## AADR March 2010 Abstracts (Summer 2009 Students)

M. X U - CASE COMPLEXITY AND OUTCOMES EVALUATED U SING ICON, DI AND AB OGS B. BEZAK – MEASURING CLINICAL A TTACHMENT LOSS USING CONE BEAM COMPUTED TOMOGRAPHY K.M. CHOO – INFLUENCES ON BOND S TRENGTH OF ORTHODONT IC BRACKETS I. HUH – INFLUENCE OF TOOTH B RUSHING ON SURFACE R OUGHNESS OF RESTORATIVE MATERIALS R. KAROLL – DENTAL STATUS AMONG CHILDREN WITH AND WI THOUT SPECIAL NEEDS

scores (P<0.05) for each decade. Additionally, in 6 of 10 pre - treatment inter - decade comparisons and 9 of 10 post - treatment comparisons, t he score of the more recent decade is significantly lower than that of the more distant decade (P<0.005). Total DI scores ranged from 9.71±5.82 to 14.53±6.00. Total ABOGS scores ranged from 8.67±5.88 to 17.64±8.45. ANOVA revealed that 5 of 10 inter - decade comparisons in DI and 7 of 10 in ABOGS had the significant lower score toward the more recent decade (P<0.005). Conclusion: ICON, DI and ABOGS show significant improvement between pre - and post - treatment in any given decade. Reduction in case complexity an d improvement in treatment outcome are consistent from the 1960s to mid -2000s.

948 Measuring Clinical Attachment Loss Using Cone Beam Computed Tomography (CBCT)

Friday, March 5, 2010: 2 p.m. - 3:15 p.m. Location: Exhibit Hall D (Walter E. Washington Con vention Center) B. BEZAK, A. DHILLON, and L. BAHL - PALOMO, Case Western Reserve University, Cleveland, OH

Objectives : To assess reliability and accuracy of Cone Beam Computed Tomography (CBCT) to identify Clinical Attachment Loss (CAL), using clinical calculation of CAL as the gold standard. Methods : Two examiners were calibrated (intra -examiner, inter examiner) in recording measurements on CBCT scans using 3D software. 57 subjects with mild to severe periodontitis underwent a clinical exam, and CAL was measured clinically by a board -certified periodontist. Then, participants underwent CBCT scanning (120kVp, 15mA). The scans were measured at four interproximal sites per tooth: the blinded examiner measured the distance in millimeters from the apical end of enamel to the crest of alveolar bone (CEJ -BM) at each site. The apical end of enamel was determined by relative densities between enamel and cementum or enamel and dentin. CEJ-BM values were correlated to the cl inical 510 sites were identified clinically with CAL. gold standard. 4,798 sites were measured. Results: Examiner was calibrated at the start of data collection: 0.972, 95%CI (0.945 S Q Inter - examiner calibration was 0.923, 95%CI (0.850 -Examiner was calibrated at the completion of data collection: 0.979.95%CI (0.958-0.990), S Ω S C Spearman's Correlation Coefficient (rho) for CEJ -%0 DQG &\$/ IRU DOO VLWHV ZDV S n=510. \$W PRODU VLWHV UKR S At pre - PORODU VLWHV UKR =0\$05, n=162. At anterior Conclusion : CBCT measurement protocol is reliable. Accuracy of CBCT sites. rho= -S Ω measurements correlates with CAL gold standard measurements. There is a tendency to underestimate CAL overall, with a lesser tendency for underestimation in molar sites than in pre - molar sites.

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after 35% phosphoric acid followed by the application of a TEGMA/Bis - GMA primer (TE; Transbond XT Etching Gel+ Transbond XT Primer). Each to oth was then allocated into three experimental settings as: intact, non- demineralized (ND), demineralized (D), demineralized+resin infiltrated with ICON (DRI). For groups D and DRI the specimens were immersed in a demineralizing solutio (pH=4.95) for 8 we eks. The specimens were tested for bond strengths after 24 hours and after artificial aging (20,000 thermal cycles). Shear bond strengths (SBS) was performed using a universal testing machine. Statistical analysis was calculated using ANOVA/Tukey's B post -hoc test at D=0.05.

Results: (SBS±SD in MPa)

	Non - aged	Aged
TE-ND	152.5±45.8ab	245.7±52.5c
TE-D	202.2±57.1bc	259.2±44.0c
TE-DRI	202.9±37.0bc	187.9±38.3b
SE-ND	102.9±24.5a	139.5±67.5ab
SE-D	167.1±53.1ab	