Hit & Miss? The Diagnostic Quiz!

Diagnostics are not always perceived as being as exciting or glamorous as therapeutics. While procedure or treatment codes have long and universally been used in dentistry for keeping patient records and for billing purposes, as far as diagnostic aids are concerned most dental insurance plans only value dental radiographies at best. Which probably accounts for the profuse shooting of radiographies of which a well-documented amount does not meet the technical standards and/or does not add any value to the diagnostic process.

Bearing in mind that healthcare efficiency is the ratio of the output to the inputs of the system, technicalism/technologization has brought in another threat to our diagnostic efficiency. We are nowadays being bombarded with Cone Beam CT's in situations where endo-ice, perio-probe and tooth slooth could easily have solved the diagnostic enigma at a lower health and financial cost. In a diagnosis centered environment the systematic integration of elementary diagnostic steps will contribute to make fancy and expensive hi tech therapeutic interventions down the road obsolete.

The tissue responses mostly taking place in a hidden body compartment, the disease picture need to be made 'visible' by indirect methods and tests. The diagnostic quiz can sometimes be challenging but is most of the time a fascinating and rewarding game for those who know the rules.

Breaking news about cracked teeth:

Lots of misconceptions about cracks in teeth and how to restore teeth to prevent them from breaking circulate. This presentation covers a classification of longitudinal cracks in teeth, which can be immediately translated into relevant therapeutic decisions. Given the fact that symptoms only appear in an advanced stage after serious damage to dentine, pulp, periodontium or bone will already have been caused, the presentation also addresses a method by which as yet symptom free teeth can be managed to prevent them from getting irreversibly damaged. This presentation also covers some urban legends like teeth weakened by the endodontic treatment, the need for posts, the emotional resistance against cusp coverage for the sake of tissue preservation etc.

CV:

Jan Berghmans was born in Leuven, Belgium in 1960. He attended humanities high school class in ancient languages and literature at the St. Jan Berchmanscollege in Brussels and graduated magna cum laude from dental school (University of Brussels) in 1983. Jan is founder member and past president of the oldest endodontic society of Belgium, the Flemish Society of Endodontology (FSFE). He is certified member of the European Society of Endodontology (ESE) and served as country representative for Belgium at ESE and IFEA (International Federation of Endodontic Associations). He has been awarded with Honorary Membership of the Bulgarian Endodontic Society. While maintaining a private referral practice limited to endodontics in Brussels Jan Berghmans has been lecturing and teaching extensively both nationally and internationally. In 2013 Jan has been appointed chair of the ESE Corporate and PR committee. Jan



Berghmans is guest teacher in the post graduate program of endodontology at the Faculdade de Medecina Dentária da Universidade de Lisboa. Founder of the multidisciplinary specialist referral dental care centre Megabite & Co in 2015.