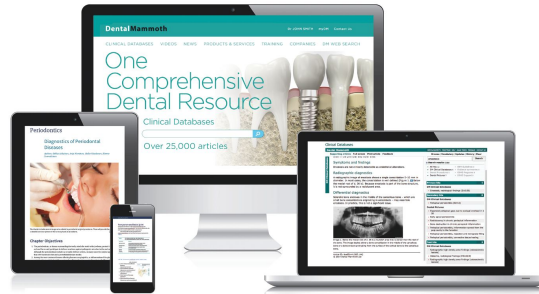


# Skills are based on knowledge



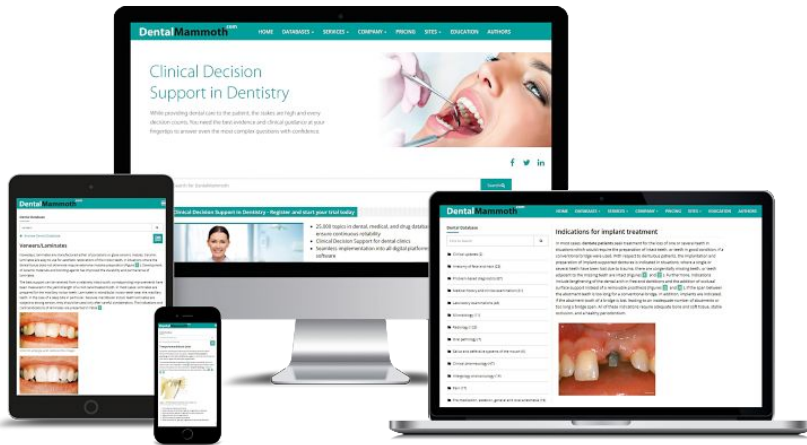
# DentalMammoth

Your [source](#) of up-to-date professional dental knowledge



# Globally unique solution

We offer access to over 25 000 topics & best practices & guidelines covering dentistry and oral health.



- Dental, medical and drug databases
- Clinical Decision Support
- Searchable articles, news, and videos
- Dental products, materials and service information

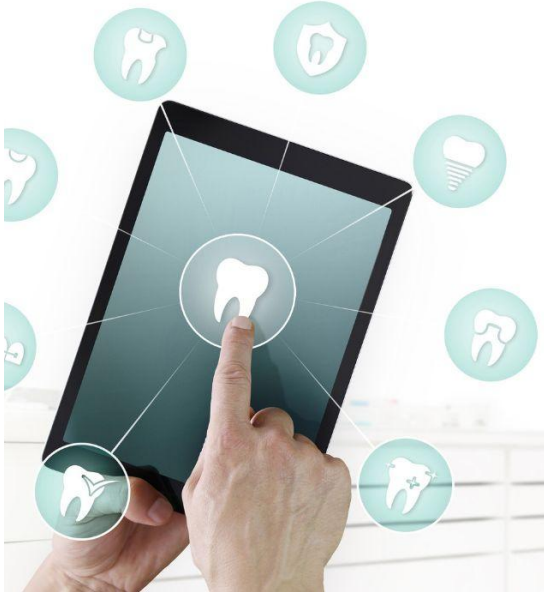
# Every dentist wants to feel confident

## Clinicians need:

- High quality information
- Reliable information sources
- Fast access to data at the point of care
- Ease of use



# Instant Clinical Decision Support



- Symptoms & signs
- Differential diagnostics
- Therapy guidelines
- Instructions on how to treat medically compromised patients

# Benefits at the Point of Care



- Instant access at the Point of Care
- Better patient outcomes with accurate knowledge
- Increased efficiency & knowledge
- Improved overall quality of clinical work

# Database examples:

**DENTAL  
ICD-10**

**DENTAL  
DATA**

**DENTAL  
PICS**

**MEDICAL  
DATA**

**MEDICAL  
EVID**

**DRUG  
INX-RISK**

**DRUG  
GRAV-LACT**

**DRUG  
REN**

**DRUG  
HEPAR**

**DRUG  
XREACT**

**DRUG  
HERBAL**

And more...

# From dentists to dentists



**Dental Mammoth's cloud solution is globally unique.**

The core of our service consists of clinical databases, which we created since 1995.

**In our DNA we have**

- the European dental care standards and
- the innovative thrive of the Finnish dental professionals.

# Dental education solution



- Core knowledge for graduating dentists
- Versatile support for self and life-long learning
- Value for private dental schools
- Requirements for emerging new technologies and digitalization
- Student profile and motivation



# International contributors

Over 400 international contributors regularly update the contents. Our editorial board consists of dental professionals and they control the quality of the contents.

## Editorial board



**Professor**

**Jukka H. Meurman**

*MD, PhD, DODont,  
Dr.hc (multid.), FDSRCSEd*



**Professor**

**Heikki Murtomaa**

*DDS, PhD, MPH,  
Prof.emer.*



**Editor-in-Chief**

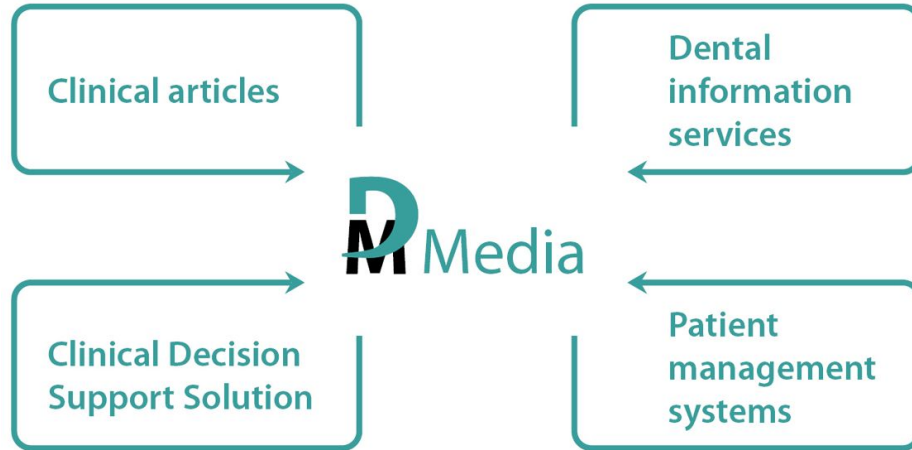
**Heikki Autti**

*MD, DDS, OMFS*

# DM Media

DM Media is a digital marketing channel for companies in the dental business.

DM Media will place your products right where dental professionals are searching information and making decisions.



# Easy integration into any Patient Management Software

Increase the value of your Patient Management Software with accurate clinical knowledge.

## **Benefits for your end-users**

- Instant access to relevant information via your PMS
- Early detection of potential clinical problems
- Better patient outcomes with up-to-date knowledge
- Increased efficiency & knowledge
- Improved overall quality of clinical work

AssisDent - FEATURE RELEASE: IDS v. 1.2019.10.3796 (dm@feature\_ids)

**AssisDent**

- Menu
- Search
- Dental Mammoth**

**MY INFORMATION**

- Mammoth Test Dentist
- Today Fri 3/8/2019 0
- Unfinished
- Messages and comments
- Job queue
- Stockholm 10

**SELECTED PATIENT**

- Smith AssisDent John 230189-9475 (30y) X
- Risks and patient... 1|1|1
- Notes 2 2

**Dental Mammoth**

lichen

- Oral lichen planus, reticular for... >
- Lichenoid reaction to mercury u... >
- Lichen ruber planus [en] >
- Lichen ruber planus [en] >
- Erosive lichenoid reaction to me... >
- Oral lichen planus [en] >
- Lichenoid reaction caused by de... >
- Oral lichen planus, reticular for... >
- Oral lichen planus [en] >
- Lichen planus on the side of the... >
- Lichen planus [en] >
- Lichen planus [en] >
- Lichenoid alteration of a patient... >
- Lichen ruber planus (L43) [en] >
- Lichen planus (L43) [en] >
- Lichen type reactions on the ora... >
- Interventions for erosive lichen... >
- Treatment of lichen planus [en] >


**DentalMammoth.com**

No curative treatment for lichen ruber planus exists. In most cases, asymptomatic white oral lichen planus requires no treatment. With respect to idiopathic oral lichen ruber planus, all irritating factors should be minimised and avoided, including citrus fruit, tomato, kiwi fruit, spicy foods, irritating toothpastes, strong mouth washes, hot coffee, cola drinks and mechanically irritative foods such as dry bread.

Symptomatic treatment is based on glucocorticosteroids which, in most cases, are used locally as lotions or sprays and, in some cases, as local injections. With respect to the treatment of oral lichen ruber planus, the problem is poor retention on the slippery and moist mucosa leading to less effective treatment results compared to the skin. In severe cases of lichen ruber planus, glucocorticosteroids can also be used systemically.

Furthermore, systemic and local retinoids have been tried, as well as cryotherapy. In addition, care for lichen ruber planus includes other forms of treatment such as local PUVA therapy after the administration of sensitising preparations, tacrolimus, acitretin and cyclosporin. However, the wider-scale introduction of these requires further controlled clinical testing [1](#).

Lichen ruber planus potential for malignant transformation is controversial. Nevertheless, at least atrophic erosive lesions in patients subject to other oral cancer risk factors, such as smoking and excess alcohol consumption, may present exposure to malignancy.



AssisDent - FEATURE RELEASE: IDS v. 1.2019.10.3796 (dm@feature\_ids)

**AssisDent**

Menu

Search

Dental Mammoth

**MY INFORMATION**

Mammoth Test Dentist

Today Fri 3/8/2019 0

Unfinished

Messages and comments

Job queue

Stockholm 10

**SELECTED PATIENT**

Smith AssisDent John 230189-9475 (30y)

Risks and patient... 1 | 1 | 1

Notes 2 | 2

Health information

Imaging

Recalls and appointments

Invoicing 0.00 €

## Smith AssisDent John #2852075

MEDICAL DATA CUSTOMER DATA

**Risks**

**Pacemaker >**

**E23.2 Diabetes >**

**Marevan >**

[Show all \(3\) >](#)

Patient history has not been checked cor

**Latest markings**

Visit entry	2/22/2019
Examination (SAA02)	2/22/2019
Complete dental examination	-
X-ray	2/22/2019
Pantomography (EB1HA)	-

### DentalMammoth.com

#### Anticoagulant therapy

**Caution**

- In most cases, the patient has a monitoring card for treatment
- In the case of procedures that cause bleeding, consideration must be given to the treatment level
- If the patient takes new antithrombotic drugs such as dabigatran or rivaroxaban a haematologist needs to be consulted before dental treatment

In most cases, patients receiving anticoagulant therapy carry a treatment monitoring card, which reveals the laboratory values (p-INR) used to evaluate blood coagulation. In unclear cases, a physician should be consulted, particularly before any surgical procedures are performed. However, anticoagulant therapy has no bearing on simple dental procedures that do not cause bleeding, while procedures that clearly cause bleeding e.g. removal of subgingival calculus, require assessment of the patient's anticoagulant therapy. In such cases, the patient's blood values must be controlled (p-INR) (Table 2). If necessary, the dosage of anticoagulant is reduced according to the physician's instructions. Since coumarin preparations have a long duration (half-life 48 hours and duration of anticoagulant effect 3-5 days), anticoagulant therapy should be considered in good time, prior to the planned procedure.

It is safest to perform high-risk procedures, such as major oral surgery operations, in hospital. The antidote for coumarin- type anticoagulant preparations is vitamin K, that can be used to control possible bleeding. In addition, as prescribed by a physician, tranexamic acid can be used as an antifibrinolytic drug to control bleeding. Safe INR values with respect to dental procedures (Table 4). Procedures can be planned and performed based on these values. Recently introduced new antithrombotic drugs such as dabigatran and rivaroxaban have no antidotes. Therefore before commencing any dental treatment the patient's haematologist needs to be consulted.

Dabigatran, rivaroxaban and apixaban are new anticoagulant drugs. They are easier to use but are considerably more expensive than conventional drugs. It should be noted that there is no antidote to reverse their anticoagulant effect. That is why all invasive procedures should be planned thoroughly. Patient's physician should be consulted before the treatment. In unclear cases, the patient should be referred to hospital.

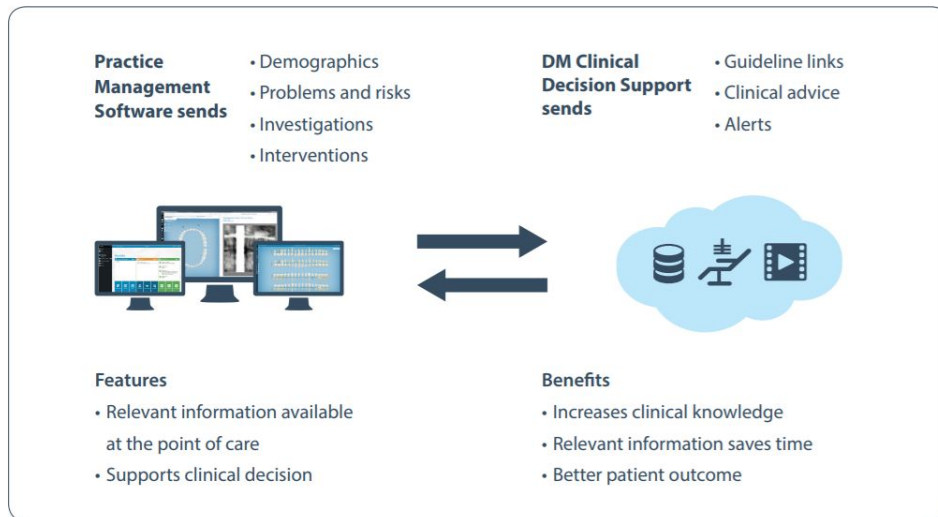
Table 2. The recommended p-INR values used to monitor anticoagulant therapy.

Treatment range	p-INR
-----------------	-------



# Easy API integration to any Dental software

- Use an embedded link or an application programming interface (API).
- Integrate in conjunction with Dental Mammoth's clinical decision support and host Dental software gives clinicians instant access to our databases.
- Seamless implementation into all digital platforms, including education platforms of dental colleges.



# We offer reliability in dental knowledge

Get your free trial period.

If you have any questions, please contact us.

[support@dentalmammoth.com](mailto:support@dentalmammoth.com)

# DentalMammoth

