The concept is unique, it is the first and we believe there will be a good demand for it

Dubai, UAE: We interviewed Dr. Costa Nicolopoulo at the amazing booth of Southern Implants at the 6th Dental Facial Cosmetic International Conference at the Jumeirah Beach Hotel. Dr. Costa, you had a very good lecture today; could you comment on your experience in general and here at the conference?

Thank you very much for having me here. I’m an oral and maxillofacial surgeon qualified in South Africa in 1990, and I have been practicing in Greece for the last 15 years. Recently we have relocated to Dubai and we are very proud to have opened, last week, the very first ‘SameDay Dental Implant Clinic’ in Dubai where patients can walk in, have an extraction, have an implant placed at the same time and have a tooth placed all in the same day: that’s why it’s called ‘SameDay Dental Implants’ (%www.samedayme.com%). And this type of treatment where a patient can have one or all of his teeth extracted, replaced with implants, and have the teeth placed—fixed, screwed teeth—is only possible by using Southern Implants, which are unique in the sense that they offer angled implants, called Co-Axis implants which are placed in the available bone so we do not have to do painful bone grafts. Instead we use wide implants called the ‘Max Implant’ which means that you can take out a molar tooth (a back tooth) and replace it at the same time, it's the first FDA approved wide diameter immediate molar replacement implant. And what I showed at the lecture 2 hours ago was how we can achieve this same day concept by avoiding bone grafts, placing implant and teeth the same day and getting excellent results by using these Southern Implants.

Speaking to the delegates earlier it was indeed an impressive lecture with positive feedback. Have you familiarized yourself

>> See FILLING, page 17

Dr. Aisha Sultan Alsuwaidi, the first female dentist in United Arab Emirates

Dubai, UAE: Dr. Aisha Sultan Alsuwaidi, Director of Dental Services in the Ministry of Health of Dubai and Northern Emirates, Chairwoman of the Dental Society of Emirates Medical Association, and Vice-President of the Asia-Pacific Dental Federation Middle East Region. Dr. Aisha is a remarkable key figure in the Dentistry Scene in the Middle East as she was the first female dentist in the United Arab Emirates, serves as a role model for many young dentists and enjoys great admiration and respect throughout the region.

Dr. Aisha, it is a great pleasure to interview you here at the remarkable new offices of the Emirates Medical Association (EMA) in Dubai, UAE. Please share with us a little bit about your extraordinary life as dentist, role model and a mother of five.

Welcome. My name is Dr. Aisha Sultan Alsuwaidi, currently working as the acting

>> See FILLING, page 17

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Happy New Year from Dental Tribune Middle East & Africa!

A new year, a new beginning! Undoubtedly, 2013 will be a big year for the dental industry with the biggest International Conference & Exhibition taking place at IDS Cologne, 12-16 March in Germany. The world’s largest trade fair for the dental sector will welcome its 35th dental show with around 118,000 visitors who will gather information on new products and innovations from 1,954 exhibitors from 58 countries according to its own figures. Dental Tribune International welcomes all colleagues and partners to visit us at the DTI booth at IDS and learn the latest news in dentistry through our trade publications around the world covering more than 90 countries.

The Middle East dental market is continuing to develop rapidly. In the region this year we have key events such as the 24th Saudi Dental Society meeting in Riyadh in January, AEDCC in February, Seventh Annual Congress of Iranian General Dental Association in February, 8th CAD/CAM & Digital Dentistry International Conference in Dubai in May, LUSD 13th International Convention in Beirut, Lebanon, May 3rd Dental Facial Cosmetic International Conference in Dubai in November and the 2nd Global Conference of AAO in Jordan also in Dubai. All mentioned are remarkable events in the Middle East and important for the dental society in the region.

The high increase in new courses, conferences and exhibitions taking place in the region is a proof of the new dental development. New Dental Schools, Universities and Colleges continue to open their doors for the knowledge hungry students seeking a specialty in dentistry. DTMEA will be covering all of these events and will be investigating various important figures in the field of dentistry to share their insight. The DTMEA January-February edition proudly introduces two new items through the Ortho & Implant Tribune. The Ortho Tribune, spearheaded by the passionate Dr. Khaleel Abouseedah, will bring forward breathing new life into the latest developments in Orthodontics in the region. The Implant Tribune will feature top professional Implantologists who are eager to share their experience and knowledge with our dear dental readers. Rest assured you will have more exciting and bigger features planned in the remaining editions of 2013. DTMEA promises to continue bringing the latest news in dentistry forward to the entire Middle East through unique and innovative methods. We wish you pleasant and productive reading. DTMEA.

Director of Dental services in the Ministry of Health, Chairwomen of the Dental Society of Emirates Medical Association. Last year I was also elected as the Vice-President for the Middle East Region of the Asia-Pacific Dental Federation ahead of the APDC event which will be held on 17-19, June 2014 in Dubai. As a dentist, it all started when I left the UAE to complete my study in Cairo University, Egypt followed by Cardiff University, where I completed my specialty as a Periodontist. Soon after I returned to the UAE and began working in Al Baraha Hospital as Head of the Dental Department. Alongside my administration work, I practiced my specialty as a Periodontist and was soon elected to be the Chairwoman of the Dental Society – Emirates Medical Association. Two years ago I was appointed as Head of the Dental Services in the Ministry of Health, UAE. On a personal basis however, I am a mother of five children, two of whom are still studying in high school and three others have already completed their education: One being in high school and the last, a lawyer.

How important is it to you, the choice of working for the government? Working for your country?

I love my country, I love Dubai, this is my home and I want to give back something to the people. When I was a young student, I knew exactly what I desired to be, I put in my mind that I was going to be a dentist. From that time I planned and worked hard to develop within this medical field. Proudly, as everyone knows, I became the first female dentist in the UAE which brings a lot of responsibilities. I have marked out many goals which must be achieved in our country and which I hope to implement here. I have worked very hard in the government and as a volunteer in order to promote this field of dentistry to be recognized as an equal amongst other medical fields. Compared when you first started out, how has dentistry developed through the years in UAE and the region? It is a huge development, not just in terms of healthcare. No one could imagine this country would become the cultural and economic hub that it now is with the development not only in being in healthcare, but in all aspects of life such as business, education and economy. Since the Union, 41 years ago, one can see a very significant movement forward in the development of the dental scene, particularly so during the last 10 years.

What are the driving factors behind this huge development over the last 10 years?

This generation is well educated and very well travelled, whereas in my generation hardly anyone could go to university far abroad. Some who had this unique opportunity to study abroad, it was merely restricted to the neighboring countries. With the development of new dental schools, conferences, courses and continual medical education, it is a pleasure to see the new generation being able to receive high quality education without having to leave the borders of the United Arab Emirates. Through the vast improvement of the internet, communication channels, media and advertising, dentists have a wider availability of content to study from and can stay up to date with the latest research & development as well as international cases written by famous clinicians.

Do you personally attend conferences, courses and workshops? Are there any particular ones in the region or other GCC countries that you often visit?

Most countries within the GCC have their own Dental Association and this is already in addition to any dental society that their governments might have. Each holds their own set of courses, workshops and conferences. There are many events to choose from but yearly we attend at least three or four in the GCC in addition to any international events. I must say, it is extremely important to attend these conferences as the dental industry is updating at least every 6 months using new materials and methods which we should know about.

As dentistry develops we notice more and more the involvement of Digital Dentistry, what are your thoughts on this new phenomenon?

It is very interesting. Dentists, as well as any medical professional should always be up-to-date in their work. As technology is significantly updating and becoming a common facet in our lives, it becomes even more imperative and almost mandatory that we are aware of what is going on in the market. I believe that everyone should adapt to changes in their industry, technologically or otherwise.

How important is the dental media, especially in the region?

It is very important. Until recently there was no publication from United Arab Emirates alone to Dubai to cover the latest news in dentistry. We are very happy with the activities of Dental Tribune Middle East and the working ways of the team. The region is very hungry for knowledge and the importance of reaching out to the dentists, the technicians and all dental stakeholders is huge, especially during the times when there are no events and courses to keep updated during the year. For many years it was very difficult to follow and we were in need of a constant medium for the region. We are happy to welcome a local website, newspaper and online e-newsletters to up- date you on the latest news in dentistry. Previously, we had to look for the news, however now the news comes directly to us with the excellent services provided by Dental Tribune Middle East & Africa e-newsletter.

Dr. Aisha, truly an honor to interview you here today. Is there anything else you would like to share with the readers?

Dear readers, I would like to invite all dental professionals to attend the Asia-Pacific Dental Federation Conference in Dubai on 17-19th June which will continue to be one of the main events for the biggest International Events in dentistry. Since FDI Dubai years ago, APDC 2014 will be the most important dental event happening in the Middle East.
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References:
French Dental and Aesthetic Center relocates within UAE

Abu Dhabi, UAE: Dental Tribune Middle East & Africa Edition | Jan-Feb 2013

As you all know, PFA: (Pierre Fauchard Academy) Named in memory of Pierre FAUCHARD, a French dentist of the 18th Century called “father of modern dentistry”, is the worldwide Academy of Dental Surgery. The purpose is to bring the profession to the highest level and support health authorities to improve public dental health. PFA is a non-profit association. PFA is not in competition with all the dental associations and societies already existing, it just helps. Fellowship is by invitation only. Fellows are ethical and outstanding dentists ready to take the time to be helpful for authorities to improve public dental health. The French Dental & Aesthetic Center is now open and welcomes all to its new villa in Abu Dhabi, UAE.

We are more than happy to tell you that Dr. Dobrina MOLLOVA, most well-known founder and President of CAPPMEA, is already one of our first new fellows.

The first Middle East PFA meeting for 2013 will be held during the next AEEDC.

7th of FEBRUARY 2013
12H00 to 14H00 in NOVOTEL BLUE BAR.

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<table>
<thead>
<tr>
<th>MASTER DEGREE IN ORTHODONTICS</th>
<th>MASTER DEGREE IN PEDIATRIC DENTISTRY</th>
<th>MASTER DEGREE IN ENDOodontics</th>
<th>DIPLOMA IN ADVANCED EDUCATION IN GENERAL DENTISTRY</th>
<th>HIGH DIPLOMA IN ORAL IMPLANTOLOGY</th>
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<tbody>
<tr>
<td>In Cooperation with Malmo University - Sweden</td>
<td>GA &amp; OR Facilities, &amp; Special Needs Care</td>
<td>Operating Microscope Facilities, Computerized Radiography</td>
<td>Clinical, Theoretical &amp; Evidence - Based Operating Microscope Facilities, Computerized Radiography</td>
<td>Comprehensive Clinical Training on Surgical &amp; Implant Restoration CBCT Diagnosis and Treatment Planning</td>
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T he name of the game in dentistry to-day is to save the tooth for use in the future. In this age of adhesive dentistry, respecting and preserving the remaining healthy tooth structure as well as improving esthetics have become compo-nents of value as well. With today’s advanced technology and materials, longevity is mainly a matter of diagnosis, correct treatment plan-nin and proper execution of technique. The problem with replacing old amalgams with tooth-colored composites is that they are difficult, inconsistent and unpredictable. Yet, the warranty on these 30-, 40- and 50-year-old silver fillings is running out. We have to remember that amalgam technology is more than 150 years old. At that time, people lost their teeth a lot earlier and died a lot earli-er.

Now, however, we have a population that is over 50 years old and growing – and they want to keep their teeth feeling good and looking good. Patients are now living longer and they want and expect to keep their teeth for a lifetime.

Adhesive dentistry offers a more conservative restorative approach to conventional dentist-ry. Why take away healthy tooth structure when there’s a viable alternative? Why not attempt to save the good and just replace the bad? Direct composites and laboratory com-po-site resin systems are valuable and worth-while options to preserve tooth structure and long-term dental health. After all, preserving a patient’s natural tooth, whenever possible, is always in his or her best interest.

It has been our experience that providing minimal, large interproximal posterior com-posites directly can be difficult to achieve on a consistent basis in the oral environment, es-pecially when replacing amalgams. Why? Be-cause they take a lot of chair time. Amalgams require bulk. That’s why we taught the block type preparation to provide the neces-sary bulk for strength.

Furthermore, because amalgams do not bond, we taught to create undercuts and “ex-tension for prevention.” As mercury contracts and expands with cold and hot temperature changes over time, cracks form in the glass- like nature of teeth.

Most of the time, these large preps are diffi-cult to restore with direct composite. There are isolation and contamination issues, and it is difficult to replicate nature in the mouth in a timely, cost-effective and predictable man-ner for every case, every time. In addition, curing in layers makes for a long appoint-ment and increases the possibility of con-tamination. It is uncomfortable for patients to keep their mouths open for the prolonged amount of time necessary.

Often, large direct posterior composite resins yield unsatisfactory results in terms of esthet-ics, and especially long-term function, due to curing and contamination issues.

However, when we do same day inlay/on-lays out of the mouth and in the laboratory, we find that multiple posterior restorations are easier, stronger and more anatomical-ly correct. Because they are processed at the same time, they can be even more time effi-cient than using a CAD/CAM system and re-duce tooth movement during the transition-al phase that can result in altered contact or occlusion.

Not having to deal with provisional restora-tions absolutely eliminates those untimely emergencies when temporaries break or come off. Those costly, non-productive, uncomfort-able and unhappy second appointments can also be avoided, saving everyone time and money. In addition, without concerns about retention of temporaries, preparation can be even more conservative.

Case No.1

In this case, the patient came to our office on an emergency basis with a broken tooth on the upper right molar. It was no surprise that the tooth had a previously placed MO amalgam with recurrent decay that caused the mesio-buccal cusp to fracture off completely. After 1, 2, often, teeth that have had old amalgam fillings tend to break due to cracks caused by the expansion and contraction of the metal al-loy in the tooth’s glasslike substance.

In addition, caries detectors were non-exis-tent when the bulk of amalgam restorations were placed so many teeth have recurrent de-cay under the old amalgam fillings. After thorough clinical and radiographic ex-aminations were performed, it was deter-mined with the patient’s input that a same-day onlay would be the most prudent option for this tooth. This way, we would be receiv-ing the maximum amount of care in the least amount of time.

The procedure

After placing topical anesthetic, articaine HCl 4 percent with 1:100,000 epinephrine was ad-ministered to achieve profound anesthesia. Next, a nitrous oxide nasal mask was placed to decrease the patient’s exposure to mercur-y aerosol while the amalgam was being re-moved. In this case, because the patient opted not to use nitrous oxide, pure oxygen was ad-ministered through the nasal mask.

We continued by isolating tooth #3 with a rubber dam. This step was essential to reduce the amount of amalgam ingested by the pa-tient. It also offers isolation, higher visibility and better dentistry for our patients. If doing quadrant dentistry, I like to use the split-dam technique, which stretches to include several adjacent teeth in a quadrant. A FenderVedge (Directa) was then placed to separate and protect the adjacent tooth during prep, air abrasion, etching, bonding and retining while continuing to wedge the teeth for a tighter in-proximal contact in the final restoration.

To facilitate removal of the remaining amal-gam restoration, a hourglass-shaped dia-mond bur was used as diamonds are less like-ly to produce the fracture and craze lines as-sociated with carbide burs. High-speed evac-uation was used throughout the procedure to help decrease possible inhalation and inges-tion during amalgam removal.

Caries detector was painted onto the pre- pared surface, and it was noted that cracks associated with the long-time expansion and contraction of the mercury-filled amalgam restoration had contributed to the appar-ent interproximal decay. Once the decay was carefully and completely evacuated using a small, round diamond bur and a spoon exca-vator, the tooth was insulated in a few impor-tant steps (Fig. 3).

First, disinfectant was placed on the prepared dentinal surface (Hemaseal & Cide, Advan-tage Dental Products) and air-thinned. Then, two coats of self-etching bonding agent (Opti-Bond All-In-One Unidose, Kerr Dental) were placed to provide reduced postoperative sensi-tivity and high dentin bond strength.

After air thinning and light curing, a flow-able composite (Premise Elasto都认为复) in the lightest shade was added to the in-ternal walls and floor to create an even flow and to fill in undercuts that were originally prepared for amalgam retention. A flat-end cylinder, fine-grit, short Shank diamond was used to refine the tooth preparation after in-sulation was completed (Fig. 4).

Next, two Identicon hydrocollodial alginate im-presions (Dux Dental) were taken fast and accurately. They take only 90 seconds to set with our chosen materials, so they are ideal for same-day inlays/onlays. Before expressing the hydrocolloid material into the prepped tooth, we squirted a little surfactant (PrepNet Plus, Dux Dental) onto the tooth to wet the prep while my assistant mixed the alginate.

Meanwhile, a second assistant was loading a syringe with warm Identicon Syringable Hydro-colloid (Culverts) (Dux Dental) onto the tooth. The “plug” was initially squinted away from the prep and then into the prep itself so as not to interfere with a “clean” impression. Once the tray had been loaded with the alginate (Identicon, Dux Dental), the first assistant hand-ed it to me. The tray was inserted with gentle pressure and held steady for 90 seconds. Another impression was taken using the same aforementioned steps.

The patient then had about an hour break while the inlay was being made and was able to make the most efficient use of his time by having his teeth cleaned with the hygienist during this break in treatment. This not only made time use for the patient, but it also eliminated “dead time” in our schedule.

The patient made the most of his time in the chair and left his broken tooth and getting his teeth cleaned. This type of combination treat-ment lends itself to a more productive day when the amalgams were removed in this way, and patients real-ly appreciate it.

Lab work

Meanwhile, back in the lab, the impres-sions were being placed in copper, then poured with MACH-SLO (Parkell) and based with bite registration material on a C- lite articulator (Parkell) (Figs. 5). An electric waxing unit was used to block out any undercuts on the die (Ultra Water, Kerr Lab).

The onlay was incrementally built in com-po-site layers with a D2 primary dentin base shade (Premise Indirect Primary Dentin, Kerr Dental) followed by an A2 facial dentin shade (Premise Indirect Dental Shade) and a neutral incisal shade (Premise Indirect Incisal, Kerr Dental). Once the onlay was cured with light, heat and pressure in the Split Dam, it was then trimmed and contoured (Fig. 6).

Fig. 5

Figs. 7, 8, 9

Figs. 10, 11

Figs. 12-15

This article has been approved for 2 CME credit hours.

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gently packed into the sulcus (Fig. 8). The aluminum chloride dried the tissue, reducing the risk of sulcal seepage and contamination. The FenderWedges were then inserted between the interproximal floor to slightly separate and isolate the adjacent teeth and to help facilitate seating the onlay.

After rinsing the Exaplay (Kerr Dental) thoroughly, the enamel and composite core were gently micro-etched with aluminum oxide (EndoMaster, Germain Dental) to increase retention and remove any debris. Then the enamel and composite core were etched for 15–30 seconds. A single component, fifth-generation adhesive (OptiBond Solo Plus Unidose, Kerr Dental) was applied in two coats and air-thinned until there was no more movement. The enamel should be glossy (Fig. 9). Flowable composite (Premise Flowable, Kerr Dental) was dispensed into the precipitated tooth and then the inlay was inserted into the tooth.

The FenderWedges were removed and the onlay was further seated using the Titanium-coated #21 Acorn with gentle pressure. Complete seating was facilitated using the contra-angle packer/condenser while an explorer was helpful in removing excess flowable before curing. Indirect resin and ceramic inlays and onlays are not compatible with this trend, but fulfill very nicely the restorative void between fillings and crowns," said Ronald D. Jackson, DDS, FAGD, FAAECD (Cosmetic Tribune, Vol. 1, Nov. 4, Dec. 2012).

Regarding durability, esthetic inlays and onlays are not new anymore. They have a record of accomplishment, and it is good. Whenever you practice, and however you practice, these restorations are an aesthetic, economical and very much appreciated!

Fig. 14 Cases detected.
Fig. 15 Final impression.
Fig. 16 Identic Hydrocolloid impression.
Fig. 17 Fusing the poured impression.
Fig. 18 Silicone model.
Fig. 19 Medicent.
Fig. 20 Esaplay prior to seating.
Fig. 21 Esaplay and FenderMate prior to seating.
Fig. 22 Adapting FenderMate.
Fig. 23 Seating onlay.
Fig. 24 Final onlay.

Contact Information
Dr. Lorin Belrand, a fellow of the AAD, pioneered the dental spa concept in his multi-specialty practice in the Dallas Arts District. His unique approach to dentistry has been featured on television (“20/20”) and in national publications and major dental journals, including Time magazine. In 2008, he was honored by the AAD (for his contributions to the art and science of cosmetic dentistry). For more information on The Lorin Library Smile Style Guide, www.denturewearers.com, and the Biomimetic Same Day Inlay/Onlay 8 ACD Credits CD/ROM, call (214) 999-0110 or visit www.belranddentalarts.com.

Dr. Sarah Kong graduated from Baylor College of Dentistry where she has served on the faculy in the department of restorative dentistry. She was voted a Texas Super Dentist and Texas Best General Dentist for general dentistry by her peers. Kong is part of a unique multispecialty private practice group in Dallas, www.belranddentalarts.com, where she focuses on preventive, cosmetic, restorative and pediatric care as well as oral appliance therapy for TMJ, snoring and sleep apnea. Kong is an active member in numerous professional organizations, such as the American Academy of Cosmetic Dentistry, American Dental Association, Academy of General Dentistry, Texas Dental Association and Dallas County Dental Society, where she has served on the membership committee and the peer-review board.
Interview: 'It is not a matter of choice, it is a matter of what we offer'

Indeed the feedback will lead to improvements, new developments and innovations. What about the coming year, 2013, what are you planning for your clients? The coming year, 2013, is a key year in the industry with major event such as IDS Cologne, CAD/CAM & Digital Dentistry Dubai and AEEDC Dubai. You know that we are already very present in the Middle East, we have the AEEDC in February followed by IDS in Cologne in March and CAD/CAM Digital Dentistry in Dubai again in May. During this period we are coming out with a huge variety in different, new products along the lines of what we are representing in the market (from imaging, CAD/CAM, instruments and dental software). We see this as a chance to visit us at these conferences to explore what new things Sirona is bringing to the market.

Any hints on what we can expect? What I can hint about is that we are changing lots of products. First of all I cannot give you any information about the new ones, but I can give you information about the updates that we have on existing units and the first being the camera which we introduced onto our CAD/CAM system, which is the Omnicam. This is the dream of what dentists were looking for before, the powder free camera, the anatomical exact-like filming of the mouth. Like a camera it’s very easy to use, it’s something that everybody will be looking forward to have: a small size camera that can reach even more the non accessible areas to take pictures. So I think this is something very unique and all of our customers are welcome to see it very soon, because we get the new products very fast, we will show it at the 4th DFCIC in the coming week in November in the Jumeirah Beach Hotel so I think this will also be a good chance for the dentists to have a look.

Dr. Amro, you have vast experience in the Middle East and GCC region, according to your opinion, why do you think so many dentists chose Sirona in comparison with the rest of the industry? Why does Sirona stand out so much? Well it’s not a matter of choice, it’s a matter of what we offer. A fully dedicated team that supports the market unlike any other company in the whole Middle East region and this team actually is consisting of many dentists as well as technical managers who are basically engineers. The team has only one focus which is “what we say is what we do”, we promise you something and we always deliver and at the end of the day Sirona wants to reach each and every dental clinic and inform them about what the new products are. To my opinion, our company is a section of what dentists are looking for and this is what we do”, we promise you something and we always deliver. I think it’s very important to dentists, dental technicians really need more support and they really need the companies to focus more on their needs. It is not just playing around with a computer saying I can design CAD & CAM, but it’s also the support that you get from the principle company, the support that you get out of them in the way that I can reach my goals, I can deliver: when I ask my customer to pay for something he pays because he knows exactly what is quality. So I believe that the dental technicians will be playing an important role in our future, and the CAD/CAM system we’re delivering at the moment will be exactly like the clinical side more and more improved based on the feedback. We will be backing up the dental technicians for sure.

To summarize, Sirona not only offers the full total package with your solutions but also offers the full aftersales service which is even more important to dentists, dental technicians and dental clinics nowadays? We always have and will always do our best to do so.

Dr. Amro, is there anything else you would like to share with us?

Thank you very much, we are always looking forward to such kind of meetings, such kind of interviews where we can display a wide screening of what exactly the principles of the company are and what we are doing here in the region. We achieve our goals, we do our jobs and at the end of the day it’s how we receive feedback about our products so far and what I can say is that we started to ranked very good in the market in the lab site, and the idea behind this, why we reached this point at the moment is because we are really focused. The dental technicians really need more support and they really need the companies to focus more on their needs. It is not just playing around with a computer saying I can design CAD & CAM, but it’s also the support that you get from the principle company, the support that you get out of them in the way that I can reach my goals, I can deliver: when I ask my customer to pay for something he pays because he knows exactly what is quality. So I believe that the dental technicians will be playing a very important role in our future, and the CAD/CAM system we’re delivering at the moment will be exactly like the clinical side more and more improved based on the feedback. We will be backing up the dental technicians for sure.

"The coming year, 2013, is a key year in the industry"

DUBAI, UAE: Sirona is the world’s largest manufacturer of dental technology and amongst innovation leaders in dentistry. Preferred partner for many dental practices, clinics, dental laboratories and authorized distributors worldwide. The company develops, manufactures and markets a complete line of dental products. Dental Tribune Middle East & Africa interviewed Dr. Amro Adel, Sales Manager for the GCC Markets to find out more on Sirona in the Middle East. Dental Tribune Middle East & Africa: Sirona has over 10,000 dental clients in the entire GCC region, this means big support, big responsibilities, big planning. What are the plans for 2013? Dr. Amro Adel: Well there’s always a plan for the GCC. We always have many services we provide to the dentists. We cherish the support of our customers and we always try to give them the best service possible. Nowadays we are very keen to give them the updated equipment and units from the market, to give them technical support directly from Sirona along with our dealers, and this is something no other company in the Middle East actually does for their customers. With the support Sirona provides to our customers nowadays, we can rank amongst the first companies in the entire Middle East with such services. What is the feedback you receive from your clients? Feedback is always welcome. Mostly we receive positive feedback and sometimes negative, but supportive, feedback which is a good thing. Negative feedback and competition are always welcome to have, without this we cannot improve. I believe all feedback we receive, negative, positive, thankful or harsh replies, will always keep us on the right track and lets us know what to do next.

To summarize, Sirona not only offers the full total package with your solutions but also offers the full aftersales service which is even more important to dentists, dental technicians and dental clinics nowadays? We always have and will always do our best to do so.

Dr. Amro, is there anything else you would like to share with us?

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Sirona appoints new CEO

By Dental Tribune International

B ENSHEIM, Germany/NEW YORK, USA: Sirona, global pro-
ducer of dental products, has ap-
pointed a new CEO. As from 30 February 2013, Jeffrey T. Slovin will suc-
cceed Jost Fischer, who has held the position for 11 years. Fifty-eight-year-old Fischer will be retiring, giving up his position as both CEO and chairman of the board.

Sirona also announced that Dr Thomas Jet-
ter, a current member of Sirona’s board of directors, will assume the role of non-execu-
tive chairman of the board upon Fischer’s retirement. Effective immediately, as part of the succession plan, Rainer Berthan has been promoted to executive vice-pres-
ident responsible for the company’s busi-
ness segments.

"Jeffrey Slovin is the ideal candidate to succeed me as Sirona’s CEO," Fischer com-
mented. "He has the necessary experience and stellar reputation within the dental community to take Sirona into the future. Before joining Sirona in 2006, Jeff was CEO of publicly traded Schick Technologies, Inc. where he built a reputation as an innov-
vator and operator, and delivered signifi-
cant shareholder value. Since joining Siro-
na, he has consistently demonstrated excel-
lent judgement and played a major role in improving our operations, targeting our re-
search and development efforts and lead-
ing growth initiatives."

Fischer continued: "This appointment is part of a leadership succession process that was methodically developed over the past several years in preparation for this very day. Jeff has the full support of myself and the board. During my 11 years as CEO of Sirona, we have built Sirona from a primar-
ily German company to a truly global lead-
er in dental technology. Sirona is well posi-
tioned for the future, with a powerful sales and service infrastructure, a strong man-
agement team, and an outstanding product portfolio. I am excited to watch as Jeff takes Sirona to new heights."

"Thomas Jetter was the private equity part-
ner responsible for the investment in Siro-
na after its spin-off from Siemens, from 1997 to 2004. His relationship with the oth-
er board members, his global experience and long history with Sirona should make the transition seamless," Fischer added.

Slovin, 48, has served as Sirona’s president since September 2010 and prior to that as executive vice-president and chief operating officer of its US operations. Before that, Slovin was CEO of Schick Technologies, a leading dental technology company that was acquired by Sirona in 2006. Slovin is currently a member of the Board of Fellows of the Harvard School of Dental Medicine, and a member of the Young Presidents’ Or-
ganization. He holds an MBA from Har-
vard Business School.

Jetter, 55, has served as a director since April 2010 and is currently a member of the Nominating and Corporate Gover-
nance Committee of Sirona’s board of di-
rectors. From April 1995 to March 2008, Jet-
ter was a partner at Permia, where he ini-
tiated and managed investments in a vari-
ety of medical technology, industrial, and chemical companies and helped expand the firm’s global reach to include areas such as the US, Brazil and China. Prior to that, Jet-
ter gained extensive experience at McKin-
ssey in Germany and Brazil. He holds a PhD degree in Economics and Banking, and an MBA from Saarland University in Saar-
brücken, Germany.

Berthan, 48, joined the company as a vice-
president in September 2012. Prior to join-
ing Sirona, Berthan served at Demag Cranes, a publicly listed company, as ex-
ecutive vice-president. From 2004 to 2008, Berthan was President of Weidmüller in 
China, a leading German company in the industrial automation business. Prior to these roles, he held various senior manage-
ment positions at leading companies. Ber-
than holds a Master’s degree in Economics from the Munich University of Applied Sci-
ces, Germany.

Making the dream better...

S ince 1980, when Pr. W. Mör-
mann (University of Zurich) and M. Brandestini invented the first chairside CADCAM unit (CEREC) and come out with the prototype then the CEREC I in 1985 the dream just continued getting better.

From the questions:
Can we make a Chair-side CADCAM res-
toration? How durable will it be? How a-
esthetic can it be? Is it economically feasible? Are dentists ready for this technology?
... Came other questions later on as the Dental World accepted this technology with opened arms.
All through the 80’s, 90’s and the beginning of the 21st Century, researchers continued their hard work and attempts to improve, coupled with the advancing Software and Hardware Technology, as well as the remark-
able improvements in the Science of Materials whether Dental Ceramics or Res-
in Cements.
So what exactly was done to make the dream better?

Intra-oral Scanners got more and more pre-
cise, accurate and easy to use.

Software became much more sophisticat-
ed yet more user friendly than ever.

Milling accuracy reached a remarkable lev-
el. With these 3 factors in mind (and years of research work showing an extraordin-
ary success rate), we can now take multiple intra-oral scans of the prepared teeth, opposing dentition and even the bite reg-
istration to form a True-colour 3D virtual model, without the use of a reflecting medi-
ately (Spraying powder or painting liquids).

Use these models to design every little de-
tail of our restorations (whether inlays, on-
lays, Veneers, Crowns, Bridges, attach-
ments, bars, abutments or whether import-
ing these images to 3D Cone beam C.T. for Implant planning), and then mill our res-
torations (in-house Surgical guides) with great ease; making our patients visits eas-
ier and less time consuming, while the Den-
tists enjoy an impression-free, bite registra-
tion-free and Temporaries-free workflow.

This is CEREC AC Omnicam, the latest generation of Chair-side CADCAM sys-
tems from Sirona.

W ALS-SIEZENHEIM, Austria: Dental technology manufac-
turer Sirona Dental Systems opened its new headquarters in Walser-Siezenheim near Salzburg in Aus-
tria this week. The new facility, which also boasts a nearby street bearing the compa-
nny’s name, will offer expanded capacity for 120 employees working in administra-
tion, financing, human resources, market-
ing and sales.

Much of the company’s production will still be based in Berchtesgau in Germany. Where the company originated as a subsidiary of industry giant Siemens over 50 years ago. CEO Jost Fischer said that the opening of a new, larger headquarters was necessary to keep pace with the growth of the company. "We have invested over US$250 million in the last six years to keep ahead of the mar-
ket and to offer customers the most innova-
tive products," he commented.

Sirona moved from Germany to Austria in 2007 and has since quadrupled its staff, ac-
cording to Fischer. Worldwide, the compa-
ny now employs 3,000 people in 29 subsid-
iaries and achieves global revenues of over €700 million annually.

Sirona has operated as an independent ent-
ity in the market for over 15 years. Since 2004 and 2006, US-based Schick Technolo-
gies and the Danish specialist in dental hy-
giene products Nitraram Dental have also be-
longed to the Sirona Group. In addition to its dental CAD/CAM system CEREC, it has established itself as a leading developer of high-tech dental equipment, including in-
struments, as well as a number of imag-
ing and digital treatment solutions. Re-
cently, the company unveiled a new intra-oral camera during its 27-and-a-half-year anni-
versary celebration in Las Vegas, among other new products.

By Dental Tribune International

Dr. AbdelAziz Yehia
Sirona Middle East - Business Development Manager CADCAM

Sirona moves headquarters in Austria

Just Fischer (right) and staff celebrating the opening on Monday. (DTI/Photo courtesy of Sirona Dental Systems/Austria)
Our strategy is to be close to our customers, close to our partners and our offices our team is close to the leaders, to the dental schools and to the customers as well as the practitioners offering better interaction overall.

What is the impact 3M ESPE has had on the market in the Middle East? Well to talk about the impact I think you just need to go and see it everywhere for yourself. We’re in the vision of our new CEO, ‘3M technology, connecting every company (especially in the b2b business), 3M products, enhancing every home and 3M innovation, improving every life’. This is the new vision of 3M with our new CEO and we are applying it, whether we’re dealing with companies or customers we’re applying it everywhere. It is the innovation that we’re bringing, it is really the bloodline of our company.

Nowadays customer feedback is very important, through our Innovation Center I am sure you have many sessions where you provide Q&A, product after sales and dealing with general questions regarding your products? It is a place where we can have a small gathering to discuss the products (even the ones that have not been launched in the market), relaunch activities, roundtables, brainstorming of general ideas as well. Alongside with gatherings it is a good opportunity to see the big picture of 3M and not just the dental business. In dental we have a fully equipped facility where we can have lectures, hands on discussions and many other activities.

What about the future plans in the region, are you planning to expand more, will you improve further your support for your clients? Yes, the vision of our VP, Mr. Irfan Malik, is to be readily available and accessible to our customers. And the company has already announced some expansion plans and opening of new offices at key locations. Recently we opened an office in Kenya, another office in Nigeria and additional offices will be opened in the Middle East and Africa.

What about the difference of a whole mouth clean. Sonicare AirFloss helps users experience the difference of a whole mouth clean. Sonicare AirFloss is proven to remove up to 99 per cent more dental plaque from between teeth than brushing alone.

Dubai, United Arab Emirates – Philips, the maker of the Sonicare toothbrush, is pleased to unveil the revolutionary Philips Sonicare AirFloss, an easy, effective way to clean in-between teeth. Flossing on a regular basis can be time consuming as well as painful and it’s with this in mind that Philips created Sonicare AirFloss. With its breakthrough microburst technology, Sonicare AirFloss is specially designed to make cleaning in-between teeth easy with minimal plaque removal and ultimately improving gum health. During Philips consumer testing, 86 per cent of users found Sonicare AirFloss easier to use than string floss and Sonicare AirFloss removes up to 99 per cent more plaque in-between teeth than brushing with a manual toothbrush alone.

Sonicare AirFloss works by using a rapid burst of air and water droplets to thoroughly fill up the interdental area between teeth and force plaque and bacteria out. This rapid tip is directed using a nozzle guidance tip that ensures targeted cleaning between teeth and the point and one-button operation cleans the entire mouth in less than a minute, while using less than just one teaspoon of water for two full cleaning sessions. Sonicare AirFloss helps users experience the difference of a whole mouth clean.

Our strategy is to be close to our customers, close to our partners and our offices our team is close to the leaders, to the dental schools and to the customers as well as the practitioners offering better interaction overall.
Communicating shade information clearly: Digital shade-taking devices substantially minimize risk

O nce, four pairs of ears, four pairs of lips – and “blue” becomes “shoe” or “red” becomes “bread”. Anyone who played “telephone game” in nursery school will know that communication has its pitfalls. Not least because not all information that is forwarded in good conscience is received intact at the destination. This is also true for shade communication in dentistry. And yet exact transfer of data or measurement results is of crucial importance, particularly in this case. It doesn’t matter how much care dental surgeons take in determining the tooth shade – if their instructions to the laboratory are incomplete or unclear, errors can occur as early as at the beginning of the process chain. This results in unnecessary expense, time wasted, apportioning of blame and aggravation with the patient. Shade communication plays a pivotal role in this context. It provides a “collection folder” for selecting patient findings. Here, findings regarding patient data.

Clear explanations minimize risk

Despite every effort to achieve integrated shade communication there is still considerable room for error. Dental surgeons often provide the laboratory with written instructions that they themselves may consider to be clear, but which cannot be implemented without some element of doubt by dental technicians. Communicating shade information by telephone also still remains common practice.

A standardized approach to communication helps to ensure that all information is recorded wherever possible. The first standardized form is already in use today with the color communication form. Here, the basic shade and other information is recorded on paper, ideally together with a digital photo to support effect or detail analyses, and transferred in the conventional manner. In today’s digital age, information can be forwarded more quickly, in greater detail and in a more targeted fashion. Accordingly, in addition to other advantages, the VITA Easyshade software also offers a template that allows all relevant data to be recorded in a single sheet or document. Using the information from these shade layer instructions, the dental technician can work confidently and quickly.

Communication in bits and bytes

One benefit of digital shade taking is that data collated in this way can also be edited and communicated using modern technology. VITA Easyshade can, for example, transfer a patient’s measured tooth shade via USB to a PC or laptop. New possibilities are also demonstrated by computer applications such as VITA ShadeAssist, the latest prototype version of which was showcased at IDS 2011. Features include a photo editing and drawing module, a print and mail function, and an option for documenting the bleaching process. However, most importantly, this tool allows the dental surgeon to edit and save all the relevant information for the selected tooth shade. A further advantage for shade communication is that the program can document findings in a variety of ways: practitioners can combine any number of dental shade measurements taken using VITA Easyshade or shade guides, digital photographs, text comments or special drawings created with the new software in separate patient files and print these out. They can also add comments (graphic-based and plain text) on the teeth or photographic findings.

Here, data management takes place on the digital level, with the shade level being the highest. All personal data relating to the patient that has been recorded using the software is presented in the form of a patient file. The reporting level provides a “collection folder” for selected patient findings. Here, findings regarding treatments that are completed over an extended period can, for example, be collected. Printouts for patients or electronic transfer to a laboratory are also possible.

G-aenial Universal Flo an innovative concept in composite restorative

G-ænial Universal Flo

G-aenial Universal Flo

G-aenial Universal Flo is available in the following shades:

- Outside shades: AE, JE Inside shades: A02, A03

Unique syringe design

G-aenial Universal Flo is dispensed through an ergonomically designed syringe that enables smooth delivery of the material, with a tapered tip that means no paste can stick to it. The syringe size provides a comfortable hold and the arched shape of the flange fits the hand ergonomically. This design also prevents material waste because minimal residual paste remains in the syringe after use.
OKYO, Japan: It is no secret that the years since the global financial crisis have not been very kind to companies in Japan. First, the recession slowed business investments significantly down, then the negative effects of last year’s tsunami and the massive destruction it wrought almost brought the world’s third largest economy to a halt.

For NSK, one of the country’s largest dental manufacturers, troubles in the home market are its least concern because the company conducts most of its business elsewhere. According to president and CEO Eiichi Nakanishi, with whom Dental Tribune International recently had the opportunity to speak at the company’s headquarters in Tochigi, more than 80 per cent of the company’s revenues are now generated by its operations outside of Japan.

In the last three years, NSK has been performing particularly well in mature markets such as Europe and North America, where it boosted its presence with the opening of its new headquarters near Chicago last year, despite unfavourable conditions such as high market saturation and the ongoing decline of the yen against the dollar. Since 2009, Nakanishi has also seen his company regaining its former market shares in Asia through centralised distribution and after-sales support offered by its Japanese offices in Tochigi and Tokyo.

NSK still manufactures most of the precision parts in-house. New subsidiary in Singapore. Another significant contributor has been NSK’s European office in Germany, which accounted for almost one third of the 22.2 billion yen ($278 million) in sales the company reported in 2011.

“That is why economic conditions in our home market have little or no impact on our overall business. We really think globally,” Nakanishi explains. According to the 48-year-old, who has run the company since 2000, one of the major reasons for NSK’s strong market position, even in established markets, is its dedication to innovation and quality, combined with the excellent after-sales service it is able to provide to customers in almost every country except North Korea. But this hasn’t always been the case. Founded in the 1930s, the company had a rough start and operations were completely halted during World War II. Since the production of dental handpieces resumed in 1951, however, the company has grown extensively and now employs more than 700 people in its Japanese offices in Tochigi and Tokyo.

NSK still produces most of the precision parts in-house, which, according to Nakanishi, is one of the reasons that dentists now identify the company with high-quality products. “We employ many good engineers and marketing people who help us to constantly improve our brand and make it more attractive to dentists,” he says.

One of NSK’s recent innovations, launched at last year’s IDS in Cologne, for example, is the Ti-Max Z series, a durable premium handpiece that is claimed to have the smallest heads and necks in the industry, as well as an exceptionally low noise level and virtually no vibration. The Surgic Pro surgical micromotor has also received much interest, particularly by dental implant surgeons, and is now distributed alongside systems by major implant manufacturers. NSK asserts it pays close attention to the needs of its customers, a philosophy that has resulted in products such as the 5-max pico, which was developed solely for the treatment of patients with smaller mouths, such as children.

Moving into other markets is conceivable but unlikely to happen anytime soon, Nakanishi says. Even though his company has begun to enter new areas in the last decade with the launch of instruments such as ultrasonic scalers and polishers, its core business will remain dental handpieces and other small-motor equipment.

“When it comes to handpieces, we have produced more innovations than our competitors,” he remarks. “Our goal is to become the No. 1 company worldwide in this segment.”
Non-extraction treatment of adult skeletal Class III malocclusion

By Dr. Khaled Abouseada

This case report describes the nonsurgical, non-extraction treatment of a 24 years-old male with a skeletal Class III malocclusion, a prognathic mandible and retrusive maxilla. He was initially classified as needing orthognathic surgery, but he and his parents wanted to avoid that. The Class III malocclusion was corrected by non-extraction orthodontic treatment with fixed appliance only. Class I molar and canine relationships were achieved, and the facial profile improved substantially.

Class III malocclusions are usually growth-related discrepancies that often become more severe until growth is complete. 1, 2 Facial changes can influence a patient’s self-confidence and interpersonal relationships. 1, 3 In adults orthognathic surgery is the most effective treatment. 4 Correction of Class III without surgery can be challenging. 3 Therefore the purpose of this article was to describe the nonsurgical treatment of a patient with Class III dental and skeletal relationship.

Diagnosis and etiology

The patient was male, aged 24 years and 5 months, whose chief complain was the protrusion of the maxillary incisors; this was incident to the midsagittal plane, unilateral posterior cross bite at the area of the right premolars, upper anterior segment. The patient did not show no contraindications to orthodontic cases.

Treatment objectives

Treatment objectives included correction of the posterior and anterior crossbites, improvement of dentoalveolar and maxillo-mandibular relationships, improvement of facial esthetics and establishment of a stable occlusion and better smile.

Treatment alternatives

Three treatment options were suggested to the patient. The first alternative consisted of combined surgical and orthodontic treatment with a high LeFort procedure and mandibular osteotomy to improve skeletal and facial appearance. The second consisted of maxillary expansion and extraction of the mandibular first premolars with the maxillary second premolars. This would correct the Class III dental relationship, but it also involves retraction of mandibular incisors without protrusion of the maxillary incisors; this was thought to be unsatisfactory for this patient’s retruded maxilla.

The other treatment alternative was a non-extraction orthodontic approach with maxillary expansion and protraction of upper anterior segment. The patient did not want orthognathic surgery or teeth extractions. Therefore, he chose this non-extraction orthodontic treatment.

Treatment progress

Treatment began with placement of fixed posterior composite bite plate at the area of second molars both sides, fixed pre-adjusted appliances (0.022 in slots) were placed on maxillary teeth, leveling and alignment progressed up to rectangular 0.019x0.025 stainless steel arch wire with posterior stops for the wire and extension a head from anterior teeth then ligated to them, this initial phase of treatment lasts for 5 months (Fig 3). After, fixed appliances were placed on mandibular teeth and Class III elastics were used for 3 months to aid in correcting the anterior cross bite (Fig 4). The second molars were not included in bracketing to prevent molar extrusion; this could have caused more downward mandibular rotation. After correction of the crossbite and creation of a class I occlusion, detailing and finishing were undertaken. The total active treatment time was 11 months. Pa-
tient compliance was good. For retention, fixed upper and lower retainers plus Essix retainer during sleeping.

Treatment results

The post treatment extraoral photographs show general improvement in the facial profile. The post treatment intraoral photographs show satisfactory dental alignment. Class I canine and molar relationships (Fig 5). There was significant improvement in the maxillomandibular relationship as Cephalometrically shown by changes in the ANB angle, Wits appraisal and overjet. The maxillary arch moved forward and the mandibular had a slight backward rotation. The superimposition shows an increase in lower anterior facial height with opening of the maxillomandibular plane. The maxillary incisors had labial proclination and the mandibular incisors were retroclined lingually (Fig 6). At the end of treatment, a normal morphologic and functional occlusion was obtained, with anterior guidance on lateral excursion and protrusion. Class I molar and canine relationships were obtained on both sides. The good interdental relationship also provided a well-balanced facial profile with lip competence.

Discussion

The treatment objectives were attained with the non-extraction treatment protocol. Obviously, the results reflect the effects of not only the projection of upper anterior teeth but also the Class III elastics. The occlusal and facial results were good, and the patient was satisfied. The upper lip protrusion consequent to protrusion of the soft tissue concavity was due in part to redirection of mandible position, anterior positioning of the maxilla and retraction of mandibular incisors (Fig 7). If the patient had not been compliant with the fixed posterior bite plane and the elastics, another option would have been to extract the mandibular first premolars. However this was not a favorable treatment alternative for the desired soft tissue changes because the anterior crossbite would be corrected by retraction of the mandibular incisors with little or no protrusion in the maxillary incisors; this would have produced less improvement in the facial profile than the non-extraction alternative.

It was stated that anteroposterior maxillary incisors produce significant vertical alveolar effects. This can be true if there use is not properly monitored. Use of the correct resistant torques in the maxillary and mandibular incisors to counteract the Class III elastic forces on these teeth is essential. Nevertheless, despite the resistant torque, they were substantially tipped, probably because of the large negative overjet that had to be corrected.

The use of Class III elastics also can cause backward and downward mandibular rotation. Backward mandibular rotation is favorable to correct Class III malocclusion, because it makes the mandible appear less prognathic and contributes to improvement in the facial profile.

Conclusions

Successful occlusal and esthetic correction of a Class III malocclusion in the permanent dentition can be accomplished with protraction of upper anterior teeth and Class III intermaxillary elastics when the patient compliance in wearing the elastics is satisfactory. Once the correction is successful, active retention and Annual follow up are essential.

References


Orthodontics has evolved dramatically during the past ten years

By Dr. Khaled Abouseada

We are in for a real treat today. I have the honor to introduce our guest who has been the driving force behind Orthodontic practice for many years. He is the person who knows the whole history of how we got to where we are today: the stories, the challenges and the little known secrets. Not only that but he’s a remarkably professional lecturer, a Visiting Professor who has extensively proficient in giving lectures and courses all over the world specifically in the United States, Europe, Middle East and North Africa. Based on his knowledge and enthusiasm, he is eminent enough to speak to us today about himself and his scientific experience. Please join me in giving a very warm welcome to Professor Joseph Bousheral.

Dr. Joseph Bousheral is Professor in the Department of Orthodontics at Saint-Joseph University and maintains a private orthodontic practice in Beirut. He was formerly Head and Director of the Program (1995-2010) and President of the Lebanese and Arab Orthodontic Societies. Actually, he is a Research Associate at the University of Toulouse, a Member of the Executive Committee of the World Federation of Orthodontists, an Affiliate Member of the Angle Society of Orthodontics, East Component and a Fellow of the Tweed Foundation for Orthodontic Education and Research.

He earned a Doctor in Dental Surgery degree from Saint-Joseph University, a Master Degree in Orthodontics from the University of Louvain, a Continuing Education Diploma in Orthodontics from the University of Southern-California, a Diploma of Specialist in Lingual Orthodontics from the University of Toulouse. He is a PhD candidate at the University of Liège in Belgium.

I am also delighted to mention that in addition to all the above-mentioned achievements, he also published articles in local and international journals and successfully conducted many research projects leading to a master or PhD degrees. His main interests are Vertical Dimension Control, Treatment of Asymmetries, Adult Orthodontics, Transverse Dimension, Mini-implants and 3D Imaging.

You chose orthodontics as your first preference, how did you take such a decision? When I was at my 4th year in the dental school at Saint-Joseph University, we began our undergraduate orthodontic teaching with Professor Peter Riscall, founder of the department and the Lebanese Orthodontic Society, who is a highly cultured man, eager to teach and multitalented, and later on with Professor Far s Abou Obeid who was so communicative, humble and open-minded. Both teachers get me to know this discipline and to be attached to it. How far would you expect yourself to contribute to this profession?

In general, a contribution could be in an academic direction through clinical teaching and research or in a professional one by integrating local, regional or international orthodontic organizations. My contribu-
it was more academic at the beginning and than I integrated the professional channel. Due to the increase of the amount of work in both directions, I was obliged to become more selective in my teaching and more research oriented. I tried to limit my professional contribution to my position as a member of the Executive Committee of the World Federation of Orthodontists representing the Middle East and Africa. You are asking me “How far?” You know in life. This is one of the experiences that there is no end and that we have to follow a lifelong learning process and apply a continuous self-development philosophy so that the professional contribution is more and more the new expert depending on the need of our profession. Then you may ask me “But how can we define the need?” Well, we can do that by listening to the present, learning from the past and trying to predict the future of our profession in a way to create a vision. We have to “think out of the box” and don’t be afraid to “violate our comfort zone” continuously in order to expand our personal limits, apply a strategy to attain our objectives and achieve our vision.

What are your future expectations for orthodontics?

Orthodontics has evolved dramatically during the past ten years, we have had major developments in different areas: 3D imaging in diagnosis and orthodontics, mini-implants and accelerated tooth movement in treatment and evidence-based orthodontics as a whole approach of our discipline. This evolution had traced a border between orthodontists before 2000 who hadn’t followed it and orthodontists after 2000 who have got the possibility to do it. “We can’t treat our patients in 2012 with an orthodontics before 2000”. As future expectations, we may have more development in diagnosis toward the “virtual face” by getting all our data, as x-rays and models and photos, under a digital form and then make the virtual reconstruction of the face including hard tissues as bone and teeth by scanning as well as soft tissue contouring and three-dimensional photograpy. We will have the possibility to navigate into the virtual face, acquire not simply linear and angular measurements as achieved done in two dimensions but more based on volumetric calculations. Treatment planning will be done in three dimensions using new software with prediction of treatment outcome, which can be modified by the practitioner to adapt it to the individual need. Orthodontic appliances will evolve by using more and more the CAD-CAM technology and try to be less and less practitioner and patient dependent.

Every person faces profitable productive moments. Would you talk to us about the most rewarding incident you had and the biggest accomplishment you have reached?

I consider that the most rewarding incident that I had was my election as a member of the Executive Committee of the World Federation of Orthodontists (WFO), where we can serve our profession at the highest level possible and acquire another vision by looking to the big picture of our discipline. Making the step between Dr. Li Bassil-Nassif who was the co-pilot during this long journey from 1997 to 2010, period in which we have been in charge of the department as Head and/or Program Director.

Would you describe your knowledge of current technology and procedures?

I finished my orthodontic specialty in 1986 and learned the main different techniques at that time. This mentior helped me to treat my patients till 2000 when new technologies emerged and obliged me to develop myself in different new areas: I followed too early courses about mini-implants and obtained a diploma in Lingual Orthodontics from Paris VII University, a diploma in Dental Clinical Research and another one in imaging from Toulouse University. These scientific acquisitions helped me to level myself with all new technologies and procedures and to develop my clinical expertise to evidence based research. At this occasion, I would like to thank my old friend and colleague Professor Ziad Salamah, well-known researcher, exceptional communicator and team motivator, who have been lately the motor for creating our Orthodontic Research Group in Beirut.

In what way your fruitful knowledge and rich experience will assist you in handling your responsibilities?

Actually, I have the professional responsibility with the WFO where I can be useful helping to the advancement of our speciality through the establishment of a regional orthodontic board or motivating orthodontists to get through other orthodontic boards, by integrating different orthodontic societies in the WFO and by facilitating their communication together. I am handling my teaching responsibility through lecturing in major scientific events and giving courses in more and more countries mainly on a new “Individualized orthodontic Philosophy”. I am expanding my research responsibility by co-creating the Orthodontic Research Group, already mentioned above, as well as being a part of another multidisciplinary research team including researchers from different Lebanon universities or others abroad.

Can you tell us about your experience with the business and administrative side of running an orthodontic practice?

I have had the opportunity to establish the postgraduate program and run the orthodontic department inside an academic institution. Saint-Joseph University. In the meanwhile, I developed my private practice, which comprises today six orthodontists within three locations, the main office being in Beirut where I installed a CBCT scan to follow the new developments. This opportunity, for handling both structures: institutional and private, gave me a huge experience in management, nevertheless and in order to ameliorate my performance, I was obliged to read books about self-development in the areas of management, teamwork, leadership and communication.

Can you please identify your goals and ambitions for the next 2 years and your specified plan to achieve them?

I would like to finish my scientific commitments in the Angle Society East component as well as to present my PhD thesis that is at the University of Liège. On the other hand, I have to continue teaching through courses and developing our research group to get published extensively will be my main interest. To achieve all these goals, I have to be a good time manager and I learned from books and life when I have to say NO… What have you learned from your mistakes?

I have learned that you can’t change the past and you are unable to predict the future then live the present moment. We have to admit that Life is difficult, full of rewards and deceptions, of good and bad, we have to accept as it is and adapt ourselves as fast as possible. This is how I learned to stick to my principles to keep my internal peace contrary to throwing them looking after the external peace: we haven’t to forget that peace is coming from the inner of us. Now I am a free person, looking ahead and never behind. I am enjoying my life without compromises because I discovered myself.

How would you handle stress and pressure?

At the beginning it was difficult to do it. I faced these problems by a good time management, a daily period of meditation, doing sport, creating teamwork and having good friends on whom I can rely. I define my priorities for each stage of my life and saying NO sometimes is helpful to prevent stress and pressure as well as establishing equivalent of different components of our life is of prime importance.

Do you prefer to work independently or with a team?

I prefer to work definitely with a team. In my work and our study group, we are doing a brainstorming, which is beneficial for everybody. The input from each of us will lead to a more logical and better decisions and results. Communication is enriching and being open-minded is a must for self-development.

What motivates you and are you a self-motivator?

In general, I am more a self-motivator because I got the chance to have my profession as my hobby. If you are ambitious, you will create indefinitely more and more new objectives to attain in your life, you will look after new challenges, which keeps you motivated. Everybody has his own moments of weakness, being a part of a CONFIDENT team is essential to overcome these moments; everybody becomes supportive to the other. A tight family link constitutes a solid base, which motivate us to go further and further. I would like to express my profound gratitude to my wife Liliane, my daughter Léa and my son Philip whose sacrifices and support gave me this energy and motivation to face new challenges and overpass all obstacles in my life.

To this end, I deeply appreciate the immense generosity in providing us with valuable richly deserved information and enlightened professional experience shown by Dr Joseph Bousheral. Your careful research and instrumental input played an important role in our field and impressed everyone present with us today. Meeting distinguished influential professors like Dr Joseph certainly is our distinct mission hoping to meet your needs. Wishing you all the best in your future accomplishments.
The “Apple” of the implant market

The Swiss company, TRI Dental Implants Int. AG, was founded in 2010. The IDS 2011 marked its first “public appearance”. So what do these three letters stand for, what similarities are there to Apple and what can the dental market expect from TRI Dental Implants? Its CEO, Tobias Richter, provided us with interesting answers to these and other questions.

D I. Mr. Richter, which product did you present at this fair then? Tobias Richter: At the heart of the product portfolio is the TRI® Performance Concept, with its independent product properties Zirconia Blast Media implant surface (ZBM), TRI BoneAdapt implant design, TRI Friction implant connection and TRI Soft Tissue concept. We are convinced that, with this, we have successfully fulfilled the fundamental modern demands made of implantology today in a holistic implant system. This technology is integrated in the product lines TRI® Vent Dental Implant System (with the diameters 3.7 / 4 / 4.7 mm) and TRI® Narrow Dental Implant System (3.3 mm). In addition, we also offer a very streamlined and innovative surgical kit with an intelligent drill stop system. These core systems are complemented with additional product families (angled screw-retained abutments for all-on-four restorations) as well as navigated surgery.

For us, it was essential that we created the most efficient and flexible implant system possible, the “Apple of the implant industry” so to speak. Our implant system comprises a total of just 180 implant components which represents a more than 50% reduction in components compared to conventional implant systems. The key factor behind our success lies in the fact that we only have one implant connection and thus the number of components is reduced to an absolute minimum. This equates to a minimization both of storage costs at practices and application errors when assisting.

DII. How has the company developed since its foundation?

TRI: We now employ a total of 50 members of staff. In the direct markets we have a 30-strong sales team and, via our distributors, are already represented in 11 countries with our products. What’s more, we are currently involved in negotiations aimed at expanding our international activities further. We opened our international distribution and service centre in Freiburg on 1 April in order to cope with the high level of demand through efficient and centralised order processing.

DIII. What does the corporate structure look like?

TRI: We need to keep our company as streamlined and efficient as possible so as to be able to offer our partners and customers the best possible value for money. This is why we decided to base our headquarter, with management and development DI: What is the corporate structure like?

TRI: We developed the Performance Concept and the TRI® Dental Implant System in close cooperation with a group of leading experts, whereby Dr. Marius Steigmann (Institut Steigmann) was the decisive driving force. When developing the implant system, the main focus was on launching a user-friendly solution onto the market. Other international experts and study partners of the TRI Dental Implant System include Dr. Paolo Tresi (Italy), Dr. Wolff-Ulrich Mehne (Germany), Dr. Giulio Rasp erini (Italy), Dr. Dom-Lay Wang (USA) as well as Dr. Alberto Rebaudi and Dr. Marco Esposito (Italy).


TRI: The identical abbreviation is a pleasing coincidence. “TRI” actually stands for “Through Research Innovative”, a slogan which was developed by a group of leading experts with one common objective, namely the merging of the latest clinical findings and know-how from implant research to develop a performance-oriented and easy-to-use implantology concept. Our scientific consultant, Dr. Marius Steigmann, phras es this as follows: “The TRI project goal was to combine practical experience with the latest implant research to produce an enhanced performance-oriented implant concept. A concept that respects both the hard and soft tissue parameters and which also ensures maximum primary and secondary stability.”

DI: You are not an unknown entity on the implant scene. How much of Tobias Rich ter is there in TRI?

TRI: As a founding member, I have inev itably been involved in shaping the company’s profile. Yet at the heart of our success is the radical product philosophy of producing an extremely streamlined tool, at the same time, flexible implant system which is able to satisfy the latest findings from implant research. In this regard, thanks must be given to the developers and pioneering opinion leaders.

DI: What is the target group for your sys tem – newcomers or experienced practitio ners?

TRI: Given our size, we are currently not able to comprehensively support newcomers entering this market. We focus on experienced implant practitioners who, in addition to their current “premium” implant systems, are looking for a substantial system in the low price segment in order to accommodate the needs of more price-conscious patient groups. It is of course important that practitioners can indeed sense the pricing pressure on the market but, at present, can only find very few sustainable alternative products priced at less than € 150 per implant.

DI: With each year the implant market is becoming increasingly more competitive. What is the key difference between TRI and your competitors?

TRI: I completely agree with you that there appears to be a surplus of implant companies. However, we have examined the market carefully and established that the companies are either positioned in the premium segment or in the low budget segment where the emphasis is on price. We are committed to striking a balance between these two extremes: We set great store by sustainability, quality and service and, at the same time, still offer attractive prices. This policy can be summed up as: “Peak performance at the right price”. This mix is possible thanks to our very slim corporate and costs structures. We believe we have a great chance of achieving sustainable differ entiation with the right team and our Swiss roots.

DI: Mr. Richter, in concrete terms what do you offer your customers?

TRI: Our customers are able to purchase our products from well-trained sales partners whose numbers we are successively developing. We can also be contacted direct ly via our online shop and the European-wide hotline which can be called daily on 0800 3313 3313. With the opening of the new service centre in Germany, we have created the ideal framework conditions for ensuring ongoing expert support through further training. We offer online webinars in order to reduce travel costs, keep content up-to-date and, nevertheless, guarantee that participants feel personally connected to the training offered.

TRI Representatives: Meliti Medical Co. Jebel Ali ind. area no.3, PO Box 120324 DUBAI, UAE
Tel. 04 880 2633, e: medical@melitidubai.com
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TRI Dental Implants services

Lifeline warranty
Lifeline warranty on all implants purchased and a restricted lifetime warranty on all prosthetic components.
100-day return
All unopened products can be returned up to a 100 days after being purchased.
Free shipping for orders in excess of € 1,000
Free shipping with standard delivery for all single orders in excess of € 1,000.24-hour express delivery
24-hour express delivery to the address of your choice within Germany as an alternative to standard delivery for € 7.50.
Free expert hotline
Free telephone expert support provided by experienced expert dental technicians on all technical issues.
Online order at www.tri-implants.com
24-hour order service with optional direct pay ment by credit card and Askle collection.

"Through Research Innovative "
DTMEA introduces 'Implant Tribune' section

Dear Colleagues,

Dental implants have gained a large popularity and acceptance in the dental world and became a very common treatment over the past decade.

They have shown extremely high success rate and offered our patients a life changing solutions. Implant specialists and General practitio-
ners these days are more and more facing situations where they have to recommend dental implants and include them in their treatment plans, for the best interest of their patients, as well as dealing with complications related to these treatments.

Surgical and prosthetic techniques has been improved and simplified to make the outcome of the treatment very predictable, however, the understanding of biological and the clinical elements involved in Implantology remains the key of success of any implant treatment.

As far as the success rate for this type of treatment, it is very high, we’re talking about a 97.5-98%. So while we do have some failures, it is in the region of 2.5%. We can quite happily manage those failures with

in the guarantee of implant treatment: we give our patients a ten year guarantee for the implant, in other words if the implant fails it will be replaced at no extra cost for ten years, and if the porcelain fails or breaks (these are the teeth over the implants) there is a five year guarantee. We guarantee the implant for ten years and the porcelain for five years. That makes the patient feel comfortable in the sense that although he’s going to pay a substantial amount of money for this treatment, he will have a guarantee.

Indeed a great service to offer. Over the last few months we notice many implant companies entering the Middle East market and competition is fierce. How do you differentiate yourself from the rest?

We differentiate on two levels. The first level on which we differentiate is that our products are unique: Southern Implants is the only company in the world that offers the Co-Axis angled implant, an implant that has a built in angle. The other companies offer straight implants only, and then you have to do all sorts of complicated prostodontic procedures to correct the angle and bring it into the right place. As with Southern Implants- maybe you can focus on this x-ray behind me- this is an excellent case to show how by using angled implants you can avoid the sinus while having a built in correction angle to provide for correct prosthetics. So we differentiate ourselves because we offer the angled implant, which we call the Co-Axis, and then we also differentiate by offering the immediate molar replacement implant which is the MAX Implant. This is a “molar specific” implant.

We have one more unique product and that is called the Passive Abutment which allows the dentist, the restorative dentist or the prosthetist, to get a perfect fit of the prosthetic bridge or his prosthetic restoration. So we differentiate ourselves on the level of innovation with products which are unique to our brand- to Southern Implants. The other level we differentiate at is level of affordable quality. The closest equivalent quality from other implant manufacturers is significantly more expensive to the dental practitioner or to the dental spe-
cialist. So we offer high quality, very high quality, at a reasonable price and then we offer the three innovations: the Co-Axis im-
plant, the MAX Implant and the Passive Abutment.

And what about CAD/CAM & Digital Dentistry?

Yes, Certainly. Already we have high tech CAD/CAM equipment which can scan a model and instead of a dental technician making the prosthesis, it can be made by CAD/CAM, and we are even one step further now: we are almost ready to be able to take a scanner, scan the implant in the mouth (the prosthetic surface of the implant- the platform of the implant) so we do not take an impression. We scan the mouth and via CAD/CAM technology the teeth can be manufactured. What the technician will do is design the prosthesis and put the final touches: the color, the staining, the fi-
nal characteristic of the teeth so that not every-
one’s teeth look the same, there has to be some characterization.

Very interesting speaking with you Dr. Costa, is there anything else you would like to share with us?

I would like to tell the public that they should keep their teeth forever but should they lose one or more of their teeth with today’s technology and today’s level of high tech dentistry in the 21st century it is very easy to replace a tooth with an implant with an excellent result.

Thank you Dr. Costa we hope to see you again soon and wish you and your wonderful team all the best for 2013!
Micro Precis JLT introduces Branemark integration & medical production in Dubai, UAE

Trading in Medical, Surgical, Instrument, Equipment & Supplies For Implantology with Certificate ISO 9001 & 13485

MICRO PRECIS JLT LICENSED BY BRANEMARK INTEGRATION

Micro Precis, a company running a state-of-the-art implant and prosthetic pieces production facility in the surroundings of Paris and is opening its first commercial platform in Dubai. Through its long time production partnership it will introduce on the GCC, markets Branemark Integration implants along with its own catalogue of pieces. Micro Precis began prosthetics production & marketing Branemark Integration in the French market 3 years ago providing first class materials to dentists laboratories, clinics, hospitals, dentists and implantologists. It is currently run by Abdel Karim LOUGHALA (Founder of Micro Precis Paris), Lozhal LOUGHLALA (C.E.O. of Micro Precis JLT) and Bertrand Alain VIALA (Executive Associate) have over 10 years international experience in international business and the dental industry.

Today, Micro Precis Bränemark Integration through its French distributor Biosmile, run medical units such as ISI Clinic in Paris, Swiss and Brussels. Both companies aim to improve dental care by offering quality and extremely high quality products. Being Compatible with a majority of the products in the market, the dental implant tools developed concepts and solutions at a rapid pace. Our technical and scientific teams work every day to improve our range of dental implants such as titanium implants, cylindrical implants, conical implants, micro threaded collar implants, internal and external hexagon, Morse taper implants, mini-implants, osteosynthesis screws”. Coming to the GCC, the aim of Micro Precis is really to offer a wide range of implants which will allow GCC professionals to treat the majority of their clinical cases with innovative solutions.

MICRO PRECIS JLT LICENSED BY MEDICAL PRODUCTION

Micro Precis began prosthetics production & marketing with Medical Production in the French market 3 years ago providing first class materials to dentists laboratories, clinics, hospitals, dentists and implantologists. Dental implants parts and prosthetics, dental surgery equipment, and medical application. Switching Platform, Micro spire, Round conical apex, Morse Cone, Internal Hexagon, Depth groove, Triples thread, Round conical apex that is the reason why the company started to produce and commercialize I-Cône Implants & prosthetic range with Micro Precis Company, the best implant internal HEX systems available on the market.

MEDICAL PRODUCTION company integrates:

• A permanent research, carried out in partnership with implied practitioners, mastered industrial processes and experienced technicians.

• Modern equipments and a sharp sense regarding precision.

• A strong logistic capability and a committed marketing team.

All these help to appreciate the amount of technical means and human resources out to the service of such extremely high quality products. Being Compatible with a majority of the products in the market, the dental implant ranges and prosthetic solutions from MEDICAL PRODUCTION offer an extensive coverage for all modern oral implantology application. Combining high technology and high competitiveness, the proposed solutions are in closer of the needs of the dental surgeons and are applied for 17 years by very numerous consultants practitioners. ISO-certified 9001 and 13485 the mastered know-how of the company is renowned in French as well as abroad and confers on the company a growing privileged position in the global market.

MICRO PRECIS JLT—Platinum Tower—28th Floor—Unit 2801—Jumeirah Lakes Towers Dubai, UAE

Micro Precis company is specialized in manufacturing high-tech micro & nanotechnology dental implants parts and prosthetics, dental surgery equipment, and medical application. Micro Precis is focused on quality and innovation in order to bring a true difference to the market. In that perspective, it works in association with the French national research center INSERM, in order to develop and promote new technologies.
Stain removal and low abrasion toothpastesthat do what they say on the tin!

The variety of toothpastesthat are available means that many patients choose a brand based on how effective it is at targeting some of the mostcommon dental problems such as staining, bad breath, sensitivity, and gum disease. They probably do not even give a second thought to the ingredients and the effect they may be having on their teeth and overall oral health.

Many may be under the false impression that the toothpaste causes the staining. In reality, toothpaste does not cause the staining; rather, it is food residues that cause the staining. Foods and beverages that stain the teeth include tea, coffee, red wine, or tobacco. Other contributing factors include tooth brushing, flossing, and rinsing. Toothpaste may help prevent staining by removing dietarystains from the surface of the tooth. However, toothpaste cannot remove deepstains caused by staining agents, such as tobacco or coffee.

The development of toothpaste formulas and ingredients has made it possible to create toothpaste that can remove stains from the teeth. The ingredients in toothpaste include occlusal agents, polishing agents, and anti-plaque agents. Occlusal agents include calcium hydroxylapatite, calcium carbonate, and silica. Polishing agents include silica, calcium carbonate, and diatomaceous earth. Anti-plaque agents include fluoride, sodium fluoride, and regenerated calcium hydroxylapatite.

The abrasivity of toothpaste is determined by the amount of abrasives used in the formulation. Abrasives are substances that are designed to remove dental plaque and stains from the tooth surface. The abrasivity of toothpaste is measured by the abrasivity index, which is calculated by dividing the weight of the toothpaste by the weight of the tooth enamel.

The abrasivity index of toothpaste is important because too much abrasiveness can cause damage to the tooth enamel. Too little abrasiveness may not be effective in removing the stains. The ideal abrasivity index for toothpaste is between 20 and 40.

In conclusion, toothpaste is an important part of daily oral care. Choosing the right toothpaste is important to ensure that the toothpaste is effective in removing stains and preventing dental decay. Patients should choose a toothpaste that is effective in removing stains and prevents dental decay, while also being gentle on the tooth enamel.

Contact Information
Eric Peterson, Founder of Beverly Hills Formula, has over 20 years experience within the oral health and beauty sector. With a primary focus on delivering fast, yet safe, teeth whitening results, Eric has successfully introduced many innovative whitening toothpastes to the market.
The effectiveness of toothbrushing

by Prof. Dr. Fridus van der Weijden
& Dagmar Els" Slot, The Netherlands

Plaque control is the cornerstone of the prevention and control of periodontal disease and caries. However, despite thorough saliva flow some limited potential in cleaning debris from interproximal spaces and occlusal pits, it is less effective in removing and/or washing out plaque, and natural cleaning of the dentition by physiological forces—that is movement of the tongue and cheeks—is virtually non-existent. [1]

Therefore, to be controlled, plaque must be removed frequently by active methods, and evidence from large cohort studies has demonstrated that high standards of oral hygiene will ensure effective plaque removal. [2] There is substantial evidence that toothbrushing can control plaque, provided that cleaning is sufficiently thorough and performed at appropriate intervals. The underlying factors that influence the effectiveness of toothbrushing include toothbrush design, its action, ease of use and patient compliance.

Systematic reviews

Evidence-based dentistry is an approach to oral health care that requires judicious integration of systematic assessment of clinically relevant scientific evidence with the dental professional’s clinical expertise, the patient’s treatment needs and preferences, and the available resources. Systematic reviews are considered to provide the highest level of evidence and to be the primary tool for summarising the existing evidence in a reproducible and systematic way. As such, they are crucial for evidence-based decision-making.

Systematic reviews differ from traditional reviews in that they are usually confined to a single focused question that serves as the basis for systematic searches, selection and clinical evaluation of the relevant research. Systematic reviews minimise bias and provide a comprehensive and contemporary overview. Such analyses are objective in their appraisal of quality and transparent in their assessment of heterogeneity, allowing others to appraise the methodology and quality of the review itself. By performing a meta-analysis on sufficiently similar studies, a pooled estimate of the common mean can be calculated, the range of results limited and the strength of the results increased. The Cochrane Handbook for Systematic Reviews of Interventions [3] clarifies that reviews are needed to help ensure that healthcare decisions can be based on informed, high-quality, timely research evidence. In addition, the American Dental Association has launched the Center for Evidence-Based Dentistry website, which currently contains over 1,600 clinically relevant systematic reviews.

PICO(S) rule

The protocol for a systematic review is developed beginning with a carefully formulated question using the PICO(S) rule—patient, intervention, comparison, outcome parameters and study design. The manner in which this question is formulated is decisive for interpretation of the results of the review. After the research protocol has been written, an objective literature search is undertaken to find the relevant literature, while minimising the possibility of overlooking any research. The parameters used to evaluate the results are also important for the conclusions that will be drawn. An example of the parameters used is the reduction in plaque and gingivitis associated with the use of different types of toothbrushes.

Toothbrushing

Manual toothbrushes remain the cornerstone of brushing. Improvement in plaque and gingivitis associated with toothbrushing reveals an overall reduction in plaque score of 53 per cent (95 per cent CI 30 to 56 per cent) was observed. Sub-analysis of the different bristle tuft configurations illustrated variation in ability to remove plaque (24 to 61 per cent), with the angled bristle design demonstrating the highest overall weighted mean reduction in plaque score with either index. A sub-analysis of the influence of the duration of brushing revealed an overall weighted mean reduction in plaque score of 27 per cent after one minute of brushing and 41 per cent after two minutes.

Therefore, it was concluded that the efficacy of manual toothbrushes.

Powerful (electric) toothbrushes

The first successful powered toothbrush (the Broxodont) was conceived in Switzerland in 1954 by Philippe-Guy Woog, and the first generation of powered toothbrushes had a brush head like that of a manual toothbrush and designed to have a combined horizontal and vertical action. Since the 1980s, tremendous advances have been made and various powered toothbrushes have been developed to improve the efficiency of plaque removal.

Powered toothbrushes currently available vary in their action. Oscillating-rotating toothbrushes are designed with a round head that moves back and forth, with alternating turns clockwise and counter-clockwise. In contrast, toothbrushes with a circular action rotate in one direction only, counter-oscillating toothbrushes have tufts of bristles that rotate back and forth independently of the directions of other tufts, and other toothbrushes move from side to side (including sonic toothbrushes). At different times, individual studies have been conducted on the efficacy and safety of these powered toothbrushes categories and the collective evidence has been summarised in systematic reviews.

Powered versus manual toothbrushes

An early dental systematic review, performed in collaboration with the Cochrane Oral Health Group, compared powered...
and manual toothbrushes in everyday use, principally in relation to plaque removal and gingival health. [6] In this review, five electronic databases were searched to identify randomised controlled trials that compared powered and manual toothbrushes (up to the middle of 2012) in which the participants were members of the public with uncompromised manual dexterity who brushed unsupervised for at least four weeks. The review was first updated by Robinson et al. (2005) and the most recent update of this review was published by Yacoob et al. (2011). [7,8] In total, 50 eligible trials involving 4,326 participants, with no evidence of publication bias, were included in the review.

Oscillating-rotating powered toothbrushes resulted in greater plaque and gingivitis reduction compared with manual toothbrushes, with standard mean differences (SMD) for plaque and gingivitis reduction of 0.33 (95 per cent CI: -0.74 to 0.31) and 0.49 (95 per cent CI: -0.73 to 0.26), respectively, in the short term (one to three months). Significantly greater plaque and gingivitis reduction was also found in the long term (i.e. beyond three months), with approximately 27 per cent fewer sites with bleeding on probing. The conclusion of this last systematic review was that only for oscillating-rotating toothbrushes is there consistent evidence of their clinical superiority to manual toothbrushes and greater ability to reduce plaque and gingivitis. These results confirm the findings and conclusions of the earlier reviews that compared powered and manual toothbrushes.

Comparison of different powered toothbrushes

The most recent Cochrane review assessed the comparative efficacy of powered toothbrushes with differing action and their effect on oral health. [9] Five electronic databases were searched for studies conducted up to July 2010, resulting in a total of 17 eligible trials, with more than 1,300 total participants. The criteria for selection were that the studies were randomised, compared at least two powered toothbrushes with differing action and involved at least four weeks of unsupervised brushing, and that their participants had uncompromised manual dexterity. The action of the toothbrushes in these trials was oscillating-rotating, counter-oscillating, side-to-side, circular, ultrasonic, multidimensional and ionic (electrically active).

Based on seven trials of up to three months in duration, with no significant heterogeneity, oscillating-rotating toothbrushes were found to result in statistically significantly greater plaque reduction in the short term (one to three months) compared with side-to-side powered toothbrushes. The SMD for plaque reduction was calculated as 0.24 (95 per cent CI: 0.02 to 0.46). Clinically, the relative priority of the oscillating-rotating action to the side-to-side action equalled to a 7 per cent reduction in the Turesky modified Quigley–Hein plaque score. The SMD for short-term gingivitis reduction of 0.35 (95 per cent CI: -0.04 to 0.74) was not statistically significant. As only one trial of more than three months in duration was available, and with only a limited number of participants, no firm long-term conclusions could be drawn.

The safety of powered toothbrushes

A systematic review was recently conducted on the safety of oscillating-rotating toothbrushes compared with manual toothbrushes regarding hard and soft tissue. [10] After searching several electronic databases, 35 original papers were selected for inclusion and grouped by research design (randomised controlled trials with safety as the primary outcome, trials in which safety was a secondary outcome, studies that used a surrogate marker of safety, and laboratory-based studies).

The review authors concluded that “this systematic review of a large body of published research in the preceding two decades consistently showed oscillating-rotating toothbrushes to be safe when compared with manual toothbrushes, and collectively indicated that they do not pose a clinically relevant concern to either hard or soft tissues.” The outcome is consistent with the observations of the Robinson et al. (2005) and Yacoob et al. (2011) reviews, supporting the safety of oscillating-rotating powered toothbrushes. [7,4] There are at present no systematic reviews on safety for any other powered toothbrush.

Other considerations

Evidence-based dentistry is important for decision-making; however, it has to be noted that clinical outcome may not be the only decisive factor. For instance, while a powered toothbrush may offer ease of use and improve patient compliance with brushing, the increased cost of powered toothbrushes may affect a patient’s toothbrush choice. It is the manner in which the user brushes that determines the efficacy of plaque removal. The role of the dental professional is to coach and motivate the patient. Features such as a timer and visual signals on a toothbrush help to increase engagement of the user while brushing, and have been found to result in improved brushing and patient compliance.

One recommendation:

A lifetime of oral health.

Conclusion

Based on the available evidence, oscillating-rotating toothbrushes have been shown to result in greater plaque and gingivitis reduction compared with manual toothbrushes. Additionally, based on short-term data, oscillating-rotating toothbrushes compare favourably to powered toothbrushes with a side-to-side action, while insufficient evidence is available for other powered toothbrushes. Systematic reviews also provide evidence of the safety of oscillating-rotating toothbrushes. Summary of findings: The bristle tuft configuration is an important parameter for manual toothbrushes. Oscillating-rotating powered toothbrushes are more effective than manual toothbrushes. The safety and efficacy of oscillating-rotating toothbrushes have been established. [8]
Dental Laboratory Technician Outlook

Dental Laboratory is being established with the goal of providing dentists with restorations of superior quality and value.

I recognize that every practice is different and every dentist is unique. The dental laboratory must continually adjust its methods to meet the constantly evolving challenges of dentistry and aspirations of the dental professionals and must be deeply and loyally committed to maintaining consistent product excellence.

A big part of the adoption of sensible solutions for growing dentists is the establishment of a confident relationship with a quality dental lab capable of handling high-volume orders.

In the field of dentistry, precision and quality are non-negotiable standards. Businesses that attempt to subvert these professional requirements are sure to find themselves failing in the end, often accompanied by disappointed clients and outraged partners.

Monomer free and virtually unbreakable?

Dear friends,

We are constantly working hard to become the world-wide leading manufacturer of innovative custom made denture products and we want to be recognized by dental professionals as a benchmark for premium denture solutions with reliable performance.

The dental technical world-wide market is changing day by day. The present state of the art denture technique can not be compared with a short period ago. Research, developments and innovations are continuing in full speed. Vertex-Dental capabilities and structure to act unique and independent with a focus on production efficiency, environmental solutions, more durable end products and cost reductions by its end users will lead to more and more successes.

We simply focus on making our products and techniques deviating from the norm in splendid solutions.

Therefore we are constantly looking forward for growing of our business, our organization and our performance.

We will continually develop, produce and launch innovative products and techniques with a focus on denture production. Our main focus is innovation in combination with anticipation on new trends in the Dental Technical market. Vertex Thermo-Sens is our latest innovation in this regard. A monomer free, low allergic, virtually unbreakable denture solution with a remarkable worldwide feedback.

We believe that the growth of our market leadership is only possible by peoples knowledge and our worldwide network.

We are proud to tell you that our team is existing of the best professional mix of Master technicians, Chemists and Marketers were dignity, eagerness and drive streams through our veins.

Yours faithfully
Zeist, The Netherlands
Rik Jacobs

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DENTAL LAB TRIBUNE

Middle East & Africa Edition | Jan-Feb 2013
High Technology Lab: We incorporate several methods in order to increase our effectiveness

by Dental Tribune Middle East & Africa

H igh Technology Lab, located in Sharjah, UAE. How long has the lab been in business?

This laboratory was established in 2003, so that would make it 10 years now.

What are the type of clients you deal with?

Do you focus solely on UAE, or also internationally?

We have both international clients from France, Qatar and Saudi Arabia, as well as local clients from the UAE.

Why should international clinics and dentists choose your laboratory?

We advise them to use our laboratory because of our Quality Control Department. This means that the three people working in the Quality Control Department receive the work 24 hours prior to the delivery time and review the quality of all the factors involved in its production.

Although we incorporate several methods in order to increase our effectiveness we always have one principal here that we always adhere to: Always be honest with the dentist. We feel that it’s not important to use ‘who is at fault’, but rather ‘how can we solve this problem?’ This way, we will be able to know where the problem is, and what changes to make to assure that the dentist receives the kind of material that he wants. If the problem is with the dentist, we will be honest and tell him and if the problem comes from our lab, we will be sure to take the steps to guarantee that it will not happen again.

Can you tell us some of the details of what exactly is involved in providing the high quality of service that you do?

Another thing that we follow here in the Lab is to use one kind of material. There are around 5 quality types of materials we use; they are from India, China, various GCC countries and Europe. Now, we obviously want to use the best kind of material, so which is it? We cannot just use non-precious metals, there are far too many kinds of it. There are, however, non-precious metals that are specifically nickel free. And through science, we understand that nickel free non-precious metals are the best kind of non-precious metals because the ‘nickel free’ factor means that it does not oxidize.

What about the people behind the work?

What allows them to constantly produce good work?

A large part of our success here is also dependent on our technicians. Our employees here follow our policy that everyone from the technicians to the drivers are responsible for their own work: as there are individual consequences for poor work, there are also rewards for work that is well done. With this combination of high quality materials and technician service, we can guarantee ourselves and our clients that they will receive the very best.
We will be offering specialty dental training programs in all the recognized dental specialties across you here at the first ‘Fujairah International Professor David Wray, we come School of Dental Medicine located at spearhead the creation of the new Dubai of the UAE and Ruler of Dubai, came ter of the UAE and Ruler of Dubai, who decid-Dental Tribune Middle East & Africa

Dubai, UAE: From the vision of HH Sheikh Mohammed Bin Rashid Al Mak-toum, Vice-President and Prime Minis-ter of the UAE and Ruler of Dubai, came the creation of Dubai Healthcare City in Dubai, UAE. The well reputed Pro-fessor David Wray comes to the UAE to spearhead the creation of the new Dubai School of Dental Medicine located at Dubai Healthcare City.

Dental Tribune Middle East & Africa: Wel-come Professor David Wray, we come across you here at the first ‘Fujairah Inter-national Dental Conference’ at the booth of Dubai School of Dental Medicine. How are you doing?

Professor David Wray: I’m very well thank you very much, a pleasure to be here.

Professor Wray, could you tell us about yourself, your presence here in Dubai and

"A postgraduate education to specialist level without having to leave the Emirates"

the opening of the new Dental School of Dental Medicine?

Well, I am Professor David Wray, I’m a UK trained doctor and dentist who’s previously been Dean of the Glasgow Dental Hospi-tal and School in Scotland. And in the mid-dle of the summer of this year [2012], I came to Dubai to open the ‘Dubai School of Den-tal Medicine’. The Dubai School of Dental Medicine is part of Dubai Healthcare City which, in turn, is the idea and the vision of HH Sheikh Mohammed Bin Rashid Al Mak-toum, Vice-President and Prime Minister of the UAE and Ruler of Dubai, who decid-ed that Dubai, as it emerged into a strong nation, required a strong healthcare infra-structure and hence, created Dubai Health-care City, and the Dubai School of Dental Medicine is one of the products of that vi-sion. What we have been charged with is setting up the Dental School to train post-graduate students in all the dental speciali-ties, and we have started that process and are taking in our first postgraduate stu-dents in January of 2013. We will be offer-ing specialty dental training programs in all the recognized dental specialties in the first instance. During 2013 we will be offering Oral Surgery, Orthodontics, Pediatric Den-tistry and Endodontics, and then in addi-tion to this we will be offering Prosthodon-tics and Periodontics as Dental special-izations. The thing which is unique about this new Dubai School of Dental Medicine is that the students will, like many other places, be embarking on a three year inten-sive clinical training program with a clear didactic component and a research dis-sertation. In addition to that, the students will get an MSc which will complete the course—but as well as that, we are in the final stages of negotiation to allow our stu-dents to simultaneously graduate with a membership from the Royal College of Sur-geons of Edinburgh in the UK, a diploma which can subsequently be converted into a fellowship so that students will be gradu-ating with both an academic qualification in the form of an MSc and also an interna-tionally recognized clinical qualification, which would ultimately be a fellowship from the Royal College of Surgeons in Ed-inburgh. Therefore, our graduates would have the same speciality qualifications, clini-cally, as those colleagues who are consult-ants and professors within the UK. And that influence of the Edinburgh College ex-tends both to the Middle East, the Far East & Australasia, and of course they also ex-amine in North America where they have joined exams with some of the American boards as well. So we’re offering our stu-dents a unique package and they are going to be taught by an international faculty in a state of the art dental school and a den-tal clinical facility which will be complet-ed during 2014, and we anticipate during 2015 that we will have 150 dentists work-ing within the Dubai School of Dental Med-i-cine either teaching or training.

Congratulations on the new project, an in- teresting initiative. With your vast expe-rience in the UK, what can you say about

"The Dubai School of Dental Medicine is part of Dubai Healthcare City"

the Middle East market in terms of den-tistry? Did you market Research the region before moving here and taking on the task to open the school?

Well there was pre-existing market research, which is but a few years old, which indicates that there is, very much, a demand for post-graduate dentistry specialization within the Gulf region. To give you an example, with-in the UAE itself we have very nearby un-dergraduate dental schools which will pro-duce in excess of 250 dental graduates per annum. But these graduates have no mech-anism, except for a very small number of places, currently to get postgraduate edu-ca- tion to specialist level within the Gulf re-gion. Therefore they are bound to go either to North America or the UK in order to get specialist training. The problem with that, if you take the UK as an example, and indeed the same occurs in North America, the stu-dents go over there at a significant expense because not only do they have tuition fees, but they have the cost of travel, accommo-dations and the cost of living within these countries as a foreign national. And these individuals then get an academic qualifica-tion from the host university, but don’t get anything to indicate that they’ve had a for-mal clinical training—and indeed they don’t get a formal clinical training within these in-stitutions. So not only are we providing a homegrown opportunity for these students to get a postgraduate education to specialist level without having to leave the Emirates, which is certainly an advantage to some of the female graduates that we have here, but in addition to that they are getting a clinical qualification which will allow them to have a clinical license within the Gulf and, in fact, one which is internationally recognized. Based on what selection criteria will you accept your students? And the program will be offered in which languages?

Well in line with the rest of the tertiary ed-u-cation facilities here these courses will be taught exclusively in English and our selec-tion criteria demands are very clearly set,

"A three year intensive clinical training program with a clear didactic component and a research dissertation"
expectations and that I have not been merely taking what was available but have been able to recruit the highest caliber academicians from around the globe—senior academicians who are experienced in teaching postgraduate courses and who are also research active on an international level. The local licensing authorities within Dubai Healthcare City are very strict and they demand that, in addition to an academic qualification, like an MSc or a PhD and research activity, academic staff must also have a clinical qualification which is largely regarded as either an ability to get on the Specialist list within the UK or board certification within North America. And of course that would be a minimum standard that we demand for ourselves anyway, it means that out of all the senior academics who inquire about the opportunity of coming to join our faculty, a number of them are disappointed because they don’t have the qualifications necessary to make the cut. But there seems to be plenty of people, not only prepared to come to Dubai to participate in this exciting innovation, but also very keen to come when they see the basis on which the school is being set up and the confidence that they have in coming to an institution where education and standards for both academia and medical care are the priorities.

This, of course, exists because this is a government initiative which is not profit making in its aspirations.

Students will be keen to know the tuition fees, what are the packages which you will offer? The tuition fees in the first instance have been set at a competitive rate which, currently within the region, is $55,000, equating to AED 200,000, per clinical year over a 3 year period. But of course, this is a very reasonable investment because the 3 years in the Dubai School of Dental Medicine is going to be a springboard of which our graduates will launch a successful career either in specialist practice or within academia. And of course a large number of students are obtaining scholarships from various sponsoring organizations. Unfortunately, as things stand at the moment, a number of scholarships are only available to students who are prepared to go overseas to get a suitable postgraduate dental training but that, of course, is a regulation issue which was set up when there were no significant opportunities for postgraduate education within the region, and now that Dubai Dental School of Dental Medicine is up and running we feel confident that those scholarships will be extended to other graduates to come here to the Dubai School of Dental Medicine, having been sponsored by various individuals with a scholarship.

Professor David Wray, a pleasure to speak with you and thank you very much. We wish you all the best with the Dubai School of Dental Medicine.
Academia is the place for creative minds

Dubai, UAE: Dental Tribune Middle East & Africa interviews Dr. Khaled Abdullah Balto, Professor of Endodontics and Consultant of Micro-Endodontics in King Abdulaziz University (KAU) in Saudi Arabia (Photo courtesy of DTMEA)

by Dental Tribune Middle East & Africa

Dental Tribune Middle East & Africa: Welcome Prof. Khaled Balto, please share with us a little bit about your origin and your many responsibilities in the Middle East?

Prof. Khaled Balto: I graduated in 1994 as the first batch from KAU. The dental program there is 7 years long and includes considerable portions of basic science, as well as one year of internship training. Following my graduation I worked as a clinical instructor at the University [KAU] for one year. After that I did my post graduate studies and clinical training at Harvard University. I returned back to Saudi Arabia in 2001 and since then have become a full time staff member and hold my own private practice, limited to Micro-endodontics.

My responsibilities are vast, at the local level I am the manager of the endodontics department at KAU as well as for the Saudi Boards in the western region. I also manage the National Research Center for Osteopo-rosis as Deputy Director for Research Affairs and am heavily involved in lecturing and conducting hands-on training courses, not only in the Middle East, but elsewhere in the world. I have an interesting piece of history when I was managing the Saudi Dental Society in the period between 2002-05 when I arranged 10 conferences and was member of the Gulf Arabic Countries for Dental Education. On the level of the KAU and the Ministry of Higher Education in Saudi Arabia, I contributed to the academic assessment activity as Vice Dean, for quality assurance, which concluded a successful peer visitation by the Association of Dental Education in Europe as the first country outside Europe to pass this. Also, I managed academic assessment on the level of high-er education in the university for three years and laid down the foundation for the National Accreditation System for Medical and Dental Science via the Ministry of Higher Education.

Having such an extensive background, what would you say influenced your decision to pursue a career in education?

Academia is the place for creative minds, and this was the driving force in my decision. To contribute on large scale you need both the logistics that enable you to do so, and an academic atmosphere supports that to a large extent. Also, being a teacher, amplifies your scientific and moral messages across generations. So what you do with one patient in a clinic, could be applied to thousands and maybe millions throughout the years by teaching it to various generations.

What do you consider an important region-specific factor that contributes to the health of the dentistry scene in the Middle East?

As far as the Middle East is concerned, the two major factors that would contribute to the dental health are: public awareness and preventive measures. What have you learned from your current position as an educator that you would impart onto other practicing dentists?

I have learned several things, among which are:

- Having the ability to alleviate human suffering gives great value to life, and thus acquiring skills in stress and pain management in the dental chair should be an ongoing practice for all dentists.
- The most powerful driving force to learn, and to continue to learn, is to share everything you know with others. You will be surprised to the amount of new knowledge that you receive.
- Customizing your dental treatment according to patient needs, including stress management, is one of the golden keys for success.
- Doctor, what can you tell us about what to expect from KAU in the future? What are your plans for growth and how are you planning to improve the Dentistry scene in the University?

KAU’s Vision Statement is to be a leading university in the Middle East. Based on this vision, we are always striving to monitor our performance in accordance to the most modern developed practices across the world. Therefore, the practice of academic assessment is an ongoing one. Amongst the indicators is the recent integration of micro-dentistry into the teaching curricula.

What would you say would make your school most unique?

Well, I do not think comparing my school to others is the correct thing to do. Every school has its weaknesses and strengths to a large extent. Also, being a teacher, amplifies your scientific and moral messages across generations. So what you do with one patient in a clinic, could be applied to thousands and maybe millions throughout the years by teaching it to various generations.

What do you consider an important region-specific factor that contributes to the A step towards a brighter future in the world of Dentistry

as Al-Khalimah, UAE: Every long journey begins with a single step.

Workshop on Computer Guided Implantology and 3D imaging using AccuGuide® Software was organized by RAK College of Dental Sciences, RAKMHSU on 17th January 2013. The workshop was organized as a part of Continuous Medical education (CME) program and was accredited by Ministry of Health, UAE. It also provided meaningful coverage on basics, concepts and controversies related to Computer Guided 3D Implantology.

The opening ceremony for the workshop was attended by Dr. S.Gurumadlwa Rao, Vice Chancellor of RAKMHSU and Dr. Jameela Alawadi, Vice President of Emirates Dental Society and the deans of the constituent colleges. The event started with a lecture on “Surgical Principles in Oral Implantology” by Dr. Vladimir Kocovic, ITI Fellow and Associate Professor of Oral Surgery at RAKCRODS followed by hands on training workshop on Computer Guided Impolology by Prof. Dr. Mustabeh Rahbaan, Judge of国度 Associate Professor New York University College of Dentistry, Inventor of the SAFE System® and inventor of the Immediate Sinus® protocol and components, President of Unique Dental and Implantologist in Dubai.

During this one day workshop Dr. Philippe Tardieu informed dentists how to use and work on the AccuGuide® program and highlighted all the useful tools to include in an everyday practice. AccuGuide® software program is an open program; it is a new and has innovative suite of modules in the field of Computer Guided Implantology and diagnosis. This software includes modules for image treatment, implant planning and design surgical guides.

This workshop was attended by privately practicing dental specialists and GP’s who wish to start working in Computer-guided Implantology to improve their skill and confidence. Apart from this the workshop was also attended by Dental Interns and students. At the end both the speakers were awarded with mementos by the Dr. Mustabeh Rahban, Dean of RAKCRODS and Dr. S.Gurumadlwa Rao, Vice Chancellor of RAKMHSU.

RAKCRODS is planning to organize similar workshops and CME activities in near future at advanced level for dentists, interns and students. Furthermore as a part of Continuous Medical Education (CME) program another Hand on workshop on Implantology and rotary technology will be organized at the end of the workshop.

Report Submitted by: Dr. Ebadullah Shafi Member of the Organizing Committee
Dubai, UAE: Welcome Doctor Donald Ferguson, please share with us a little bit about your origin and your responsibilities in the Middle-East?

I am an American citizen and matriculated to Dubai from Boston University (BU) in the USA as Chair and Program Director in Orthodontics. Prior to BU, I was Associate Dean for Dentistry and Executive Director, Center for Advanced Dental Education, Saint Louis University, Missouri. My responsibilities in Dubai are as Founding Associate Dean for Dentistry and Executive Director, Center for Advanced Dental Education.

What influenced your decision to pursue a career in educating?

I am inspired by the pursuit of excellence and the discovery processes represented by the academic university setting. I enjoy working with bright students with ambitions to create a better world.

What do you consider an important region specific factor that contributes to the health of the dentistry scene in the Middle-East?

Current attention is on the United Arab Emirates and specifically on Dubai. There is so much that is NOT known about the dental health and well being of the people of this country and the city compared to the availability of parallel information in Europe or the USA. To gather this information, European University College has surveyed over 80,000 Dubai school-aged students to answer fundamental questions about prevalence of decayed, missing and filled teeth, status of oral hygiene and prevalence of malocclusion. EUC is academic institution responsible for guiding students in research and this large data base is utilized for several on-going Master degree theses. Summary information from these data should help formulate dental policy and manpower decisions by local and federal healthcare authorities.

Have what you learned from your current position as an educator that you would impart onto other practicing dentists?

Under the leadership of HRH Sheikh Mohammed bin Rashid Al Maktoum, Prime Minister and Vice President of the United Arab Emirates, and Ruler of Dubai, this city is a very exciting place with tremendous opportunities for excellent and ambitious dental professionals. Could you tell us about the European University College?

Nicolas & Asp Postgraduate Institute was initially licensed in 2006 and was the first of its kind in UAE and the geographic region by offering a 3-year Master degree training in Orthodontics. European University College (EUC), as it is known today, has grown exponentially and evolved dramatically in the past six years and offers 3-year Master degree programs includes Pediatric Dentistry, and Endodontics, a 2-year Diploma program in Advanced Education in General Dentistry, and a 3-year Diploma program in Oral Implantology; a new Associate Degree for Dental Assisting will soon be offered. Initial accreditation documents for a Master degree in Restorative & Prosthodontics programs have been submitted to the Commission for Academic Accreditation (CAA) of the UAE Ministry of Higher Education and Scientific Research (MOHESR). EUC has grown to 126 individuals including 28 faculty members (10 full-time and 18 part-time), 51 support staff, and 47 students representing 22 different nationalities. Besides the 16,000 sq ft main educational facility operating at the Ibn Sina building (#27) in Dubai Healthcare City, EUC maintains 2 classrooms in Abu Dhabi, operates a day-surgery clinic in Jumeirah-1 as well as a “Smile” mobile dental van. To date, 52 dentists have graduated from EUC can practice in Sweden after their graduation.

What are the plans of the university? What are your plans for growth?

It is expected that European University College will evolve into European University with the addition of at least two more colleges. It is expected that EUC will continue to increase its educational offerings in not only postgraduate dentistry but also other health care related disciplines. It is expected that EUC will grow its facilities as well as expand the number of students, teaching faculty and support staff.

How are you planning on improving the Dentistry scene in the University?

EUC maintains the highest standards of education and patient care consistent with the standards found in the United States and Europe and constantly strives to improve. Our vision includes being the best local, regionally and internationally. To that end, we continuously benchmark our programs and educational outcomes with standards found in the United States and Europe. As stated previously, EUC is unique from other institutions, EUC is in class by itself. One other institution has attempted to match EUC but did not succeed; yet another institution is newly forming and will be test available in the market place.

How is the Middle-East region affected the changes to come?

As UAE moves to emerging country status, greater focus will be placed on educational excellence and best practices in every sector of human endeavor including postgraduate dental education. EUC strives to remain ahead-of-the-curve and should be a beacon of hope and inspiration for those seeking excellence in dentistry and best practices.

How is the rising interest in the Dental education in the region affecting the scene?

Interest in high quality dental education continues to increase in the region, and EUC remains flexible and agile in response to the changing postgraduate dental education market.

As in any related medical field, the industry of dentistry is always changing. Especially considering a trend that the world is seeing now with an emphasis on the integration of CAD/CAM dentistry being pushed further than it has before in the way that a lot of professionals and clinicians are changing the way they completely perform. How has this affected the curriculum, or the way you teach your students? What are you doing to keep up with that technology?

European University College is proud to offer the latest and best in technology and equipment utilized in its educational programs. A cone-beam computerized tomography (CT) machine serves as a great source of research for improvements in diagnostics and treatment planning and is used as needed for orthopaedic surgery planning as well as oral implant placement. Application of latest technologies is studied through Master degree research has affected patient care quality as well as management and storage of patient records. Current EUC clinics are strongly electronic and nearly paperless in pursuit of best practice efficiency. EUC curricula are evidence-based and updated routinely to make the latest scholarly literature available to students. The recent opening of Al Maktoum Medical Library at Dubai Healthcare City has made access to electronic literature easier and updating curricula faster. These technological advances simply quicken the pace of making the changes necessary to remain excellent.

"It is expected that European University College will evolve into European University with the addition of at least two more colleges"

"I am inspired by the pursuit of excellence and the discovery processes represented by the academic university setting"
Aim high, acquire additional knowledge and training, go for a specialty.

Dr. Ahmed Al-Kahtani: I am Dr. Ahmed Al-Kahtani, Associate Professor of Endodontics and Head of the Division of Endodontics in the Department of Restorative Dental Sciences at the College of Dentistry in King Saud University, Riyadh, Saudi Arabia. I am also the President of the Saudi Dental Society.

Please tell us about your role as President of the Saudi Dental Society? Including upcoming SDS events, courses, plans for the coming year and relationship with other dental societies and associations in the Middle East?

SDS continuously hold monthly activities for its members whereby a dental specialist or a dental company is invited to give a seminar on a particular topic of major dental interest. In this way, members gain additional knowledge and also interact with each other on a professional level. In January 28th-30th 2013, we will be holding the 24th Saudi Dental Society International Dental Conference at the Riyadh International Convention and Exhibition Center in Riyadh, Saudi Arabia. The three full-day program will feature oral presentations and continuing educational courses given by renowned international speakers. You are all cordially invited to participate in our big event which is held annually.

What about the role SDS plays in the Saudi Dentistry scene?

The Saudi Dental Society is a community of dental professionals. Its mission is to disseminate dental knowledge and concern, promote scientific research and establish a closer relationship amongst its members locally and internationally.

As Associate Professor and Consultant and Head of the Endodontic Division in the College of Dentistry, you must be very busy?

I have always enjoyed my role as academically and play a vital role in the efficient running of the day to day activities of the Endodontic staff and assure that professional objectives are met. As a Consultant, I have always been committed to help people. By being a dentist will enable me to provide the healthcare needs of my countrymen.

How is the school adapting to the changing professional market?

The Kingdom never cease to encourage more Saudis to pursue careers in the healthcare that is why King Saud University provided free education to develop and train competent dental professionals.

How important is King Saud University for the Saudi Dentistry?

King Saud University is the first university in the Kingdom of Saudi Arabia and it has always provided the best education and quality training to almost all the dentist in the Kingdom. Together with the Ministry of Higher Education, it has always been supportive in providing quality instructions in the diverse fields of arts and sciences. They have continually supported its graduates in their pursuit for advanced specialty training abroad and numerous valuable researches.

How do the University differ from others in Saudi universities and the region?

King saud university is the first in its rank in the kingdom and also in the middle east. What do you consider an important region specific factor that contributes to the health of the dentistry scene in the Middle East?

In the Middle East, not only in Saudi Arabia, more programs are needed to support the growing needs of the community for quality dental services, providing other facilities and extend health care support in other locations especially for low income regions and population especially the lighter countries in the Middle East who are currently facing conflicts and crisis. They are in deep need of medical and dental care.

What have you learned from your current position in Dentistry which you would impart to other practicing dentists?

Dentistry in general is a dynamic health profession. For my colleagues, my advice is that they should not be contented with just being a general dentist. Aim high, acquire additional knowledge and training, go for a specialty. I have learned that it is difficult to assess the effectiveness of teaching endodontics which is my specialty. It is important to increase the student’s enthusiasm and understanding first prior to putting it into actual training and practice. Some examples of community events you provide? How does this help build your members and participants in the SDS events?

The Society supports several community services in many regions in Saudi Arabia. Our members give free dental services to children in their schools and adults in the community hospitals. Our membership in the Society is continually growing. An evidence is the increasing participation during our annual dental conferences where members from all parts of the Kingdom come to Riyadh to share their knowledge and experience.

Do you have any goals for the university to achieve in the next 5 to 10 years - either large scale or small?

The College of Dentistry of King Saud University in particular not only established several research programs that aims to produce innovative methods and quality researches but with the support of the University now has build the first Dental Hospital in the Kingdom that will continually provide excellent dental health care and community services for the citizens of Saudi Arabia. The construction of the Dental Hospital is underway and will soon be finished. We are anticipating that the University will continually support our goals.

How is the school adapting to the changing professional market?

The Kingdom never cease to encouraged more Saudis to pursue careers in the healthcare that is why King Saud University provided free education to develop and train competent dental professionals.

How big is the influence of the Dental Industry in Saudi Arabia?

There is a big influence of the dental industry in Saudi Arabia equally to that of the medical industry. This is why the University supported the College of Dentistry in establishing the Dental Hospital which will serve the public very soon. This is only in addition to the huge number of private Dental Clinics all over the regions that cater to the public who could not all be seen in the dental clinics of the College of Dentistry and several other hospitals.

How many companies are there in Saudi Arabia more or less?

I believe there are more or less 100 dental companies alone in Saudi Arabia. They are either companies officially distributing dental products and materials abroad or manufacturing locally materials or products used in dentistry.

How many dentists operate in Saudi Arabia more or less?

I believe there are more or less 100 dental companies alone in Saudi Arabia. They are either companies officially distributing dental products and materials abroad or manufacturing locally materials or products used in dentistry.

How high is their level?

In the Saudi Dental Society membership alone, we have a list of 7833 dentists on
We Welcome you to the 24th Saudi Dental Society International Dental Conference

By Dental Tribune Middle East & Africa

In tandem with their recent accredited success, Dr. Ahmed Al-Kahtani, President of the Saudi Dental Society, presents an open invitation to their upcoming 24th Saudi Dental Society International Dental Conference at the Riyadh International Convention and Exhibition Center on January 28-30, 2013.

First of all, I would like to thank you for your wholehearted support that made the Saudi Dental Society the “1st Scientific Society according to the results of evaluating the performance efficiency 1431-1432AH”. We definitely cannot receive this award without your help.

Secondly, I am inviting you once again to participate in our 24th Saudi Dental Society International Dental Conference that will take place at Riyadh International Convention and Exhibition Center on January 28-30, 2013. The joint collaborative effort of the last King Saud University’s 14th International Dental Conference, the 23rd for the Saudi Dental Society, was totally a tremendous success with an enormous attendance. Our international speakers for this year’s conference will be of different specializations, with the latest and highest technological aspects applied in the dental fields that will be shared with all the participants attending this conference. Advanced Continuing Education Courses will also be given to our General Practitioners, Dentists, Students, Dental Assistants, Technicians and Hygienists for further information about their vocations.

Other highlight of this conference will be the Research Award’s Competition whose candidates will be coming from the Graduate Students, Young Dentists, Interns and Students who will participate in the three different categories of the competition. Post-Sessions that will run from Monday to Wednesday will be held along the corridors of Riyadh International Convention and Exhibition Center. Medical and Dental Companies will also be participating in this conference by promoting their most up-to-date medical and dental equipment. Staff of the different companies with their own expertise will be demonstrating their latest and most modern medical and dental products. Again, I will be expecting your full support and cooperation to make this conference a fruitful and successful one.

"The Society supports several community services in many regions in Saudi Arabia."

with the College of Dentistry and the support of the King Saud University goes hand in hand in training our dentists and dental technicians and in developing research ideas, innovations and technologies that will aid them in their occupation.

What have you learned about the dental scene in the Middle-East region, the changes you have seen and your insight on changes to come?

Saudi Arabia has succeeded in establishing the most sophisticated and specialized health care services system. They have also provided it free to the general public. Our government through the Ministry of Health and Ministry of Higher Education sponsors a wide range of social services programs that will ensure our citizen a healthy living.

How do you see CAD/CAM & Digital Dentistry playing a role in Dentistry?

The properties of dental materials like strength of all ceramic restorations are highly influenced by the fabrication procedure and the skills of the individual dental technicians. With the introduction of the CAD/CAM systems in dentistry, the behavior of the material properties have been controlled and allowed using these materials that cannot be used by conventional dental processing techniques. These resolved the dentists problem in searching for an ideal restorative material. With the introduction of the digital system, it made dentistry more convenient, precise and accurate.

Thank you Dr. Ahmed Al-Kahtani, we wish you all the best.

Contact Information
The Saudi Dental Society
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Helps stop bleeding gums

In ‘bleeding on probing’ trials over 4 weeks, parodontax® demonstrated significant effects in reducing bleeding gums by 22% (p<0.01)

Bleeding on probing increased after 4 weeks of brushing with the fluoride control toothpaste

Helps stop bleeding gums

Reduced bleeding on probing index after 4 weeks with parodontax®

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Fluoride-containing control toothpaste

parodontax®

Helps stop bleeding gums

Adapted from Saxer et al 1994. All interdental spaces from 6+ to +6 were tested at baseline and 4 weeks for bleeding on probing on the right side (buccal) and left side (lingual). Findings were recorded as 0=no bleeding; 1=slight/isolated bleeding; 2=marked bleeding. Interdental spaces were determined by Chartex. Relative Values: parodontax® vs control toothpaste: 25.40 (6.80) vs 19.80 (7.38), *p<0.05.

22% reduction in bleeding

parodontax® vs control toothpaste

Classification: Class III

Consumer Healthcare

ClassSmithKline

Daily Toothpaste
Dubai, UAE: Dubai gathered, for the fourth time, the world experts of Dental - Facial Cosmetic on 09th - 10th November 2012, an international conference, open to all aspects and specialists working in the field of Aesthetic Dentistry and Implantology. With the excellent ambiance and cozy atmosphere the conference again provided warm exceptional networking opportunities while connecting the leaders in the field of Aesthetic Dentistry & Implantology – practitioners, researchers and industry players.

Emirates Dental Society, Saudi Dental Society and CAPP for the 4th time achieved a great record of attendance and continued the reputation as the industry’s leading international conference in the field of Aesthetic Dentistry and Implantology. Jumeirah Beach Hotel hosted 886 participants – Dentists, Dental Technicians, Dental Industry and Dental professionals in the very elegant atmosphere. Bringing together industrial leaders and professional practitioners, the conference not only delivered extensive scientific knowledge from across the globe but gave way for an excellent opportunity to present the latest advancement and developments within the Dental Facial Cosmetics practice.

The 4th Dental Facial not only opened the doors to open-discussion and learning for this knowledge hungry region but allows the participants to build their skills and use the opportunity for networking and sharing experiences in the application of technology throughout the learning cycle - from primary and secondary education through to professional development and lifelong learning.

15 sponsors – Sirona, Ivoclar Vivavent, 3M ESPE, Noble Medical Equipment, Pharmapal, GSK, Philips Sonicare, MPC, Vita, KaVo, White Implants, Zimmer, Osstell, Southern Implants and Invisalign supported the conference.

Other Industry Players – Dubai Medical
“For the 4th time achieved a great record of attendance and continued the reputation as the industry’s leading international conference in the field of Aesthetic Dentistry and Implantology.”

Equipment, Al Thanaya Pharmaceuticals, Dentegis, High Technology Lab, Mdent, Intensive, Qualident. In total 42 companies represented 9 countries at the exhibition – United Arab Emirates, Germany, Switzerland, Lichtenstein, USA, Greece, Italy, South Africa and The Netherlands.

The Conference; Prolific world know International speakers joined forces to present a the full two day Scientific Program to the highly numbered and hungry for knowledge, dental delegates at the astonishing Jumeirah Beach Hotel in Dubai. Under the Chairmanship of the experienced and charismatic Dr. Munir Silwadi, all sessions of the program were presented smoothly with sharp discussions and beneficial feedback to take dentistry forward.

Dental Technicians Parallel Session; The introduction of the new Dental Technicians Parallel Session last year has seen a vast improvement in the interest to improve the skills of the technicians at our conferences. We all recognize the importance the Dental Technician plays in the Dental Team and it is important to provide these technicians with the necessary up to date, training with cutting-edge technology evolving so quickly, the need for more and improved Lab training is essential.

Scientific Conference; The Scientific Program attracted 736 dental delegates and 150 Representatives from the industry all in all from 27 different countries such as: Algeria; Austria; Bahrain; Belgium; Bulgaria; Egypt; Germany; Greece; India; Iran; Iraq; Jordan; Kenya; Kuwait; Lebanon; Libya; Pakistan; Palestine; Poland; Qatar; Romania; Saudi Arabia; Sudan; Switzerland; Syria; Turkey and UAE. Delegates listened to the latest opinions, trends, and insights from industry thought leaders, shared experiences with colleagues, made new contacts and tightened existing relationships whilst exchanging ideas and knowledge on the latest trends and developments of Aesthetic Cosmetic Dentistry and Implantology. Dentists from different specialties joined our event; General Practitioners, Dental Assistants, Dental Technicians, Prosthodontists, Orthodontists, Implantologist, MFS Endodontists, Periodontists, Conservative Dentists and Cosmetic Dentists – all enjoyed the high level of the scientific program while having the opportunity to meet the top industrial players in this field during the two day event in Dubai.

For the 4th time achieved a great record of attendance and continued the reputation as the industry’s leading international conference in the field of Aesthetic Dentistry and Implantology.”

Dubai, UAE
8th CAD/CAM & Computerized Dentistry International Conference
02-03 May, 2013

Singapore
2nd Asia-Pacific, CAD/CAM & Computerized Dentistry International Conference
05-06 October, 2013

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The Second ITI Middle East Congress in Abu Dhabi successfully took place from the 7th-8th December 2012 bringing together International Dental Experts and authors in Implant Dentistry to the capital of UAE. The congress was organized by the International Team for Implantology – ITI – with the assistance of Ambulatory Healthcare Services, a SEHA HealthSystem Facility.

More than 450 participants attended the congress, which took place in the Beach Rotana Hotel. “A major proportion of the audience came from Arab countries, but we were happy to see participants from all over the world. We were also very pleased to welcome many non-ITI Members and give them the opportunity to get to know the ITI and its philosophy a little better during the congress”, said Ninette Banday, Education Delegate of the ITI Section Middle East which has close to 250 Fellows and Members.

The event combined excellence and expertise in the field of Implant Dentistry and served as a forum to explore New Technologies, Innovations and New Materials, helping the participants to make smart decisions on why, when and how to use them. The Scientific Program included an impressive lineup of speakers such as Professor Dr. Hans-Peter Weber from Tufts University, USA, Professor Dr. Urs Bragger from the University of Bern, Switzerland and Professor Dr. Mauricio Araujo from State University Maringa, Brazil. Each discussed different challenging situations in today’s Implant Dentistry scene, along with the honorable speakers from the Middle East Region.

The conference further proved to be a vibrant platform for the participants to share ideas, explore the potential of new advancements in technology and foster closer ties. Dr. George Gebran, the ITI Middle East sector Chair, mentioned, “Having started out in 1980 as an interdisciplinary group of 12 men with a vision for the future of implant dentistry, the ITI has grown into a leading scientific authority in the field”. At the end of 2012, over 13,500 Fellows and Members have become part of the dynamic and continuously growing network that is the ITI today. ITI offers participation in local Study Clubs, a Treatment Guide every year in one of 9 different languages, an online portal (ITInet) as well as reduced entry fees to national and international ITI educational events.

ITI further grants scholarships to young clinicians and has a network of specialists and friends while providing evidence-based education in implant dentistry.

The ITI Middle East Section was created in November 2009 by a small group of 6 fellows from Lebanon, UAE and Saudi Arabia. After 3 years the section grew tremendously and reached more than 230 Fellows and Members. Study Clubs are now running in Lebanon, UAE, Saudi Arabia, Oman, Jordan, Qatar and Pakistan. ITI courses are ready to cater the need of education in the Middle East region.

Dr. Nidal Saab, the ITI Study Club Coordinator of the Middle East Section, organized 20 Study Clubs in the region of which 7 were in UAE and were accredited by HAAD in Category 1. The Study Clubs serve as a platform where dentists bring in their cases for discussion to adopt the best practices for the community.

Dental Tribune Middle East & Africa will be making a full event coverage in the Dental Tribune - January/February 2013 print publication, distributed to the entire Middle East & Africa region as well as all the major dental events throughout the year.
Technology Advancement in Dentistry: Conference and Exhibition in Bahrain

By Dr. Abbas Al Fardan, Chairman of Technology Advancement in Dentistry: Conference and Exhibition

Under the patronage of HE Mr. Sadeq Al-Shehabi, Minister of Health of Bahrain, an international dental convention was held in Bahrain from the 5th-7th November 2012, titled “Technology Advancement in Dentistry”. The convention was composed of six workshops, ten keynote presentations and several international exhibitions.

The Conference was chaired by Dr. Abbas Al Fardan, Senior Consultant Orthodontist and an International Dental Speaker. Dr. Al-Fardan & the organizers believe that a successful dental practitioner should use sound principles of Dental Sciences along with the correct application and utilization of State of the Art Technology aimed to provide tender care and perfect outcome for all patients, coming from this belief, the theme (Technology Advancement in Dentistry) was adopted. The conference had a positive impact in the community and was covered extensively in the media. More than 200 dentists and dental professionals from Bahrain and GCC countries attended the conference and there were 30 exhibitors from local and international dental companies and agencies. The Conference covered major topics that touch the daily practice of Dentists and Dental hygienists covering Orthodontics, Restorative Dentistry, Dental Implantology, Aesthetic Dentistry, Peri-odontics, Oral application of Laser, Endodontic and Dental Care and Prevention.

In his opening speech HE Minister of Health of Bahrain showed his delight to be part of the conference “the Ministry of Health’s executives and dental staff have a great pleasure to be part of this important scientific event taking place for the first time in the Kingdom of Bahrain; Technology Advancement in Dentistry Conference.” He additionally elaborated “I believe that the theme of this conference; advancement in dental technology, is of great importance to every practicing dental professional and I hope they grasp this opportunity to develop their knowledge about latest developments in this field and make use of this new information in their everyday practice”.

The Workshops

1. The use of Digital Photography in Dental Practice (Theory & Hands-on) by PJ Byrne, Immediate Ex Dean, Dental Faculty, Royal College of Surgeons of Ireland.
2. Oral Laser Applications by Prof. Andreas Moritz (President of International Society of Oral Laser Application- SOLA) and Dr. Markus Laky, Senior Lecturer of Oral Laser from Vienna –Austria.
3. Smile Design, Dental Veneers & Thineers, and Complete mouth rehabilitation, by Dr. Ratnadeep Patil, CEO Smile Care Institute, Program Director of New York University College of Dentistry Programs in both India & Indonesia.
4. Contemporary Endodontics by Prof. Ashraf Faoud, Professor and Chairman, Department of Endodontics, Prosthodontics and Operative Dentistry at the University of Maryland, Baltimore, Maryland - and Ex. Director, American Board of Endodontics - USA.
5. The winning formula, Damon System and Ortho Bone Screws in treating all orthodontic cases, by Dr. Chris Chang; an international speaker in Orthodontics from Taiwan and author of the first electronic Encyclopedia in Orthodontics & Implantology (Apple based format).
6. Periodontics & implantology and detailed accounts on computer based implantology (Nobel Biocare System) by PJ Byrne, Immediate Ex Dean, Dental Faculty, Royal College of Surgeons of Ireland.

The conference were privileged also to have the Dean, College of Dentistry- University of Damam – Saudi Arabia; Dr. Fahad Al-Harb as well as Dr. Bader Al-Jendan, Head of Maxillo-Facial Surgery Department of same university as key note speaker where they delivered two fantastic presentations about technology advancement in dentistry, implantology and maxilla-facial surgery. Technology advancement was so clear in the exhibition where latest laser machines, computer aided implantology, CAD/CAM use in dentistry and dental laboratory, latest self ligation brackets were all present. Finally, the first apple based encyclopedia of orthodontics and implantology, authored by Dr. Chris Chang, was launched in this conference for the first time in the Middle East.

All in all, it was a high tech event with Arabian Gulf flavor which gives it a special taste. This will even definitely grow bigger in the coming years.
The conference itself started on January 5, 2013, after much planning and effort, and Dr. Najat Al Sayed, who is the director of the system, stressed the importance of early orthodontic intervention is desirable, and what it should consist of. He highlighted when early orthodontic intervention to the next without any sound basis. The existing retention protocols have been dismissed to be of little or no interest to orthodontic practitioners based upon their determination. In summing up, Dr. Littlewood gave presentation on Interceptive orthodontics: an overview. His lecture dealt with multiple aspects of this system including treatment planning, ClinCheck evaluation, interproximal enamel reduction, attachment bonding, PVS-impression taking, and accessory to name just a few.

The conference itself started on January 5, 2013 with a recitation from the Holy Quran by Dr. Abdulmuneer Al Qahtani following which Dr. Najat Al Sayed, Professor R.R.
ic changes to a patient’s facial contours and function brought about by what is essentially an elective procedure. The virtually instantaneous changes may challenge the patient’s ability to adapt to his or her new face. Since precise prediction of the outcome is not possible, both surgeon and orthodontist need to ascertain the patient’s expectations thoroughly, along with an assessment of the psychological status.

In her quality presentation titled “Auto- transplantation: an interdisciplinary approach”, Dr. Tumadher Al Musfir took an in depth look at material on the subject gathered over many years at the University of Leeds. Since all options for replacing a missing anterior tooth (or one with poor prognosis) have their drawbacks, autotransplantation of a tooth which would otherwise be extracted can be a valid option, when carefully carried out. This precondition includes selection of the transplant, optimal stage of root development, and minimizing trauma to the periodontal ligament during extraction and implantation into the alveolus, followed by splinting and recall.

The last presenter of the day was Dr. Thomas Lietz and recalls. He set out to explain how to optimize success with mini-screws and to illustrate the contribution that the tomas pin system can make in this regard. Success starts with determining the optimal insertion site simultaneously, and was on his conference lecture gave an overview of this revolutionary technique, the course ended in due time.

The second post-conference course was run on January 7, 2013, and was given by Professor Donald Ferguson. He spoke on “Rapid orthodontics from A to Z”. Whereas his conference lecture gave an overview of this revolutionary technique, the course went into much greater detail. He included in its scope the very recent concepts of extrapulpal and intrapulpal photomodulation and shockwave therapy which have shown promising initial results. All of the methods mentioned have one characteristic in common: they do not stimulate tissue turnover in the periodontal ligament as much as they cause an osteopenia. The resultant increased bone remodeling has a positive impact upon treatment stability.

The second post-conference course was run simultaneously, and was on “Success with the tomas system – more than just a mini-screw”, delivered by Dr. Thomas Lietz. He set out to explain how to optimize success with mini-screws and to illustrate the contribution that the tomas pin system can make in this regard. Success starts with defining treatment goals and carries through with selecting the optimal insertion site based upon anatomical as well as biomechanical factors. The tomas mini-screw is part of a larger range of auxiliary components which assist in solving even the most complex cases. In the “hands-on” part of this course participants had the opportunity to work with tomas pins. Risks and complications of mini-screw use were also discussed.

Overall, the 1st Qatar International Orthodontic Conference was a resounding success with nothing but positive feedback from the more than 350 participants. The same affirming comments were received from the exhibitors, with over fourteen companies represented. Spurred by a wave of support and encouragement, the organizing committee intends to arrange similar conferences in the future on a biannual basis. The interested public will be kept informed in due time.

Acknowledgement:
Sincere gratitude is paid to Prof. em. Dr. med. dent. Hennes Rainer-Reginald Mithke and Dr. Keith Alpine, BDS DDS MS FDS RCS(EDIN) for their most valuable assistance with preparation of this report.

The Inauguration of the Fujairah International Dental Conference
by Dr. Nabeel Humood Alasheeha, Dental Tribune Middle East & Africa Editorial Board

T he Fujairah Medical District in collaboration with the Fujairah Dental Center opened its first Fujairah International Dental Conference. The event was held at the Concorde Hotel, in the heart of the city of Fujairah, and spanned over 3 days from the 15th to the 17th of November 2012. Speakers from Sweden, United Kingdom, Australia, Saudi Arabia, Iraq, Jordan and the United Arab Emirates presented valuable papers in the various fields of dentistry including Oral surgery, Endodontics, Prosthodontics, Implantology and Orthodontics. Aside from the oral presentations, there were three workshops, a poster competition, and a trade exhibition that were held which attracted a huge number of participants. The number of registered participants was a little over 500, surpassing the initial estimations of 300. The event was attended by Dr. Aisha Sultan Alasuadwi, Director of Dental Services at the Ministry of Health and President of the Dental Society of the Emirates Medical Association who commended the members of the organizing committee for their impressive work.

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Clinical Masters Program in Implant Dentistry
March 2013 to September 2013, a total of 12 days in Heidelberg (DE), Como (IT), Gran Canaria (ES)
Program director: Dr. Marius Steigmann

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During each module, the participants will have the opportunity to practice their new skills on hands-on casts, porcine models, and to watch or assist live surgery.

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