detailed pictures of areas inside the body, taken from different angles; the pictures are created by a computer linked to an x-ray machine. Also called CAT scan, computed tomography (CT scan), or computerized tomography. [NIH]

Computerized tomography: A series of detailed pictures of areas inside the body, taken from different angles; the pictures are created by a computer linked to an x-ray machine. Also called computerized axial tomography (CAT) scan and computed tomography (CT scan). [NIH]

Connective Tissue: Tissue that supports and binds other tissues. It consists of connective tissue cells embedded in a large amount of extracellular matrix. [NIH]

Connective Tissue: Tissue that supports and binds other tissues. It consists of connective tissue cells embedded in a large amount of extracellular matrix. [NIH]

Connective Tissue Cells: A group of cells that includes fibroblasts, cartilage cells, adipocytes, smooth muscle cells, and bone cells. [NIH]

Consciousness: Sense of awareness of self and of the environment. [NIH]

Contraindications: Any factor or sign that it is unwise to pursue a certain kind of action or treatment, e. g. giving a general anesthetic to a person with pneumonia. [NIH]

Convalescence: The period of recovery following an illness. [NIH]

Coronary: Encircling in the manner of a crown; a term applied to vessels; nerves, ligaments, etc. The term usually denotes the arteries that supply the heart muscle and, by extension, a pathologic involvement of them. [EU]

Coronary Thrombosis: Presence of a thrombus in a coronary artery, often causing a myocardial infarction. [NIH]

Cranial: Pertaining to the cranium, or to the anterior (in animals) or superior (in humans) end of the body. [EU]

Craniocerebral Trauma: Traumatic injuries involving the cranium and intracranial structures (i.e., brain; cranial nerves; meninges; and other structures). Injuries may be classified by whether or not the skull is penetrated (i.e., penetrating vs. nonpenetrating) or whether there is an associated hemorrhage. [NIH]

Crowns: A prosthetic restoration that reproduces the entire surface anatomy of the visible natural crown of a tooth. It may be partial (covering three or more surfaces of a tooth) or complete (covering all surfaces). It is made of gold or other metal, porcelain, or resin. [NIH]

Cutaneous: Having to do with the skin. [NIH]

Cyst: A sac or capsule filled with fluid. [NIH]

Cytoplasm: The protoplasm of a cell exclusive of that of the nucleus; it consists of a continuous aqueous solution (cytosol) and the organelles and inclusions suspended in it (phaneroplasm), and is the site of most of the chemical activities of the cell. [EU]

Degenerative: Undergoing degeneration: tending to degenerate; having the character of or involving degeneration; causing or tending to cause degeneration. [EU]

Deletion: A genetic rearrangement through loss of segments of DNA (chromosomes), bringing sequences, which are normally separated, into close proximity. [NIH]

Dental Abutments: Natural teeth or teeth roots used as anchorage for a fixed or removable denture or other prosthesis (such as an implant) serving the same purpose. [NIH]

Dental Care: The total of dental diagnostic, preventive, and restorative services provided to meet the needs of a patient (from Illustrated Dictionary of Dentistry, 1982). [NIH]

Dental Caries: Localized destruction of the tooth surface initiated by decalcification of the enamel followed by enzymatic lysis of organic structures and leading to cavity formation. If left unchecked, the cavity may penetrate the enamel and dentin and reach the pulp. The three most prominent theories used to explain the etiology of the disase are that acids produced by bacteria lead to decalcification; that micro-organisms destroy the enamel protein; or that keratolytic micro-organisms produce chelates that lead to decalcification. [NIH]

Dental implant: A small metal pin placed inside the jawbone to mimic the root of a tooth. Dental implants can be used to help anchor a false tooth or teeth, or a crown or bridge. [NIH]

Dentists: Individuals licensed to practice dentistry. [NIH]

Dentition: The teeth in the dental arch; ordinarily used to designate the natural teeth in position in their alveoli. [EU]

Dentures: An appliance used as an artificial or prosthetic replacement for missing teeth and adjacent tissues. It does not include crowns, dental abutments, nor artificial teeth. [NIH]

Diagnostic procedure: A method used to identify a disease. [NIH]

Diastema: An abnormal opening or fissure between two adjacent teeth. [NIH]

Direct: 1. Straight; in a straight line. 2. Performed immediately and without the intervention of subsidiary means. [EU]

Dizziness: An imprecise term which may refer to a sense of spatial disorientation, motion of the environment, or lightheadedness. [NIH]

Double-blind: Pertaining to a clinical trial or other experiment in which neither the subject

nor the person administering treatment knows which treatment any particular subject is receiving. [EU]

Drive: A state of internal activity of an organism that is a necessary condition before a given stimulus will elicit a class of responses; e.g., a certain level of hunger (drive) must be present before food will elicit an eating response. [NIH]

Dysmenorrhea: Painful menstruation. [NIH]

Dysostosis: Defective bone formation. [NIH]

Efficacy: The extent to which a specific intervention, procedure, regimen, or service produces a beneficial result under ideal conditions. Ideally, the determination of efficacy is based on the results of a randomized control trial. [NIH]

Elastic: Susceptible of resisting and recovering from stretching, compression or distortion applied by a force. [EU]

Electrolyte: A substance that dissociates into ions when fused or in solution, and thus becomes capable of conducting electricity; an ionic solute. [EU]

Electromagnetics: Phenomena involving magnets, electric currents through conductors and the electric and magnetic fields thus produced, as in electric motors. [NIH]

Electrons: Stable elementary particles having the smallest known negative charge, present in all elements; also called negatrons. Positively charged electrons are called positrons. The numbers, energies and arrangement of electrons around atomic nuclei determine the chemical identities of elements. Beams of electrons are called cathode rays or beta rays, the latter being a high-energy biproduct of nuclear decay. [NIH]

Emphysema: A pathological accumulation of air in tissues or organs. [NIH]

Enamel: A very hard whitish substance which covers the dentine of the anatomical crown of a tooth. [NIH]

Endocarditis: Exudative and proliferative inflammatory alterations of the endocardium, characterized by the presence of vegetations on the surface of the endocardium or in the endocardium itself, and most commonly involving a heart valve, but sometimes affecting the inner lining of the cardiac chambers or the endocardium elsewhere. It may occur as a primary disorder or as a complication of or in association with another disease. [EU]

Environmental Health: The science of controlling or modifying those conditions, influences, or forces surrounding man which relate to promoting, establishing, and maintaining health. [NIH]

Enzymatic: Phase where enzyme cuts the precursor protein. [NIH]

Enzyme: A protein that speeds up chemical reactions in the body. [NIH]

Erythrocytes: Red blood cells. Mature erythrocytes are non-nucleated, biconcave disks containing hemoglobin whose function is to transport oxygen. [NIH]

Extracellular: Outside a cell or cells. [EU]

Extracellular Matrix: A meshwork-like substance found within the extracellular space and in association with the basement membrane of the cell surface. It promotes cellular proliferation and provides a supporting structure to which cells or cell lysates in culture dishes adhere. [NIH]

Extraction: The process or act of pulling or drawing out. [EU]

Extravasation: A discharge or escape, as of blood, from a vessel into the tissues. [EU]

Facial: Of or pertaining to the face. [EU]

Facial Pain: Pain in the facial region including orofacial pain and craniofacial pain.

Associated conditions include local inflammatory and neoplastic disorders and neuralgic syndromes involving the trigeminal, facial, and glossopharyngeal nerves. Conditions which feature recurrent or persistent facial pain as the primary manifestation of disease are referred to as facial pain syndromes. [NIH]

Family Planning: Programs or services designed to assist the family in controlling reproduction by either improving or diminishing fertility. [NIH]

Fibroblasts: Connective tissue cells which secrete an extracellular matrix rich in collagen and other macromolecules. [NIH]

Fissure: Any cleft or groove, normal or otherwise; especially a deep fold in the cerebral cortex which involves the entire thickness of the brain wall. [EU]

Fold: A plication or doubling of various parts of the body. [NIH]

Fungus: A general term used to denote a group of eukaryotic protists, including mushrooms, yeasts, rusts, moulds, smuts, etc., which are characterized by the absence of chlorophyll and by the presence of a rigid cell wall composed of chitin, mannans, and sometimes cellulose. They are usually of simple morphological form or show some reversible cellular specialization, such as the formation of pseudoparenchymatous tissue in the fruiting body of a mushroom. The dimorphic fungi grow, according to environmental conditions, as moulds or yeasts. [EU]

Gastrointestinal: Refers to the stomach and intestines. [NIH]

Gene: The functional and physical unit of heredity passed from parent to offspring. Genes are pieces of DNA, and most genes contain the information for making a specific protein. [NIH]

Gene Expression: The phenotypic manifestation of a gene or genes by the processes of gene action. [NIH]

Gingival Hyperplasia: A pathological increase in the depth of the gingival crevice surrounding a tooth at the gum margin. [NIH]

Gingivitis: Inflammation of the gingivae. Gingivitis associated with bony changes is referred to as periodontitis. Called also oulitis and ulitis. [EU]

Gland: An organ that produces and releases one or more substances for use in the body. Some glands produce fluids that affect tissues or organs. Others produce hormones or participate in blood production. [NIH]

Glossitis: Inflammation of the tongue. [NIH]

Glossopharyngeal Nerve: The 9th cranial nerve. The glossopharyngeal nerve is a mixed motor and sensory nerve; it conveys somatic and autonomic efferents as well as general, special, and visceral afferents. Among the connections are motor fibers to the stylopharyngeus muscle, parasympathetic fibers to the parotid glands, general and taste afferents from the posterior third of the tongue, the nasopharynx, and the palate, and afferents from baroreceptors and chemoreceptors of the carotid sinus. [NIH]

Gout: Hereditary metabolic disorder characterized by recurrent acute arthritis, hyperuricemia and deposition of sodium urate in and around the joints, sometimes with formation of uric acid calculi. [NIH]

Governing Board: The group in which legal authority is vested for the control of healthrelated institutions and organizations. [NIH]

Headache: Pain in the cranial region that may occur as an isolated and benign symptom or as a manifestation of a wide variety of conditions including subarachnoid hemorrhage; craniocerebral trauma; central nervous system infections; intracranial hypertension; and other disorders. In general, recurrent headaches that are not associated with a primary disease process are referred to as headache disorders (e.g., migraine). [NIH]

Headache Disorders: Common conditions characterized by persistent or recurrent headaches. Headache syndrome classification systems may be based on etiology (e.g., vascular headache, post-traumatic headaches, etc.), temporal pattern (e.g., cluster headache, paroxysmal hemicrania, etc.), and precipitating factors (e.g., cough headache). [NIH]

Hematoma: An extravasation of blood localized in an organ, space, or tissue. [NIH]

Hemoglobin: One of the fractions of glycosylated hemoglobin A1c. Glycosylated hemoglobin is formed when linkages of glucose and related monosaccharides bind to hemoglobin A and its concentration represents the average blood glucose level over the previous several weeks. HbA1c levels are used as a measure of long-term control of plasma glucose (normal, 4 to 6 percent). In controlled diabetes mellitus, the concentration of glycosylated hemoglobin A is within the normal range, but in uncontrolled cases the level may be 3 to 4 times the normal conentration. Generally, complications are substantially lower among patients with Hb levels of 7 percent or less than in patients with HbA1c levels of 9 percent or more. [NIH]

Hemorrhage: Bleeding or escape of blood from a vessel. [NIH]

Hepatitis: Inflammation of the liver and liver disease involving degenerative or necrotic alterations of hepatocytes. [NIH]

Hepatocytes: The main structural component of the liver. They are specialized epithelial cells that are organized into interconnected plates called lobules. [NIH]

Hereditary: Of, relating to, or denoting factors that can be transmitted genetically from one generation to another. [NIH]

Heredity: 1. The genetic transmission of a particular quality or trait from parent to offspring. 2. The genetic constitution of an individual. [EU]

Hormone: A substance in the body that regulates certain organs. Hormones such as gastrin help in breaking down food. Some hormones come from cells in the stomach and small intestine. [NIH]

Hybridomas: Cells artificially created by fusion of activated lymphocytes with neoplastic cells. The resulting hybrid cells are cloned and produce pure or "monoclonal" antibodies or T-cell products, identical to those produced by the immunologically competent parent, and continually grow and divide as the neoplastic parent. [NIH]

Hydrocodone: Narcotic analgesic related to codeine, but more potent and more addicting by weight. It is used also as cough suppressant. [NIH]

Hydrogen: The first chemical element in the periodic table. It has the atomic symbol H, atomic number 1, and atomic weight 1. It exists, under normal conditions, as a colorless, odorless, tasteless, diatomic gas. Hydrogen ions are protons. Besides the common H1 isotope, hydrogen exists as the stable isotope deuterium and the unstable, radioactive isotope tritium. [NIH]

Hypertension: Persistently high arterial blood pressure. Currently accepted threshold levels are 140 mm Hg systolic and 90 mm Hg diastolic pressure. [NIH]

Hypoplasia: Incomplete development or underdevelopment of an organ or tissue. [EU]

Illusion: A false interpretation of a genuine percept. [NIH]

Impaction: The trapping of an object in a body passage. Examples are stones in the bile duct or hardened stool in the colon. [NIH]

In vitro: In the laboratory (outside the body). The opposite of in vivo (in the body). [NIH]

In vivo: In the body. The opposite of in vitro (outside the body or in the laboratory). [NIH]

Infarction: A pathological process consisting of a sudden insufficient blood supply to an area, which results in necrosis of that area. It is usually caused by a thrombus, an embolus, or a vascular torsion. [NIH]

Infection: 1. Invasion and multiplication of microorganisms in body tissues, which may be clinically unapparent or result in local cellular injury due to competitive metabolism, toxins, intracellular replication, or antigen-antibody response. The infection may remain localized, subclinical, and temporary if the body's defensive mechanisms are effective. A local infection may persist and spread by extension to become an acute, subacute, or chronic clinical infection or disease state. A local infection may also become systemic when the microorganisms gain access to the lymphatic or vascular system. 2. An infectious disease.

Inflammation: A pathological process characterized by injury or destruction of tissues caused by a variety of cytologic and chemical reactions. It is usually manifested by typical signs of pain, heat, redness, swelling, and loss of function. [NIH]

Inflammatory bowel disease: A general term that refers to the inflammation of the colon and rectum. Inflammatory bowel disease includes ulcerative colitis and Crohn's disease. [NIH]

Interleukin-1: A soluble factor produced by monocytes, macrophages, and other cells which activates T-lymphocytes and potentiates their response to mitogens or antigens. IL-1 consists of two distinct forms, IL-1 alpha and IL-1 beta which perform the same functions but are distinct proteins. The biological effects of IL-1 include the ability to replace macrophage requirements for T-cell activation. The factor is distinct from interleukin-2. [NIH]

Interleukin-2: Chemical mediator produced by activated T lymphocytes and which regulates the proliferation of T cells, as well as playing a role in the regulation of NK cell activity. [NIH]

Interleukin-6: Factor that stimulates the growth and differentiation of human B-cells and is also a growth factor for hybridomas and plasmacytomas. It is produced by many different cells including T-cells, monocytes, and fibroblasts. [NIH]

Intestinal: Having to do with the intestines. [NIH]

Intestines: The section of the alimentary canal from the stomach to the anus. It includes the large intestine and small intestine. [NIH]

Intracellular: Inside a cell. [NIH]

Intrinsic: Situated entirely within or pertaining exclusively to a part. [EU]

Kb: A measure of the length of DNA fragments, 1 Kb = 1000 base pairs. The largest DNA fragments are up to 50 kilobases long. [NIH]

Keratolytic: An agent that promotes keratolysis. [EU]

Ketorolac: A drug that belongs to a family of drugs called nonsteroidal anti-inflammatory agents. It is being studied in cancer prevention. [NIH]

Kinetic: Pertaining to or producing motion. [EU]

Lesion: An area of abnormal tissue change. [NIH]

Liver: A large, glandular organ located in the upper abdomen. The liver cleanses the blood and aids in digestion by secreting bile. [NIH]

Localized: Cancer which has not metastasized yet. [NIH]

Loop: A wire usually of platinum bent at one end into a small loop (usually 4 mm inside diameter) and used in transferring microorganisms. [NIH]

Luxation: The displacement of the particular surface of a bone from its normal joint, without

fracture. [NIH]

Lymph: The almost colorless fluid that travels through the lymphatic system and carries cells that help fight infection and disease. [NIH]

Lymph node: A rounded mass of lymphatic tissue that is surrounded by a capsule of connective tissue. Also known as a lymph gland. Lymph nodes are spread out along lymphatic vessels and contain many lymphocytes, which filter the lymphatic fluid (lymph). [NIH]

Lymphatic: The tissues and organs, including the bone marrow, spleen, thymus, and lymph nodes, that produce and store cells that fight infection and disease. [NIH]

Lymphatic system: The tissues and organs that produce, store, and carry white blood cells that fight infection and other diseases. This system includes the bone marrow, spleen, thymus, lymph nodes and a network of thin tubes that carry lymph and white blood cells. These tubes branch, like blood vessels, into all the tissues of the body. [NIH]

Lymphocytes: White blood cells formed in the body's lymphoid tissue. The nucleus is round or ovoid with coarse, irregularly clumped chromatin while the cytoplasm is typically pale blue with azurophilic (if any) granules. Most lymphocytes can be classified as either T or B (with subpopulations of each); those with characteristics of neither major class are called null cells. [NIH]

Macrophage: A type of white blood cell that surrounds and kills microorganisms, removes dead cells, and stimulates the action of other immune system cells. [NIH]

Magnetics: The study of magnetic phenomena and magnetic fields. Magnetism produced by electric currents is electromagnetics. [NIH]

Mandible: The largest and strongest bone of the face constituting the lower jaw. It supports the lower teeth. [NIH]

Maxillary: Pertaining to the maxilla : the irregularly shaped bone that with its fellow forms the upper jaw. [EU]

Medial: Lying near the midsaggital plane of the body; opposed to lateral. [NIH]

MEDLINE: An online database of MEDLARS, the computerized bibliographic Medical Literature Analysis and Retrieval System of the National Library of Medicine. [NIH]

Membrane: A very thin layer of tissue that covers a surface. [NIH]

Memory: Complex mental function having four distinct phases: (1) memorizing or learning, (2) retention, (3) recall, and (4) recognition. Clinically, it is usually subdivided into immediate, recent, and remote memory. [NIH]

MI: Myocardial infarction. Gross necrosis of the myocardium as a result of interruption of the blood supply to the area; it is almost always caused by atherosclerosis of the coronary arteries, upon which coronary thrombosis is usually superimposed. [NIH]

Micro-organism: An organism which cannot be observed with the naked eye; e. g. unicellular animals, lower algae, lower fungi, bacteria. [NIH]

Migration: The systematic movement of genes between populations of the same species, geographic race, or variety. [NIH]

Mitosis: A method of indirect cell division by means of which the two daughter nuclei normally receive identical complements of the number of chromosomes of the somatic cells of the species. [NIH]

Molecular: Of, pertaining to, or composed of molecules: a very small mass of matter. [EU]

Molecule: A chemical made up of two or more atoms. The atoms in a molecule can be the same (an oxygen molecule has two oxygen atoms) or different (a water molecule has two

hydrogen atoms and one oxygen atom). Biological molecules, such as proteins and DNA, can be made up of many thousands of atoms. [NIH]

Monocyte: A type of white blood cell. [NIH] **Mononuclear:** A cell with one nucleus. [NIH]

Morphine: The principal alkaloid in opium and the prototype opiate analgesic and narcotic. Morphine has widespread effects in the central nervous system and on smooth muscle. [NIH]

Morphological: Relating to the configuration or the structure of live organs. [NIH]

Morphology: The science of the form and structure of organisms (plants, animals, and other forms of life). [NIH]

Motion Sickness: Sickness caused by motion, as sea sickness, train sickness, car sickness, and air sickness. [NIH]

Mucus: The viscous secretion of mucous membranes. It contains mucin, white blood cells, water, inorganic salts, and exfoliated cells. [NIH]

Myocardium: The muscle tissue of the heart composed of striated, involuntary muscle known as cardiac muscle. [NIH]

Naproxen: An anti-inflammatory agent with analgesic and antipyretic properties. Both the acid and its sodium salt are used in the treatment of rheumatoid arthritis and other rheumatic or musculoskeletal disorders, dysmenorrhea, and acute gout. [NIH]

Narcotic: 1. Pertaining to or producing narcosis. 2. An agent that produces insensibility or stupor, applied especially to the opioids, i.e. to any natural or synthetic drug that has morphine-like actions. [EU]

Nausea: An unpleasant sensation in the stomach usually accompanied by the urge to vomit. Common causes are early pregnancy, sea and motion sickness, emotional stress, intense pain, food poisoning, and various enteroviruses. [NIH]

Necrosis: A pathological process caused by the progressive degradative action of enzymes that is generally associated with severe cellular trauma. It is characterized by mitochondrial swelling, nuclear flocculation, uncontrolled cell lysis, and ultimately cell death. [NIH]

Neoplastic: Pertaining to or like a neoplasm (= any new and abnormal growth); pertaining to neoplasia (= the formation of a neoplasm). [EU]

Nerve: A cordlike structure of nervous tissue that connects parts of the nervous system with other tissues of the body and conveys nervous impulses to, or away from, these tissues. [NIH]

Neutrons: Electrically neutral elementary particles found in all atomic nuclei except light hydrogen; the mass is equal to that of the proton and electron combined and they are unstable when isolated from the nucleus, undergoing beta decay. Slow, thermal, epithermal, and fast neutrons refer to the energy levels with which the neutrons are ejected from heavier nuclei during their decay. [NIH]

Nucleus: A body of specialized protoplasm found in nearly all cells and containing the chromosomes. [NIH]

Occupational Exposure: The exposure to potentially harmful chemical, physical, or biological agents that occurs as a result of one's occupation. [NIH]

Oral Health: The optimal state of the mouth and normal functioning of the organs of the mouth without evidence of disease. [NIH]

Oral Manifestations: Disorders of the mouth attendant upon non-oral disease or injury.

Orbit: One of the two cavities in the skull which contains an eyeball. Each eye is located in a

bony socket or orbit. [NIH]

Orbital: Pertaining to the orbit (= the bony cavity that contains the eyeball). [EU]

Orofacial: Of or relating to the mouth and face. [EU]

Orthodontics: A dental specialty concerned with the prevention and correction of dental and oral anomalies (malocclusion). [NIH]

Osteoclasts: A large multinuclear cell associated with the absorption and removal of bone. An odontoclast, also called cementoclast, is cytomorphologically the same as an osteoclast and is involved in cementum resorption. [NIH]

Palate: The structure that forms the roof of the mouth. It consists of the anterior hard palate and the posterior soft palate. [NIH]

Parathyroid: 1. Situated beside the thyroid gland. 2. One of the parathyroid glands. 3. A sterile preparation of the water-soluble principle(s) of the parathyroid glands, ad-ministered parenterally as an antihypocalcaemic, especially in the treatment of acute hypoparathyroidism with tetany. [EU]

Parathyroid Glands: Two small paired endocrine glands in the region of the thyroid gland. They secrete parathyroid hormone and are concerned with the metabolism of calcium and phosphorus. [NIH]

Parathyroid hormone: A substance made by the parathyroid gland that helps the body store and use calcium. Also called parathormone, parathyrin, or PTH. [NIH]

Pathologic: 1. Indicative of or caused by a morbid condition. 2. Pertaining to pathology (= branch of medicine that treats the essential nature of the disease, especially the structural and functional changes in tissues and organs of the body caused by the disease). [EU]

Pathologic Processes: The abnormal mechanisms and forms involved in the dysfunctions of tissues and organs. [NIH]

Patient Education: The teaching or training of patients concerning their own health needs. [NIH]

Periodontal disease: Disease involving the supporting structures of the teeth (as the gums and periodontal membranes). [NIH]

Periodontal disease: Disease involving the supporting structures of the teeth (as the gums and periodontal membranes). [NIH]

Periodontitis: Inflammation of the periodontal membrane; also called periodontitis simplex. [NIH]

Pernicious anemia: A type of anemia (low red blood cell count) caused by the body's inability to absorb vitamin B12. [NIH]

Pharmacologic: Pertaining to pharmacology or to the properties and reactions of drugs. [EU]

Physiologic: Having to do with the functions of the body. When used in the phrase "physiologic age," it refers to an age assigned by general health, as opposed to calendar age. [NIH]

Pigment: A substance that gives color to tissue. Pigments are responsible for the color of skin, eyes, and hair. [NIH]

Pigmentation: Coloration or discoloration of a part by a pigment. [NIH]

Plants: Multicellular, eukaryotic life forms of the kingdom Plantae. They are characterized by a mainly photosynthetic mode of nutrition; essentially unlimited growth at localized regions of cell divisions (meristems); cellulose within cells providing rigidity; the absence of organs of locomotion; absense of nervous and sensory systems; and an alteration of haploid and diploid generations. [NIH]

Platinum: Platinum. A heavy, soft, whitish metal, resembling tin, atomic number 78, atomic weight 195.09, symbol Pt. (From Dorland, 28th ed) It is used in manufacturing equipment for laboratory and industrial use. It occurs as a black powder (platinum black) and as a spongy substance (spongy platinum) and may have been known in Pliny's time as "alutiae".

Pneumonia: Inflammation of the lungs. [NIH]

Poisoning: A condition or physical state produced by the ingestion, injection or inhalation of, or exposure to a deleterious agent. [NIH]

Polyp: A growth that protrudes from a mucous membrane. [NIH]

Polyposis: The development of numerous polyps (growths that protrude from a mucous membrane). [NIH]

Posterior: Situated in back of, or in the back part of, or affecting the back or dorsal surface of the body. In lower animals, it refers to the caudal end of the body. [EU]

Postnatal: Occurring after birth, with reference to the newborn. [EU]

Potentiates: A degree of synergism which causes the exposure of the organism to a harmful substance to worsen a disease already contracted. [NIH]

Practice Guidelines: Directions or principles presenting current or future rules of policy for the health care practitioner to assist him in patient care decisions regarding diagnosis, therapy, or related clinical circumstances. The guidelines may be developed by government agencies at any level, institutions, professional societies, governing boards, or by the convening of expert panels. The guidelines form a basis for the evaluation of all aspects of health care and delivery. [NIH]

Preoperative: Preceding an operation. [EU]

Prevalence: The total number of cases of a given disease in a specified population at a designated time. It is differentiated from incidence, which refers to the number of new cases in the population at a given time. [NIH]

Proteins: Polymers of amino acids linked by peptide bonds. The specific sequence of amino acids determines the shape and function of the protein. [NIH]

Protons: Stable elementary particles having the smallest known positive charge, found in the nuclei of all elements. The proton mass is less than that of a neutron. A proton is the nucleus of the light hydrogen atom, i.e., the hydrogen ion. [NIH]

Public Policy: A course or method of action selected, usually by a government, from among alternatives to guide and determine present and future decisions. [NIH]

Race: A population within a species which exhibits general similarities within itself, but is both discontinuous and distinct from other populations of that species, though not sufficiently so as to achieve the status of a taxon. [NIH]

Radiation: Emission or propagation of electromagnetic energy (waves/rays), or the waves/rays themselves; a stream of electromagnetic particles (electrons, neutrons, protons, alpha particles) or a mixture of these. The most common source is the sun. [NIH]

Radiography: Examination of any part of the body for diagnostic purposes by means of roentgen rays, recording the image on a sensitized surface (such as photographic film). [NIH]

Radiological: Pertaining to radiodiagnostic and radiotherapeutic procedures, and interventional radiology or other planning and guiding medical radiology. [NIH]

Radiology: A specialty concerned with the use of x-ray and other forms of radiant energy in the diagnosis and treatment of disease. [NIH]

Randomized: Describes an experiment or clinical trial in which animal or human subjects

are assigned by chance to separate groups that compare different treatments. [NIH]

Receptor: A molecule inside or on the surface of a cell that binds to a specific substance and causes a specific physiologic effect in the cell. [NIH]

Rectum: The last 8 to 10 inches of the large intestine. [NIH]

Refer: To send or direct for treatment, aid, information, de decision. [NIH]

Regimen: A treatment plan that specifies the dosage, the schedule, and the duration of treatment. [NIH]

Resorption: The loss of substance through physiologic or pathologic means, such as loss of dentin and cementum of a tooth, or of the alveolar process of the mandible or maxilla. [EU]

Rheumatoid: Resembling rheumatism. [EU]

Rheumatoid arthritis: A form of arthritis, the cause of which is unknown, although infection, hypersensitivity, hormone imbalance and psychologic stress have been suggested as possible causes. [NIH]

Ribonuclease: RNA-digesting enzyme. [NIH]

Sagittal: The line of direction passing through the body from back to front, or any vertical plane parallel to the medial plane of the body and inclusive of that plane; often restricted to the medial plane, the plane of the sagittal suture. [NIH]

Screening: Checking for disease when there are no symptoms. [NIH]

Scurvy: A deficiency disease due to lack of vitamin C in the diet. [NIH]

Sedative: 1. Allaying activity and excitement. 2. An agent that allays excitement. [EU]

Shock: The general bodily disturbance following a severe injury; an emotional or moral upset occasioned by some disturbing or unexpected experience; disruption of the circulation, which can upset all body functions: sometimes referred to as circulatory shock. [NIH]

Skeletal: Having to do with the skeleton (boney part of the body). [NIH]

Skeleton: The framework that supports the soft tissues of vertebrate animals and protects many of their internal organs. The skeletons of vertebrates are made of bone and/or cartilage. [NIH]

Sleep apnea: A serious, potentially life-threatening breathing disorder characterized by repeated cessation of breathing due to either collapse of the upper airway during sleep or absence of respiratory effort. [NIH]

Snoring: Rough, noisy breathing during sleep, due to vibration of the uvula and soft palate. [NIH]

Sodium: An element that is a member of the alkali group of metals. It has the atomic symbol Na, atomic number 11, and atomic weight 23. With a valence of 1, it has a strong affinity for oxygen and other nonmetallic elements. Sodium provides the chief cation of the extracellular body fluids. Its salts are the most widely used in medicine. (From Dorland, 27th ed) Physiologically the sodium ion plays a major role in blood pressure regulation, maintenance of fluid volume, and electrolyte balance. [NIH]

Specialist: In medicine, one who concentrates on 1 special branch of medical science. [NIH]

Species: A taxonomic category subordinate to a genus (or subgenus) and superior to a subspecies or variety, composed of individuals possessing common characters distinguishing them from other categories of individuals of the same taxonomic level. In taxonomic nomenclature, species are designated by the genus name followed by a Latin or Latinized adjective or noun. [EU]

Stellate: Star shaped. [NIH]

Sterile: Unable to produce children. [NIH]

Stimulus: That which can elicit or evoke action (response) in a muscle, nerve, gland or other excitable issue, or cause an augmenting action upon any function or metabolic process. [NIH]

Stomach: An organ of digestion situated in the left upper quadrant of the abdomen between the termination of the esophagus and the beginning of the duodenum. [NIH]

Stool: The waste matter discharged in a bowel movement; feces. [NIH]

Stress: Forcibly exerted influence; pressure. Any condition or situation that causes strain or tension. Stress may be either physical or psychologic, or both. [NIH]

Subacute: Somewhat acute; between acute and chronic. [EU]

Subarachnoid: Situated or occurring between the arachnoid and the pia mater. [EU]

Subclinical: Without clinical manifestations; said of the early stage(s) of an infection or other disease or abnormality before symptoms and signs become apparent or detectable by clinical examination or laboratory tests, or of a very mild form of an infection or other disease or abnormality. [EU]

Symptomatic: Having to do with symptoms, which are signs of a condition or disease. [NIH] **Systemic:** Affecting the entire body. [NIH]

Tetany: 1. Hyperexcitability of nerves and muscles due to decrease in concentration of extracellular ionized calcium, which may be associated with such conditions as parathyroid hypofunction, vitamin D deficiency, and alkalosis or result from ingestion of alkaline salts; it is characterized by carpopedal spasm, muscular twitching and cramps, laryngospasm with inspiratory stridor, hyperreflexia and choreiform movements. 2. Tetanus. [EU]

Thrush: A disease due to infection with species of fungi of the genus Candida. [NIH]

Thyroid: A gland located near the windpipe (trachea) that produces thyroid hormone, which helps regulate growth and metabolism. [NIH]

Thyroid Gland: A highly vascular endocrine gland consisting of two lobes, one on either side of the trachea, joined by a narrow isthmus; it produces the thyroid hormones which are concerned in regulating the metabolic rate of the body. [NIH]

Tissue: A group or layer of cells that are alike in type and work together to perform a specific function. [NIH]

Tomography: Imaging methods that result in sharp images of objects located on a chosen plane and blurred images located above or below the plane. [NIH]

Tooth Movement: Orthodontic techniques used to correct the malposition of a single tooth. [NIH]

Toxic: Having to do with poison or something harmful to the body. Toxic substances usually cause unwanted side effects. [NIH]

Toxicology: The science concerned with the detection, chemical composition, and pharmacologic action of toxic substances or poisons and the treatment and prevention of toxic manifestations. [NIH]

Toxins: Specific, characterizable, poisonous chemicals, often proteins, with specific biological properties, including immunogenicity, produced by microbes, higher plants, or animals. [NIH]

Traction: The act of pulling. [NIH]

Trauma: Any injury, wound, or shock, must frequently physical or structural shock, producing a disturbance. [NIH]

Trigeminal: Cranial nerve V. It is sensory for the eyeball, the conjunctiva, the eyebrow, the skin of face and scalp, the teeth, the mucous membranes in the mouth and nose, and is motor to the muscles of mastication. [NIH]

Ulcerative colitis: Chronic inflammation of the colon that produces ulcers in its lining. This condition is marked by abdominal pain, cramps, and loose discharges of pus, blood, and mucus from the bowel. [NIH]

Uvula: Uvula palatinae; specifically, the tongue-like process which projects from the middle of the posterior edge of the soft palate. [NIH]

Vagina: The muscular canal extending from the uterus to the exterior of the body. Also called the birth canal. [NIH]

Vaginitis: Inflammation of the vagina characterized by pain and a purulent discharge. [NIH]

Vascular: Pertaining to blood vessels or indicative of a copious blood supply. [EU]

Vertigo: An illusion of movement; a sensation as if the external world were revolving around the patient (objective vertigo) or as if he himself were revolving in space (subjective vertigo). The term is sometimes erroneously used to mean any form of dizziness. [EU]

Veterinary Medicine: The medical science concerned with the prevention, diagnosis, and treatment of diseases in animals. [NIH]

Viral: Pertaining to, caused by, or of the nature of virus. [EU]

Virus: Submicroscopic organism that causes infectious disease. In cancer therapy, some viruses may be made into vaccines that help the body build an immune response to, and kill, tumor cells. [NIH]

Vivo: Outside of or removed from the body of a living organism. [NIH]

White blood cell: A type of cell in the immune system that helps the body fight infection and disease. White blood cells include lymphocytes, granulocytes, macrophages, and others. [NIH]

X-ray: High-energy radiation used in low doses to diagnose diseases and in high doses to treat cancer. [NIH]

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