

# Radiation in dental practice

*Reinhilde Jacobs* 









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Sarah Baatout What can radiobiology bring to the dentomaxillofacial radiology? a radiation protection perspective



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Radiation Protection in Dental Radiology

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FAQ RADIOPROTECTION DENTISTRY



Keith Horner Justification of X-ray examinations in dentistry









# CBCT 3/4 virtual planning 1/4 diagnosis



# ALADA IP: indication oriented & patient specific imaging



# INTERNATIONAL JOURNAL OF PAEDIATRIC DENTISTRY

LETTER TO THE EDITOR



## ALADAIP, beyond ALARA and towards personalized optimization for paediatric cone-beam CT

Anne Caroline Oenning, Reinhilde Jacobs, Benjamin Salmon 🔀, the DIMITRA Research Group (http://www.dimitra.be)

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#### **DMFR 50<sup>TH</sup> ANNIVERSARY: REVIEW ARTICLE**

# Cone beam computed tomography in dentomaxillofacial radiology: a two-decade overview

<sup>1,2</sup>Hugo Gaêta-Araujo, <sup>1</sup>Tamara Alzoubi, <sup>1</sup>Karla de Faria Vasconcelos, <sup>1,3</sup>Kaan Orhan, <sup>4,5</sup>Ruben Pauwels, <sup>6</sup>Jan W Casselman and <sup>1,7</sup>Reinhilde Jacobs

# **280 CBCT models**

CBCT ≠ CBCT





### CBCT ≠ CBCT

#### Liang et al 2010, Ezeldeen et al 2017, Oenning et al 2019



1CBCT ≠ 50x 😧



# DIMITRA

Dentomaxillofacial paediatric imaging: an investigation towards low dose radiation induced risks





# Indication specific optimization

38 µSv

166 µSv

#### **Clinical Research**

As Low Dose as Sufficient Quality: Optimization of Cone-beam Computed Tomographic Scanning Protocol for Tooth Autotransplantation Planning and Follow-up in Children

Mostafa EzEldeen, DDS, MScD, \*<sup>†</sup> Andreas Stratis, MSc, \* Wim Coucke, PbD, <sup>‡</sup> Marina Codari, MSc, \*<sup>\$</sup> Constantinus Politis, MD, DDS, MHA, MM, PbD, \* and Reinhilde Jacobs, DDS, PbD, MSc, Dr bc\*

9,5 μSv



Age (years)	Dose	Time of sampling	Tissue examined	Tissue used	Biological effects	References
24 ± 1.023	21.4 μSv	Before and 10 days after examination	Oral cavity	Exfoliated oral mucosa cells	No induction of N, and cytotoxicity (pyknosis, karyolysis). Significant induction of karyorrhexis.	Cerqueira <i>et al.</i> (2004) <sup>112</sup>
20 subjects ≤ 22.520 subjects > 22.5	21.4 µSv			keratinized mucosa of theupper dental arch	Significant induction of MN	Cerqueira <i>et al.</i> (2008) <sup>113</sup>
7.70 ± 1.50	0.08 Roentgen(Entrance dose)			Exfoliated oral mucosa cells	No induction of MN, and cytotoxicity (pyknosis, karyolysis). Significant induction of karyorrhexis.	Angelieri <i>et al.</i> (2007) <sup>114</sup>
18-40	0.057 mSv(Average dose)			Cells of the lateral border of the tongue	No induction of MN, but increased cytotoxicity (pyknosis, karyolysis, karyorrhexis). The number of karyorrhexis	Da Silva <i>et al.</i> (2007) <sup>115</sup>

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#### DMFR 50<sup>TH</sup> ANNIVERSARY: REVIEW ARTICLE

#### Radiobiological risks following dentomaxillofacial imaging: should we be concerned?

<sup>1,2</sup>Niels Belmans, <sup>3</sup>Anne Caroline Oenning, <sup>4,5</sup>Benjamin Salmon, <sup>1</sup>Bjorn Baselet, <sup>1,6</sup>Kevin Tabury, <sup>7</sup>Stéphane Lucas, <sup>2</sup>Ivo Lambrichts, <sup>1</sup>Marjan Moreels, <sup>8,9</sup>Reinhilde Jacobs and <sup>1,10</sup>Sarah Baatout

al. al. ıl. ıl. number of karyorrhexis and binucleated cells was greater after tiple X-rays Exfoliated oral No induction of Popova et al. MN, but increased mucosa cells  $(2007)^{116}$ cytotoxicity (pyknosis, karyolysis, karyorrhexis). Leratinized gingivalSignificant induction of Cerqueira et al. cells MN, and cytotoxicity  $(2008)^{113}$ (pyknosis, karyolysis, karyorrhexis) Exfoliated oral No induction of Ribeiro and mucosa cells MN, but increased Angelieri (2008)117 cytotoxicity

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