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Using IMEMR for identifying health knowledge produced in EMR Countries

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Abstract English

Background and aim:

One of the important measure of proper root canal preparation is Maintaining the original position of the root canal. so ;instrument that result in Minimal change of canal position ,result in better cleaning and shaping. This study was aimed to comparison of effect of Joy Taper and Bio Race on maintaining of Canal centering ability and transportation by CBCT in mesio buccal canals of human Extracted mandibular first molars.

Materials and Methods:

In this experimental study a total of 30 of mesiobuccal Root canals of human mandibular first molars with curvature ranging between 20-40 were randomly divided by Schneider and in two groups of 15 canals each , and Two In control Group and were imbedded in a puty impression material and Submitted To CBCT the initial imaging was prepared . Group A was prepared with Joy Taper and group B was Prepared with Bio Race .According to manufactures protocol .pre and post Instrument image was Recorded .Image Were reconstruction and cross sections Corresponding to distance 1,3,7 mm from The anatomic apex were selected for Analysis by Gambill. Statistical analysis was performed With T-test and Repeated Measure ANOVA .

Results:

There was no significant different between the two groups of Joy Taper And Bio Race systems in maintaining the canal centralization and canal Transportation ($P>0.05$), but significantly only in the 7mm control of the Bio Race system,it Was better in centering ability $P=0.048$, also in each group at different sections of coronal , Mid and apical there was no significant difference.

Conclusion:

Our findings showed that Joy Taper and Bio Race having the same Result in transportation and centring ability.

Abstract Persian

سابقه و هدف

یکی از معیارهای مهم آماده سازی مطلوب کانال ریشه دندان حفظ شکل و موقعیت اصلی مرکز کانال است. بنابراین وسیله ای که در حین آماده سازی سبب حداقل تغییر در این موقعیت گردد جهت آماده سازی، مناسب تر می باشد. لذا این تحقیق با هدف مقایسه ی آزمایشگاهی دو سیستم Bio Race و Joy Taper از نظر حفظ مرکزیت کانال و جابجایی توسط CBCT در کانال های مزوبوئیکال دندان های مولر اول فک پایین خارج شده از دهان انسان در واحد دندان پزشکی دانشگاه آزاد اسلامی تهران در سال 1397-98 انجام گرفت

موادروش ها

در این مطالعه تجربی 30 کانال مزوبوئیکال مولرهای اول فک پایین خارج شده از دهان انسان با خمیدگی بین 20-40 درجه بر اساس روش اشداینر تعیین و به طور تصادفی به دو گروه 15 تایی تقسیم شدند سپس پس از جایگذاری در ماده فالیگیری پویی به دستگاه CBCT منتقل شدو تصاویر اولیه ی مقاطع در فواصل 3، 1و 7 میلی متری از ایکس آنایومیک تهیه گردید.در گروه A با سیستم Joy Taper و در گروه B با سیستم Bio RaCe آماده سازی کانال طبق دستور کارخانه سازنده انجام گرفت و سپس دوباره تصویر برداری با CBCT انجام شد و فواصل مرکز کانال از مزبال و دیستال اندازه گیری شد بر اساس روش Gambill. آنالیز آماری توسط آزمون T-Test و آزمون Repeated Measure ANOVA انجام گرفت.

یافته ها

بین دو سیستم Joy Taper و Bio Race از نظر حفظ مرکزیت $P=0.930$ و جابجایی کانال $P=0.190$ اختلاف معناداری وجود نداشت و تنها در 7 میلی متری کروئال سیستم Bio Race از نظر حفظ مرکزیت کانال بهتر عمل کرد. $P=0.048$ همچنین در هر گروه در مقاطع مخفف کروئالی و میانی و اپیکالی نیز اختلاف معناداری وجود نداشت

نتیجه گیری

با توجه به این تحقیق سیستم Joy Taper و Bio Race هر دو از نظر حفظ مرکزیت کانال های خمیده و میزان جابه جایی مشابه یکدیگر عمل کردند

الخلفية :

رغم انتشار الوعي بعدم المساواة الصحية ومحدداتها، لم تحظ التغييرات في عدم المساواة الصحية على مر الزمن بالاهتمام الكافي

الأهداف :

هدفت هذه الدراسة إلى قياس التغييرات على مر الزمن في التفاوت الاقتصادي في حدة البصر المستعجلة المقاسة باستخدام لو غاريتم زاوية الوضوح الصغرى ، وتحليلها

طرق البحث :

أجرينا تحليلاً على 4706 مشاركاً كانت لديهم بيانات كاملة عن "حدة البصر المستعجلة" والنقاط الاقتصادية في عامي 2009 و 2014 في دراسة شهروا الأترابية للعيون. وقسنا التغييرات في مؤشرات تركيز حدة البصر المستعجلة ، وحللناها باستخدام نهج طولي

النتائج :

تدهور كل من "حدة البصر المستعجلة" والحالة الاقتصادية بين عامي 2009 و 2014. وكان متوسط الانحراف المعياري (نقاط حدة البصر المستعجلة والنقاط الاقتصادية في عام 2009 مقارنة بعام 2014 هو 0.2 (0.090) 0.103 مقابل 0.2 (و 0.01 و 1.0 (مقابل 0.0005) 1.07 (على التوالي. وبلغ مؤشر تركيز حدة البصر المستعجلة) فاصل الثقة 95% (في المرحلة الأولى مقابل المرحلة الثانية من الدراسة- 0245) -0212 إلى- 0278 (مقابل- 0195) -0165 إلى- 0225 (على التوالي. ويشير التحليل الطولي لهذا التغيير في مؤشرات التركيز خلال فترة 5 سنوات إلى أن أهم عامل مساهم في الحد من التفاوت الاقتصادي "لحدة البصر المستعجلة" هو تدهور "حدة البصر المستعجلة" بين الأشخاص ذوي النقاط الاقتصادية الأعلى نظراً لتقدمهم في السن .

الاستنتاج :

على غير متوقع، كان الانخفاض في التفاوت الاقتصادي في "حدة البصر المستعجلة" ناجماً عن تدهور "حدة البصر المستعجلة" بين الفئة ذات النقاط الاقتصادية الأعلى وليس تحسناً بين الفئة ذات النقاط الاقتصادية الأدنى. ولذلك، ينبغي النظر في احتياجات جميع الفئات الاجتماعية الاقتصادية على نحو منفصل، لتعديل "حدة البصر المستعجلة" في كل فئة، ومن ثم الحد من التفاوت الاقتصادي في "حدة البصر المستعجلة".

Contexte:

Malgré l'importance de la littérature, les inégalités en matière de santé et leurs déterminants, les changements observés dans ce domaine au fil du temps n'ont pas fait l'objet de suffisamment d'attention.

Objectifs:

Mesurer et décomposer les changements survenus au fil du temps en matière d'inégalités économiques dans l'acuité visuelle à l'examen mesurée à l'aide du logarithme de l'angle minimal de résolution.

Méthodes:

Nous avons analysé 4706 participants qui disposaient de données complètes sur l'acuité visuelle à l'examen et le statut économique en 2009 et 2014 dans l'étude de cohorte oculaire de Shahrour. Nous avons mesuré les changements dans les indices de concentration pour l'acuité visuelle à l'examen et les avons décomposés en utilisant une approche longitudinale.

Résultats:

L'acuité visuelle à l'examen et le statut économique se sont tous deux détériorés entre 2009 et 2014. Les scores moyens (écart-type) pour l'acuité visuelle à l'examen et le statut économique présentés en 2009 par rapport à 2014 étaient de 0,090 (0,2) contre 0,103 (0,2) et de 0,01 (1,0) contre 0,0005 (1,07), respectivement. L'indice de concentration pour l'acuité visuelle à l'examen (intervalle de confiance à 95 %) dans la première et la deuxième phase de l'étude était de -0,245 (-0,212 à -0,278) contre -0,195 (-0,165 à -0,225), respectivement. La décomposition longitudinale de ce changement dans les indices de concentration au cours de la période de cinq ans a indiqué que l'élément le plus important contribuant à la réduction de l'inégalité économique de l'acuité visuelle à l'examen était la détérioration de celle-ci chez les personnes ayant un statut économique plus élevé à cause de leur vieillissement.

Conclusion:

De manière inattendue, la réduction de l'inégalité économique dans l'acuité visuelle à l'examen était due à la détérioration de cette dernière dans le groupe de statut économique supérieur plutôt qu'à son amélioration dans le groupe de statut économique inférieur. Les besoins de tous les groupes socio-économiques doivent donc être considérés séparément pour modifier l'acuité visuelle à l'examen dans chaque groupe et, par conséquent, réduire l'inégalité économique

Multilingual Abstracts

- Arabic
- French

- Visual Acuity*
- Socioeconomic Factors*
- Health Status Disparities*
- Social Class*
- Health Policy
- Healthcare Disparities*
- Educational Status*
- Education
- Marital Status
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- Economic Status*
- Economic Factors

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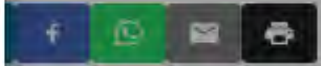
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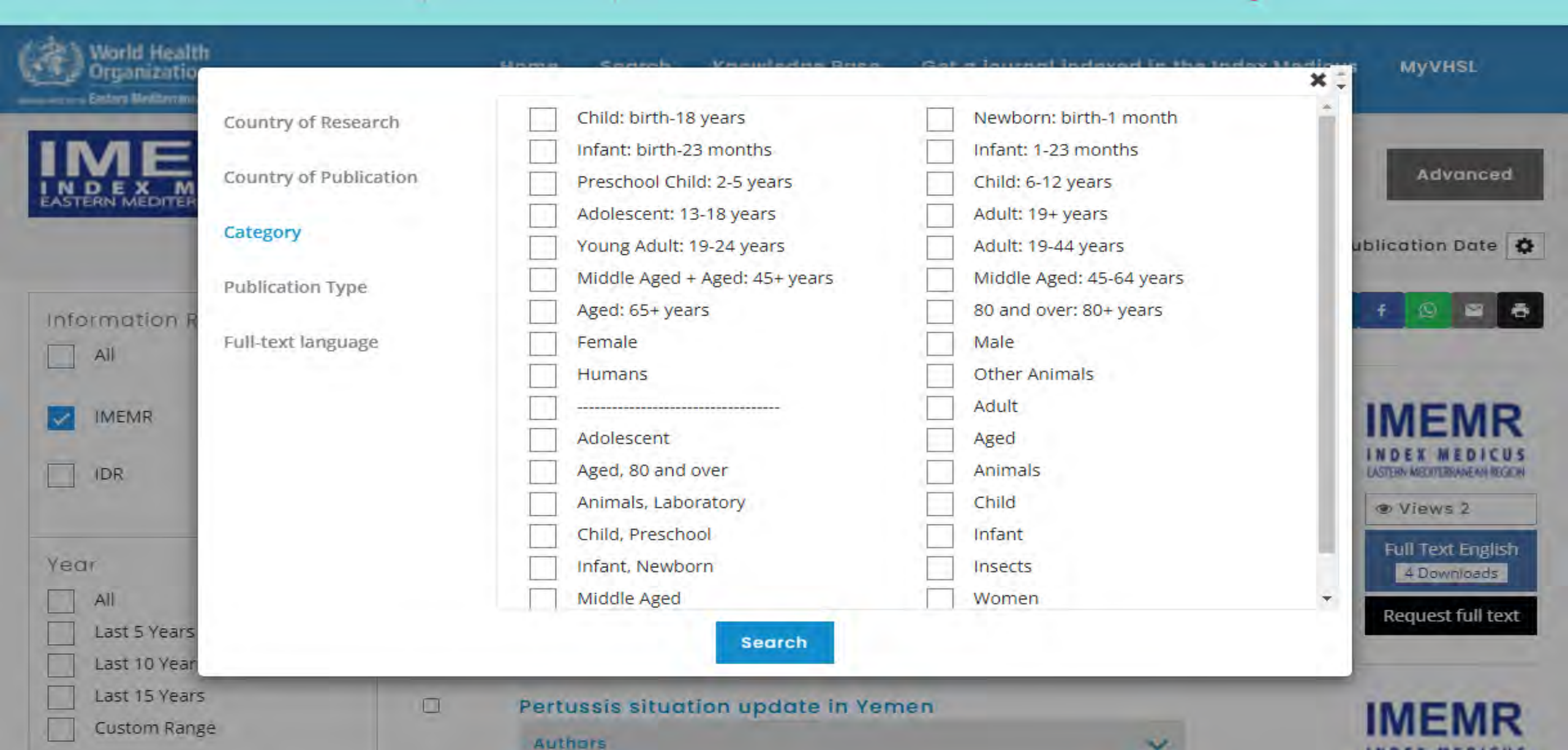
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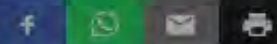
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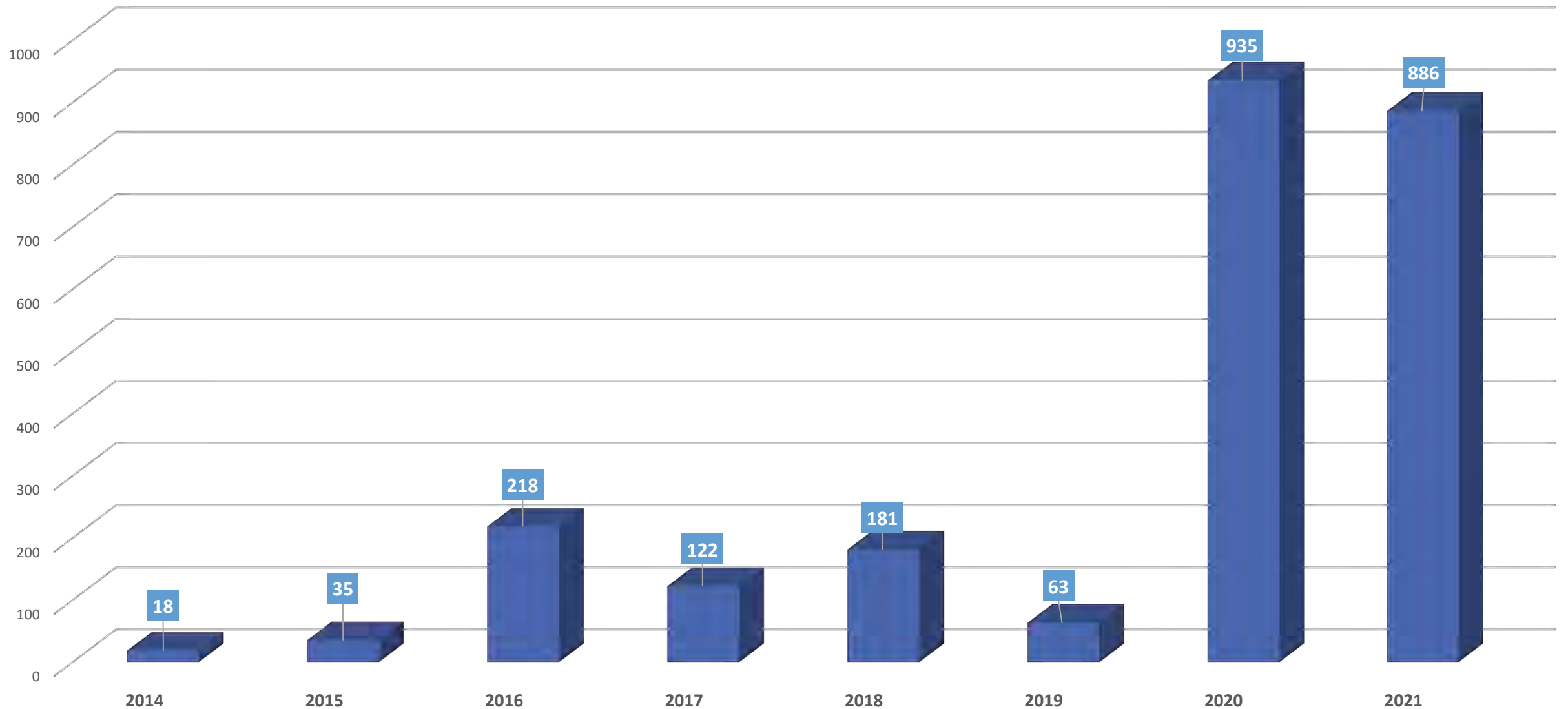
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