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## Powered Versus Manual Scalers, The Competition Ends with Wins or Failures

**Sura Dakhil Jassim\***

College of Dentistry, University of Babylon Iraq

\***Corresponding author:** Sura Dakhil Jassim, College of Dentistry, University of Babylon Iraq

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### Editorial

From about two centuries ago, dental plaque considered as the main cause of periodontal diseases. Despite this concept had been evolved and other causes of periodontal diseases had been revealed in recent years, the former cause (dental biofilm) remain the king and the controller on the throne of causes for decades. This fact manifested today by the options of periodontal treatments, since almost all treatment modality directed tower eradication of dental biofilm. Scaling and root planning nowadays considered as the gold slandered treatment that all other periodontal treatments begin with them. Indeed, over the years different types of modification on tooth surface instrumentation appeared such as LASER for instant, however manual and automated scalers (ultrasonic) remain the basic tools that one couldn't overcome them.

The success or failure of automated and manual scalers measured by different factors such as: efficacy of the work, ease of the use for both operators and patients, time of instrumentation and side effects. Regarding the efficacy of the work both automated and manual scalers showed efficient results involving smoothness of the tooth surface and absence of the remaining debris [1-3].

Concerning side effects and tooth substance loss it had been shown that excessive tooth substance loss observed with manual instrumentation in comparison to automated [1,4,5].

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Although it results in a smooth tooth surface, manual scaler associated with excessive unnecessary tooth substance loss with possible consequent side effects of tooth sensitivity and root caries. On the other hand, automated scaler associated with unforgettable adverse effect, which is the persistent need for cooling with consequent aerosol formation and the increase risk of cross infection.

Regarding, timing of instrumentation which is an important comparison factor; it had been shown a preponderance of automated instrumentation over the manual one (1). In general, the argument of the comparison between the automated and the manual scalers is still not settled, as the enormous number of studies with their controversy increase the haziness of the results. It increases our confusion about the selection between these two modalities as well. Therefore, no matter who loss or win this competition, but the matter is to reach successful treatment whatever the tool is; and this is the really win.

## References

1. Marda P, Prakash S, Devaraj CG, Vastardis S. (2012) A comparison of root surface instrumentation using manual, ultrasonic and rotary instruments: An in vitro study using scanning electron microscopy. *Indian J Dent Res.* 23(2):164-70.
2. Drisko CH. (2000) Trends in surgical and nonsurgical periodontal treatment. *J Am Dent Assoc.* 131 Suppl: 31S–38S.
3. Tunkel J, Heinecke A, and Flemmig TF. (2002) A systematic review of efficacy of machine-driven and manual subgingival debridement in the treatment of chronic periodontitis. *J Clin Periodontol.* 29(3):72–81.
4. Schmidlin PR, Beuchat M, Busslinger A, Lehmann B, and Lutz F. (2001) Tooth substance loss resulting from mechanical, sonic and ultrasonic root instrumentation assessed by liquid scintillation. *J Clin Periodontol.* 28(11):1058–66.
5. Jepsen S, Deschner J, Braun A, Schwarz F, & Eberhard J. (2011) Calculus removal and the prevention of its formation. *Periodontol 2000.* 55(1): 167–88.