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Editorial

CBCT: Shifting Your Dental Practice from "What If" To "What Is"

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Sectional imaging is a useful tool for the dental practitioner, especially in the fields of oral surgery and implant dentistry. Until recently, the most readily available way to gain three-dimensional information has been computed tomography (CT). The main drawbacks to using this technique have been the substantial dose of ionising radiation and accessibility. Cone-beam computed tomography (CBCT) has revolutionized the imaging in dentistry. It has advantage of less ionizing radiation to the patient and easy accessibility to the dentist.

CBCT is indispensible to the implant dentistry it justifies it use by providing accurate measurements of width and length of the ridge, proximity to the anatomic structure, presence of any anatomic variations to be considered in pretreatment planning for implants, and posttreatment evaluation for implant failure or any complication of anatomic breach. CBCT with 3D printing can be useful for guided surgeries.

In Oral surgery for determining proximity of mandibular nerve to third molar roots in cases where two dimensional imaging indicates towards the close approximation. To plan for bone grafting procedures, to measure accurate cyst odontogenic tumor dimensions, oroantral fistula, osteomyelitis, impacted teeth assessment. Periodontics it can be useful for endometria lesion and determining presence of dehiscence and fenestration, bone morphology of defects. Endodontics it should be considered to find out any variation in normal anatomy if even after a good endodontic treatment tooth is symptomatic it can provide information on missed canal, calcified canal, any strip perforation etc, CBCT is directly an imaging modality of choice for determining presence of vertical or horizontal root fractures which can be obscured in two dimensional imaging. Orthodontics CBCT can be useful for airway assessment and determining exact dimension details of impacted tooth in various planes.

These are the few specific indications of CBCT in general dental practice which helps to move from state of doubt to evidence. CBCT is here to stay and revolutinise the dental imaging with new inventions to provide a holistic dental treatment. There is a need for general dentist to be well versed with these indications for prescribing CBCT scans in clinical scenarios when in doubt with two dimensional imaging. General dentist should be adequately trained for CBCT indications and reading the scans to optimum levels. and the programmes and continuing dental education programmes should be conducted to make CBCT indications applications and use familiar with the general dentist and also to avoid in adervant prescriptions of CBCT scans.

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