WHO calls potential health cutbacks a mistake

Reuters

LONDON: Governments should resist the temptation to cut their health budgets in response to a global financial crisis, the head of the World Health Organization (WHO) has said.

WHO Director-General Margaret Chan told the Graduate Institute in Geneva that steps to repair the economy should not only focus on rekindling trade and business growth but also on fighting poverty, misery, and ill-health. The credit crisis, paired with global warming and other pressures, could have “profound, and profoundly unfair” consequences for medical care, and particular efforts to confront and prevent disease.

Cutbacks to national health budgets during previous economic crises, such as the oil shock and global recession seen 50 years ago, have caused serious problems in poorer parts of the world, said Chan, a former Hong Kong health director.

“Huge mistakes were made in the restructuring of national budgets. Health throughout sub-Saharan Africa and in large parts of Latin America and Asia has still not recovered from these mistakes,” she said. “There is too much at stake right now in our turbulent and tottering world to make the same mistakes again.”

With the costs of health care rising and systems for financial protection in disarray, personal expenditures on health now push more than 100 million people below the poverty line each year, the latest WHO World Health Report states. Annual government expenditure on health varies from as little as US$20 per person to well over US$6000. For 5.6 billion people in low- and middle-income countries, more than half of all health care expenditure is through out-of-pocket payments.

Companies including Pfizer Inc have recently announced that they expect the economic slowdown affecting investments in the medical sector and in pharmaceuticals. Chan said it was essential that governments avoid putting health care on the back-burner, stressing that healthy populations would help reinforce economies in tough times.

“Health is the very foundation of economic productivity and prosperity,” she said.

HIV spreads in China

LONDON: Infection with the virus that causes AIDS is spreading beyond China’s original high-risk groups and to heterosexuals, a recent study published in Nature has found. According to the researchers, the number of estimated cases has risen by 8 per cent to over 700,000 from 2005.

DTME0608:ME 11/19/2008 6:48 PM Page 1
Community Development Authority research collaboration with Zayed University

Dubai: As part of its efforts to collaborate with local and international education institutions and build strong relationships with academics, Dr. Mohammad Bin Rashid Al Maktoum, President and Chairman of the Board of Directors of the Community Development Authority, recently met with Dr. Sultan Al Jassim of Zayed University to discuss ways in which the two organizations can work together to exchange social research and training in order to enhance Dubai’s social development.

During the meeting the organizations discussed ways to enhance the workforce in the social service sector through government work or volunteer programs. One of the short-term solutions discussed was the implementation of specialized training programs to better equip the social workforce with the means to handle the UAE’s requirements in the field, while long-term solutions discussed centered on the development of tailored university programs to provide professional degrees in social services. It was also agreed that the CDA and Zayed University would share research to increase the CDA’s capacity to pursue a strategic and targeted approach to providing social services for the special needs population by accurately determining the numbers and location of different special needs sectors of society.

“The CDA is looking to grow Dubai’s social infrastructure in a strategic way that is built on knowledge and understanding of the needs of the various categories of society and incorporating best practice from around the world,” said Dr. Maryam Matar.

One potential idea was to develop programs to encourage Zayed University students to participate in social initiatives either as trainees or volunteers, as part of the CDA’s efforts to develop a culture of volunteering in Dubai.

The CDA aims to attain the goals of Dubai Strategic Plan 2015, declared by HH Sheikh Mohammed Bin Rashid Al Maktoum in February 2007. It will be a synergetic approach towards promoting national identity, empowerment, enhancing social cohesion, social inclusion and social protection.

King Abdulaziz University campus to get nuclear research center

During the meeting the or-

ments for obtaining peaceful nu-

clear technology,” Tayeb said.

When asked why Iran and Pak-

istan were not among the partici-

pants he said the committee had used certain criteria in choosing participants. He added that 55 stud-

ies and working papers from more

than 25 countries had been chosen. The scientific committees have

carefully revised and approved the papers, Tayeb explained.

The meeting will focus purely on scientific research and will not

ingineer, said nuclear scientists and experts from the United States,

Russia, China, Canada, France,

Germany and Japan have con-

firmed their participation.

The three-day forum will have 15 sessions dealing with five main

points: Strategic planning for intro-

ducing nuclear technology into the GCC countries, the use of nuclear

research reactors, radiotrace-

tope applications and radiation

protection.

Al-Johani said a number of GCC ministers are also expected to participate. A speech by Mohamed El-Baradei, director general of the International Atomic Energy Agency (IAEA), will be read out at the opening ceremony.

Al-Johani said participants will listen to the experiences of countries such as Egypt, the Czech Republic, Chile and others. Local and international companies will exhibit their products and services on the sidelines of the event. The university has set up an official website: www.kau.edu.sa/en/symposiums for the forum.

The exhibition is focusing on different medical options available in the region and provides the opportunity for experts to be in touch with foreign expertise. It will also allow them to discuss the latest in innovations and development with leading healthcare specialists and will provide vital access for companies penetrating the Gulf market.

It is also an opportunity for the medical companies to shed light on their technologies and innovations and to reveal the advances of the medical system, to accompany the rapid growth and expansion that the field is continuously witness.

Two Awards for Ajman University

Two research projects by the College of Dentistry at Ajman University of Science and Technology (AUST) have won first and third awards at a research conference.

The conference, which is the fourteenth of its kind, was organized by Sharjah University in conjunction with Emirates Medical Association and the Ministry of Health, and took place from October 14-17, 2008. The topic of AUST’s first winning project was “An In Vitro and In Vivo Bacterial Contamination during Ultrasonic Scaling,” and it was the work of student MS Adel S. Algezay, carried out under the supervision of Dr. Vigeey Deji and Dr. Fahim Razavi.

The project was conferred a project entitled “Thumb Sucking Habit” by Dr. Afraa Salam, College of Dentistry faculty member.

Commenting on these achievements Dr. Salem Abu Fanas, Dean of the College of Dentistry, said: “Our winning these two awards is the fruit of the innovative medical environment in which we work, which enables our students and faculty members to use their abilities and practice what they are taught in the classroom.”

NEW DTME EDITORIAL MEMBER

Dental Tribune Middle East and Africa is pleased to announce its new editorial board member, Dr. Aqsa Sultan, Periodontist, Director of Dental services, Ministry Of Health, Dubai Zone. Her fine reputation as a prominent figure in the Ministry Of Health, and her long experience will undoubtedly benefit all dental tribune readers.

Qatar: Exhibition of hospitals opens

DOHA: H E Dr. Sheikhha Ghalia bint M oham m ed Al Thani, Minis-

ter of Public Health, opened the Qatar International Medical and Hospital Show (Qmedic) at New Qatar International Exhibition Centre, yesterday.

Qatar’s first medical exhibition has attracted more than 100 health dealers, manufacturers and distributors around the world. The show is organized by OCAm n Co.

pany under the patronage of the National Health Authority (NHA) and Hamad Medical Corporation (HMC). Qmedic has brought all medical products and services under one roof.

After the inauguration the min-

ister toured various pavilions. She was received by Abdullah Al Khalaf, Director of Public Relations at the NHA and HMC stalls. She also vis-

ited the stand of Emergency Med-

ical Services (EMS) and Children’s Hospital stand.

The exhibition is focusing on different medical options available in the region and provides the opportunity for experts to be in touch with foreign expertise. It will also allow them to discuss the latest innovations and development with leading healthcare specialists and will provide vital access for companies penetrating the Gulf market.

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Muneer Hamadah, the Execu-

tive Director of QCE Company, said the show represents an excep-

tional opportunity for patients to present their cases to a variety of in-

ternationally famous consultants secured by the company.

President/C.E.O

Yasser AlAwee

yasser.aalweea@ dental-tribune.ae

Dr. M. Mollova

Director of CME

Production manager

Sayed Agha

hussain.alvi@ dental-tribune.ae

 info@ dental-tribune.ae

Production manager

Hussain Ali

hussain.alvi@ dental-tribune.ae

info@ dental-tribune.ae

Professor/C.E.O

Dr. Faizal A. Katibah
Saudi Arabia to set up world's largest women-only varsity

JEDDAH: The Riyadh Women’s University, which is designed to become the world’s largest institution of higher learning exclusively for women, will have 15 colleges, including those for medicine, dentistry, nursing, naturopathy and pharmacology and a 700-bed hospital. The project will be completed by 2010.

Speaking about the new campus, Al-Jowhara said it would be spread over an area of eight million square meters along Airport Road in northern Riyadh. The new campus will double the university’s capacity. King Abdullah has instructed the university’s officials to do their best to improve the condition of women.

"The new colleges will accommodate 1,500 students this year," the princess said, adding that existing colleges would be restructured in line with job market requirements. "We have devised its educational programs after consulting different ministries, including the ministries of labor, commerce and industry, and economy and planning," she said.

"The project also aims at improving the condition of Saudi women and enabling them to participate in the country’s development process efficiently," she added.

Al-Jowhara spoke about the university’s plan to focus on educational programs that are essential to meet the Kingdom’s job market requirements. "We have devised its educational programs after consulting different ministries, including the ministries of labor, commerce and industry, and economy and planning," she said.

"King Abdullah has shown special interest in the project and has been following up every development related to this university," the minister said. "The buildings of the campus will be completed within the next two years," he said.

He said the university would play a big role in promoting women’s education in the Kingdom. "The project also aims at improving the condition of Saudi women and enabling them to participate in the country’s development process efficiently," he added.

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Princess Al-Jowhara bint Fahd, president of the university, praised King Abdullah and Crown Prince Sultan for their tremendous support to Riyadh Women’s University, which she said will usher in a new era in higher education for women in Saudi Arabia. "We want to make it a leading international institution," she said.

She disclosed plans about tie-ups with prominent universities inside and outside the Kingdom to promote research. The Women’s University, along with its affiliated colleges, has so far enrolled 17,000 students, she added.

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"The new colleges will accommodate 1,500 students this year," the princess said, adding that existing colleges would be restructured in line with job market needs. The university and its affiliated colleges have given admission to 61 percent of secondary school graduates in the Riyadh province.
Egyptian Governor Honours Kuwaiti Educational Official

MENYA: Egypt’s Menya Governor Ahmed Diaa Eddin on lauded the Undersecretary of the Kuwaiti Ministry of Higher Education Dr. Basha Hamoud Al-Sabah for efforts to beef up bilateral ties in various domains, especially education.

The senior Kuwaiti official was honoured by the governor in a ceremony thrown on the sidelines of the first international conference “Dialogue among Civilizations - Channels of Cooperation” hosted by Menya University.

Speaking to KUNA following the ceremony, she hailed Kuwaiti-Egyptian relations as “firm and deeply rooted” in political, economic, cultural, media, and educational domains. She stressed Kuwait’s important role in cementing diverse cultural, social, and educational conferences and forums held outside Kuwait, especially Egypt.

The activities of the inter-civilization gathering aim to show the praiseworthy cultural image of Kuwait, she said.

Asked about an exhibition organized on the sidelines of the conference, she said the Kuwaiti pavilion attracted the attention of people and students in Menya Governorate, hailing the Kuwaiti Cabinet Women’s Committee for providing the pavilion with all the necessary requirements and material.

The Kuwaiti pavilion contains handicraft articles and traditional, artisan’s art pieces, based on Kuwait’s ancient tradition, she said, adding that a Kuwait TV Troupe concert was performed during the event.

Naming Menya University as a landmark of education in Upper Egypt, the Kuwaiti educational official said that she is proud of the university, and its contribution to the region, both culturally and educationally.

She also wished that the conference would come up with recommendations that could lead to a further promotion and development of dialogue among civilizations.

Henry Schein sees weak economy helping acquisitions

Medical-products supplier Henry Schein Inc. expects to make an acquisition over the next couple of quarters, as weak economic conditions make potential targets relatively cheaper.

The company plans to spend $200 million on acquisitions annually, and is actively looking at a group of takeover candidates, Chief Financial Officer Steven Paladino said in a interview with Reuters.

“I would be disappointed if we did not announce any kind of acquisition activity over the next couple of quarters,” Paladino said.

Henry Schein, which bought UK-based Minerva Dental Ltd for an undisclosed sum in April, has spent about $25 million on acquisitions in the last nine months, Paladino said.

“We have $280 million of cash on the balance sheet at the end of the third quarter, and we have debt capacity,” he said.

The company had posted a better-than-expected quarterly profit, but forecast weak 2009 earnings and said it would cut about 500 jobs to reduce costs.

BPLC-Duke Street completes 217m Euro buyout of Biomnis

Mid-market private equity group BPLC-Duke Street has completed the acquisition of French medical diagnostics firm Biomnis for 217 million euros ($271.5 million).

The deal is one of the only European leveraged buyouts to be completed since the collapse of Lehman Brothers in mid-September all-but closed the European leveraged loan market, and cut private equity firms off from financing.

The deal is being financed with senior debt provided by Fortis and a mezzanine facility that is being arranged by AXA Mezzanine.

The acquisition of Biomnis adds to Duke Street’s existing healthcare portfolio, which includes dentistry group Oasis Healthcare, regional psychiatric hospitals operator Affinity Health, and Paris-based hospital operator Groupe Profil.

Biomnis Chief Executive Jean-Louis Oger will take up the role of non-executive director, replacing former chairman of Duke Street operating partners Charles Wieder and Thierry Pater-

not will join the board as non-ex
cutive directors. Pierre-Yves Guivarch will join from Generale de Sante, a large healthcare provider in France, to assume the role of CEO.

Biomnis, formerly known as Laboratoire Marcel Merieux, specialises in diagnostic services and pathological analysis in the fields of molecular diagnostics, tissue, fertility treatment and specialised biochemistry.

Ex-dental chief Trevor Mann struck off for fraud

The former chairman of the British Dental Association was struck off for fraudulently keeping account of dental patients’ fees.

The General Dental Council was told that Mr Mann, a nonpractising dentist, wrongly claimed expenses for meetings of the association from October 2005 to July last year. He claimed that he worked at a surgery in Rugby, Surrey, earning £42,748 a year, but an investigation found no trace of the practice.
Since its introduction five years ago, the optoelectronic shade measuring unit VITA Easyshade® has convinced dentists and dental technicians through its simple handling and high degree of accuracy in the objective shade determination of natural teeth and dental restorations. With the arrival of the VITA Easyshade® Compact on the market, the second generation of the measuring device shall now further facilitate the work of dentists and dental technicians in future. At the fairs all over the world, you can now see and test for yourself the VITA Easyshade® Compact.

For the VITA Easyshade® Compact, the established, light-weight and handy form of the previous model was retained. The advanced spectrophoto-metric technology ensures that unmistakable and accurate results of the determination of natural tooth shades and the shade checking of dental restorations will be displayed within seconds. Other key improvements include its cordless design, which enables the user to move freely, and the modern LED light source. In addition to this, the VITA Easyshade® Compact has sufficient storage capacity for 25 measurements, which also remain stored when the unit is switched off.

Further Information available in the internet under www.vita-zahnfabrik.com or call the VITA Hotline under +49 (0) 97761-562 222.

It’s digital, cable-free, lightweight and mobile – there are a good many reasons for choosing the VITA Easyshade Compact. And every one of these is in itself a winner. With the new generation of digital shade measurement you determine and check the tooth shade in a matter of seconds. The VITA Easyshade Compact is designed for all shades of the VITA SYSTEM 3D-MASTER and the VITAPAN classical A1-D4 shades. This high-tech instrument impresses with a great accuracy of measurement using state-of-the-art spectrophotometric measurement technology. See for yourself. Find out more at www.vita-zahnfabrik.com.

Global market exceeds US$21 billion by 2015

SAN JOSE, USA: The global market for dental supplies is projected to exceed US$21.8 billion by 2015, a new report by Global Industry Analysts, USA, says. The demand for dental products and services remains healthy due to growing incidence of cosmetic treatment, new products that reduce patient discomfort, increased health consciousness, and a growing number of dental implants. However, growth in the conventional supplies category may be tempered due to emerging procedures and technologies that require fewer supplies and materials.

According to the report, dental care markets in Asia vary widely across different countries. Rapid improvement in living standards has induced greater realisation about the quality of medical and dental services in countries such as India and China. Consequently, these countries are exhibiting a soaring demand for modern and sophisticated technology and equipment in the dental market.

The United States, Japan, and Europe collectively dominate the worldwide dental supplies market, with over 80 per cent share of sales in 2008.
The term “oral cancer” encompasses two different cancers that originate in the oral tissues. Squamous cell carcinoma of the oral mucosa and lips, however, comprise 90–95 percent of all malignancies.

Oral cancers are one of the most common cancers, constituting almost 50 percent of all cancers diagnosed in males with an overall incidence of 3.8-11 per 100,000 population. The disease usually presents in advanced stages.

It is surprising that a site, which is most accessible for daily self-examination, can become a deadly source of death. Oral cancer is a preventable disease that can be greatly controlled with early detection, cessation, and health education.

Incidence

In developed countries oral cancer is less common, but it is the eighteenth most common form of cancer overall. However, the ranking varies greatly among countries.

The disease usually presents in advanced stages.

The prevalence of oral cancer is consistently found to be higher (by approximately 50%) in blacks compared with whites within the same regions of the US. The prevalence of oral cancer is also generally higher in ethnic minorities in underdeveloped countries. Males are affected more frequently than females, although the ratio is equalizing and is predominantly found in middle-aged and older persons. The sex differences in some population groups could be a direct consequence of the sex differences in tobacco usage.

For instance, in an epidemiological study in India, it was found that the M:F ratio of oral cancer patients was 3:2, in contrast to the prevalence of tobacco habits among men and women in the general population, and in 1989 in 499 oral cancers among South African blacks, a high M:F ratio (7:1) related to the differences in tobacco usage between the sexes was observed.

Etiology

The literature on the etiology of oral cancer is voluminous, but few firm conclusions can be drawn except for the use of some forms of tobacco usage.

The evidence for this and other possible etiological agents—namely, alcohol, xylitol, oral dentals, dietary deficiences, cholesterol, viruses and sunlight—is reviewed below, in brief:

Tobacco and alcohol use are independent risk factors for mouth and tongue cancer. Heavy tobacco smokers have a 20-fold greater risk; heavy alcohol drinkers a 5-fold greater risk, and those who do both have a 50-fold greater risk. Betel-leaf chewing and oral snuff are important risk factors in people living in specific geographic areas (Southeast Asia).

Pathology

The most common cancer within the oral cavity is squamous cell carcinoma. Other pathological types—e.g., adenocarcinoma, adenoid cystic carcinoma and mucoepidermoid carcinoma—arise from the minor salivary gland. Melanoma, plasmacytoma, soft tissue sarcoma and bone tumors are uncommon neoplasms of the oral cavity.

Functional TSGs seem to assist growth control, while their mutation or inactivation breaks these control mechanisms. The regions most commonly identified for chromosome instability (from China) found that wearing dentures, per se, is not a risk factor, although the risk was increased in men who wore dentures made from metal. Poor dentistry, as reflected by missing teeth, emerged as a strong risk factor independently of other established risk factors.

Signs and Symptoms

The first detectable symptom of oral cancer is usually a white or red patch on the mucosa, that will not disappear. The prevalence of OSCC is seldom detected at an early stage, how ever, many oral tumors still are seen only when advanced. Diagnosis is often delayed by up to 6 months, even in developed countries, despite exhor- tations over the past 25 years.

“Oral cancers are one of the most common cancers.”

Principles of Diagnosis

Potentially malignant lesions and OSCC should be detected at an early stage, how ever, many oral tumors still are seen only when advanced. Diagnosis is often delayed by up to 6 months, even in developed countries, despite exhortations over the past 25 years.

The prevalence of intra-oral cancer appears to be rising in many countries, especially in younger people.

Warning Signs of Oral Cancer

A sore in the mouth that does not heal (most common symptom).

A white or red patch on the gum that bleeds (second most common symptom).

Difficulty chewing or swallowing (swallowing with difficulty, difficulty of chewing, difficulty of swallowing).

Difficulty moving the jaw or neck.

Numbness of the tongue or other area of the mouth.

Swelling of the jaw that causes dentures to fit poorly or become uncomfortable.

Loosening of the teeth or pain around the teeth or jaw.

Voice changes.

Weight loss.

Early carcinomas may not be painful, however, later they may cause pain and difficulty with eating.

5. Viruses: Viruses are believed to play a role in the development of the DNA and the chromosomal structures of the cells, and by induced or prolife ra tive changes of the cells. Herpes simplex virus type 1 (HSV-1), and more recently human immunodeficiency virus (HIV), have been sug- gested to be involved in the pathogenesis of OSCC.

4. Ultraviolet radiation: Ultraviolet radiation is believed to be responsible for cancers of the vermilion border of the lip on the basis of observation of lip cancer more prevalent in fair skinned people who are engaged in outdoor occupations.

5. Genetics: Modern DNA tech- nology, especially allelic imbalance (loss of heterozy- gosity) study has iden- tified chromosomal changes suggestive of the involve- ment of tumor suppressor genes (TSGs), particularly in chromosomes 3, 9, 11 and 17.

It is usually associated with the use of betel-quid chewing, but in the West 90% of sufferers have association with HPV and OSCC of Candida albicans. It is commonly seen in the Indian subcontinent, and 50–70% de- velops in cancer and oral leukoplakia. Erythropapila is a chronic red mucosal macule, 80% of which may harbour microinvasive carcinoma. Without therapy, 60–80% of erythropapilas may turn into cancer in 5–10 years.

“Squamous cell carcinoma comprises 90–95 percent of all malignancies.”

Estimates show that in 1980, more than 32,000 new cases of oral cancer were diagnosed in many countries, especially in younger people. This is espe- cially true for Central and Eastern Europe. In the South Amer- ica, the majority of oral cancers are seen from 4.4 (Cali, Colombia) to 15.4 in Canada. In Asia, it ranges from 2.6 (New Zealand—Maori) to 7.5 in South Australia.

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“Without therapy, 60–90% of erythroplasias may turn into cancer in 5–10 years.”

Media CME 7

The head and neck cancer team is comprised of surgeons, radiation oncologist, medical oncologist, nurse, social worker, professional counselor, speech and language pathologist, nutritionist, occupational therapist, podiatrist, nurses and a pharmacist. The dismal scenario can be improved by employing basic training and knowledge of speech and swallowing to the treatment team; including the radiologist and medical oncologist.

Most of the tumors present in advanced stages, necessitating both primary and adjuvant RT. Both these therapies lead to massive deterioration in speech and swallowing. Lack of knowledge of various interventions—e.g., speech and swallowing, thermal stimulation, augmentation feeding, speech exercises—continues to prevent a large number of patients from accepting these disorders as manageable and treatable.

Not only surgery but radiation also affects the physiology of swallowing. Loss of sensation, keratosis, post RT fibrosis, mucositis and edema are some of the causative factors. All these can be effectively handled by proper pre-treatment counseling and post-treatment rehabilitation.

There is a need to identify speech and swallowing as a potential rehabilitation as an essential part of head and neck cancer treatment. An effective strategy does not mean disappearance of a tumor following surgery/RT/chemotherapy, but restoration of altered functions as well.

Follow-up & Prevention

The oral cavity is easily accessed by the patient for self-examination, thus, without the aid of any sophisticated methods, oral cancer can be detected in its early stages. The detection of this disease in its early stages can significantly reduce the chances of a malignant transformation occurring in the oral cavity.

In primary prevention, avoiding exposure to tobacco reduces the risk for cancer development. This can be implemented in the form of a community approach where the risk factors are reduced and this in turn is eliminated without the individual’s direct participation. The population at risk needs to be addressed through an individual approach designed to motivate individuals to adopt healthy habits to quit their habits or discourage people, especially young people, from acquiring such habits. The implementation of primary prevention needs to begin at a young age through education and awareness campaigns.
Halloween Candy: It’s Not How Much Kids Eat, It’s When

While the advantage of primary prevention lies in tackling the problem at a grass-roots level, it has its limitations. One of them is that it requires long sustained efforts under close monitoring. Second, the achievement of a drop in the incidence rates of oral cancer requires a significant amount of time. These limitations point to the importance of secondary prevention.

This form of prevention consists of early diagnosis of oral cancer and management of suspected precancerous lesions. The treatment of early cancers will lead to better prognosis, and the management of the precancerous lesions and conditions will prevent their progression to cancer. As the aim of secondary prevention is to improve the prognosis, this approach entails periodic re-examination of high-risk group populations. In areas where the incidence of oral cancer is high, secondary prevention may appear as an immediate necessity. The practical difficulty in implementing this form of prevention, however, is the lack of sufficiently trained professionals and limited resources in developing countries.

Proper education and community-based early detection programmes coupled with proper treatment can be expected to be more efficient than the current treatment programmes alone.

Further Reading

Acnowledgements
Our special thanks to Professor S Ramandan Prabhu, IBS, MDs, FDS RCSEd; M O Med RCSEd; Head of Oral Disease Unit and Associate Dean, Faculty of Medical Sciences (Marketing), School of Dentistry, The University of the West Indies, Trinidad & Tobago.

Progressive Orthodontics extends live programme to Asia

ALISO VIEJO, USA: Owing to popular demand, global orthodontics education provider Progressive Orthodontics has announced the re-opening of its Singapore location in 2009. Singapore’s two-year Orthodontics class, run by Dr Oliver Hennedjge and his wife Irene Hennedjge, will begin on 15 January 2009 with the closing date for discounts for early registration on 26 December 2008, company officials told Dental Tribune. The programme series will be presented by leading instructors, such as Dr Swaroop from the USA, Dr Hymer from Australia, Dr Hagens from Holland, and Dr Tossontini from Argentina. Students will also receive Progressive Orthodontics’ leading orthodontic software, IPSOFT, which will assist them in creating optimal treatment plans for patients anywhere in the world. According to the company, the software analyses patients’ details prior to diagnosis and treatment, to ensure the highest chance of successful diagnosis. Features include 150 treatment plan templates, which can be adapted to each patient, cephalometric tracing, model measuring, visual treatment objectives, and easy export for case diagnosis to instructors worldwide.

In addition to Singapore, Progressive Orthodontics offers the programme in both Australia and New Zealand. Dentists who cannot attend Progressive Orthodontics’ live series in the 21 worldwide locations can still benefit from the comprehensive Orthodontics programme through online training. With this programme, dentists need only attend seminars three times, making a total of ten days’ absence from their practices, whereas ataining the equivalent level of orthodontic skill from the 5,000 web pages of principles, cases, and videos, as well as hands-on instruction, according to the company.
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).

Scientists studied healthy tissues, both in oral cancers and in normal microbial flora in humans. Understanding the bacteria associated with various oral diseases and infections in other parts of the body is crucial for developing better treatments.

Interestingly, this species was isolated from within the oral tissues, both in oral cancers and in normal microbial flora in humans. Scientists studied healthy tissues, both in oral cancers and in normal microbial flora in humans. Understanding the bacteria associated with various oral diseases and infections in other parts of the body is crucial for developing better treatments.

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Tooth loss may increase risk of chronic kidney disease

CHICAGO: A recent study published in the Journal of Periodontology (JOP) suggests that edentulous, or toothless, adults may be more likely to have chronic kidney disease (CKD) than dentate adults. In the study, conducted at Case Western Reserve University, USA, edentulism was found to be significantly associated with CKD, indicating that oral care may play a role in reducing the prevalence of chronic kidney disease in the US population.

One out of nine Americans suffers from CKD, and millions more are at risk, according to the US National Kidney Foundation. A debilitating disease, CKD can affect blood pressure and bone health, and can eventually lead to heart disease or kidney failure.

The study examined the kidney function and periodontal health indicators, including dentate status, of 4,051 US adults 40 years of age and older. After adjusting for recognized risk factors of CKD such as age, race/ethnicity and smoking status, the results revealed that participants who lost all their teeth were more likely to have CKD than patients who had maintained their natural dentition.

While additional research is needed to fully understand why tooth loss is associated with higher prevalence of CKD, the destructive nature of chronic inflammation may play a role. Both periodontal disease and chronic kidney disease are considered inflammatory conditions, and previous research has suggested that inflammation may be the common link between these diseases. Since untreated periodontal disease can ultimately lead to tooth loss, edentulous patients may have been exposed to chronic oral inflammation.

British patients left unprotected

Penny Palmer
DT United Kingdom

LONDON: The UK is in danger of being one of the last countries in the EU to persist with an outdated system that can mean dental patients who are harmed by a negligent dentist do not get any compensation, warns the Dental Defence Union, an organisation in the UK who assists dental professionals when their clinical performance is in question.

In the large EU member states such as France and Germany, it is already a requirement that practising dentists have professional indemnity insurance in order to protect patients where they are negligently harmed. However in the UK, while there is insurance, there is also discretionary indemnity which offers only the right for a dental professional to request assistance and have the request considered.

“In this current dento-legal and economic climate, we cannot understand why the UK still allows unregulated indemnity,” Rupert Hoppenbrouwers, head of The Dental Defence Union said. “The UK has fallen far behind other EU states on this. A German patient who was treated in the UK and negligently harmed by a dentist who was reliant on discretionary indemnity might not be compensated if the indemnifier decided not to assist with the claim. Of course, a German patient who was treated and harmed at home by an insured dentist would receive insured compensation. There is now an opportunity to resolve this anomaly.”

The European Commission is currently developing a directive to safeguard patients’ rights in cross-border healthcare, including the need for appropriate “systems of professional liability insurance or a guarantee or similar arrangement…appropriate to the nature and the extent of the risk”.

Mr Hoppenbrouwers wants to see the European directive amended to ensure that indemnity must be provided only by the state or a regulated insurer. This would make discretionary indemnity unacceptable in the EU.
Custom Made Implant Surgery

It is the first time in implant surgery that a fractured tooth root is substituted by a custom made implant manufactured in sintered titanium, through the direct laser fabrication process (LST, Laser Sintered Titanium).

Prof. Manuel Silvetti has been carrying out studies on this innovative technique together with the team of the University of Insubria-Varese (managed by Prof. A. Macchi and C. Mangano) for years and now he has managed to substitute one fractured root with one perfectly matching copy, made of sintered titanium.

This manufacturing technique has been adopted by LEADER ITALIA, which has still further improved and defined by its laboratories the production of sintered titanium implants.

Starting from the patient’s CT scan, a 3D model of the root to be substituted has been designed and, basing on the 3D model virtual data, the titanium root has been produced by sintering metal powder nano-particles in a focused laser beam. Thus, immediately after the fractured tooth extraction, the sintered titanium root, precisely matching the patient’s one and the relative post-extractive alveolus, has been implanted.

This experimental operation opens new possibilities in dental surgery, allowing custom made prosthesis, and it is a pioneer in implantology: the possibility to manufacture custom made implants to be inserted without the trauma of the surgical operation is reality now.

*The custom made root ‘AdHoc’ is manufactured according to the Silvetti-Combe™ manufacturing process.

Canada declares BPA toxic

The Associated Press

TORONTO: Canada declared a chemical widely used in food packaging a toxic substance and will now move to ban plastic baby bottles containing bisphenol A. The toxic classification, issued in the Canada Gazette, makes Canada the first country to classify the chemical commonly used in the lining of food cans, eyeglass lenses and dental sealers as risky.

The announcement came six months after its health ministry labeled BPA as dangerous. Health Minister Tony Clement said a report on bisphenol A has found the chemical endangers people, particularly newborns and infants, and the environment, citing concerns that the chemical in polycarbonate products and epoxy linings can migrate into food and beverages.

LEADER ITALIA S.r.l.
Via Aguglia, 49 - 20092 Cinisello Balsamo MI - ITALY
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LST (Laser Sintered Titanium) Technique in custom made root realization*. One application of the wide range of possibilities open by the new surface technique.
Advanced Reconstructive Program
Dentistry using Dental Implants

This Program is organized to present a three days course of: Advance reconstructive Dentistry using Dental Implant.
The course is a planned sequence of lectures, clinical demonstrations and extensive hands-on participation in diagnostic, surgical and prosthetic procedures.

This Program is certified from: University of Berne, Switzerland, University of Geneva, Switzerland, Ajman University for Science and Technology, as well as recognizing certification will be awarded to participants upon the completion of the course.

Content of this course:
- An overview of Implant History
- Evidence basis of bone and soft tissue integration around Implants
- Treatment concept with Oral Implants of edentulous and partially edentulous patients
- Current trends and improvements in Implant Dentistry
- Examination, Diagnoses, classification, indications, contra indications
- Radiographic methods in implant treatment planning
- Surgical planning in dental implantology
- Prosthetic planning in dental implantology
- Single tooth replacement with implants and Implant bridge reconstructions
- Implant retained over-dentures
- Implants connected to natural teeth
- Regenerative procedures, Ridge Augmentation prior to implantation by means of GTR, GBR Techniques
- The use of membranes and membrane supporting materials for Augmentation
- Immediate implantation, with and without augmentation
- Aesthetic aspects
- Advanced Surgical Procedures, Sinus lift elevation using different Techniques and different materials, Osteotome Techniques.
- Advances in prosthodontic procedures Materials and Methods.
- Occlusion aspect of oral implants
- Biomechanical and biological complications and treatment options
- Risk assessment, Complications, follow-up and maintenance protocol after implantations

Target Group:
Tailored to the practitioners interested in Implant dentistry who desire to achieve a high level of competence for daily practice applications.
The course will cover the basic aspects of scientific evidence relevant for daily patient management. Including a new concept of comprehensive treatment planning based on biological research of the last two decades.
Case presentations and discussions as well as practical exercises will be presented to help acquire in depth the Implant application knowledge.
Goals of this course are setting up of comprehensive treatment plans and competent application of oral Implant.

Advanced Continuing Education Course In Dental Implantology

with Certification In Collaboration with
Department of Prosthodontics and Oral prosthesis
University of Berne, Switzerland

and Department of Oral Surgery and Radiology
University of Geneva, Switzerland

and

Ajman University

www.ajman.uae
NEW YORK CITY: At the 2008 Greater New York Dental Meeting, the new “Live Dentistry Arena” will allow attendees to feel as if they are seated right beside the world-renowned clinicians performing procedures on patients in realtime. Also, this unique educational experience conducted on the exhibit floor is offered with no tuition costs.

As the first dental meeting offering such a unique experience, Executive Director of the Greater New York Dental Meeting Dr. Robert Edwab commented, “The chance to watch dental procedures performed live—not pre-recorded or on an inert model—affords an amazing educational opportunity. We are thrilled to showcase such a unique program right on the exhibit floor during the entire four days of the exhibition at our upcoming meeting.”

Eighteen displays 60-inches in size will be strategically placed for easy viewing around the “Live Dentistry Arena” so attendees can watch some of the most highly respected educators in the world conduct these live demonstrations. No one will want to miss these procedures, which will feature the latest materials and equipment available on the market, but the arena’s capacity is limited to 300 persons and will be filled on a “first come, first seated” basis. Due to the lack of tuition costs, interested attendees should plan to arrive early to avoid disappointment, the organizer says.

At the Greater New York Dental Meeting, practitioners will be able to learn innovative procedures from some of the world’s most highly esteemed educators and get up close and personal with the latest in dental materials and equipment. Participants will acquire the techniques to upgrade their skills and gain evidence-based knowledge of dentistry.

The annual meeting has been known for its impressive array of innovative and cutting-edge educational programmes, and this year seems to be no exception. The Meeting has organised an almost unparalleled curriculum including over 500 educational programmes such as full-day seminars, half-day seminars, essays (one-hour lectures grouped by topic), hands-on workshops and a lot of other didactic options. In addition, many of the daily seminars and workshops will also be presented in Spanish and tailored to the dentistry conducted in the Latin American countries where its speakers hail from—Brazil, Mexico, Puerto Rico, and Venezuela.
Imagine a hotel, where the inside temperature is below freezing and everything, from the rooms to the furniture, is made out of snow and ice. A hotel that is rebuilt from scratch every winter and that melts as soon as spring temperatures warm up the air. You don’t think this is possible? An urban myth perhaps?

Then let’s travel north, 200 kilometres inside the Arctic Circle, to the small village of Jukkasjärvi, in northern Lapland, Sweden.

The idea of ICEHOTEL was born, after a group of guests, equipped with reindeer hides and sleeping bags, decided to use the igloos as accommodation. Nineteen years later, ICEHOTEL consists of about 90 unique rooms; the famous ABSOLUT ICEbar, a cinema with an ice screen, an ice art exhibition hall, an ice church and is world famous for its unique concept, its fantastic works of art and its extraordinary experiences.

Here, the free flowing Torne River carries water that is among the purest in Europe. Arctic temperatures and gentle movement create crystal clear ice—the building material for the truly unique and magical ICEHOTEL. In November, after the first ice has formed and the first layer of snow has fallen, construction for this year’s ICEHOTEL will begin.

For many years, the tourist operator Jukkas, presented day ICEHOTEL, focused on the summer season and the many outdoor activities the region has to offer. In the 1980s the company decided to find a way to also take advantage of the dark and cold winter days. The abundance of ice and snow inspired the idea to invite ice artists to the area. In spring of 1990 an exhibition was set up in a specially built igloo, named Arctic Hall, to showcase the ephemeral art, which attracted many curious visitors to the area.

Building the ICEHOTEL

The building process is complex and long and, naturally, dependent on Mother Nature. Construction usually begins in mid-November when large clouds of snow start to drift along the Torne River. Under the direction of the ICEHOTEL Art & Design Group an international team of architects, builders, architects, designers and artists then starts to create a version of ICEHOTEL that is different each year.

At first, snow is sprayed on large steel forms and allowed to freeze for a couple of days. After the forms have been removed, the maze of free-standing snow corridors is divided with walls in order to create the different size rooms. Under the right conditions, ice can be worked just like any other material. Builders stack the blocks of ice, that are either sawed directly from the Torne River or created by compressing snow into wooden forms, on top of one another—just like one would building a brick wall. One block is supported by another and the weight of the ice blocks is enough to ensure optimal adhesion. The ice is then shaped with special tools, like chain saws, cutters and drills for the rough work, and special instruments from Japan for the details. At last, fire is used to smooth the ice. The ICEHOTEL covers about 6,000 square metres and is built of approximately 10,000 tons of crystal clear ice and 50,000 tons of snow. The entire structure is naturally cooled by the arctic temperatures and melts back into the river with the onset of spring.

Rooms for rent

The indoor temperature at ICEHOTEL is usually somewhere between -4°C to -8°C, depending on the number of guests and the outdoor temperature, which can be as cold as -40°C. The beds are made of snow and ice, covered with wooden boards, a mattress, reindeer pelts and specially-designed thermal sleeping bags. Just as in any regular hotel, a range of room types, from a basic double room to a deluxe suite, is available. The rooms are decorated with desks, chairs, lamps, sculptures, windows, doors and pillars, created by the ice artists.

Since the temperatures are of course well below freezing, guests of the ICEHOTEL are given a collection of gear including a thermal sleeping bag and a full jumpsuit made of beaver nylon. Most guests usually only spend one night in the actual ICEHOTEL. For longer stays, ordinary heated hotel rooms are available in the nearby Aurora House, which is made from conventional building material.

A bar on the rocks

The ABSOLUT ICEbar, just as the rest of the hotel, is different from year to year. Everything, including the glasses, is specially designed and made of ice. Together, ICEHOTEL and ABSOLUT created the world’s first ABSOLUT ICEbar in Jukkasjärvi in 1994. ABSOLUT ICEbars can also be found in Stockholm, London, Tokyo and Copenhagen, each bar build with the original ice from the Torne River. For a culinary experience you can visit the two restaurants in Jukkasjärvi. The ICEHOTEL Restaurant serves Laplandic gourmet food with raw materials on plates made of ice and The Old Homestead Restaurant offers an experience of Tornealen and Sami Culture.

Swedish officials view the ICEHOTEL as a sort of national treasure because it fits into the government’s project of educating people around the world about how clean water is essential for a healthy environment. Replicas of the ICEHOTEL can be found in cold regions around the world, like Finland, Norway, Alaska, Canada and Greenland.

This year, the hotel will open its doors for the nineteenth season, many curious visitors from all over the world are expected to visit this magnificent piece of art. And despite the fact that the experience does not come cheap, the waiting list is several years long. So if staying at the ICEHOTEL sounds like an adventure you are ready to take on, we suggest you plan early, pack tight and expect to be enchanted.

For more details about ICEHOTEL please call +46 980 66800 or visit the hotel’s official website www.icehotel.com

FDI Annual World Dental Congress
2-5 September 2009
Singapore
The 3rd CAD/CAM & Computerized Dentistry International Conference, 2008 proved for dental industry can work together, exchange knowledge and ideas and update with the newest technology in dentistry.

The conference now is the largest annual international event focusing entirely on Computerized Dentists. Each year CAD/CAM & Computerized Dentistry International Conference gets bigger, and includes participation from more countries. This year the conference attracted more than 450 participants and visitors from 21 countries, 250 % of whom were conference first-timers.

Dr Ali Bin Shakar, Director General of Ministry of Health and Dr. Ali Al Numairy, the Head of Emirates Medical Association, greeted the delegates and saluted for their desire for new knowledge in the era of computerized technology. Dr. Aisha Sultan Al Suwaidi, head of Dental Society in Emirates Medical Association and the President of the conference, welcomed the colleagues and motivated to keep their knowledge continuously updated and improve their skills to insure that they are providing the best care for their patient. Dr. Munir Silwadi, DUSC Conference Chairman and Scientific Program Advisor said: “In its third year, our International CAD/CAM & Computerized Dentistry Conference is setting the standard for highly specialized conferences of our dental profession. With the outstanding success we enjoyed in the previous years our conference is emerging to be the biggest CAD/CAM specialized event in the whole of the Middle East and probably beyond.”

The plenary presentations with internationally-renowned speakers from Germany, South Africa, France, Lichtenstein, Lebanon, and UAE focused on the topics in CAD/CAM in Aesthetic and Prosthetic Dentistry; Computerized Implantology; Computerized Scanning and Imaging; CAD/CAM Dental Laboratories; CAD/CAM Materials; Computerized Management and Planning and Computerized Orthodontics.

Each the organizers try to put together a program that is attractive both to those new to the field and those who have wide experience in the area. Discussion time stimulated debates and wide participation from the audience.

“Participants were happy to acquire the latest knowledge and techniques in computerized dentistry and general dentistry which are very crucial in the rapid growing dynamic field of dentistry”

“The topics were very informative and the lecturers were able to present it in a very nice approach.” (Participant)

Workshops with Ivoclar Vivadent and Nobel Biocare were packed full and covered current topics and trends in the areas.

“The workshop was very well executed. It gave us more knowledge to do better quality crowns and bridges.” (Participant)

The scientific program of the conference was accredited, monitored and evaluated by IA-AD.

SIRONA, the Gold sponsor of the conference surprised the delegates with Live-demonstration in the special designed area.

“Meet the sponsors” time give the opportunities to the delegates to network with the industry, to see the latest technologies and equipments. Many tanks to the sponsors – Sirona, KaVo, Nobel Biocare, 3M ESPE, Ivoclar Vivadent, VITA, Weiland, PMS, MPC for the continues support and to help us this event happen and make so popular.

The organizers of the conference met a very exciting opportunity to organize such event, which has built extremely important bridges in our dental team – dental professionals and dental industry. In spite of the growing size, they tried hard to maintain the family atmosphere at each conference and to keep the “Teamwork for excellent dentistry”.

What they say:
- “This whole success goes back to the excellent organizer. I will be more than happy to join next year.” Nobel Biocare, Imad Kalfy
- “Many thanks also to your ambitioned team for all the administation support received from your side and for making this congress to a regularly success full institution in Middle East.” VITA, Edward Rock-Kramer
- “...it was one of the best meetings I attended.” Smile magazine
- The conference was indeed continuously improving from the first CAD/CAM Conference.
- The event was very well organized and practically worth attending.
- The workshop was very well executed. It gave us more knowledge to do better quality crowns and bridges.
- Speakers were good in communicating with the participants especially with the help of the pictures and other visual aids they presented.
- The event was a high level scientific program with excellent execution.
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