New bacterial species found in human mouth

Scientists have discovered a new species of bacteria in the mouth. The finding could help scientists to understand tooth decay and gum disease and may lead to better treatments.

"The healthy human mouth is home to a tremendous variety of microbes including viruses, fungi, protozoa and bacteria," said Professor William Wade from King's College London Dental Institute. "The bacteria are the most numerous: there are 100 million in every millilitre of saliva and more than 600 different species in the mouth. Around half of these have yet to be named and we are trying to describe and name the new species."

BAGHDAD – A kidney specialist who fled Iraq’s bombings, kidnappings and sectarian killings 20 months ago has reported back to work at his Baghdad hospital - one of some 800 doctors who have returned over the summer.

Doctors are just a tiny group among Iraq’s more than 4 million refugees and displaced, but Iraq’s health minister says his homecoming sends a message to other emigrants that security has “improved dramatically.” Still, the nephrologist, who came back from Britain in July, remains cautious. He mostly sleeps at his workplace, Baghdad’s Surgical Hospital.

Doctors return to Iraq

At least one regional dentist will be competing in next year’s UK Smile Awards contest. Dr Majd Habbab, who owns a private clinic in Qatar, is striving to meet the November 50th deadline for entry into the London-based competition next March.

There are ten categories in which dental professionals can compete, including sections such as best orthodontic smile, restorative smile, facial reconstruction and aesthetic technicians. However, all the entrants will be chasing the coveted Smile of the Year award, which is chosen by the judges from the winning cases in each category.

Qatar dentist lured by UK smile awards

Tonguing has a new meaning

Flossing is good for you

AD
Medical check-ups not high on UAE residents’ list of priorities

A person should aim to be healthy, wealthy and wise - but is it followed in that particular order?

Healthcare may be taking a back seat to one’s expenses, as lower income earners are fighting to keep their rising costs of daily expenses in check. It was recently announced that the cost of medicines will rise this October, adding a further burden to residents’ pockets.

In a recent Gulf News poll, 58 per cent of respondents said they would get their medicines from abroad, 26 per cent said they would opt to buy a cheaper brand of medicine, while the remaining 16 per cent said they were not affected by the price change.

Egyptian Magdi Ali Esmail, a court administrator, 50, said: “With the substantial rise in living expenses, a regular medical check-up is perhaps the last thing on the minds of most expatriates, especially those with low incomes. The most important thing is the health of the kids; as long as they are fine and we can get them the right medical treatment when they get sick then none and my wife will be satisfied.”

“I think making it compulsory is unnecessary because some expatriates will undergo medical check-ups in their own countries as they have more trust in their own doctors and the cost will be much more affordable.”

Kinan Barsoudi, Syria, Group Sales Manager, 55, only goes for a general check-up if she feels sick, or every six months for a dental appointment.

“Medical check-ups shouldn’t be mandatory. You cannot control people’s freedom, and they should be able to go to a hospital of their own free will. Public hospitals and authorities however, are advancing and the standard of medicine and technology used across the UAE far exceeds the USA in a lot of ways. Facilities in hospitals are expensive, but everyone is covered.”

Sania Shakshi, a distribution account manager from Pakistan, 57, said: “I get a check-up once every three months and I think it should be compulsory for everyone to have one regularly. However, it should be covered by the employer entitled administration so that people will be encouraged to get a check-up. Hospitals offer good service and I’m sure it won’t be difficult to see the same standard of services and hygiene at private clinics.”

UN report says 35.2 million people living with HIV

From news reports

NEW YORK/LONDON: An estimated 35.2 million people worldwide were living with HIV as of December 2007, according to a UN report released in June. The report, prepared by UN Secretary-General Ban Ki-moon, said that the annual rate of new HIV infections appears to have decreased over the last decade. “Since 2006, progress in containing the HIV epidemic is now being seen in nearly all regions of the world,” the report states. “The world is staring to reap the benefits of the unprecedented investments made during the present decade in responding to the HIV epidemic.”

In 2007, an estimated 2.5 million people were newly infected, down from 5.2 million in 1998, while the annual number of AIDS deaths has declined from 3.9 million in 2001 to 2.1 million in 2007. Antiretroviral coverage remains low, with less than one in 100 of HIV-infected people in low-and-middle-income countries.

The Red Cross and Red Crescent (IFRC) has warned that despite these efforts, the AIDS epidemic still needs to be tackled. “It is no longer a question of money but a question of commitment,” said IFRC officials told the BBC in London.
Dear Doctors

The Emirates Medical Association Dental Society have great pleasure to inform you that we in cooperation with the Sharjah Dental School is organizing the 2nd Sharjah Dental College & the 14th EMA international Dental conference & from 14th to 17th October 2008 at Sharjah University, Dental school.

The registration fee and other information is as follows:

2. Oct 14th, 2008 – Pre conference course – 9AM till 5PM – Modern Restorative Materials – Hand on – Dhs. 500/- (CMH hours under process – expecting 5hrs)
3. Oct 15th to 17th, 2008 – Conference – Fees – Students Dhs. 350/- (provided their student ID), EMA Valid members – Dhs. 450/- (please provide the ID), Non members – Dhs. 600/-

Please do not hesitate to contact in the following address for any more queries or information:

If you are interested please book your seat at the earliest

Thank you and waiting for your kind response

Geetha Sanjith
Event Coordinator
Emirates Medical Association
Tel: +97 1 4 337 7 37 7 , Fax:+97 1 4 334408 2

Hospital, because he fears being attacked en route to his hometown, an insurgent stronghold north of Baghdad. He refused to give his name for publication because he still fears being targeted. For every doctor who comes back, nine stay away.

Some 8,000 physicians, most of them specialists, have abandoned jobs at government health centers since the U.S.-led invasion in 2003, most seeking refuge abroad and a few hundred heading to the relative safety of Iraq’s Kurdish region. Many ran from a violent campaign by extremists and crime gangs that targeted Iraq’s elite. Their departure has further crippled healthcare system plagued by corruption, mismanagement and a lack of equipment and drugs.

Only four of 10 elevators work at the 17-story Surgical Hospital, and patients wait a month for root canal treatment at a Baghdad dental hospital because surgeons lack electricity and anesthetics.

Health Minister Dr. Salih al-Hasnawi said getting doctors back is key to turning the situation around. Al-Hasnawi has floated the idea of turning Baghdad’s Medical City, a five-hospital complex near the Tigris River, into a safety zone for visiting emigre specialists.

He’s even come up with a catchy name - the “White Zone” - similar to Baghdad’s fortress-like “Green Zone” for international staff. Al-Hasnawi promoted the plan in a meeting in Jordan with Iraqi doctors. “Our proposal is that the military can provide security for this complex, and we bring doctors from outside Iraq because it is a secure area,” he said in an interview at the Rashid Hotel in the Green Zone, where he and other Iraqi Cabinet ministers still live for security reasons.

“This is a first step in bringing the doctors home,” he said.

Iraq needs 100,000 doctors and has only 15,500, said Adel Muhsin, a top Health Ministry official. Egypt and Jordan, comparably poor compared to oil-rich Iraq, have almost four times as many - 24 per 10,000 residents to Iraq’s six per 10,000. Iraqi rheumatologist Dr. Muneeb al-Huwais, who has settled in the Jordanian capital of Amman, said he likes the idea of the White Zone, but that it’s not enough to lure him back. “When you leave the hospital and go home, you don’t know what will happen to you,” said the 61-year-old, who fled Iraq in late 2004 after being seized by a dozen gunmen outside his Baghdad clinic.

During a struggle, the abductors broke his right arm with a rifle butt, but released him five days later for $40,000 in ransom. Al-Huwais’s experience isn’t unusual. In the past five years, Iraq’s doctors, professionals and academics have been targeted by militants trying to widen chaos or by extortion gangs going after the wealthy. Since 2003, at least 620 medical professionals, including 154 doctors, have been killed and many more threatened. “Simply, the goal is to destroy Iraq,” Muhsin said.
Blue lights stop oral tumours growing

Amy Connell & Daniel Zimmermann
MCU & DTI

AUGUSTA, USA/LEIPZIG: The blue light used by dentists to harden dental fillings could also help to treat cancer, according to new research. A student at the School of Dentistry at the Medical College of Georgia, USA, found the light halted the growth of tumours while doing tests on mice.

Mr Alpesh Patel, who has been working with three other researchers on this project, studied ten tumour-bearing mice. He exposed half the mice to the blue light for 90 seconds a day for 12 days and left the other half untreated. When the tumours were extracted, he found there had been a decrease in the cell growth of the light-treated tumours.

Blue light, which is used by the latest generation of light curing units in dentistry, sends wavelengths of blue-violet light to the composite, which triggers hardening. The waves produce free radicals that activate a catalyst and speed up polymerisation of the composite resin. "In oral cancer cells, though, those radicals cause damage that decreases cell growth and increases cell death," Patel said. Tissue analysis indicated an approximate 10 per cent increase in cell suicide.

"We’re thinking that some day, blue light therapy may serve as an adjunct to conventional cancer therapy," Bill Lewis, dentistry professor at the college and co-researcher on this project added. "Patients may, therefore, receive lower doses of chemotherapy, which would decrease the adverse effects most cancer patients experience from standard chemotherapy regimens."

Hormones speed osseointegration

GRANADA: According to researchers at the University of Granada, Spain, the use of growth hormones can help to regenerate bone and hasten implant osseointegration to only two weeks. The research obtained the direct biochemical joint between the raw bone and the surface of the implant irrespective of any mechanical joint mechanism.

What more with CAPP up to the end of 2008

3rd CAD/CAM & Computerized Dentistry International Conference
October 24th – 25th, 2008
Crowne Plaza Hotel, Dubai, UAE

Endodontics Training Module from University of North Carolina - Hands On
Tutor: Philippe Sleiman
September 18th – 19th, 2008
Dubai, UAE
Accompanied by UNC – 14 CME hours

Media Continuing Medical Education mCME
SELF-INSTRUCTION PROGRAM
Dental Tribune MEA
Earn 20 CME credits for one year at your working place or at home.

CAD/CAM Smart-Sourcing: "The Best Kept Secrets in CAD/CAM Technology"
Pre- 3rd CAD/CAM & Computerized Dentistry Int'l Conference Seminar
Presented by Dr. John Farah DDS, PhD, and Robert Wieler, CDT, USA
October 23rd, 2008
Dubai – UAE

Business Administration for the Dental Profession - Basic Training Program
Tutor: Dr. Ehab Heikal
November 06th – 08th, 2008
Dubai, UAE

Periodontology and Orthodontics – what new in 2008
December 2008
Duration: 2 days
French Society of Periodontology and Implantology
Dubai, UAE

Toothpaste found too pricey for the poor

LONDON: Fluoride toothpaste is prohibitively expensive for the world’s poorest people, a study published in Globalization and Health has revealed. Team of researchers compared the relative affordability of fluoride toothpaste in 48 countries and found that the poorest populations of developing countries have the least access. Fluoride toothpaste is widely used as a method of preventing dental decay, but currently only 12.5 per cent of the world benefits from it.

Vitamin D crucial for infants’ oral health

WINNIPEG: Low concentrations of Vitamin D during pregnancy may lead to tooth enamel defects and early childhood tooth decay, researchers at the University of Manitoba, Canada, have found. In the study which was recently presented at the Annual Congress of the International Association for Dental Research in Toronto, vitamin D levels of 206 women in their second trimester of pregnancy were analysed.

The researchers also examined 155 infants and found that 24.8 per cent of them had enamel defects and 53.6 per cent showed indication of early childhood tooth decay. Mothers of infants with enamel defects had lower, but not significantly different, mean vitamin D concentrations during pregnancy than mothers of infants without enamel defects. Only 21 or 10.5 per cent of the women in the study had adequate vitamin D levels.

Vitamin D, which is chemically related to steroids, is found in milk, egg yolks and fatty fish or is produced by activation through ultraviolet irradiation of sterols. Deficiency results in impaired bone mineralisation and leads to bone softening diseases, such as osteomalacia or osteoporosis. Latest research has indicated that it is also linked to colon and breast cancer.
US blames dentists for mercury waste

WASHINGTON D.C./NEW YORK/LEIPZIG: Dentists in the US find themselves under attack from lawmakers after the US Food and Drug Administration (FDA) said that dental fillings containing mercury for pregnant women and young children. The precaution were also asked to testify about pollution from mercury in tooth fillings and whether dentists should be required to install ‘separator’ equipment to keep mercury collected. Currently, dentists in only nine US states are required to use separators.

According to figures of the US Environmental Protection Agency, up to 10 tons of mercury from amalgam fillings are released into the environment each year. While the ADA says that dentistry required to use separators.

From news reports

WASHINGTON D.C./NEW YORK/LEIPZIG: Dentists in the US find themselves under attack from lawmakers after the US Food and Drug Administration (FDA) said that dental fillings containing mercury may pose a safety concern for pregnant women and young children. The precaution were also asked to testify about pollution from mercury in tooth fillings and whether dentists should be required to install ‘separator’ equipment to keep mercury collected. Currently, dentists in only nine US states are required to use separators.

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Top marks for UK University

Penny Palmer & Daniel Zimmermann
DT United Kingdom & DTI

LONDON/LEIPZIG: The Times Good University Guide has rated Queen’s University Belfast as the top dentistry school in the UK. The latest edition of the guide awarded the university’s undergraduate course in dentistry an overall rating of 100 per cent. This year the league tables incorporated results from the National Student Survey with Queen’s being given the highest student satisfaction rating of 87 per cent.

Professor Paddy Johnston, dean of the School of Medicine and Dentistry at Queen’s, called it a “wonderful achievement” as “we drive towards the development of an international research-led dental school in the next few years.” Each year around 40 dentists graduate from Queen’s and 100 per cent are in employment six months after qualifying.

“This top ranking position recognises the dedication and commitment of the staff in Queen’s Dental School,” Professor Donald Burden, head of Dentistry, said. “It also highlights the high standards achieved by our dental students.” He added that most of the schools’ graduates will go on to work as general dental practitioners or dental specialists providing dental care for the people of Northern Ireland.
Infectious diseases have an impact at basically three levels in dentistry. The first level involves the health component of incidence and prevalence in the community. The second level is how dental care affects medically compromised patients. Finally, there is how infections or immunocompromised diseases impact dental healthcare workers. In this article, we shall try to address these three aspects in a simple and pragmatic way.

Common Infectious Disease Impacting the Community

Infectious diseases are the different hepatitis-causing viruses, HIV and AIDS, and tuberculosis (TB) including multidrug-resistant TB.10 While Hepatitis B, C, D and G viruses follow a bloodborne route (for Hepatitis A and E) they are transmitted through the fecal-oral route. Contamination and E are transmitted through the route of transmission, Hepatitis A is a common route of transmission seen among pregnant women in endemic areas where the prevalence is high. Many healthcare practitioners personnel must use masks during contact with infected patients. While treating patients.

Hepatitis B viral (HBV) infection is caused by a DNA virus that is a hepatitis virus. Patients with HBV infections cannot be clinically identified as being infected. About 2-7% of the population in Southern Asia, the Middle East, the Mediterranean, Eastern Europe, Russia, and parts of Central and South America are infected with this virus. Certain regions in Asia and in Africa (the Tundra), South America, Africa and Southeast Asia including China are considered high in prevalence (> 8% of the population). Most of the regions in North America, parts of South America, Australia and Western Europe are considered low in prevalence (< 2% of the population).

Human immunodeficiency virus (HIV) is a retrovirus that is transmitted through infected blood and other body fluids. This virus is very contagious and has been occupationally acquired by dentists in the past. Outcomes of HBV infection and transmission of the infected become healthy again; about 9-10% become asymptomatic carriers or suffer from chronic, persistent hepatitis or develop active hepatitis leading to hepatocellular carcinoma and death; about 1% develop fulminant disease after infection and die.

Among other health-related deaths the rate is about 1 in 1,000, and in people over 50 years of age the rate is 27 in 1,000. The incubation period is about 4 to 6 weeks. Once a person recovers from hepatitis A infection, the person is protected for life. A vaccine against Hepatitis A viral infection is no longer available in most countries. If one has not been exposed to HBV, an one-time vaccination may provide life-long immunity.

Hepatitis E viral (HEV) infection is similar in nature to the HBV infection epidemiologically except for the higher rate of infections or disease in the third trimester (20% infection rate), Outbreaks are commonly seen in Southeast Asia, Africa, Asia, Central and South American regions among other geographic regions in the world. As of today, there is no vaccine available against Hepatitis E virus.

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The incubation period lasts from 45 to 180 days, with an average of 70 to 80 days. Once a person recovers from hepatitis B infection, the person is protected for life. A vaccine against Hepatitis B viral infection is no longer available in most countries. If one has not been exposed to HBV, an one-time vaccination may provide life-long immunity.

Hepatitis C virus (HCV) or the genetically transmitted non-A, non-B virus is an RNA virus, usually seen in association with blood transfusions and contact with blood and other body fluids. This disease can be very debilitating and can be fatal. Over 60% of the infected may develop chronic liver disease or disease of the liver, 5-10% develop acute liver disease, 5-20% cirrhosis of the liver.

HCV infection and hepatocellular carcinoma are found to be epidemiologically associated. Although a vaccine is not available, various treatments against this infection—including chemotherapeutic agents—can control the disease and reduce viral load. This virus is highly infectious; therefore, healthcare providers must take adequate precautions while treating patients.

Hepatitis D viruses are a virus-like particle that is always dependent on the presence of a Hepatitis B viral infection in the patient (piggy-back virus). It may occur as an infection or as a reactivation of being infected by HBV. Mode of transmission is similar to blood and other body fluid contact.

Hepatitis C viral infection is the most common viral infection identified. It is a bloodborne condition.

In short, hepatitis viral infections are the most insidious infections that occur among susceptible patients. Dentists must avoid contact with blood and other body fluids. It is important for all healthcare facilities and dentists to have barrier techniques and adopting safe practices for the disposal of sharps, and prevention of cross-infection among other patients.

Infectious diseases have an impact on patients with respect to the clinicians providing care if the disease is active. In this article we shall try to address these three aspects in a simple and pragmatic way.

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Vaccines against HBV infections are available in most countries. The vaccine injectable dose confers immunity for 10 years. The vaccine is safe and has been occupationally acquired by dentists (general practitioners and specialists included) range from 15% to 30%. Therefore, it’s an uncommon disease affecting dentists. There have been cases of HBV infections in dental treatment situations involving patients with HBV. According to the Centers for Disease Control and Prevention (CDC), booster doses of the vaccine may not be necessary due to the anamnestic response and lack of evidence of previously immunized persons being re-infected (although the titers may be low after immunization, in the event of an exposure to HBV the body will have a protective immune response).

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Human immunodeficiency virus (HIV) is a condition where transmission occurs through contact with blood and other body fluids. This disease was identified in June 1981 and has been the plague of our age. The extended risk is seen among homosexual individuals and later found its way into all activities, especially with the release of erosexuals, women and children. This infection is on the rise in South Asia and Southeast Asia while in the US infection rates are on the decline or have been stable. An initial HIV infection progresses into a more severe and debilitating condition designated as AIDS or Acquired Immunodeficiency Syndrome.

There are many classifications for AIDS such as the Centers for Disease Control’s Surveillance Definition, the Walter- Reed’s Classification of the AIDS Clinical... In early stages, the HIV infection may not be noticeable and may be accompanied by symptoms such as weakness, arthralgia, or even be totally asymptomatic. Later, patients infected with the virus may be associated with a variety of conditions. Some of the oral lesions associated with HIV infection and AIDS are Hairy Leukoplakia, Kaposi’s Sarcoma and Candidiasis... The United States have made annual TB testing mandatory for their personnel and have effective barriers to prevent disease. In endemic areas, the testing may be done every six months. Similar control plans may be adopted by individual clinics for the benefit of the personnel and patients.

Medical History & Impact of Infectious Diseases in the Clinic

The article has been accredited by Health Authority - Abu Dhabi as having educational content and is acceptable for up to 2 (Category 1) credit hours. Credit may be claimed for one year from the date of subscription (20 CME hours per year).

In addition to the oral condition among pregnant women in endemic areas where the prevalence is high. Many healthcare practitioners personnel must use masks during contact with infected patients. While treating patients.

Hepatitis A viral (HAV) belongs to the picornaviridae family and is an RNA virus. Hepatitis A virus infections cause jaundice and rarely causes death.

Hepatitis A virus (HAV) infects the liver. It is an RNA virus. Hepatitis A viral infection is no longer available in most countries. If one has not been exposed to HAV, a one-time vaccination may provide life-long immunity.

Hepatitis E viral (HEV) infection is similar in nature to the HBV infection epidemiologically except for the higher rate of infections or disease in the third trimester (20% infection rate). Outbreaks are commonly seen in Southeast Asia, Africa, Asia, Central and South American regions among other geographic regions in the world. As of today, there is no vaccine available against Hepatitis E virus.
different variety of infectious diseases based on their history of residing in multiple geographic regions. Certain ethnic populations may be more susceptible to infections that may not be commonly local (sickle cell anemia, sickle cell trait), and the patient's history was taken also may have a bearing on the time of occurrence and progression of disease.

History of Illness (Past & Present) History of trauma or other medical conditions that may have caused hospitalization and invasive surgery requiring blood transfusion, blood dyscrasias, immunosuppressive therapy, chemotherapy and radiation therapy that may alter the immune function of the patient. The patient's history also may be elicited here (vertical transmissions may have a predilection which may be associated with signs of conjunctivitis).

d) Ear, Nose & Throat (ENT) Hearing loss may be associated with rubella or syphilis. Sinusitis with purulent discharge may be associated with an acute episode of viral infection and a bacterial super infection. Acute viral and bacterial infections of the upper respiratory tract may be associated with productive or nonproductive cough.

e) Respiratory Infections Chronic bronchitis, pulmonary tuberculosis. If adequate antibiotic infections in the upper respiratory tract could be associated with productive or nonproductive cough. Hemoptysis may be associated with pulmonary tuberculosis. Cough of 5 weeks or more could be a sign of pulmonary tuberculosis, thus necessitating a referral for a TB skin test. Mantoux test consult to rule out active TB.

f) Cardiovascular System Most patients with cardiovascular disease must be handled with care. They are more likely to suffer from stress and are more likely to be immunocompromised. Infective endocarditis prophylaxis for patients with valvular heart disease, which includes organic heart disease and the non-inflammatory heart conditions such as mitral valve prolapse with regurgitation. Other conditions that warrant such action are prosthetic heart valves and persons undergoing dialysis. If adequate antibiotic coverage is not provided when needed, patients may end up with infective endocarditis or other renal complications.

Apart from the above mentioned conditions, the complete list of conditions that need prophylaxis may be obtained from the American Heart Association (www.AHA.org) or the American Heart Association (www.americanheart.org). However, when a patient’s condition requires follow up, obtain a consult from the patient’s primary care physician.

g) GI Tract Signs of jaundice could be related to hepatitis, cirrhosis, and hepaticellular carci- nomea as sequelae to viral infections of the liver. Other than Hepatitis A, B, C, D and G, Epstein-Barr virus, Cytomegalovirus, Rubella, Rubella, Cocksackie B virus, herpes viruses and adenoviruses may also be associated with inflammation of the liver. Inflammation along with the presence of the liver will predispose the patient to other infections due to immunocompromise. Patients with prolonged use of medications that affect renal function are also at risk of suffering from immunosuppression. Seizure transmitted diseases (STDs)

Table 1: Suggested Work Restrictions for Dental Health Care Workers

<table>
<thead>
<tr>
<th>Condition</th>
<th>Restriction</th>
<th>Return to Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conjunctivitis</td>
<td>Yes</td>
<td>Until discharged ceases</td>
</tr>
<tr>
<td>Sinusitis (bacterial)</td>
<td>No</td>
<td>Until lesions have healed</td>
</tr>
<tr>
<td>Strepococcal group A</td>
<td>No</td>
<td>Until 24 hours after starting effective treatment</td>
</tr>
<tr>
<td>Varicella (chickenpox)</td>
<td>No</td>
<td>Until appropriate symptom resolution</td>
</tr>
<tr>
<td>TB (active)</td>
<td>No</td>
<td>Until treated and deemed non-infectious</td>
</tr>
<tr>
<td>TB (w/ex skin test only)</td>
<td>No</td>
<td>Evaluate for infectious status, treat if potentially infectious</td>
</tr>
<tr>
<td>Influenza</td>
<td>Yes</td>
<td>Until H1N1 is asymptomatic</td>
</tr>
<tr>
<td>Pediculosis (lice)</td>
<td>Yes</td>
<td>Until drug has no side effects</td>
</tr>
<tr>
<td>Herpes whitlow</td>
<td>Yes</td>
<td>Until lesions heal</td>
</tr>
<tr>
<td>Herpes, orofacial</td>
<td>Yes</td>
<td>(need to be on regular anti-viral medication)</td>
</tr>
<tr>
<td>Varicella (Chicken Pox)</td>
<td>Yes</td>
<td>Until lesions dry and crust</td>
</tr>
<tr>
<td>Shingles (Herpes Zoster)</td>
<td>Yes</td>
<td>Until lesions dry and crust</td>
</tr>
<tr>
<td>Hepatitis B (HB antigens)</td>
<td>Yes</td>
<td>Until drug has no side effects</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>Yes</td>
<td>Expert panel, U/S/P, antiviral medications</td>
</tr>
<tr>
<td>Measles</td>
<td>Yes</td>
<td>Until 7 days after rash appears</td>
</tr>
<tr>
<td>Mumps</td>
<td>Yes</td>
<td>Until 7 days after rash appears</td>
</tr>
<tr>
<td>Rubella</td>
<td>Yes</td>
<td>Until 5 days after rash appears</td>
</tr>
<tr>
<td>Periarticular</td>
<td>Yes</td>
<td>Until 3 days after start of effective antibiotic therapy</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>Yes</td>
<td>Until symptoms resolve</td>
</tr>
<tr>
<td>Typhoid</td>
<td>Yes</td>
<td>Until symptoms resolve</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>Yes</td>
<td>Until 7 days from onset of jaundice</td>
</tr>
</tbody>
</table>

References

How to earn CME credits?

Once the reader attends the distance-learning program, he/she can earn credits in three easy steps:

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How can professionals enroll? They can either sign up for one-year (10 exercises) by subscription for the magazine for one year ($85) or pay ($20) per article. After the payment, participants will receive their membership number and will be able to attend to the program.
Scientists have created a solution that mimics the way the body forms new teeth—allowing natural repairs of holes without the need for drilling and filling.

Geographic location also played a particularly interesting role. Two out of three urban dentists in this survey do regular mailings. Half of suburban dentists do. Only one in five rural dentists reports doing so.

Dentists emphasize the importance of dental web site design and internal marketing programs. “Dentists must offer these services and make it known to their patients that they do, otherwise patients will seek it elsewhere,” said one dentist. “We are not recognized by the public and not marketed by organized dentistry! Why?” asked a California dentist.

Many dental practices find internal marketing to be pleasantly profitable. “Internal marketing by far is the best bang for the buck,” said an Illinois dentist. “In my well established practice, internal marketing has been successful for me,” agreed an Ohio dentist.

Some feel that direct mail marketing is an old-fashioned dental practice marketing strategy. “Postal mailings are a complete waste of time,” declared a California dentist. “Patients ask us not to send them any more junk mail. This is not the 1970s.”

Some wonder if it’s worth the investment. “It seems necessary, but it’s hard to tell if it pays off,” complained a California dentist. “Profitable enough, but very competitive,” commented a South Korea dentist.

“Frankly, I can hardly believe that half of dentists are not sending out regular mailings!” sighed Jim Du Molin, dental practice management consultant and founder of The Wealthy Dentist. “Internal marketing programs are among the most profitable, so it amazes me that so many dentists are falling to keep in touch with their regular patients.”

Mouthwash could replace the “Toothbrush”

Thethedentist’sdrillandcommon toothbrushcouldbecomethethingofthepast.

Scientists have created a solution that mimics the way the body forms new teeth—allowing natural repairs of holes without the need for drilling and filling.

Oral hygiene experts at Leeds Dental Institute have also made a mouthwash that kills plaque-making bacteria when a light is shone into the mouth. They believed the new liquid could be available in less than three years—and perform the same job as using a toothbrush.

The mouthwash uses a molecule that is absorbed by bacteria in the mouth and destroys the harmful bug when it is activated by a bright light. It is deemed safe as the molecule is already used by the food industry and not harmful if accidentally swallowed.

Called photodynamic therapy, it was developed from a cancer treatment as a way of helping disabled people look after their mouths if they were unable to use a toothbrush.

The institute’s research director, Professor Jennifer Kirkham, said the mouthwash could be used to treat gum disease and would only take a hygienist to perform the treatment.

She added: “We feel confident that this is a major step change for the future.”

The importance of regular patient mailings

Dentists who want to succeed financially need dental practice marketing. A recent Wealthy Dentalist survey on the topic of dental practice marketing asked dentists if they do a regular mailing to their patient base—and dentist respondents were split right down the middle! While 51% said it didn’t seem worth the effort, 46% think it pays to keep in touch.

The Japanese have produced stem cells from wisdom tooth of ten-year-old girl. A previous report of growing livers from stem cells found in wisdom teeth was also very exciting. Last year it was shown that stem cells could be created from human skin cells.

The National Institute of Industrial Science and Technology of Japan used the cells of a 10-year-old girl that had been frozen for three years.

Early minimally invasive removal of wisdom teeth will change the practice of dentistry and advance anti-aging medicine. Parents who did not save their children’s cord blood will get a second to let their children share in potential medical miracles in the future.

The recent study also showed that stem cells were viable after being frozen for three years. Once cells are frozen three years and a hundred years are basically the same. This excellent source of stem cells is easily obtained and does not involve the moral dilemma associated with embryonic stem cells.

Research has shown that healthy stem cells tend to spread through the entire body replacing aging cells. Continual replacement of stem cells periodically throughout life will allow healthy stems cells to continually replace youthful cells with aging cells.

The stem cells from wisdom teeth are in a quiescent phase for many years before they form a tooth and are therefore less affected by contaminants it the environment such as lead, B isophenol A and damage from radiation and other sources.

The use of stem cells from umbilical cord blood has been proven to replace bone marrow transplants when a suitable HLA match is unavailable and many parents are saving cord blood for future personal use.

It is very possible that saving of cord blood may be the greatest gift a parent can give a child. The use of stem cells is in its infancy and future uses will probably seem miraculous by today’s standards.

Imagine what research can do over the next 10 or 20 years much less a lifetime of 80 years or more. Collection of stem cells from wisdom teeth is a second chance for parents who did not save umbilical cord blood.

Dental Istanbul’08

International Dental Meetings

Istanbul invites dental professionals

While remembering Napoleon Bonaparte’s words: “If the world was a single country, Istanbul would be its capital city”, we are using steps for making Istanbul capital city of dental world by holding Dental Istanbul.

In the magical atmosphere of Istanbul with the excitement of celebrating centenary year of modern dentistry in Turkey, we are expecting to meet dental professionals from all around the world.

We think that, by the help of central position between East and West, and being a bridge between Asia and Europe, meeting in Istanbul will be easier than many places in the world.

We will be very pleased to see you in Istanbul, as a visitor, exhibitor, attendee or observer to celebrate centenary year of modern Turkish dentistry.

VENUE: Dental Istanbul events will be held at Grand Ottaway Convention Center at www.goc.com.tr

www.dentalistanbul.com
Using lasers to spot troubled teeth before cavities form, researchers hope to turn the dentist’s drill into a relic of the 20th century.

The technology, called “Ramanspectroscopy” (RS), is not brand new. In fact, scientists in other fields have long been using it to distinguish between various chemicals, based on their unique molecular fingerprints.

But this is the first time RS has been used to identify teeth in the very earliest stages of decay, the British research team said.

“However, that is not to say dentist drills would become obsolete,” said Downey. She and her team noted that, in its current form, the screening procedure would be both expensive and time-consuming. “I think there will always be those of us who like our sweets a bit too much, and visit the dentist too infrequently, to keep them in business,” she said.

But Charlie Brown, national counsel for Consumers for Dental Choice, based in Washington, D.C., hailed the innovation as an “excellent development.”

“Anything that means that there might be fewer filling materials used in the mouth is a tremendously positive development,” Brown said. “I salute any technology that will scan the mouth and prevent cavities before they occur, so we can try to have the least intervention in the mouth as possible.”

Study supervisor Dr. Frederic Festy said that larger studies involving patients are in the planning stages.

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Study supervisor Dr. Frederic Festy said that larger studies involving patients are in the planning stages.
First medical imaging application introduced for iPhone and iPod touch

"Patients will be even more impressed," he added.

Individual patient data can be downloaded to an iPhone or iPod touch from a MIM Workstation or MIM Storage Server. Though the company says that patient privacy is assured because all communications are transmitted over a secure connection that uses password locks, tamper prevention, and data encryption, dentists in some countries might encounter problems with the software because their provider might not support the system.

Problems might also occur in countries where a telediagnosis can raise legal issues, eg, in Germany where doctors can only diagnose something they see on a large high-resolution monitor.

The software which currently received an Apple Design Award for Best iPhone Healthcare & Fitness Application is part of the new application store for the iPhone 3G and iPod touch that was introduced earlier this year in Windows and Mac OS X computers under the category Health & Fitness or directly to the iPhone via a wireless internet connection. A fully featured MIM application for the iPhone, for physician and radiology use, will be available in the near future.

"The MIM application for the iPhone is the essence of cool for a radiologist who thrives on image display. The software is fast and intuitive," says Peter Faulhaber, M.D. Director at the Case Medical Center in Cleveland, USA. "I think referring physicians will be able to seamlessly review a patient’s images while consulting over the phone."

3rd CAD/CAM & Computerized Dentistry International Conference
Crowne Plaza Hotel Hotel Dubai, UAE - October 24-25, 2008

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LEIPZIG: In May, the Sweden-based company Astra Tech held a major CE course on implantology in Frankfurt/Main, Germany. We had the opportunity to meet product developer Stig Hansson to talk about his work and the latest revelations on implant surfaces.

Daniel Zimmermann: Mr Hansson, you must be a busy man. What are you working on at the moment?

Stig Hansson: My current work focuses on improvements of the geometry and surface of the Astra Tech implant. With these new calculations we hope to further accelerate the compound between the implant surface and the human bone.

How long does it usually take before new calculations find their way into the final product?

This depends on how certain we are about the calculations. Just a slight modification of the surface on a microscopic level can take some time depending on the risks. For instance, it must be proved whether a minor change in the implant surface has any effect on the surrounding tissue in some way. These things we investigate of course very thoroughly before we go about the production phase.

What were the main challenges in the development process of the Astra Tech implant?

I found that the effects of mechanical forces are very important. I have a mathematical and engineering background and I see the human body primarily as a perfect engineering structure, and therefore have a deep knowledge and understanding about the interplay between the connective tissue, bones and surfaces. One of the things I learned over the years is that nature itself does everything in the most efficient way, and that we must adapt our concepts to this natural law in the development process.

There is a lot of speculation about the ideal implant surface. In your lecture you said that there is still a lot of potential for optimisation. What’s the problem?

Indeed, a lot of potential lies in the topography of implant surfaces. What makes precise engineering calculations in surface development complicated is the partially diverging study data that we have.

In many cases, it was found that bone very close to the implant surface has no collagen. In others, there seems to be a reduction of collagen and minerals to certain amounts. Once we gain more knowledge about these processes, we will be able to optimise the surface of the implants even further.

Thank you very much.

PHD Stig Hansson

An interview with Stig Hansson, PhD, Head of R&D at Astra Tech and main developer of the Astra Tech Implant

If it isn’t clean, it can’t be sterilised!

Hydrim and Statim, your perfect partners in the sterilisation process

Now you can eliminate the risk of hand washing instruments

Authorities now recommend that instruments cannot effectively be sterilised unless they have first been cleaned in a mechanical washer. Across Europe guidelines are under review to reflect this advice.

That’s why effective sterilisation begins with the Hydrim® CS1 wash or M2 instrument washer. After a pre-wash to remove virtually all proteins, two independent, high pressure sprays clean the instrument load from above and below, removing virtually all organic debris. Independent tests show an efficacy of 99.9 – 100 per cent.

The Hydrim washers perfectly prepare instruments for sterilisation in as little as 19 minutes, and eliminate the risk of washing instruments by hand.

Following the Hydrim wash cycle, the instrument basket can immediately be transferred into an S class Statim® autoclave cassette for the fastest sterilisation cycle available. Most instruments, including handpieces can now be sterilised between patients in a Statim 2000 S in only 8 minutes. The fast Statim S cycle process fully complies with the latest European standard EN13060.

The compact Hydrim CS1 wash and Statim units are designed for benchtop use and are the perfect partnership for the central sterilisation area even in the smallest practice. The floor standing Hydrim M2 can process about 100 instrument sets in a 10 hour day and is ideal for the larger, busy practice.

For further information about SciCan products please contact:

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A HIGHER STANDARD

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Pleasant surprise for retired couple visiting the dentist

It was toothy grins all round as retired Gloucester couple Cecil and Vera Daniells visited their dentist.

The couple, from Firkin Drive, went to their appointment at Oasis Dental Centre completely unaware it was 50 years to the day that Vera, 83, attended the practice for the first time.

"It was absolutely blowing a gale that day and we got blown about at the bus stop before our appointment," he said.

"I would have worn a tie if I'd known I was having my picture taken and Vera wasn't wearing her lipstick because you don't wear lipstick to the dentist."

"It was an absolutely brilliant day and a total shock for us. The receptionists clapped for us and we just couldn't believe it. Nothing has ever happened like this to us in our whole lives."

Mr Brown was even able to produce a complete list of Vera's dental records which showed that on Vera's first appointment half a century ago exactly she had a molar filling fitted.

It cost her the grand total of £1.

Richard Brown, who has been the couple's dentist for the last 50 years, realized the landmark date whilst looking at Vera's records.

He organized a surprise presentation of flowers for Vera and gardening vouchers for Cecil.

Cecil, 87, said they had gone to the appointment thinking it was just a normal day.

"It was absolutely blowing a gale that day and we got blown about at the bus stop before our appointment," he said.

"I would have worn a tie if I'd known I was having my picture taken and Vera wasn't wearing her lipstick because you don't wear lipstick to the dentist."

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Why !!!!!

A visitor to the graveyard couldn't help noticing a man kneeling in front of a gravestone, clasping his hands and sobbing.

The visitor went a bit closer and could hear what the man was saying.

"Why did you have to die?" he was repeating, "Why did you have to die?"

Feeling he ought to do something, the visitor laid his hand on the man's shoulder.

"Was it someone you loved very much?" he asked gently.

The man looked up at him and said, "no, I never met him, he was my wife's first husband."

Dear reader If you wish to share your comments, stories, funny incidents or views in dental cafe, please email to:

info@dental-tribune.ae

DENTAL FACTS

The number of cavities in the average mouth is down and people are keeping their teeth longer. People, on average, have healthier mouths than even 10 years ago. Specifically:

Use of dental sealants, which block tooth decay on the chewing surfaces of kids' vulnerable molars, was up 64%. 30% of kids had had at least one sealed tooth.

Only 40% of young people age 6 to 19 had ever had cavities in their lives had cavities. That's down from 50% a decade ago.

Over the last ten years the proportion of people age 60 who'd lost all their teeth had decreased from 35% to 25%.

Every year, kids in North America spend close to half a billion dollars on chewing gum.
GOLDEN NEST
A Progressive Approach to High-Tech Post & Core

By Norman L. Hicks*

When restoring the endodontically treated tooth, especially when crowsns are indicated, we must always remember that the prognosis for that tooth rests figuratively and literally on the materials and techniques employed at this unglamorous post/core stage.

Clinical studies comparing the 4-year performance of custom cast posts against the more advanced fiber posts, clearly favor the contemporary, low-modulus approach, in terms of the inherent risk of root fracture 1. While in vitro testing can indicate a high fracture resistance, that fracture also proves non-repairable 70% of the time 2.

Fiber posts, introduced in Europe in the early 1990’s, were originally manufactured from carbon fibers (Composipost®, RTD, St Egreve, France). Although neither esthetic nor radiopaque, these posts (and the 3 generations that have followed) have proven capable to do everything a post needs to do, through in vitro studies 3-11 and clinical trials 12-18 but without predisposing to root fracture. This is possible because the Elastic Modulus rigidity of fiber posts is approximately the same as the composite and dentin19, so the components function in mechanical harmony.

The state-of-the-science fiber post is the DT® Light-Post® (Doubloon-Tapered Light-Post®, D’T Light-Post®). RTD® posts also have good clinical studies that support their products 12-18, some documenting up to 11 years of service 40.

How do you improve on perfection?

Clinicians experienced with translucent fiber posts know that if removal becomes necessary, the good aesthetics it can be hard to see, inside the core composite and tooth structure. It involved yet another patent for RTD, but the new DT® Light-Post® ILLUSION® includes biocompatible pigments in the proprietary resin matrix. These impart an intrinsic color to the posts, matching the corresponding drills, which helps identify the post’s size before or after placement. That’s the EASY part.

Once the post is placed, the COLOR DISAPPEARS, and you hope that you never see it again, except on a radiograph. However, should removal become necessary, the color RE-APPEARS ON COMMAND, by spraying with cold water. This makes it much easier to locate the post and to determine when all of the fibers have been removed 25.

Necesity: the mother of invention

The “double-taper” design comes from extensive anatomic measurements of root canals, undertaken by Endodontic and Prosthodontic Professors at the Université of Montreal upon deciding that it was time for an endodontic post that fit the root canal, rather than modifying the root canal to accommodate an antigusted post design. Each post size has two separate tapers, and a cylindrical portion that provides a good adaptation 24-25 with minimal dentin sacrifice, as recommended by the Endodontic textbook 26.

Often, when utilizing base casting metals or stainless steel for post/core, corrosion potential and bi-metallic reaction (galvanism) problems arise. Fiber posts cannot corrode. Fiber posts are also shown to be less likely to cause micro-leakage than rigid metal posts 27-29.

For a variety of reasons, millions of root canal treatments require retreatment every year, and roughly 25% of those will require the removal of a post 30. The removal of fiber posts is done quickly, by documents 51-55. Although there are fiber posts available, they are not all the same. They can vary considerably in their physical and mechanical properties. Published in vitro testing shows that the Quartz fiber posts (Light-Post and DT Light-Post) are stronger than other fiber posts 36, 57, and more fatigue resistant than prefabricated metal posts 58 and other fiber posts 58, 59. RTD posts

D.T. LIGHT-POST® SIMPLY UNBEATABLE:

THE 40 YEAR LEGACY

1968: RTD founded by Dr. Marc Reynaud
1989: Composipost® the FIRST fiber reinforced composite post
1995: Aestheti-Plus® esthetic fiber post
2000: D.T. Light-Post® - radiopaque, translucent fiber post
2007: D.T. Light-Post Illusion™ thermochromic fiber post

THE ACHIEVEMENT AWARDS

The only post which has been elected best post four years in a row by REALITY.

THE DOCUMENTATION

D.T. LIGHT-POST® has been included in over 65 in vitro evaluation. You can view these studies at www.rtd.fr

References:
What’s Happening Around the Globe?

**EUROPE**

The 56th International Expodental, Fieramilano
Milano, Italy
October 8 - 11, 2008

Email: expodental@expodental.it
http://expodental.it

**MIDDLE EAST**

XIth International Symposium on Dentofacial Development and Function
Cairo, Egypt
October 16 - 18, 2008
Email: drashraf@aast.edu
Website: www.dfdfcairo.com

Alexandria International Dental Congress
October 28 - 31, 2008,
Alexandria, Egypt
Email: info@aidc-egypt.org
www.aidc-egypt.org

The Beirut International Dental Meeting
October 16 - 18, 2008,
Beirut, Lebanon
Contact: Dr. Antoine Karam,
Tel/Fax: 961 1 611222 - 611555
Email: lda@cyberia.net.lb
www.LDA.org.lb

Riyadh International Dental & Pharmacy Meeting
Riyadh, Saudi Arabia
October 18 - 20, 2008,
Email: dean@riyadh.edu.sa
www.riyadh.edu.sa

LUMINEERS SMILE DESIGN WORKSHOPS
Dubai, United Arab Emirates
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Email: berryperson@yahoo.com
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Riyadh International Dental Conference
December 17 - 18, 2008,
Muscat, Oman
Email: odc2008@oman-dental.org

**EUROPE**

International Dental Exhibition and Conference
Date: November 12-14, 2008,
Yemen - Sana
Email: zakari_1994@yahoo.com
5th Gulf/Dental Association Conference
Kuwait

November 23 - 25, 2008
Email: info@kda.org.kw
www.kda.org.kw

1st Jordanian and the 7th Arabic congress of Pediatric Dentistry
November 19 - 21, 2008,
Amman, Jordan
Email: othmanalam@amman.gov.jo
http://jda-congress.com

Oman Dental Conference
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Email: odc2008@oman-dental.org

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