

The extent of the post-surgical defect is secondary to need for eradication of the disease.

There are two types of the most frequently occurring defects produced by exeresis surgery: intraoral and extraoral or facial.

The most frequent intraoral defects are due to the loss of a portion of the palate. Under these conditions, a communication between the mouth and the nasopharynx or the nasal cavity is created.

The patient cannot speak comprehensibly due to the nasal resonance that the sound acquires and has great difficulty eating, since part of the food and liquids entering the mouth, with loss of palate tissue, escapes through the nose. A severe functional difficulty therefore arises (Matsuy et al., 1995, Said et al., 2016).

When the oncological disease affects the sense organs, in extreme cases, removal of the nose, the eye, the ear or whole portions of the face may be necessary.

This results in a defect of the face that alters the patient's relationship with his or her self-image and objective perception of judgement from individuals who interact with him or her socially in the family, social and professional sphere. The patient is often healed from oncological disease but can suffer deeply and be ashamed of this condition to the point of considering the therapeutic solution to be worse than the disease (Conway et al., 2008, Sidibe et al., 1994, Smolka et al., 2005).

The defects resulting from the surgical treatment of neoplasia of the or-craniofacial region can be corrected surgically with individual prosthetic devices.

The design of such devices is the job of the dentist in possession of adequate training in rehabilitation methods.

Rehabilitative prosthetic treatments should be considered as part of the treatment of neoplasia as they are aimed at the rehabilitation of the postoperative patient, not so much for their influence on biological healing from the pathology, as for the impact they have on the patient's quality of life (Chang et al., 2005).

In fact, they affect the patient's recovery of functions such as swallowing, phonation, social life that largely influence the response to the disease and the restoration of a satisfactory quality of life (Thiele et al., 2015).

Today a trial mock up can be realized both with traditional methods and with digital methods, by CAD-CAM procedures (Gurrea et al., 2014, Magne et al., 2015, Simon 2008, Reshad et al., 2008, Gurel 2012, McLaren 2013, Cattoni et al., 2016).

The traditional flow of planning and realization of "mock-up" includes:

- intra and extra oral visit and radiographic evaluation;
- recording of extra oral and intraoral images;
- phonetic evaluation with specific tests;
- evaluation of the static and dynamic occlusal status and evaluation and of the actual vertical dimension (VDO) and possible needs for its modification;
- esthetic evaluation of the face, according to fundamental aesthetic criteria such as, for example, the study of the midline and of the bi-pupillary line, the inclination of the incisal plane, and of the occlusal plane, of the shape and size of the teeth;
- recording of preliminary impressions;
- recording of a facebow for the correct positioning of the models in the articulator;
- realization of a plaster model defined as an aesthetic model, usually cast in extra-hard plaster for the evaluation of details;
- correct positioning of the models in the articulator;
- realization of a wax-up, based on the observation of the clinician, on the occlusal status, on functional and phonetic tests. The wax up mimics the new situation proposed with the treatment plan.
- discussion and evaluation of the diagnostic wax up with the patient;
- fabrication of templates or molding guides for the "mock up";
- "mock up" imprint using the silicone template made on the diagnostic wax-up as a guide for the addition of a dual composite material and the positioning in the patient's mouth to mimic the desired final shape.

The digital flow of planning and realization of " mock-up" contemplates:

- intra and extra oral visit and radiographic evaluation;
- recording of extra oral and intraoral images;
- phonetic evaluation with specific tests;
- evaluation of the static and dynamic occlusal status and evaluation and of the actual vertical dimension (VDO) and possible needs for its modification;

implant support bone level is carried out radiographically at the beginning of the maintenance therapy and, subsequently, when there is a clinical suspicion of peri-implant disease. (ADA 2012, Bragger U 2005, De Bruyn H et al 2013, Eickholz P et al 2000 Eickholz P et al 2004, Gomes-Filho IS et al 2007, Graetz C 2014, Harris D et al 2002, Jeffcoat MK et al 1995, Klein et al 2001, Lindhe J et al 2008, Muller HP et al 2005)

Sometimes, in relation to anamnestic data, systemic conditions and periodontal physical examination, blood tests can be useful.

In individuals diagnosed with very severe periodontitis, especially in the aggressive or associated to systemic pathologies forms, microbiological and immunological tests can be considered. In these particular clinical situations, the microbiological tests may be useful to guide the antimicrobial therapy. Culture analysis of the periodontal bacteria is the only microbiological test that allows to construct an antibiogram. The positivity of the test, which is site-specific, is an indicator of an increased risk of disease, although not indicating with certainty the progression of the disease; the absence of the periodontal pathogenic species in the pockets indicates, instead, a stability of the site. The immunological tests (number and functionality of PMN, antibody rate) may be helpful to diagnose and to establish the medical prognosis in individuals with suspected impairment of immune function. The use of these laboratory tests is justified **only** when they can provide further elements useful for the diagnosis and the treatment plan. (Armitage GC 2004, Pérez-Chaparro PJ et al 2016)

A careful anamnestic data-collection with a thorough physical examination, integrated, if necessary, with x-ray examinations and lab tests, allows for the correct evaluation of the periodontal and peri-implant condition of the patient. These evaluations can lead to distinguish:

1. Health
2. Gingivitis
3. Periodontitis
4. Peri-implant mucositis
5. Peri-implant disease

The diagnosis of health condition or periodontal disease must precede and be associated with any kind of dental treatment. (Tonetti et al 2015)

It is necessary to start a prevention program aimed at preserving the status quo when a periodontal health condition is present or has been achieved. (Tonetti et al 2015)

B: Electrum server can customize messages to appear in the user's electrum light wallet software, giving hackers a chance to broadcast phishing messages.

UBTC Electrum supports transfer-to-contract UI interface (test chain)

At around 3 a.m., Lightning web developer Alex Bosworth tweeted a quote from Bitcoin client Electrum developer Thomas.

According to Reddit user u/normal_rc, electrum's wallet was hacked and nearly 250 bitcoins (243.6 BTCs, nearly \$1 million) were maliciously stolen, according to coinelegraph. Electrum then confirmed that the attack included creating a fake version of the wallet to trick users into providing password information. Electrum responded on Twitter that "this is a persistent phishing attack on Electrum users" and warned users not to download Electrum from any source other than the official website.

Dash releases Dash Electrum 3.3.8.4 version

Electrum wallets have been hacked in recent days and nearly 250 bitcoins have been stolen, according to blockchain security team Devi Security Lab

s. This attack, confirmed by Electrum, involves creating a fake version of the wallet to trick users into providing password information. Electrum responded on Twitter that "this is an ongoing phishing attack on Electrum users and advised users to download wallet apps from the official website." Mars Finance reminds users not to install electrum wallets from unknown sources.

If you want Fuchsia to remain running, then recompile and re-run the test, run Fuchsia with networking enabled in one terminal, and then run in another terminal.

Qtum Electrum is a Qtum desktop light wallet modified from the well-known Bitcoin wallet Electrum. Compared to the current Qtum Core full-node wallet, Qtum Electrum takes up less disk space and takes less time to synchronize chunks, supports multi-signature and hardware wallets, supports cold wallet mode, supports the import of mnemonics into mobile wallets, and uses SPV authentication to ensure security. and Android system. Installing Electrum requires you to write down a 12-word seed to

help you recover your wallet on multiple devices. If you forget your private key, this seed can also make Electrum look more human. In addition, Electrum has a "cold storage" mode where you don't have to pay Bitcoin to view your balance.

Wallet, Coldlar, Electrum, Huobi.

In addition, small partners who have used Electrum wallets should be aware that with Thecret phrase generated by Electrum, we can recover bitcoin keys on any browser using the Bitcoin Wallet web tool. And Electrum is so secure that there is no evidence that the distributed attack prevention system designed by Dark Wallet will be due to Electrum.

Users of Bitcoin wallet Electrum are facing phishing attacks, according to Johnwick.io. Hackers broadcast messages to the Electrum client through a malicious server, prompting the user to update to v4.0.0, and if the user follows the prompt to install this "backdoor-carrying client", the private key is stolen and all digital assets are stolen. At the time of writing, at least 1,450 BTCs worth about \$11.6 m

illion had been stolen from phishing attacks that faked Electrum upgrade tips. DeViable Security Labs hereby suggests that versions of Electrum below 3.3.4 are vulnerable to such phishing attacks, and users using Electrum Wallet are requested to update to the latest version of Electrum 3.3.8 via the official website (electrum.org), which has not yet been officially released, and do not use the link in the prompt to avoid asset losses.

Screen is a terminal multiplexage that allows you to run multiple terminal sessions in a single SSH session and disengage or reconnect from them at any time. The process of doing this is simple and involves only a few commands.

Windows Terminal allows users to run any command-line application in tabs and panes.

For the ps command: If used directly without any parameters, it lists the process that the current user is running in the current terminal (from left to right, the process ID, the terminal where the process runs, the run time, the name of the program that generated the process)



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Treatment approach

Milk tooth at stage I	Milk tooth at stage II	Milk tooth at stage III
1. excavation of caries 2. no pulp exposure: <i>restoration</i> 3. pulp exposed: <i>pulpotomy + restoration</i> 4. pulp not vital: <i>partial pulpotomy/pulpectomy + restoration</i>	1. excavation of caries 2. no pulp exposure: <i>restoration</i> 3. pulp exposed: - vital root pulp (no bleeding): <i>pulpotomy + chamber filling + restoration</i> - root pulp with inflammation (bleeding present): <i>pulpectomy + canal filling with resorbable material + restoration</i> - pulp not vital: <i>pulpectomy + canal filling with resorbable material + restoration</i>	1. excavation of caries 2. no pulp exposure: <i>restoration</i> 3. pulp exposed: <i>pulpotomy</i> - pulp not vital: <i>partial pulpotomy/pulpectomy or avulsion</i>

1. Milk tooth pulpotomy

Pulpotomy involves complete removal of chamber pulp tissue if vital tissue is accidentally exposed following trauma, iatrogenic exposure or caries in an asymptomatic tooth (Conti et al. 2009). The aim of treatment is to preserve root pulp in order to guarantee physiological root lysis. Examination must exclude spontaneous pain, sensitivity to percussion or palpation, with a positive response to vitality tests.

Pulpotomy is contraindicated in the presence of swelling, fistulas, abnormal mobility, internal root resorption, pulp calcification or excessive root pulp bleeding (sign of pulp inflammation). When tissue still present within root canals stops bleeding, this clinical sign indicates the absence of pulp inflammation.

Before performing a pulpotomy, it is essential to carry out a preoperative periapical intraoral x-ray, administer anaesthesia and properly isolate the surgical field. After removing all the carious tissue, the pulp chamber is opened using a diamond bur fitted to a turbine handpiece with abundant irrigation, or using a hand-held excavator with a cutting edge. Overheating of root pulp must be avoided. Once all

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techniques and minimizing osteotomy techniques). For bone resection, appropriate burs are used under constant irrigation. At the end of the extraction, the suture will be applied (SIIdCO 2015) (Santoro F 1996).

A further detailed study is required by specific radiographic exams in case of erupted teeth that, in the preliminary radiographic examination, have clear anatomical relations which indicate a risk of oro-antral communication in order to set up a suitable prophylactic treatment and to inform the patient adequately about the involved risks and on a possible need for a plastic closure of the resulting oro-antral communication.

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The indications for the removal of a third molar in total or partial inclusion are different depending on whether or not the tooth is associated with signs or symptoms.

If the third molar is symptomatic, the clinical indications of extraction are represented by pericoronitis, non-recoverable tooth for caries, fracture, periodontal or non-treatable endodontic injuries, acute or chronic infections (abscesses and cellulitis), form, size and position abnormalities of wisdom tooth causing injuries to the surrounding hard and soft tissues (Marciani RD 2007) (Brehmer B 1996).

In the absence of symptoms, the indications of extraction are: prevention of the second molar periodontal damage and / or caries (Sammartino G 2009), completion of periodontal therapies, completion of prosthetic rehabilitation, facilitate orthodontic movements (Van der Schoot EA 1997), presence of a tooth located in a bone fracture rhyme, tooth that is involved in a neoplastic excision zone, tooth interference with orthognatic and / or reconstructive surgery, preventive and / or prophylactic removal in patients with major medical problems (Tai CC 1994) or particular surgical conditions or therapeutic treatments, conscious patient's rejection of a non-surgical treatment, in those patients who practice sports with high probability of trauma (ex. boxing, skiing, rugby, etc.), in subjects under 25 years of age to reduce the probability of periodontal injury of the second molar associated with late removal (Kugelberg C.F 1990, 1991).

As always, careful pre-operative assessment is necessary before extraction (Chandler LP1988) based on the medical history, the extraoral clinical examination (presence of satellite lymphadenitis, facial type and mouth opening) and the intraoral evaluation (presence of edema, swelling and mucosal health). In