India plans to overhaul dental education system

HONG KONG/LEIPZIG, Germany: The Dental Council of India has recently announced to introduce changes in the country’s lacking dental education system. According to president Dr Anil Kohli who spoke to dental graduates of the Sri Ramakrishna Dental College and Hospital in Coimbatore in September, the Council will look into the accreditation standards for graduate and postgraduate dental courses, as well as continuing dental education and clinical fellowship programmes. Other issues including CERecognition in India and abroad will also be reviewed.

India has the largest number of dental schools and students in the world but the quality of dental education has gone down recently, especially in economically underdeveloped areas. In addition, a large number of graduates have to quit dentistry due to limited career options.

Dr Kohli said that the implementation of the changes will take several years to complete but they are needed to improve the quality of dentistry in the country and to attract more students from foreign countries.

Low doses of radiation can cause heart disease and stroke

A mathematical model constructed by researchers at Imperial College London predicts the risk of cardiovascular disease (heart attacks, stroke) associated with low background levels of radiation. The model shows that the risk would vary almost in proportion with dose. Results, published October 23 in the open-access journal PLoS Computational Biology, are consistent with risk levels reported in previous studies involving nuclear workers.

Cardiovascular disease is the leading cause of death and one of the leading causes of disability in developed countries, as reported in the paper and also by the World Health Organization (http://www.who.int/whosis/en/). For some time, scientists have understood how high-dose radiotherapy (RT) causes inflammation in the heart and large arteries.
Dubai, UAE, 18 October 2009: INDEX Holding announced, during a press conference held today in Dubai Health Authority Head Quarter, signing an agreement with Samsung Medical Center with the support of Dubai Health Authority – Government of Dubai.

“We are delighted that Samsung Medical Center considers Dubai to be their first residence in MENA region and we welcome their presence in UAE. We extend our support to the agreement signed today between INDEX Holding and Samsung Medical Center and we consider this step as an addition to Dubai’s unmitting achievements in the medical sector. We highly appreciate the constant contribution of INDEX Holding in introducing foreign investment to UAE through the organization of prominent medical exhibitions and conferences such as FDI and IBF World Congress 2011 in addition to more than 12 annual leading conferences in cooperation with Dubai Health Authority. Dubai government highly encourages the private sector to invest in the medical sector, and Dubai Health Authority also considers the private sector to be its strategic partner in providing the best healthcare services in UAE,” said Jadi Saeed Al Murrushi, Director General of Dubai Health Authority.

Since initiating Korea’s first medical referral system in 1995, Samsung Medical Center currently maintains Korea’s largest medical cooperative network that includes several cooperative hospitals and 700 member clinics. With more than 10,000 personnel including 5,000 medical professionals, Samsung Medical Center is one of the largest advanced medical complexes. Also as a designated teaching hospital for Sungkyunkwan University School of Medicine, Samsung Medical Center produces outstanding future leaders in healthcare.

“We would like to thank the government of Dubai, Dubai Health Authority and INDEX Holding for giving us the opportunity to introduce and promote the high state of our healthcare services to the region in Dubai, the city that represents quality of life. The agreement is a culmination of the forward-thinking leadership of Dubai government, a de-epening by INDEX Holding, and world class medical capabilities of the Samsung Medical Center, and will provide a new ground not only for strengthening healthcare statuses of both countries, but also for enhancing health and welfare of the Middle East and North Africa. We will also welcome the patients to be treated in our advanced medical centers in Korea. In addition to Dubai’s strategic position in the region, we will also benefit from the integrated infrastructure of its medical sector and the facilities provided by the government” said Jong-Chul Rhee, President & CEO, Samsung Medical Center.

Since Samsung Medical Center opened its Comprehensive Cancer Center with 700 beds, Asia’s largest in size, in 2006, it has performed over 1,900 gyn-ecologic and 1,600 colorectal cancer operations. This year, Samsung Cardiovascular Imaging Center in Collaboration with Mayo Clinic began its operation, introducing a new concept in providing healthcare services to patients with complex cardio-vascular diseases. Also, the qual-ity of care in liver transplant and extremely low birth weight in-fant patients, along with others, well exceeds those in developed countries.

“During our last visit to Seoul, we have initially signed the MOU with Samsung Medical Center to be the sole representative of Samsung Medical Center in the region and we are pleased to sign the agreement today with the support of Dubai Health Author-ity as a strategic partner. “INDEX and Samsung Medical Center agreement” will not only provide unique and active services to UAE citizens and residents but will also be of great benefit to the MENA region at large. We at Index Holding consider our growth as a part of UAE’s national eco-nomic growth and feel responsi-ble of being pioneers in the health sector. This was not to happen without the constant support of Dubai Health Author-ity and other governmental sec-tors in the UAE,” said Abdul Salam Al Madani, President of Index Holding.

**Root Canal Treatment Made Easy**

Region’s dentists to learn new techniques from international experts at Dentistry 2009

Dubai, According to a recent survey by the American Association of Endodontists (AAE), fear of dentists plagues more than 90 per cent of us. Root canal procedure is the most feared treatment with 54 per cent of adults as afraid of getting a root canal as they are of flying during a storm.

Any procedure that can make root canal treatment quicker or less painful has to be good news for everyone. For dentistry, 2009, a multi-track conference and ex-hibition, the region’s dentists will be learning how to perform the suc-cessful root canal treatment in less than 45 minutes, saving patients time, stress and discomfort.

The new treatment will be presented by Dr. Ahmet Uluk Ozan, Professor and Head of the Department of Endodontics at the Istanbul University, Turkey. Dr. Ozan has been se-xpected as one of the “Top Hundred Clinicians in the USA for the past three years” and his popular ‘proven methods’ in Endodontics have been presented within the USA and internationally. Dr. Ozan designed a workshop “A Recipe for Success-ful Molar Endo in under 45 min-utes”, a technique many dentists will be keen to learn in order to offer their patients the most up-to-date care techniques.

“The best part of my lecture series is the workshops,” says Dr. Ozan. “My focus is to teach at-tending dentists completely new techniques, utilising proven older technology covering topics such as activated irrigation, intra canal aspiration and trou-bleshooting in endodontics.”

Dr. Ozan is honoured to be elected as a top hundred clini-cian in the USA, especially since he originally trained in his home country of Turkey. “I believe that the Western dental world has a lot to learn from Eastern dental world.”

In addition to Dr. Ozan’s lecture series, the list of speakers at Dentistry 2009 includes over 50 of the leading experts in the field of dentistry. Attendance at a lecture or workshop will carry CME (Continuing Medical Education) credits highlighting the educa-tional significance of the event.

“With five IDR award winning presenters amongst others, top-notch leaders in each discipline of dentistry and world renowned speakers all under one roof, Dentis-try 2009 is a gathering you wouldn’t want to miss,” empha-sised Raza Cheveld, Conference Producer – Exhibitions, IBF Mid-dle East, UAE.

Crafted by IBF Middle East Life Sciences, the organisers of the annual Arab Health Exhibition & Congress, Dr. Ozan’s lecture series will be running at Dentistry 2009 from 10 to 12 No- vember at the Abu Dhabi Na-tional Exhibition Centre, UAE.
Sharjah Women's College Mobile Health Clinic is ready to roll again

Sharjah, (WAM)—The Mobile Health Van will be launched again in the academic year 2009-2010, starting from October 16th, following success and warm welcome by all schools it visited in Sharjah and Ajman over the academic year 2008-2009.

Scoring tremendous success in this unique experiment, the mobile health van, which was started by a team of dedicated health sciences students, is ready once more to reach as far as it can into the community.

The month of November will also see the mobile clinic coordinate its activities with Dubai Health Festival, which is being organized by Dubai Healthcare City to maximize their outreach and provide the students an opportunity to learn from the expertise offered by the DHCC staff.

The health awareness campaign has been a useful experiment in getting senior health sciences students to step out into the community and share their knowledge and polish their newly learnt medical skills. The team has planned a detailed program of workshops and lessons on personal hygiene, dental health, H1N1 awareness, anemia, diabetes, good nutrition; these workshops will be supplemented with basic testing that includes blood glucose, hemoglobin, BMI measurements.

The eager students have thoroughly enjoyed learning the basics of good health and hygiene in a fun way from their equally eager to impart elder national sisters. An activity that generated much enthusiasm in the previous run was the Glo germs, a fluorescent dye that makes the germs on the hands glow under the UV light. The young faces were horrified to see the bugs on their hands and the message of hand washing surely hit the mark. With the world battling the H1N1 pandemic this activity will surely help the efforts of the Ministry of health to contain this pandemic.

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The biological mechanism has yet to be experimentally tested. Further research is planned to investigate this.
Implanted eye tooth helps blind patient see again
First osteo-odonto-keratoprosthesis procedure performed in the US

MIAMI, FL, USA: A 60-year-old patient from the US has recovered her sight after surgeons in Miami implanted one of her teeth in her eye. This surgical procedure was the first in the US and undertaken at the Bascom Palmer Eye Institute at the University of Miami’s Miller School of Medicine, where the patient’s eye tooth was implanted as a base to hold a prosthetic lens. The patient was blinded in 2000 by the effects of Stevens–Johnson syndrome, a severe adverse reaction to common drugs causing burning, blistering and sloughing of skin and involved tissue. It also frequently causes blindness, and results in 100,000 deaths per year worldwide.

Dr Victor L. Perez, Associate Professor of Ophthalmology at the Bascom Palmer Eye Institute, and his interdisciplinary team performed a modified osteo-odonto-keratoprosthesis (MOOKP) procedure, a complex surgery that had until now been available only in a limited number of eye centers in Europe and Asia. Developed by the Italian ophthalmologist Prof. Benedetto Strampelli in the 1960s, MOOKP has proven effective as a solution to end-stage corneal disease, in which severe corneal scarring blocks vision and corneal transplants are no longer an option but the eye’s internal structures and optic nerve remain healthy.

“For certain patients whose bodies reject a transplant or artificial cornea, this procedure ‘of last resort’ implants the patient’s tooth in the eye to anchor a prosthetic lens and restore vision,” explained Dr Perez.

In MOOKP, an extracted tooth and surrounding bone are shaved and sculpted, and a hole is drilled to insert an optical cylinder lens. In order to bond the tooth and lens as a bio-integrated unit, they are implanted under the patient’s skin in the cheek or shoulder. The eye specialist then prepares the surface of the eye for implantation of the prosthesis, by removing scar tissue surrounding the damaged cornea.

About one month later, mucous material is collected from the inside of the patient’s cheek and used to cover and rehabilitate the surface of the damaged eye. In the final phase, the prosthesis is removed from the cheek or shoulder and implanted in the eye. The prosthesis is aligned with the centre of the eye, and a hole is made in the mucosa for the prosthetic lens, which protrudes slightly from the eye and enables light to enter the eye, allowing the patient to see again.

“The procedure will help countless of people in the US to regain sight,” said Dr Eduardo C. Alfonso, chairperson of the Bascom Palmer Eye Institute. “Thanks to the work of Dr Perez’s team, patients in the US now have access to this complex surgical technique.”

Laser dentistry gets boost in India

The local government of Gujarat, a federal state in Western India, has announced a new initiative to incorporate laser dentistry into the dental curriculum of all governmental dental colleges. The move comes after a clinical guide for oral laser applications was released at the 5th National Conference on Oral Laser Applications held in Ahmedabad earlier this month.

According to Gujarat Health Minister Jaynarayan Vyas, the project will be supported by the Society for Oral Laser Applications, an affiliate organisation of the International Society for Oral Laser Applications in Vienna (Austria). If the initiative succeeds, government authorities expect to appoint dental laser specialists in each of the state’s districts soon.
Peri-implant soft tissue recessions

By Dr. André P. Saadoun, D.D.S., M.S.

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Introduction
A beautiful aesthetic result is difficult to obtain with implants in the anterior areas. Both the alignment of the gingival margin and the presence of papillae are essential elements in resolving aesthetic implant problems to achieve an harmonious smile. These two soft tissue entities, however, are closely related to the patient’s biotype and to the quality/quantity of underlying structural alveolar bone.

The peri-implant gingiva, particularly if it is narrow, with a thin-scalloped biotype, inevitably retracts six months after implant restoration, owing to the repair of the biological space. To prevent or to decrease peri-implant bone resorption and consequent gingival recession following implant restorations in the anterior zone, several strategies have been suggested, which are explained in detail in the following points.

1) Implant design and diameter
The design of the collar of the implant should stabilize the crestal bone by bringing the roughened surface right up to the platform, and the threads/microgrooves as close as possible to the platform, with no divergence of the collar walls.

2) Implant placement and extraction timing
To make the best choice between different alternatives of implant placement, a precise pre-surgical diagnosis is necessary in order to evaluate the gingivo-osseous parameters, to determine the optimal moment to extract the tooth and place the implant, and to decide whether implant placement and loading should be immediate, early or delayed (Saadoun and Landsberg, 1997).

Orthodontic treatment is the best solution for patients who wish to limit the surgery required for the placement of implants to a single session, and to enhance the hard and soft tissue profile prior to extraction and implant placement (Salama et al., 1993).

5) Flap design
On healed site the limited flap design minimizes inter proximal bone and papilla loss. Many flap design have been described for healed sites, some raising the total inter proximal papillae with subcircular incision around adjacent teeth, others using mid-crest/palatal crest incision with sulcular envelope flap and, finally, tissue punch flap recommended in large amount of keratinized gingiva. A flapless approach using tissue punch procedure has many advantages: less trauma to the bone and disturbances to the soft tissue stability, reduction of pain and oedema, and less post surgical information. Immediate implant placement after extraction is usually a flapless surgical procedure, the extraction being done using a periosteum to minimize traumatic damage to the hard and soft tissues.

4) Tridimensional implant placement
Satisfactory morphology of the papilla and of the gingival margin after anterior implant restoration depends ultimately on two factors: implant placement (Esposito et al., 1995), (Saadoun et al., 1998, Jovanovic, 1999, Grunder et al., 2005) and implant restoration.

The tridimensional criteria for implant placement in the aesthetic zone are:

- Mesio-Distal: 1.5-2.5mm between implant and adjacent implant, and implant and adjacent implant
- Bucco-Lingual: 1.5-2.5mm from the cervical height of contour of the adjacent teeth to the buccal surface of the implant platform.
- Flapless approach using tissue punch procedure has many advantages: less trauma to the bone and disturbances to the soft tissue stability, reduction of pain and oedema, and less post surgical information.

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5) Connective osseous grafts
An autogenous bone and xenograft with a membrane is used to gain buccal thickness knowing that bone resorption/gingival recession always occurs after extraction/implant placement.

Gingival biotype plays an important role in determining bone levels achieved around implants. A thin biotype is generally more susceptible to peri-implant recession, induced by the resorption of a thinlabial cortical plate. The use of osseous and connective grafts converts a thin gingival biotype into a thick gingiva (Matheus, 2006), which can enhance gingival marginal stability and simplify tissue management during the restorative treatment phase.

6) Abutment and restoration
Optimal aesthetics will be promoted if the final abutment is installed at the time of implant placement, and left in place undisturbed, throughout the final restorative phase, avoiding disturbance of bone and soft tissue architecture.
Disconnection and reconnection of the abutment disrupts the biological zone, inducing the junctional epithelium to migrate apically beyond the implant-abutment junction until it can adhere again. This often results in marginal bone loss, particularly in cases of thin gingival biotype.

It is important to minimize the bacterial contamination in and around the implant-abutment junction. The seal provided by an abutment of locking-tapered design has been demonstrated to be optimal in this respect, in vitro (Dibart et al, 2005).

Implant abutments of gold or glazed ceramic should be avoided. Only titanium or zirconium abutments are recommended because hemidesmosomes have been shown to attach to them (Touati and Guez, 2002).

In order to retain soft and hard tissue around the implant-abutment connection, the transmucosal aspect of the implant abutment should not be oversized and divergent, but rather narrow and concave in order to induce thickening and immobilization of the peri-implant tissues, thus increasing the interface between the implant and the soft tissue, and creating an “O-ring connective tissue”. This will ensure the long-term stability of the biological width (Rompen et al, 2007).

Beneath the restoration, the concave abutment should provide maximum space to the soft tissue and clearly avoid a flared geometry. Its submerged profile should be negative to avoid compression of and to allow maximum thickness and stability of the soft tissue, as well as more room for the biologic width (Touati 2004). On the buccal aspect, the emergence profile of both the provisional and the final restorations should be flat or concave (under-contoured), to minimise pressure-induced apical migration of the gingival margin.

Design of final crowns to comply with the following "norms" will go a long way toward optimising papillary form (Salama et al., 1999; Elian et al., 2002):

- Distance from interdental bony crest to contact point between natural crown and implant-borne crown: 4.5 mm
- Distance from inter-implant bony crest to contact point between two implant-borne crowns: 5.4 mm
- Distance between bony crest and connection point between an implant-borne crown and a pontic: 5.5 mm

7) Occlusal trauma

It has been proven that an excessive occlusal load during
function can cause the loss of peri-implant bone (Misch et al., 2003). The control of horizontal, trans-axial forces on an implant during the first months of function is a determining factor in reducing stress in the crestal zone, in enabling bone adaptation, and in minimizing crestal bone loss (Legall et al., 2002).

Conclusion

The essential prerequisites for an optimally aesthetic implant restoration should always remain a careful, precise, comprehensive, biologically-based diagnosis, as well as the choice of the most appropriate implant materials, most conservative, and least traumatic treatment techniques, aimed at conserving, and where necessary augmenting gingival and bone to achieve a successful outcome.

References

The 2009 FDI Annual World Dental Congress (AWDC) in Singapore has come to a close for another year. This year’s event ran seamlessly thanks to the tireless efforts of the Local Organising Committee (LOC) and volunteers. I would like to make a special mention of the FDI staff, which has been working in collaboration with the Singapore LOC in addition to relocating the FDI head office from Ferney-Voltaire, France, to Geneva, Switzerland.

The AWDC brought together over 1,675 delegates from many disciplines of the dental profession to share knowledge and best practices on treatment advances with colleagues from around the world. Congress participants were dazzled with the latest developments in products and equipment at the Exhibition, which featured more than 150 international vendors. During the week, important business meetings designed to set the future of FDI dental health advocacy took place, as well as the 2009 FDI Elections. Congratulations to all the members appointed during the General Assembly B and Council C meetings (see 2009 FDI Elections), and thank you to outgoing representatives who have dedicated their time and expertise to the organisation: Dr. William O’Reilly, Dr. Kevin S. Hardwick (United States), Dr. Claudio Pinheiro Fernandes (Brazil), Dr. Armando Hernandez Ramirez (Mexico), Prof. Dr. Vladimer Margvelashvili (Georgia), Dr. Roberto Vianna, FDI Executive Director, Dr. David Alexander, and authors Roby Beaglehole, Roberto Vianna, FDI Executive Director, Dr. David Alexander, and authors Roby Beaglehole, and the various FDI Regional and Specialised Committees.

Participants and delegates of the 2009 congress joined incoming FDI President, Dr. Roberto Vianna, FDI Executive Director, Dr. David Alexander, and authors Roby Beaglehole, Habib Benzian and Jon Crali, at the FDI Pavilion for the official release of FDI’s new ‘Oral Health Atlas’, in commemoration of World Oral Health Day (WHOHD) on 12 September, 2009.

The annual WHOHD is an opportunity for diverse segments of the population to reflect upon their own situations when it comes to managing oral health and ‘The Oral Health Atlas’ is designed to illustrate oral health globally. Using short texts, colourful maps, graphics and images, along with statistics and facts, the atlas presents a global picture of oral health in a visually intuitive and easy-to-understand format.

Following the official re-launch at congress, the Singapore Dental Association announced it would purchase copies of ‘The Oral Health Atlas’ for distribution to public libraries across the city-state. Other members associations have demonstrated interest in translating the atlas for readers within their regions.

There were two seats open for election on the FDI Council, including President-Elect, and ten seats open for election on the Committees at the 2009 FDI Annual World Dental Congress. In total, 26 nominations were received for the available positions, with four nominations for Council positions and 22 nominations for Committee positions.

Congratulations and welcome to the following FDI Council and Committee members who were elected in Singapore:

**FDI Council**
- President, Dr. Burton Conrod (Australia)
- President-Elect, Dr. Orlando Monteiro da Silva (Portugal)
- Directors, Dr. David Alexander, Dr. Kevin S. Hardwick, Dr. Claudio Pinheiro Fernandes (Brazil), Dr. Armando Hernandez Ramirez (Mexico), Prof. Dr. Vladimer Margvelashvili (Georgia)
- Secretariat, Dr. William O’Reilly (United States)
- Communications & Member Support Committee
  - Dr. Jun-Sik Moon (Korea)
  - Assoc. Prof. Dr. Nikolay Sharkov (Bulgaria)
  - Prof. Dr. N.M. Balaji (India)
  - Prof. Dr. Vladimir Marygulov (Georgia)
- Dental Practice Committee
  - Dr. Ward van Diik (The Netherlands)
  - Dr. Armando Fernandez Ramirez (Mexico)
- Science Committee
  - Prof. Dr. Georg B. Meyer (Germany)
  - Dr. Claudio Pacheco Fernandes (Brazil)
- World Dental Development & Health Promotion Committee
  - Dr. Jo E. Frencken (The Netherlands)
  - Dr. Kevin S. Hardwick (United States)

**World Dental Development & Health Promotion Committee**
- Dr. Leo Roby Beaglehole, FDI Executive Director, as well as being a member of the Committee, was commissioned to develop a new World Atlas, which is known for its award-winning State of the World Atlas series. More information about the atlas, including how to purchase a copy, is available at the official website: www.oralhealthatlas.org.

**FDI Policy Statements**
- Effect of Masticatory Efficiency on General Health
- Fluoride in Restorative Materials
- Infection Control in Dental Practice
- Post-Exposure Prophylaxis for HBV, HCV and HIV
- Research

The FDI Policy Statements were adopted three new and nine revised FDI Policy Statements at the 2009 Annual World Dental Congress.

**New Policy Statements**
- Dentin Hypersensitivity
- Edentulism and General Health Problems of the Elderly
- The Use of Academic, Professional and Honorary Titles

**Revised Policy Statements**
- The Association between Oral Health and General Health
- Dental Bleaching Materials

The FDI Policy Statements were adopted three new and nine revised FDI Policy Statements at the 2009 Annual World Dental Congress.

**Message from the president**

The congress provided an ideal forum to further strengthen FDI’s relationships with member associations, corporate partners and contributing specialists. During the National Liaison Officer (NLO) Lunch on 2 September, three of our contributing authors to “The Oral Health Atlas” made a brief presentation about the research involved in compiling this new FDI advocacy tool, which was officially released later that day. I was delighted to learn as well about the programme announcement, which has received its partnership with FDI on the Live Learn Laugh programme for another three years, to continue developing oral health projects for communities in need.

The Welcome Ceremony this year was a special evening for me, Singapore’s Health Minister, Mr Khaw Boon Wan, delivered an inspiring speech highlighting the importance of oral health in his country, emphasising as well the need to continue working in collaboration across the region. I will forever cherish the moment I received the presidential chain from my distinguished colleague, Past-President, Dr. Burton Conrod, in a symbolic change of FDI presidency. During his term as president, Dr. Conrod has supported important FDI initiatives to increase global awareness about oral health issues, including the publication of “The Oral Health Atlas” and the Global Cartes Initiative. In my Welcome Ceremony speech, I affirmed my commitment to the continuation of these and other FDI activities, as well. Later we enjoyed a colourful performance that took the audience through Singapore’s history, represented through dance and music.

Looking at the year ahead we have many exciting projects on the horizon, including upcoming events for the Global Cartes Initiative and the FDI Regional Continuing Education Programme. I feel proud to have been given this opportunity to serve as FDI President, particularly at a time when next year’s AWDC will be held in my home country. The 2010 AWDC Local Organising Committee has been working steadily towards welcoming us all in Salvador da Bahia next year and I look forward to seeing you there!
FDI head office relocates to Switzerland

The FDI has relocated its global headquarters to Geneva, Switzerland, completing the final stage of a plan that has been several years in the making. The driving forces for the move were logistical and financial—the FDI sought to be in a country where it could conduct business as a single entity—versus the current structure of six distinct companies—which could also offer favourable taxation and simplified management accounting on commercial activities.

FDI head office relocates to Switzerland

Switzerland was a top contender due to its proximity to the FDI’s previous head office, which allowed the possibility of keeping the majority of existing staff. Furthermore, the city is a hub for international governmental and non-governmental organisations such as the United Nations, World Health Organization, World Heart Federation and the International Council of Nurses, which facilitates collaboration in integrated health promotion.

The new office is a walking distance from the Geneva Airport, making it convenient for out-of-town visitors. It has 475 sqm of space and has been renovated to create an open concept workspace, with 360 degrees of windows. Earlier this year, FDI introduced a “Sponsor a Window” programme as a way to raise funds for the move. FDI Executive Director, Dr David A. Alexander, reported on the progress of the initiative: “The response to the Sponsor a Window programme has been significant and I would like to thank contributing member associations and individual donors for their generosity.”

New address of FDI head office:

FDI World Dental Federation
Tour de Cointrin
Avenue Louis Casati 84
1216 Cointrin – Genève
Switzerland

What makes dental professionals smile

The Wm. Wrigley Jr. Company has partnered with the FDI World Dental Federation in the second consecutive edition of the FDI & Wrigley Photographic Award.

Earlier this year, dental professionals from 63 countries around the world submitted photographs to the 2009 FDI & Wrigley Photographic Award competition, which ran from 16 March to 8 July. The photographs were reviewed by a panel of judges and winners were selected based on their creativity and addressing “what makes you smile”.

TFI head office in Geneva, Switzerland (FDI)

The six winners of the 2009 FDI/Unilever Poster Award Competition were announced at a reception hosted by the two organizing associations in Singapore on 5 September.

They are:

- Sagap “Bidhandani” (India) – “Evaluation of the Quality of Root Canal Fillings in Mumbai, India”
- Miat Nyen (Japan) – “Effects of simvastatin and alpha-tricalcium phosphate combination on the early healing of bone defects”
- Yun-Ching Chang (Chinese Taipei) – “Study of invasion patterns of oral cancer cell carcinoma with a new device of modified grading system”
- Victor TW, Fan – “Alveolar Bone Preservation and Augmentation with scaffold for implant therapies”
- Manisha Kukreja – “Comparative evaluation of hand wrist radiographs with cervical vertebrae for skeletal maturation in 10–12yr old children”

The other five regional winners of the 2009 FDI & Wrigley Photographic Award are:

- Africa region: Sandy from Gauteng, South Africa
- Asia-Oceania region: Pujan from Singapore
- Europe region: Jan Eric from Alstateren, SE, Switzerland
- Latin America region: Gunther from Cartago, Costa Rica
- Middle East region: Neda from Tehran, Iran

Each regional winner received the same regional prize noted above. Also, in addition to the regional winners this year, 50 other names were chosen at random from the remaining entries to receive a year’s supply of Wrigley’s sugarfree chewing gum (approx. 144 packs). Finally, for each entry received, Wrigley’s Oral Healthcare Programme will be able to contribute a $1,000 US for photographic awards are:

- Canidrome in Macau, China
- Macedonia
- Middle East
- North America
- Russia
- South America
- South East Asia
- South Africa
- South Pacific
- Southeast Asia
- West Africa
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The competition is being held in various countries around the world, and winners will be announced in the coming months.

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Each regional winner received the same regional prize noted above. Also, in addition to the regional winners this year, 50 other names were chosen at random from the remaining entries to receive a year’s supply of Wrigley’s sugarfree chewing gum (approx. 144 packs). Finally, for each entry received, Wrigley’s Oral Healthcare Programme will be able to contribute a $1,000 US for photographic awards are:

- Canidrome in Macau, China
- Macedonia
- Middle East
- North America
- Russia
- South America
- South East Asia
- South Africa
- South Pacific
- Southeast Asia
- West Africa
- West Pacific

The competition is being held in various countries around the world, and winners will be announced in the coming months.

FDI/Unilever Poster Award Competition

The six winners of the 2009 FDI/Unilever Poster Award Competition were announced at a reception hosted by the two organizing associations in Singapore on 5 September.

They are:

- Sagap “Bidhandani” (India) – “Evaluation of the Quality of Root Canal Fillings in Mumbai, India”
- Miat Nyen (Japan) – “Effects of simvastatin and alpha-tricalcium phosphate combination on the early healing of bone defects”
- Yun-Ching Chang (Chinese Taipei) – “Study of invasion patterns of oral cancer cell carcinoma with a new device of modified grading system”
- Victor TW, Fan – “Alveolar Bone Preservation and Augmentation with scaffold for implant therapies”
- Manisha Kukreja – “Comparative evaluation of hand wrist radiographs with cervical vertebrae for skeletal maturation in 10–12yr old children”

The other five regional winners of the 2009 FDI & Wrigley Photographic Award are:

- Africa region: Sandy from Gauteng, South Africa
- Asia-Oceania region: Pujan from Singapore
- Europe region: Jan Eric from Alstateren, SE, Switzerland
- Latin America region: Gunther from Cartago, Costa Rica
- Middle East region: Neda from Tehran, Iran

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- West Pacific
Following the success of the inaugural Qatar International Medical & Hospital Show, “Qmedic” 2008, Conex W.L.L. is delighted to launch its Second Edition, Qmedic 2010 which will be held on the 4th till the 6th of May 2010, at Doha Exhibition Center, Doha- Qatar under the patronage of the National Health Authority and the leading partnership of Hamad Medical Corporation.

Qmedic is the first International Medical and Hospital Show in the state of Qatar. It reflects the growth that Qatar witnessed in the last few years in various areas and especially in the medical field. Qmedic is held bi-annually, gathering a large number of leading local and international companies.

In the first edition, Qmedic 2008 brought together the best in the business of hospital diagnostic, pharmaceutical, dental, laboratory & medical rehabilitation equipments and suppliers. Qmedic also serves as a platform for medical suppliers, industry professionals, government bodies, hospital administrators, doctors, nurses and other healthcare professionals.

Having achieved such successful results at its debut, the 2nd edition will be up to the level of confidence acquired. Qmedic 2010 is the industry’s foremost opportunity to display products and services to a highly qualified audience and senior decision makers in Qatar.

With strong support from our local partners, international agents worldwide, show promotion at major medical exhibitions in the region (UAE, KSA Egypt, Syria, etc) and carefully selected domestic and international media partners, Conex anticipate a great number of attendees from all around the world.

Qmedic 2010 will have a great concentration on Hospital facilities and equipments, with large highlights on Medical, Healthcare, Pharmaceutical, Ophthalmology, Dental, and Laboratory industries.

Participants and Visitors can expect:
4,000+ visitors from 55+ countries, including more hospital directors, more managers, more administrators, more supervisors, more researchers, more GPO executives, and more B2B executives than attend any other hospital show in the world. 25% of the visitors will be from the world’s leading countries. 85% of the hospital show attendees will play a major role in the acquisition of developing hospital facilities, equipments and services and re-gents as either final hospital decision-maker or the person that recommends the purchase.
80% report that the Qatar International Medical and Hospital Show, being the sole international medical exhibition in the State of Qatar, truly serves as a platform for medical suppliers, industry professionals, government bodies, hospital administrators, doctors, nurses and other professionals involved in the medical business. A hundred and more local and international exhibiting companies will occupy almost 120+ booths.

2nd Qatar International Medical and Hospital Show

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What a combination! VITA VM is an innovative veneering concept for ceramic and acrylic resin. Whether a standard or premium restoration, with VITA VM you always come out on top. VITA VM users are delighted with its high degree of user-friendliness and outstanding esthetic results. Simply unbeatable. Once you have become familiar with the ins and outs of one component, the rest is automatic. That is why VITA VM leaves nothing to be desired when it comes to process standardization and profitability. See, hear and experience VITA VM for yourself at: www.vita-zahnfabrik.com.
CHICAGO - At least one in five U.S. children aged 1 to 11 don’t get enough vitamin D and could be at risk for a variety of health problems including weak bones, the most recent national analysis suggests.

By a looser measure, almost 90 percent of black children that age and 80 percent of Hispanic kids could be vitamin D deficient – “astounding numbers” that should serve as a call to action, said Dr. Jonathan Mansbach, lead author of the new analysis and a researcher at Harvard Medical School and Children’s Hospital in Boston.

The findings add to mounting evidence about vitamin D deficiency in children, teens and adults, a concern because of recent studies suggesting the vitamin might help prevent serious diseases, including infections, diabetes and even some cancers.

While hard evidence showing that low levels of vitamin D lead to disease or that high levels prevent it is lacking, it’s a burgeoning area of research.

Exactly how much vitamin D children and adults should get, and defining when they are deficient, is under debate. Doctors use different definitions, and many are awaiting guidance expected in an Institute of Medicine report on vitamin D due next year. The institute is a government advisory group that sets dietary standards.

The new analysis, released online Monday by the journal Pediatrics, is the first assessment of varying vitamin D levels in children aged 1 through 11.

Previous studies in the journal this year found low levels were prevalent in U.S. teens, and also showed kids with low levels had higher blood pressure and cholesterol levels, and were more likely to be overweight.

The new analysis uses data from a 2001-06 government health survey of nearly 3,000 children. They had blood tests measuring vitamin D levels.

Using the American Academy of Pediatrics’ cutoff for healthy vitamin D levels, 6.4 million children—about 20 percent of kids that age—have blood levels that are too low. Applying a less strict, higher cutoff, two-thirds of children that age, including 90 percent of black kids and 80 percent of Hispanics, are deficient in vitamin D.

A Pediatrics editorial says the strongest evidence about effects of vitamin D deficiency in kids involves rickets, a bone disease common a century ago but that continues to occur.

Rickets can be treated and prevented with 400 units daily of vitamin D, the editorial says. The pediatricians’ group recently recommended that amount for all children, saying that most need vitamin supplements.

Mansbach says his study, funded by the National Institutes of Health, supports that recommendation. Children can get 400 units daily by drinking four cups of fortified milk, or eating lots of fish, but many don’t do that.

The body also makes vitamin D when sunlight hits the skin, but many children don’t spend enough time outdoors. That’s one reason why lower vitamin D levels are found in children living in colder climates and those with darker skin, which absorbs less sunlight.
New 3M™ Unitek™ Clarity™ SL Self-Ligating Appliance with Lowers system is launched

Clarity™ SL - Self-Ligating Brackets for the upper teeth have been available since 2007, and now 3M™ Unitek™ is in the midst of the worldwide launch of its ceramic brackets for the lower arch. The complete system for both upper and lower arches is called the 5M™ Unitek™ Clarity™ SL Self-Ligating Appliance System.

“The ceramic upper arch was compatible with a lower arch using metal brackets, but they were not a complete, aesthetic system,” said Barry Grant, Global Brand Manager, 3M™ Unitek™. “Now the lower arch complements and completes the aesthetic self-ligating system.”

Clarity™ SL - Self-Ligating Brackets use the latest technology to allow them to work fast and simultaneously look good.

Self-ligating technology removes the need for ligatures, the elastic bands that were used to hold the wire in your braces. This innovation has major advantages. The Clarity SL braces design can help teeth move faster, make braces easier to clean, and eliminate the hassle of stained elastics. Patients can spend less time in the doctor's chair, and may even have fewer visits. And because teeth can move into position more efficiently, overall treatment time may be shortened.

Clarity SL brackets combine the benefits of passive self-ligating, true twin design and hallmark Clarity bracket aesthetics to efficiently deliver the results you and your patients expect.

Clarity™ SL - Self-Ligating Brackets incorporating Smart-Clip™ Self-Ligating System technology, are the only ceramic brackets that are self-ligating and feature an open slot, true twin edgewise design. For more information contact: +971 4 5670785 or visit 3munitekme@umm.com.

Silver Ions Weapon against Tooth Decay

Dubai, United Arab Emirates: Proctor & Gamble’s ongoing research indicates that nine out of ten children in the GCC region have decayed, missing or filled teeth. These statistics are extremely high compared to Europe indicating that dental hygiene and oral health is a topic that needs to be addressed. Mohammed Azzan, Brand Manager for Crest & Oral-B at Proctor & Gamble Arabian Peninsula talks about the latest dental hygiene technologies developed to improve oral hygiene in the Middle East. These technologies will be showcased at the region’s largest dentistry event, Dentistry 2009, held at the Abu Dhabi National Exhibition Centre (ADNEC) from 10 to 12 of November 2009.

At this year’s event, Oral-B will be exhibiting a new range of toothbrushes with Anti-Bacterial Brush Protection, a technology which inhibits bacterial growth on bristles for up to three months. The new Oral-B Expert toothbrushes with Anti-Bacterial Bristle Protection use silver ion technology - a silver additive that is known to have antimicrobial properties. This allows for controlled silver ion release and the constant introduction of new silver containing particles as the bristles wear during normal use. Silver ions are common antimicrobial agents and are used in a variety of different consumer and medical products.

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10 - 12 November 2009

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3 Complete the online pre-registration form at www.dentistryme.com to get your unique registration number immediately

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Rosmah proposes summit of first ladies on nurturing women leaders

DUBAI - Datin Seri Rosmah Mansor has called for the convening of the “Summit of First Ladies on Nurturing Women Leaders of Tomorrow” next year to seek ways to advance women’s role in leadership as well as address issues affecting them.

“Malaysia will be happy to move towards making the first summit a reality and I would like to appeal to all first ladies and leaders’ wives to participate in this summit,” said the wife of Malaysian Prime Minister Datuk Seri Najib Tun Razak.

She said this in her keynote address at the Women in Leadership Forum here Monday attended by some 500 influential women from the political, academic and business sectors from all over the world.

“The outcome of this summit will, I’m sure, receive the highest and utmost attention of the leaders of many countries and hopefully will translate into action,” she told the gathering.

Rosmah told the Malaysian media later that a suitable date would be fixed for the proposed summit to take place.

Malaysia’s Women, Family and Community Development Minister Datuk Seri Shahrizat Abdul Jalil said the cabinet had given the green light for the convening of the summit.

In her speech, Rosmah said she believed that first ladies could play an integral part in promoting the leadership role of women in their respective countries.

“First ladies are uniquely positioned to reach out and make a difference to the society through their involvement in voluntary organisations to assist the poor, the less privileged and those in need,” she said.

Rosmah cited the example of Malaysia’s Association of Wives of Cabinet Ministers and Deputy Ministers (Bakti), of which she is president, that provides scholarships and medical and health assistance to the needy and initiates projects for the disabled.

Bakti’s humanitarian efforts had also touched lives in places like Bosnia, Indonesia, Sri Lanka, Gaza and the Philippines, she said.

She also mentioned her work in advancing early childhood education and care, as well as efforts to identify and nurture gifted children.

Rosmah urged all first ladies and wives of leaders to use their capacities to fight for the cause of strengthening the leadership role of women.

“We must play our part to ensure that the national leadership in our respective countries does not overlook the great potential of the female workforce to lead in commerce, industry and politics,” she said.

Asked to elaborate on the proposed summit later, Rosmah said it would be handled by Shahrizat’s ministry.

She said influential women leaders and professionals would also be invited to give their input on how first ladies could better help women in their respective countries.

According to Rosmah, different countries would have their own set of problems as far as women were concerned, but the important thing was to find common ground in moving forward.

She expressed confidence that the proposed summit would enable first ladies to pick up valuable pointers on how to resolve issues affecting women in their own countries.
Innovative iso-active™ technology to help younger patients treat their dentine hypersensitivity

While 1 in 3 people aged between 20 and 40 suffer from dentine hypersensitivity, 50% of these patients remain untreated for this problem. These findings highlight the important role that dental professionals play in actively diagnosing dentine hypersensitivity. A recent consumer study on sensitive teeth revealed that younger patients may not be treating their dentine hypersensitivity because they prefer to use one toothpaste that provides all-round benefits.

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Sensodyne iso-active™ is clinically proven to reduce the pain of dentine hypersensitivity while also providing the all-round protection benefits that younger sufferers want.

Sensodyne iso-active™ generates more than twice the foam volume during brushing compared with a standard toothpaste and a standard gel for rapid dispersion in the mouth. This allows the foam to penetrate hard-to-reach areas, while also deep cleaning the mouth and effectively removing the causes of bad breath.

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- Low abrasion to minimise damage to exposed dentine
- Generates more than twice the foam volume during brushing for rapid dispersion in the mouth
- Deep cleans the mouth and effectively removes the causes of bad breath

“It gives you all round protection, simple as that”

Shafa Saba
Dental Expert, UK

3. GSK data on file
5. Gross R et al. 2007, GSK data on file
13. GSK data on file
With an outstanding balance of properties, Express™ XT VPS Impression Materials from 3M ESPE help you get an accurate impression on the first take.

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