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		IMIZING ORAL CARE: THE CUTTING-EDGE LICATIONS OF LASERS IN DENTISTRY	KEY WORDS:
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INTRODUCTION

LASER is an acronym of light amplification by stimulated emission of radiation. Lasers are intense beams produced by stimulated emission of radiation from a light source.

Albert Einstein's work on the photoelectric effect laid the groundwork for laser development, but it wasn't until 1958 that Arthur Schawlow and Charles Townes invented the laser, known as "Light Amplification by Stimulated Emission of Radiation." They published their findings in a scientific paper that year. Theodore H. Maiman then created the first working laser using a ruby crystal in 1960, marking the beginning of practical laser technology.

Although Maiman's laser was initially used on both hard and soft tissues, it wasn't until later that the medical applications of lasers took off. Laser technology has since revolutionized various fields, including medicine, communications, manufacturing, and more.

The laser system consists of an energy source, an active lasing medium, and multiple mirrors. In dental laser procedures, light is guided to the target tissue through a series of components including a fiberoptic cable, hollow wave guide, focusing lenses, and a cooling system.

The Amdt–Schutz principle serves as the guiding principle for laser action, suggesting that deviating from the optimal stimulus dose can weaken or nullify the desired effect. The best outcomes are achieved with the precise dosage. Consequently, Low-Level Laser Therapy (LLLT) can induce biostimulation when tissues are exposed to the ideal dose without direct contact. LLLT delivers sub-thermal energy to tissues, influencing sub-cellular components. It also activates various cell types like lymphocytes and mast cells, triggering anti-inflammatory responses that reduce capillary hydrostatic pressure, facilitating edema absorption, and eliminating metabolic byproducts. Moreover, LLLT can boost collagen production, stimulate epithelial cell and fibroblast mitotic activity, and produce analgesic effects by blocking nociceptive signals.

In modern dentistry, lasers have emerged as invaluable tools, transforming various procedures with their precision and minimally invasive nature. Below are the key types of lasers extensively used in dental practices:

Diode Lasers: Among the most commonly employed lasers in dentistry, diode lasers excel in soft tissue applications. Emitting light within the visible and near-infrared spectrum, they are adept at procedures like gingivectomy, frenectomy, and gum contouring. Diode lasers ensure meticulous tissue management by sealing blood vessels and nerve endings, facilitating swifter recovery periods for patients.

Er:YAG Lasers: Erbium-doped yttrium aluminum garnet www.worldwidejournals.com (Er:YAG) lasers stand out for their efficacy in hard tissue procedures. Primarily utilized for tasks such as cavity preparation, enameloplasty, and decay removal, they operate at wavelengths highly absorbed by water and hydroxyapatite. This attribute enables precise tissue ablation while minimizing thermal damage to surrounding structures, ensuring optimal preservation of healthy tooth tissue.

CO2 Lasers: Renowned for their versatility, carbon dioxide (CO2) lasers are instrumental in soft tissue applications within dentistry. Their proficiency in lesion excision, frenectomy, and oral lesion treatment is unmatched, owing to superior hemostatic capabilities and tissue vaporization properties. CO2 lasers facilitate enhanced patient comfort post-operatively and accelerate the healing process, making them indispensable in various dental procedures.

****Nd:YAG Lasers**:** Neodymium-doped yttrium aluminum garnet (Nd:YAG) lasers find widespread application in periodontal therapy. Specifically tailored to target bacteria and infected tissue in periodontal pockets, they aid in root surface decontamination and promote periodontal regeneration. With their ability to enhance treatment outcomes in periodontitis cases, Nd:YAG lasers contribute significantly to maintaining optimal oral health.

Er,Cr:YSGG Lasers: Combining versatility with precision, erbium, chromium: yttrium-scandium-gallium-garnet (Er,Cr:YSGG) lasers are indispensable tools in both hard and soft tissue procedures. Noteworthy for their application in cavity preparation, crown lengthening, and soft tissue lesion treatment, they ensure meticulous tissue interaction with minimal thermal effects. This characteristic enhances patient comfort and facilitates superior clinical outcomes across a spectrum of dental interventions.

These laser systems, meticulously selected for their specific wavelengths and tissue interactions, empower dental professionals to execute procedures with unparalleled precision, efficiency, and patient satisfaction, thereby redefining contemporary standards of dental care.

Mechanism of action

The mechanism of action of lasers is grounded in the principle of stimulated emission, where atoms or molecules within an active medium are energized by an external source, prompting them to release photons as they return to lower energy levels. This process sets off a cascade of identical photons, resulting in the generation of a coherent beam of light. The choice of active medium, whether gas, liquid, solid, or semiconductor, determines the wavelength and properties of the laser. Within the laser apparatus, an optical resonator, comprising mirrors placed at the ends of the laser cavity, amplifies and confines the light, fostering stimulated emission and the creation of a concentrated beam. The partially transparent mirror permits a portion of the amplified

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light to exit the laser as the output beam. As the laser beam interacts with biological tissues, its effects—cutting, vaporization, coagulation, or stimulation—are contingent upon factors such as wavelength, power, and duration of exposure. This interaction is governed by principles like absorption, scattering, transmission, and reflection of laser light within the tissue. A guiding principle in laser surgery is selective photothermolysis, where laser parameters are finely tuned to target specific chromophores in the tissue while mitigating damage to surrounding structures. In essence, lasers leverage coherent and focused light to interact with tissues, inducing therapeutic or surgical effects through photophysical and photochemical processes.

Applications of LASER in dentistry

In dentistry, lasers have become indispensable tools, offering a multitude of applications that have significantly transformed various procedures. One key area of use is in soft tissue surgery, where lasers are employed for tasks such as gingivectomy, frenectomy, and gingival contouring. Their precise cutting ability and ability to coagulate tissue with minimal bleeding make them ideal for these procedures, often leading to faster healing and reduced patient discomfort. Additionally, lasers play a crucial role in periodontal therapy, where they are used to decontaminate periodontal pockets, remove diseased tissue, and stimulate gum tissue regeneration. This approach not only targets bacteria effectively but also preserves healthy tissue, resulting in improved outcomes for patients with periodontal disease. In restorative dentistry, lasers are utilized for cavity preparation and dental fillings, offering precise control and minimizing the risk of damage to surrounding healthy tooth structure. They also find application in root canal treatment, where they aid in disinfecting root canals by eliminating bacteria and infected tissue. Furthermore, lasers are employed in teeth whitening procedures to accelerate the whitening process, delivering quicker and more dramatic results compared to traditional methods. Their precise tissue ablation capabilities make them invaluable for the removal of oral lesions such as canker sores and fibromas, offering a less invasive alternative to conventional surgical techniques. In implant dentistry, lasers assist in soft tissue management around dental implants, ensuring optimal aesthetics and integration with surrounding tissues. Lastly, lasers facilitate minimally invasive biopsy procedures for diagnosing oral lesions or abnormalities, providing accurate tissue samples for pathological analysis. Overall, lasers have revolutionized dental practice by offering clinicians advanced tools to enhance patient care, improve treatment outcomes, and optimize the patient experience.

CONCLUSION

The utilization of laser therapy in maxillofacial medicine presents potential advantages for faster treatment and enhanced healing. The soft tissue laser represents a cuttingedge tool, ensuring consistent and aesthetically pleasing outcomes within the broader scope of general dental practice. Throughout the 21st century, lasers have made notable strides in advancing dental clinical procedures, offering precise and minimally invasive solutions. Looking forward, lasers are expected to maintain a central role in shaping the future landscape of dental practice, providing practitioners with advanced capabilities to improve patient care and treatment effectiveness.

REFERENCES

- Convissar RA. Principles and Practice of Laser Dentistry-E-Book: Elsevier Health Sciences; 2015.
- Mishra B M, Mishra Sh. Lasers and its Clinical Applications in Dentistry. Int J Dent Clin. 2011;3(4):35–38. [Google Scholar]
- Eslami H, Eslami K. Laser application on oral surgery. Eur J Pharm Med Res. 2016;3(11):194–198. [Google Scholar]
- Verma S, Maheshwari S, Singh R, Chaudhari P. Laser in dentistry: An innovative tool in modern dental practice. Natl J Maxillofac Surg. 2012;3(2):124-132. doi: 10.4103/0975-5950.111342. [PMC free article] [PubMed] [CrossRef] [Google Scholar]

- 5. Goldman L, Goldman B, Van Lieu N. Current laser dentistry. Laser Surg Med. 1987;6:559–62. [PubMed] [Google Scholar]
- Walsh LJ. The current status of laser applications in dentistry. Aust Dent J. 2003;48(3):146–55. doi: 10.1111/j.1834-7819.2003.tb00025.x. [PubMed] [CrossRef][Google Scholar]
- Oliveira Sierra S, Melo Deana A, Mesquita Ferrari RA, Maia Albarello P, Bussadori SK, Santos Fernandes KP. Effect of low level laser therapy on the post-surgical inflammatory process after third molar removal. Trials. 2013;14(1):373. doi: 10.1186/1745-6215-14-373. [PMC free article] [PubMed] [CrossRef] [Google Scholar]
- Asnaashari M, Zadsirjan S. Application of Laser in Oral Surgery. J Laser Med Sci. 2014;5(3):97–107. doi: 10.22037/jlms.v5i3.5853. [PMC free article] [PubMed] [CrossRef] [Google Scholar]
- Maiman TH. Stimulated optical radiation in ruby lasers. Nature. 1960;187:493. [Google Scholar]
- Pick RM, Miserendino LJ. Chicago: Quintessence; 1995. Lasers in dentistry; pp. 17–25. [Google Scholar]
- Frentzen M, Koort HJ. Lasers in dentistry: New possibilities with advancing laser technology. Int Dent J. 1990;40:323–32. [PubMed] [Google Scholar]
- Aoki A, Ando Y, Watanabe H, Ishikawa I. In vitro studies on laser scaling of subgingival calculus with an erbium: YAG laser. J Periodontal. 1994;65:1097–106. [PubMed] [Google Scholar]
- Verma SK, Maheshwari S, Singh RK, Chaudhari PK. Laser in dentistry: An innovative tool in modern dental practice. Natl J Maxillofac Surg. 2012 Jul;3(2):124-32. doi: 10.4103/0975-5950.111342. PMID: 23833485; PMGID: PMC3700144.
- Luke AM, Mathew S, Altawash MM, Madan BM. Lasers: A Review With Their Applications in Oral Medicine. J Lasers Med Sci. 2019 Fall;10(4):324-329. doi: 10.15171/jlms.2019.52. Epub 2019 Oct 1. PMID: 31875126; PMCID: PMC6885906.