

# JPR *Journal of Prosthodontic Research*

Official Journal of Japan Prosthodontic Society



Edited by: **Kazuyoshi Baba**

Frequency: **Quarterly** (January, April, July, October)

Current Volume: **57 / 2013**

Abstracting/Indexing: **Medline, EMBASE, Scopus**



## Most-targeted topics are:

- Clinical Epidemiology and Prosthodontics
- Fixed/Removable Prosthodontics
- Oral Implantology
- Prosthodontics-Related Biosciences (Regenerative Medicine, Bone Biology, Mechanobiology, Microbiology / Immunology)
- Oral Physiology and Biomechanics (Masticating and Swallowing Function, Parafunction, e.g., bruxism)
- Orofacial Pain and Temporomandibular Disorders (TMDs)
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- Maxillofacial Prosthodontics, Dysphasia Rehabilitation
- Digital Dentistry

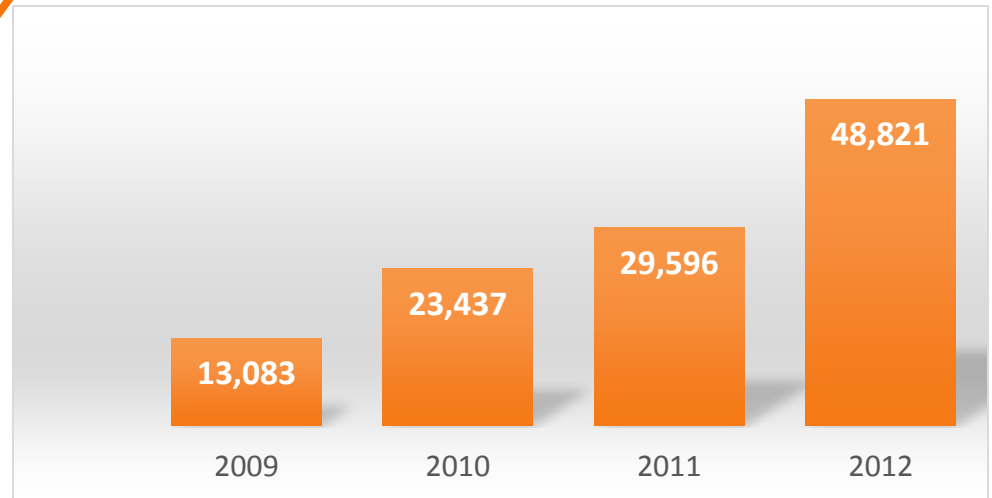
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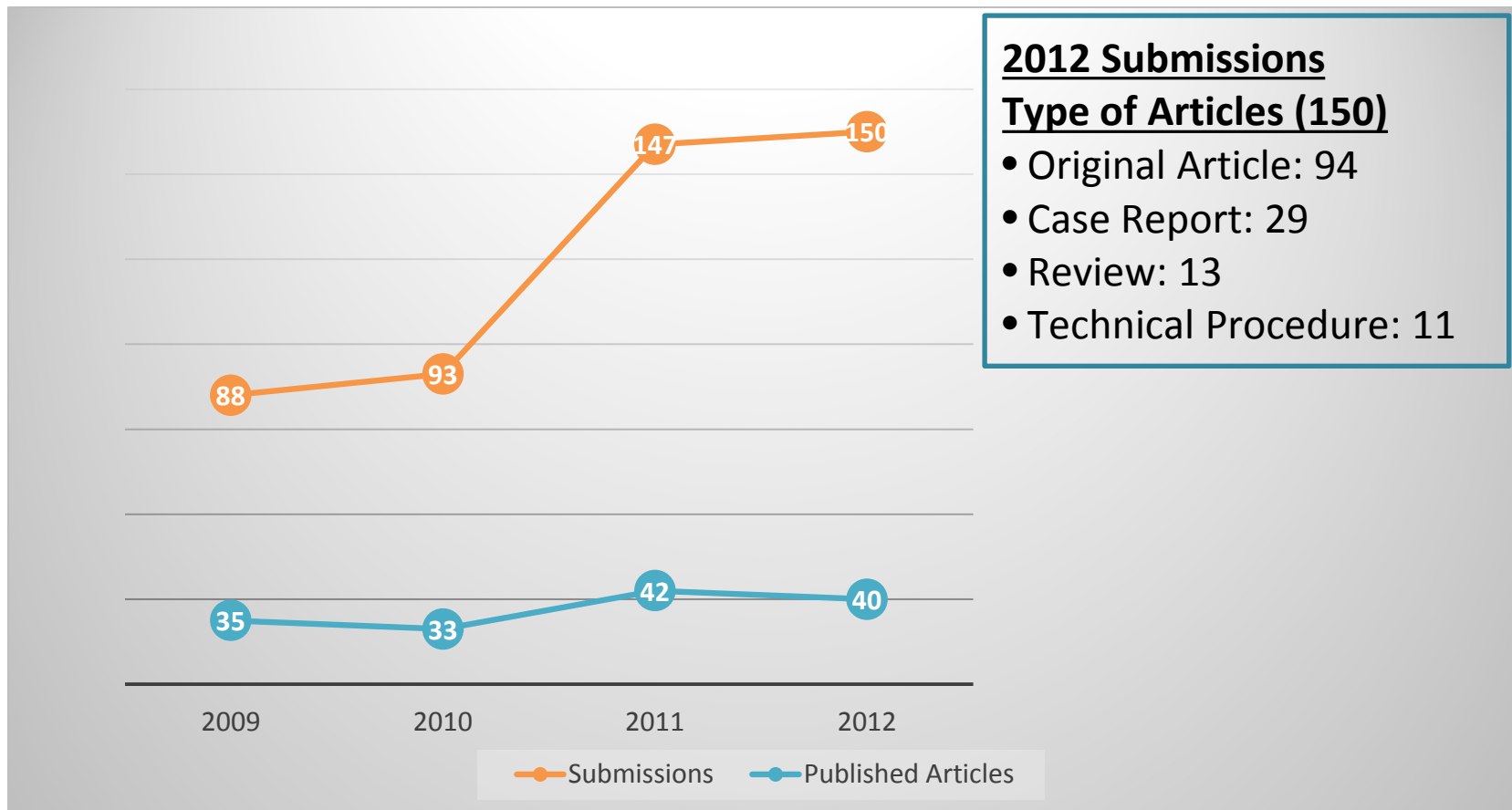
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Article	Author	# of Downloads	Vol/Issue
REVIEW Stem cells in dentistry - Part II: Clinical applications	Egusa H., Sonoyama W., Nishimura M., Atsuta I., Akiyama K.	2308	56/4
REVIEW Stem cells in dentistry - Part I: Stem cell sources	Egusa H., Sonoyama W., Nishimura M., Atsuta I., Akiyama K.	2158	56/3
REVIEW Current barrier membranes: Titanium mesh and other membranes for guided bone regeneration in dental applications	Rakhmatia, Y.D.; Ayukawa, Y.; Furuhashi, A.; Koyano, K.	1133	57/1
REVIEW Sleep less and bite more: Sleep disorders associated with occlusal loads during sleep	Kato, T.; Yamaguchi, T.; Okura, K.; Abe, S.; Lavigne, G.J.	656	57/2
ORIGINAL ARTICLE Retention and stress distribution in distal extension removable partial dentures with and without implant association	Rodrigues, R.C.S.; Faria, A.C.L.; Macedo, A.P.; de Mattos, M.d.G.C.; Ribeiro, R.F.	522	57/1

## Most often cited articles *published since 2009 in copus®*

Article	Author	Vol/Issue
ORIGINAL ARTICLE Mechanical properties of new self-adhesive resin-based cement	Nakamura T., Wakabayashi K., Kinuta S., Nishida H., Miyamae M., Yatani H.	54/2
ORIGINAL ARTICLE Effect of denture cleansers on physical properties of heat-polymerized acrylic resin	Peracini A., Davi L.R., de Queiroz Ribeiro N., de Souza R.F., da Silva C.H.L., de Freitas Oliveira Paranhos H.	54/2
REVIEW ARTICLE Bruxism and prosthetic treatment: A critical review	Johansson A., Omar, R, Carlsson G.E.	55/3
ORIGINAL ARTICLE Validity and reliability of a Self-Implementable method to evaluate masticatory performance: Use of color-changeable chewing gum and a color scale	Kamiyama M., Kanazawa M., Fujinami Y., Minakuchi S.	54/1
ORIGINAL ARTICLE Clinical evaluation of posterior all-ceramic FPDs (Cercon): A prospective clinical pilot study	Tsumita M., Kokubo Y., Ohkubo C., Sakurai S., Fukushima S.	54/2

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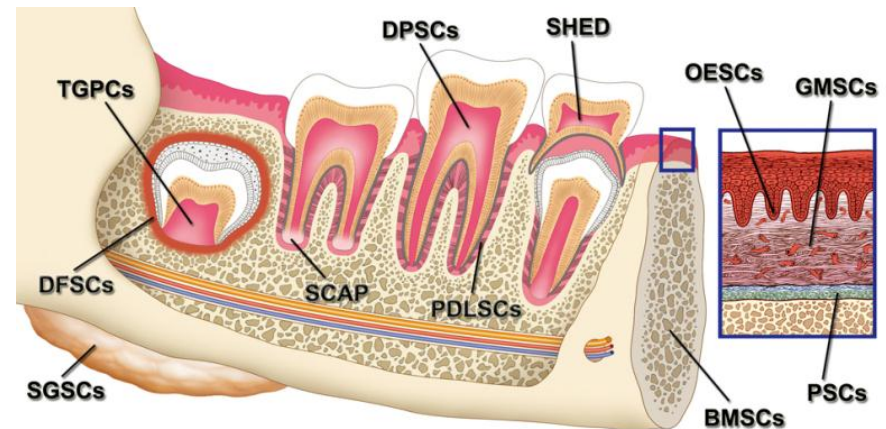
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## Stem cells in dentistry – Part I: Stem cell sources

Hiroshi Egusa, DDS, *et al.*

*Volume 56, Issue 3, July 2012, Pages 151–165*

Part I of this review outlines various types of intra- and extra-oral tissue-derived stem cells with regard to clinical availability and applications in dentistry. Additionally, appropriate sources of stem cells for regenerative dentistry are discussed with regard to differentiation capacity, accessibility and possible immunomodulatory properties



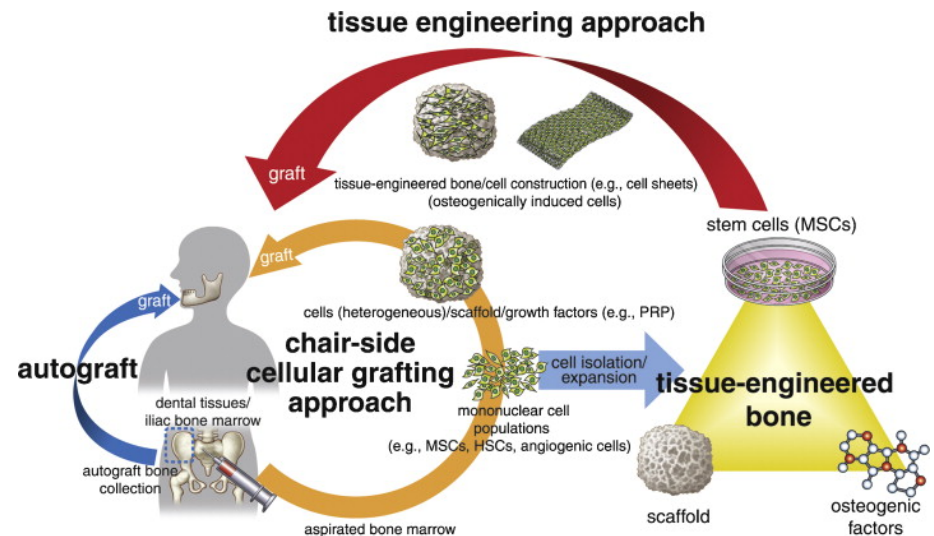
BMSCs: bone marrow-derived MSCs from orofacial bone; DPSCs: dental pulp stem cells; SHED: stem cells from human exfoliated deciduous teeth; PDLSCs: periodontal ligament stem cells; DFSCs: dental follicle stem cells; TGPCs: tooth germ progenitor cells; SCAP: stem cells from the apical papilla; OESCs: oral epithelial progenitor/stem cells; GMSCs: gingiva-derived MSCs, PSCs: periosteum-derived stem cells; SGSCs: salivary gland-derived stem cells



## Stem cells in dentistry – Part II: Clinical applications

Hiroshi Egusa, DDS, PhD *et al.* Volume 56, Issue 4, October 2012, Pages 229–248

Part II of this review first overviews progress in regenerative dentistry to consider the implications of the stem cell technology in dentistry and then highlights cutting-edge stem-cell-based alveolar bone regenerative therapies. Factors that affect stem-cell-based bone regeneration as related to the local immune response are then discussed. Additionally, pre-clinical stem cell studies for the regeneration of teeth and other oral organs as well as possible applications of MSC-based immunotherapy in dentistry are outlined. Finally, the marketing of stem cell technology in dental stem cell banks with a view toward future regenerative therapies is introduced.



Schematic diagram illustrating the current clinical approaches to stem-cell-based bone augmentation. The chair-side cellular grafting approach (orange arrow) uses patient-derived freshly processed bone marrow (mononuclear cell population), which contains mesenchymal stem/stromal cells (MSCs), hematopoietic stem cells (HSCs), and angiogenic cells, mixed with a scaffold and growth factors, such as platelet-rich plasma (PRP), as a grafting material. The tissue engineering approach (red arrow) uses MSCs, which are isolated from aspirated bone marrow and expanded *in vitro*. The MSCs are further cultured with osteogenic factors and a scaffold to generate an osteogenic construct (tissue-engineered bone) or cell sheets as a grafting material. Conventional autograft bone augmentation (blue arrow) uses autologous bone collected from the ilium or mandible.

## A multi-centered epidemiological study evaluating the reliability of the treatment difficulty indices developed by the Japan Prosthodontic Society

Takuo Kuboki, DDS, PhD *et al.*

*Volume 56, Issue 2, April 2012, Pages 71–86*

### A New Diagnostic System for Prosthodontics established by JPS

**B** caused by **A** (O ● G ▲ Q ■ P ▼)

**O**: Oral physiological conditions

**G**: General health and sociological conditions

**Q**: Oral health related Quality of Life level

**P**: Psychological health conditions

●▲■▼: Grade number 0–3

The Japan Prosthodontic Society (JPS) has systematized the clinical examinations and performed multi-axis assessment of complex variations in patients who need prosthodontic care in response to this current demand for holistic approaches. The objectives for the development of the multi-axis assessment protocol on the treatment difficulty indices for prosthodontic care are as follows: 1) establishment of the prosthodontic diagnosis based on clinical evidence, 2) identification of the holistic risk factors specific to prosthodontic care, such as general health/social problems, and psychological problems of patients, 3) the application of patient-based outcomes to measure the effectiveness of various prosthodontic treatment options, and 4) the utilization of a multi-axis assessment style.

## Bruxism and prosthetic treatment: A critical review

Anders Johansson, DDS, PhD *et al.*

*Volume 55, Issue 3, July 2011, Pages 127–136*

This review is concerned with the relationships that may, directly or indirectly, exist between bruxism and prosthetic treatment. Although certain occlusal conditions and/or incorrectly prosthetically modified occlusions were historically believed to be potential causes of bruxism, this has largely ceased to be the case. Also, the assumption that 'correction' of such occlusal conditions could reverse bruxism has also been discredited. What is important in the present context, however, is the possible effect of bruxism on prosthetic restorations, a relationship upon which the dental literature would appear not to be conclusive.

It is, therefore, the purpose of this paper to critically review the dental literature regarding a possible relationship between bruxism and prosthetic treatment.



A 57-year-old man (A) with implant fracture in the region of 25 (B) due to overloading.

## Sleep less and bite more: Sleep disorders associated with occlusal loads during sleep

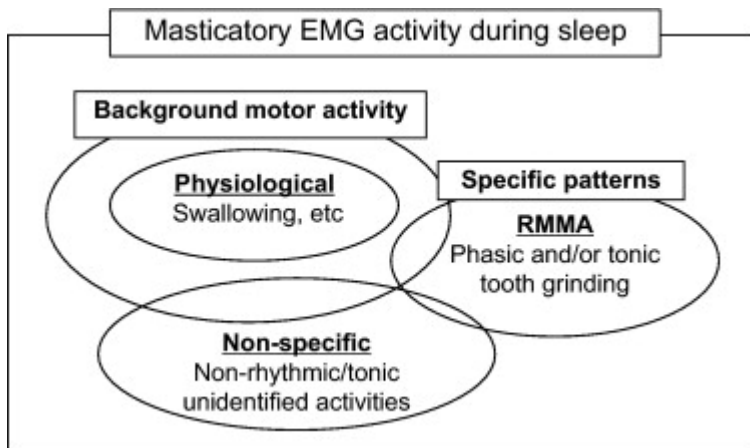
Takafumi Kato, DDS, PhD *et al.*

*Volume 57, Issue 2, April 2013, Pages 69–81*

This review shows the role of masticatory motor activities as a contributing factor to occlusal overloads (excessive loads or loads in eccentric axis) during sleep, such as in presence of Sleep Bruxism.

### Article Outline

1. Introduction
2. Definition and diagnosis of sleep bruxism
3. Masticatory electromyographic activity and sleep bruxism
4. Increased masticatory motor activity during sleep
5. RMMA and tooth grinding
6. Tooth contacts and masticatory force measurements
7. Sleep bruxism and sleep disorders
  - 7.1. Prevalence of sleep bruxism
  - 7.2. Concomitant occurrence of sleep bruxism and sleep disorders
    - 7.2.1. Insomnias
    - 7.2.2. Hypersomnia
    - 7.2.3. Circadian rhythm disorders
    - 7.2.4. Parasomnias
    - 7.2.5. Sleep-related movement disorders association to SB
    - 7.2.6. Other sleep problems
8. Obstructive sleep apnea syndrome and SB
9. Recognition of sleep disorders at the chairside
10. Conclusion



## Consensus statement from JPS Global Workshop Kyoto 2012

Kiyoshi Koyano DDS, PhD. *et al.*

*Volume 57, Issue 3 July 2013, Pages 153–155*

This workshop was hosted by the Japan Prosthodontic Society, which was founded in 1933 to promote the many aspects of prosthodontics, such as progress in research, education, and treatment.

The main objective of this workshop was to formalize international understanding and a consensus on issues related to prosthodontics. The 2012 workshop focused on the current status of the prosthodontic specialty, including the requirements for specialty training in different regions of the world.

### **Consensus statement on...**

- Commitment to community and society
- Education
- Research
- Professional organizations