Ten years of Dental Tribune International

By Dental Tribune International

LEIPZIG, Germany: On Monday, 9 December, Dental Tribune International (DTI) celebrated another milestone in its history in the dental publishing business. The date marked the tenth anniversary of the company’s foundation in 2003. “What started about 20 years ago in Germany has developed into an international dental and educational network over the past decade. Although the very first Dental Tribune edition was published in 1895, the real globalisation of the business ultimately started with the involvement of our publishing partners around the world. Today, we are able to provide unique local content with a truly global perspective,” said DTI’s CEO Torsten Oemus.

Currently, DTI offers more than 150 print publications and multiple websites that reach over 650,000 dentists in more than 90 countries in 27 languages. Since its foundation in 2003, the publisher has become the official media partner of a number of major events dedicated to the dental industry, such as the International Dental Show, the Greater New York Dental Meeting, the annual congress of the FDI World Dental Federation and IDEM Singapore.

In addition to its print and online publications, the group can look back on its projects in dental education and its flagship e-learning platform, Dental Tribune Study Club, in particular. Since its foundation in 2009, the sophisticated Web...

Meeting review: 89th Greater New York Dental Meeting

By Dental Tribune America

NEW YORK, USA: The 89th Greater New York Dental Meeting was held Nov. 29 to Dec. 4 at the Jacob J. Javits Center in Manhattan, offering meeting attendees the opportunity to expand their professional knowledge and expertise, and to visit with hundreds of exhibiting companies to learn about new products and services. Educational sessions covered all the bases — and all the body parts.

All-day live sessions at the Live Dentistry Arena included Dr. Jack Griffin Jr. demonstrating dependable, efficient preparations for monolithic lithium disilicate or zirconia crowns, digital impressions, cementation and finishing, featuring some of the most dependable materials available today. Dr. Aeklavya Panjali also spoke in a Live Dentistry session, as he surgically placed and restored a complex immediate placement implant case.

Orascoptic’s Vanessa Velasco and Tom Lindsey brought the best in human engineering to the Dental Tribune Media Lounge with a presentation on two of the company’s most recent additions: the groundbreaking XVI all-in-one dental loupes and headlight and the Body Guard PRO saddle chair. Velasco and Lindsey also talked about the Body Guard Pro saddle seat, which they described as stunning and comfortable.

At the Laser Pavilion Lecture Series, Dr. William R. Gianni of Greater New York Dental Meeting, the annual congress of the FDI World Dental Federation and IDEM Singapore.

&> Page 2
New hyaluronic matrix accelerates soft-tissue healing

FRANKFURT, Germany: German specialist in the field of bone augmentation imperiOs has presented a new product that is based on hyaluronic acid, a substance primarily used in plastic surgery but with potential applications in dentistry. According to the company, Hyaloss matrix, a hyaluronic matrix, promotes and accelerates the healing process to a significant degree.

According to imperiOs, Hyaloss matrix is a bioactive and resorbable matrix composed of hyaluronic acid fibres and is produced through esterification of the hyaluronic acid molecule with benzyl alcohol. Once the fibres of the matrix come into contact with liquid, the matrix gelatinises and can easily be inserted into the respective bone defects, where it releases hyaluronic acid gradually.

Through activation of angiogenesis and mesenchymal stem cells, the matrix promotes regeneration processes during the first ten days after surgery in particular and thus contributes to faster healing.

According to the company, Hyaloss matrix is recommended for use in intraosseous and periodontal defects. The best results can be achieved when the matrix is mixed with autologous bone grafts, imperiOs stated.

An advantage of the matrix is that it can be stored at room temperature and can thus be used immediately to fill defects. In smaller periodontal defects, it can even be used unmixed.

Based on hyaluronic acid, a substance primarily used in plastic surgery but with potential applications in dentistry, the company is looking forward to celebrating the anniversary with its partners at its Annual Publishers’ Meeting, which will be held in Turin in July of next year.
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Dubai, UAE: A year after the successful opening of the Dubai School of Dental Medicine— we managed to catch up with Professor David Wray, Dean of DSDM to learn more about the developments since the opening.

DTMEA: Professor Wray, almost a year ago you opened the doors of the Dubai School of Dental Medicine. With the aim to attract dental students and provide them with the opportunity to “Embark on a three year intensive clinical training program with a clear didactic component and a research dissertation”. How has the school developed since the opening?

Professor Wray: Since opening to students in January of this year DSDM has been highly successful. We accepted residents into our Pediatric Dentistry and Orthodontic programs in January and after completing our initial accreditation process with the CAA we have now accepted residents into all the specialty programs which we offer including Oral Surgery, Periodontiology, Prosthodontics and Endodontics.

Seeing the growth of the DSDM since its launch, what sets you apart from the other Dental Universities in the UAE and the region?

The big bonus about DSDM is that graduates, as well as receiving their Master's Degree at the end of their course, also receive a conjoint Specialty Membership Diploma from the Royal College of Surgeons of Edinburgh. This Specialty Membership Diploma gives DSDM graduates a clinical qualification to complement their academic degree and a membership to the Royal College which is globally recognized, and DSDM provides a stimulating environment for graduates to carry out their postgraduate degree.

What are the major reasons for the regional dental students to choose DSDM?

DSDM provides both academic and clinical training within Dubai without having to leave the Gulf region which is a huge benefit especially to female residents with domestic commitments.

This can be achieved without compromise since we have a world-class international faculty of teachers. DSDM provides education and training of the highest quality in a range of specializations to its students, and has also received initial academic accreditation from the Commission for Academic Accreditation of the UAE Ministry of Higher Education and Scientific Research. The school is led by world-renowned specialists and is home to some of the world's top specialists in the field. In addition, DSDM's Partnership with The Royal College of Surgeons of Edinburgh (UK) provides postgraduate students, through a conjoint exam, with a membership diploma which guarantees recognition internationally at specialty level in all areas. DSDM is part of Dubai Healthcare City, which is the world’s first healthcare free-zone, and DSDM students are able to make the most of the world-class education facilities offered by the medical hub.

What are the further plans of DSDM in the coming 2 to 3 years?

DSDM has plans to expand its clinical facilities to cope with the increased numbers of residents and patients expected next year. Our partnership with the Royal College of Surgeons of Edinburgh is also progressing and we have already run four college examinations in DHCC this year. We anticipate that we will become one of the largest global hubs for dental postgraduate examinations in the near future.

Could you please share your thoughts on the level of Dentistry in the UAE and the region?
The quality of dental education and clinical practice in the UAE and the region is already very high but we hope to drive standards even higher with our postgraduate programs and of course, our graduates will be benchmarked clinically with the global standards set by the Edinburgh Royal College.

“We have now accepted residents into all the specialty programs”

Could you emphasize on the dental industry developments in the region?
We have seen dental companies expanding within the region and new ones coming. This reflects the interest in serving the dental community and the needs of the patients. In addition, the many conferences which Dubai hosts act as a platform to showcase the latest technology and how it can benefit the patients.

Through your experience as an educator, what should young students target when becoming a dental professional?

Dentistry is largely a community-based profession and we need both general dentists and specialists who provide a full range of healthcare support for our patients so there is not just one path for a young dentist to follow. DSDM is dedicated to training specialists but there is a hugely important role for the generalist. Regardless of the path a young dentist chooses, it is important not to lose sight of the need for lifelong learning through continuing professional development be it in formal courses or through attendance at courses and self-directed learning. Dentists have a professional responsibility to keep up-to-date and DSDM is here to support them in that endeavor.

How can you describe the dental students in Dubai?
The students in Dubai today are wonderful, mature, professional young dentists who are a family working towards a common goal. Our residents are a joy to teach and a privilege to be colleagues with.

Do you have any tips you would like to share with the young dental professionals?
Because of the explosion of new knowledge, young dentists must be constantly diligent and always treat the patients holistically. We don’t just do fillings; we care for the total oral health needs and wellbeing of our patients. We should be proud of our profession and the care we can provide.

Do you have anything else to share with the dental audience?
Because DSDM is dedicated to specialization in dentistry we now represent a fantastic facility providing second opinion oral healthcare to the community. Many dentists in UAE do not have the facilities or capacity to provide a fully comprehensive level of care and DSDM is here to provide support and expertise to the entire dental community.

Whether the patients have complex restorative problems or severe mucosal disease, DSDM is here to help and welcomes referrals from all branches of the profession.
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Mineral trioxide aggregate revisited: a cement for all seasons

By Gary Glassman, DDS, FRCD

Mineral trioxide aggregate (MTA) has been shown to seal a cement for all seasons. It is easy to use and be not affect its sealing ability; it should be easy to use and he radiopaque for recognition on radiographs.

Because existing restorative materials used in endodontics did not possess these “ideal” characteristics, 4 mineral trioxide aggregate (MTA) was developed and recommended initially as a root-end filling material. The ideal nature of the pulp confirmed. It has very low solubility, so it maintains a hard, excellent marginal seal. Eventually, unlike most dental materials, MTA actually needs moisture to set, so it thrives in a moist environment. Of the commercially available MTA products, MTA Angelus is well suited for most of the indicated endodontic procedures due to its setting time of 10 minutes. It is also packaged in air-tight bottles, allowing the practitioner to use only what is immediately needed, without introducing undue moisture into the remainder and without waste.11

Endodontic revascularization

Treatment of the immature, non-vital tooth with apical pathologies presents several challenges. The mechanical cleaning and shaping of such a tooth with a blunderbuss canal is difficult, if not impossible, to achieve predictably. The thin, fragile lateral denticular walls can fracture during mechanical filing, and the large volume of necrotic debris contained in a wide root canal is difficult to completely disinfect.11

A new technique is presented to revascularize immature permanent teeth with apical periodontitis. The canal is disinfected with copious irrigation and a combination of three antibiotics. After the disinfection protocol is complete, the apex is mechanically irrigated to initiate bleeding into the canal to produce a blood clot at the level of the cementoenamel junction. A double seal of the coronal access is then made, first with MTA over the blood clot and then a bonded composite. The combination of a disinfected canal, a matrix into which new tissue could grow, and an effective coronal seal appears to have the ability to produce an environment necessary for successful revascularization testing, with mild sensitivity on percussion and palpation. Because of the presence of a wider than 4 mm open apex and thin dentinal walls prone to possible future fracture, it was felt that an attempt to achieve regeneration of the pulp should be made by a technique similar to that described by Rule and Winter and Iwaya et al.11 An access cavity was made, purulent hemorrhagic drainage obtained, and the necrotic nature of the pulp confirmed. The root canal was slowly flushed with 20 ml of 5.25 percent NaOCl for 15 minutes. It was delivered with the mas-

MTA is available as gray MTA and white MTA. The crystaline structure and chemical composition of gray and white MTA are similar, except for the presence of iron in gray MTA.

Both contain bismuth oxide and calcium silicate oxide. Portland cement is composed mainly of calcium silicate oxide and does not contain bismuth oxide but does contain potassium. Calcium oxide is added in both Angelus white and gray MTA (Angelus, Londrina, Brazil) to reduce the setting time, which is too long in MTA cements of other brands (Fig. 1).

MTA has a similar mechanism of action of calcium hydroxide in that the main component of the material, calcium oxide, when in contact with a humid environment, is converted into calcium hydroxide. This results in a high pH of 12.5, making its surrounding insensible for bacte-

rial growth and producing an anti-bacterial effect for a long period of time. But unlike calcium hydroxide products, such as Decafend (DENTSPLY, York, Pa.), and MTA Angelus (Angelus, Londrina, Brazil), it has very low solubility, so it maintains a hard, excellent marginal seal. Finally, unlike most dental materials, MTA actually needs moisture to set, so it thrives in a moist environment. Of the commercially available MTA products, MTA Angelus is well suited for most of the indicated endodontic procedures due to its setting time of 10 minutes, compared with the four-hour setting time of the other commercially available materials. MTA is also packaged in air-tight bottles, allowing the practitioner to use only what is immediately needed, without introducing undue moisture into the remainder and without waste.

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consistency and spun down the canal with a lentulo spi-
ral instrument to a depth of 8
mm into the canal. The access
cavity was closed with a sterile
cotton pellet placed in the
chamber and blue Cosmocore
(Cosmedent, Chicago) (Fig. 4).

The patient returned three
weeks later and was asympto-
matic. The access was opened and
the canal again flushed with 20 ml of 2.5 percent
NaOCl for 15 minutes. It was
delivered in the same man-
ner as in the first visit with the
master delivery tip and the
macro canulae of the EndoVac
apical negative pressure de-
ivery system.

The canal appeared clean and
dry, with no signs of inflam-
atory exudate. A 50 K file was
introduced into the canal until
vital tissue was felt at a
depth of 10 mm into the ca-
nal space. It was used to irri-
tate the tissue gently to create
some bleeding into the canal.
The bleeding was stopped at a
level of 5 mm below the level
of the CEJ and left for 30 min-
utes, so that the blood would
clot at that level.

After 50 minutes, the presence
of the blood clot to approxi-
mately 5 mm apical of the CEJ
was confirmed. White mineral
trioxide aggregate, MTA Angelus
was carefully placed over the
blood clot and allowed to set
for 20 minutes. After con-
firmaion was achieved of its
firm placement over top, and then
the tooth was restored with bonded composite

Fig. 6 Three-month recall reveals excellent longitudinal
apical and lateral dentin development

Fig. 7 One-year recall radiograph reveals that defini-
tive endodontics had been completed by the patient’s
new dentist

at the one-year follow-up ap-
pointment, the radiograph
revealed that the treatment had
been performed on this tooth
by another dentist, differ-
ent from her original dentist
who made the initial referral.
The new dentist, not familiar
with revascularization treat-
ment performed, had entered
the root canal space, cleaned
it out and obliterated it with
gutta-percha and sealer. For-
tunately, the treatment was
successful (Fig. 7).

Conclusion

The future of endodontics is
bright as we continue to de-
velop new techniques and
technologies that will allow us
to perform treatment pain-
lessly and predictably and con-
tinue to satisfy one of the
main objectives in dentistry
— being to retain the natural
dentin wherever possible and
wherever practical.

References

1. Kakehashi S, Stanley HR, Fitzgerald RJ. The effects of
surgical exposures of dental
pulp in germ-free and con-
ventional laboratory rats. Oral
Surg Oral Med Oral Pathol
1965; 20: 540–549.
G. Influence of periapical
tissues of indigenous oral bacte-
rial and necrotic pulp tissue in
monkeys. Scand J Dent Res
1984; 90; 475–484.
5. Torabinejad M, Pitt Ford TR.
Root end filling materials: a
review. Endod Dent Trauma-
6. Ribeiro DA. Do endodontic
compounds induce genetic
damage? A comprehensive
review. Oral Surg Oral Med
Oral Pathol Oral Radiol Endod
2008; 105:251–256.
5. Enkel B, Dupas C, Armen-
gal V, et al. Bioactive materi-
als in endodontics. Expert Rev
that is hard tissue conductive
6. Moreton TR, Brown CE Jr,
Legan JJ, Kafrawy AH. Tissue
reactions after subcutaneous
and intrasosseous implantation
of mineral trioxide aggregate
and ethylenoxycou acid ce-
ment, hard tissue indutrive,
and biocompatible. J Biomed
7. Torabinejad M, Hong OU,
Pitt Ford TR. Physical proper-
ties of a new root end filling
material. J Endodont 1995; 21;
549–555.
8. Dentsply Tulsa Dental. Pro-
RootTM MTA Root canal re-
pair material; Material safety
sheet data (MSDS).
9. Arnoldo Castellucci, MD, DDS. The Use of Mineral Tri-
oxide Aggregate in Clinical
and Surgical Endodontics.
Duarte MA, Demarchi AC,
Yamashita JC, Kuga MC, Fraga
Sde C, pH and calcium
ion release of 2 root end filling
Oral Pathol Oral Radiol Endod

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References are available from the author.
A new method for direct composite restoration of the posterior teeth

By Prof. Luca Giachetti, MD, DMD, MSc Department of Dentistry, University of Florence, Italy

Introduction

The evolution of composite materials and adhesive techniques has considerably changed the approach to restorations in posterior areas. The advantages of adhesive restorations are not only of an aesthetic nature, but, above all, relate to the possibilities of conserving a greater amount of healthy tissue and “reinforcing” the residual dental structure. However, to exploit these advantages fully, we need rigorous clinical procedures which can limit what has always been the main flaw of composite materials: the polymerization shrinkage and the resulting stress which is responsible for most clinical failures.

Manufacturers have focused their efforts on producing materials which are ever easier to use and which, at the same time, are able to minimise their associated problems.

The recent introduction of the SonicFill™ System follows this direction. SonicFill combines the attributes of a low viscosity composite and a universal composite. By activating the composite with sonic energy, it is possible to fill the cavity and adapt the low viscosity material easily, and then compact and model it while the composite changes its consistency until it reaches a higher viscosity.

The manufacturer claims that it has the advantages of being:

Fast: working time is reduced; it is possible to carry out single increments to an individual maximum thickness of 5 mm.

Reliable: reduced shrinkage and good adaptability to the cavity walls due to the low initial viscosity.

Easy: it is possible to deliver the material using a small-diameter cannula and foot switch control.

We present a clinical case below in which direct restorations have been produced with SonicFill on 3 elements of the 1º quadrant.

Clinical Case

Male patient, with an acceptable level of oral hygiene. In the maxillary right posterior quadrant, several deteriorated amalgam restorations are present with signs of marginal infiltration compatible with the age of the restorations, and signs of wear and tear in the zones of interocclusal contact. Tooth 1.5 has primary decay on the distal aspect of the tooth. The treatment plan was to replace the old amalgam restorations and to treat the primary caries with direct composites.

Clinical situation after removal of the amalgam restorations. The contiguous elements are protected with metallic matrices before the marginal ridges are broken down.

1. Initial case: 1.6 old amalgam with mesial caries to be replaced, 1.5 primary distal decay, 1.4 old amalgam to be replaced.

2. Isolation of the operative area with a rubber wedge stabilised with a universal SoftClamp.

3. Access to the approximal carious lesions.


5. Matrices in situ, the adaption at the level of the cervical floor can be seen.

6. Finishing of the margins with SonicSys inserts.

7. Sectional metallic matrices contraposed on 1.6 and 1.5 stabilized with a wooden wedge, MetaFix All-in-One matrix stabilized with a wooden wedge on 1.4.

8. Matrices in situ, the adaption at the level of the cervical floor can be seen.


11. Application of a thin layer of low viscosity Premise Flowable composite.

12. Complete filling of the OM cavity of 1.6 with the SonicFill composite.

13. Adaption of the material in the cavity with the Compositroller oval tipped instrument and modelling with the point shaped tip.

14. Application of the SonicFill composite in the occlusal distal cavity to the oblique ridge.

15. Modelling the SonicFill composite with a Suter DD1-DD2 instrument.

16. Restoration of the OD cavity of the 1.5 with SonicFill in a single application.

17. Restoration of the OD cavity of the 1.4 with SonicFill in a single application.
Prof. Luca Giachetti graduated in Medicine and Surgery in 1983 and specialized in Odontostomatology in 1986 at University of Florence Medical School. Msc in Dental Materials in 2009 at University of Siena Dental School. Chair of Dental Materials and Restorative Dentistry, University of Florence Dental School. Director of post graduate courses in aesthetics and adhesive dentistry, University of Florence Dental School. Dental Chief of Staff of Conservative Dentistry, Careggi Hospital-University, Italian NHS, Florence. He is member of the faculty in the International PhD program: “Biotechnology and Dental Biomaterials” at University of Siena Dental School. Associate Fellow in Education & Development, Warwick Dental, The University of Warwick, Coventry, U.K. He has lectured at congresses and symposia and published on dental adhesives and composites in international dental journals. He runs a private practice in central Florence.

Conclusion

The possibility of filling cavities to a depth of up to 5 mm with a single delivery effectively speeds up the work of performing composite restorations. The SonicFill composite presents good marginal adaption and is non-sticky. Once the sonic vibrations stop, it takes on an ideal consistency for modelling, and easily maintains the imposed shape. From an aesthetic point of view it is perhaps a little translucent to allow a greater depth of polymerization; however, it is possible to apply Kolor Plus® tints to make the restoration look natural. Ultimately, if the long-term controls show that the integrity of the margins is maintained, we will actually be able to confirm that we have accomplished a significant step towards simplifying direct restoration procedures with composite materials in posterior areas.

The products that appear in conjunction with this article are for illustrative or informational purposes only. Their inclusion does not denote endorsement by the author of this article.

Contact Information

SonicFill™

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SonicFill is the only sonic-activated, single-step bulk filling system that enables you to go from placement to a polished restoration in less than 3 minutes. The change in viscosity allows perfect adaptation with optimal results and without loss of quality. Over 1,000,000 SonicFill tips have been sold and thousands of dentists are already using SonicFill every day in their practice. Kerr and KaVo innovating the way that dentist do posterior composite restorations!

Go to www.sonicfill.eu and see SonicFill in practice. Or request a demonstration and join the revolution today!
Inauguration of Carestream Dental Training Centre for Knowledge and Care in Ajman UAE

By Dental Tribune Middle East

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JAMAN, UAE: Carestream Dental hosted the official opening of the Ajman University Dental Centre for Care in UAE on 50th of October 2015. Dr. Aisha Sultan, Director of Dental Services, MOH, UAE was the Guest of Honor alongside more than 60 attendees.

The event was opened with a warm welcome by Dr. Mohd. Kashif Shafiq of Ajman University Dental College who introduced Dr. Aisha Sultan Alsuwaidi, Director of Dental Services at the Ministry of Health in UAE alongside several VIPs including Deans of Health in UAE alongside Tal Services at the Ministry of Health.

Carestream Dental has partnered up with Ajman University to combine academia and business through the opening of the new Carestream Dental Training Centre resulting in a win-win situation across the board. According to Fritz Dittman, Regional Sales and Service Director Northern Europe, Middle East, Russia and Africa, “Next to the fact that the University has a great team, being able to take X-Rays and constantly have our equipment in use are the main reasons behind this partnership. The benefits are clear, this is a unique opportunity which will lead to great things. We can train our customers, their technicians, dealer engineers and in the future application training for dentists and clinicians as the equipment evolves. Customer from the Middle East no longer have to travel to USA or Europe to be trained how to use our technologies.”

The Ajman University Dental College is one of the pioneers in the Middle East and has treated over 40,000 patients over the UAE. There is a great demand for education. Last year alone we received more than 510 applications from students willing to join our university, double of what we had before.” Prof. Abu Fanas further commented on the partnership with Carestream as “a new landmark for the University.”

Carestream Dental has committed to innovating the sensor and technology in Carestream which became a business through the opening of the Carestream Training Centre resulting in the AEDC Dubai 2014.

College further explained “Our vision at the Ajman University Dental College is clear, we are catering for 150 clinics and until today we have treated over 40,000 patients coming to Ajman from all over the UAE. There is a great demand for education. Last year alone we received more than 510 applications from students willing to join our university, double of what we can cope with.” Prof. Abu Fanas further commented on the partnership with Carestream as “a new landmark for the college”. The University is very pleased with these new facilities, “I would like to express my sincere gratitude to those who made it possible. Thank you to Carestream for enabling this project to take place as well as Mr. Fritz Dittman and Montessori Ben Tili together with their fantastic team who all went far beyond their core of duty to see the success of it” were the closing words of Prof. Salem Abu Fanas.

After the ceremony, the delegations were taken for a tour of the new facilities witnessing the ribbon-cutting of the new Training Centre. Make sure you visit Carestream at AEDC Dubai 2014.

Carestream, Innovation made Simple

By Dental Tribune Middle East

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JAMAN, UAE: Dental Tribune Middle East & Africa covered the Inauguration of the Carestream Dental Training Centre for Knowledge and Care in Ajman, UAE. During the event we caught up with Dave F. Pullen, General Manager Dental Business Europe, Middle East & Africa and Fritz Dittman, Regional Sales and Service Director for Northern Europe, Middle East, Russia and Africa.

DTMEA: Why should the dentists choose Carestream?

Dave Pullen: Carestream originated from Eastman Kodak. All the heritage, trust and quality in Eastman Kodak was inherited by Carestream. Then a company called Onex (equity company) helped to extract the medical and dental business from Kodak and invested in Carestream which became a 2.5 billion corporation. Prior to the rebranding of Carestream, Kodak bought Trophy, known for innovating the sensor and PracticeWorks (Practice Management Software mainly in America) known for the R4 which we successfully brought into the Middle East. Carestream was Kodak and since the rebranding and acquisition nearly six years ago has done lots of things like improve the BVG sensor substantially, get the

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A new CAD CAM system from Carestream Dental extremely flexible and very easy to use

By Ernesto Jaconelli

This year’s AEEDC 2014 will see Carestream Dental launch its own CAD CAM on site restoration system to the Middle East Dental Trade. (Stand No 256)

The complete system is gathered under the banner title of CS Solutions and brings to the market a system that allows the Dentist to perform everyday restorations in considerably less time as well as in the comfort of their own practice. In fact a single tooth restoration can be completed in as little as one hour.

Most CAD CAM systems that are currently available are actually, “closed” systems that lock the user into using only the equipment and software provided from that manufacturer. However, CS Solutions is an “open” system – giving the Dentist the flexibility to choose from a comprehensive integrated system or a series of standalone solutions that can be adapted to their preferred workflow and practice layout. This means that the Dentist can do scans either from their hand held scanner, the CS 3500, or they can scan an impression on a CBCT system such as the CS 9000 3D. They then have the option of designing the crown themselves on CS Restore and completing the milling on site on the CS 3000 or they can send the data via the internet to their lab, which can produce the crown on their system. All the options are there for the Dentists to choose what works best for them.

CS Solution products are extremely easy to use and are compatible with many third-party CAD systems or restorative design programs, and are covered by warranty to guarantee their long-lasting top performance.

So make sure you visit the Carestream Dental Stand at AEEDC 2014 and acquaint yourself with this amazing new opportunity.
NEW: Philips Sonicare FlexCare Platinum

For outstanding cleaning, even deep between the teeth

Philips has the right sonic toothbrush for every cleaning need. The latest innovation is called Philips Sonicare FlexCare Platinum. Its innovative pressure sensor gives immediate feedback in a simple manner if too much pressure on the brush head minimizes the vibrations. This makes the Philips Sonicare FlexCare Platinum ideal for those of your patients who are worried about using too much pressure when cleaning with an electronic toothbrush. Nine individual settings and intensity levels thereby make adaptation to the individual cleaning requirements possible.

Pressure sensor
This innovative sensor gives simple and intuitive feedback if the brush head is pressed down too hard.

3 cleaning settings
• Clean – ensures optimal plaque removal (standard)
• White – removes discoloration of the tooth surface in 2 minutes, and the front teeth are whitened and polished in a further 30 seconds.
• GumCare – combines 2 minutes in the Clean setting with 1 minute of gentle gum massage for healthy gums.

Removes up to 6x more plaque in the spaces between the teeth in comparison to a manual toothbrush.

3 intensity levels
Maximum comfort with the 3 adjustable intensity levels: low (for sensitive areas), medium and high. Each of the 3 intensity levels can be combined with each of the 3 cleaning settings.

Philips Sonicare InterCare brush head
Extra long filaments reach deep into the spaces between teeth and ensure an excellent plaque removal there compared to a manual toothbrush. For better tooth and gum health.

UV-Sanitizer
With the UV light technology from Philips, up to 99% of the bacteria and viruses on the brush head are rendered harmless – in only 10 minutes.

3 Lithium-ion rechargeable battery
With 3-week working life

E. coll., S. mutans and HSV, HA
New Philips Zoom WhiteSpeed Light-Activated Whitening System.
A better experience for your patients and your practice.

Philips Zoom In-Office Whitening kit makes treatments easier
Packed in procedural order, you get everything you need for each treatment, including Philips Zoom at-home whitening gel for follow up and maintenance complete in a single package. The Philips Zoom Kit also includes simplified visual instructions.

Unique products for your sensitive patients
Each treatment comes with a Patient Post Care and Maintenance kit that includes the Relief ACP Oral Care Gel. This unique formula combines potassium nitrate for sensitivity relief along with Amorphous Calcium Phosphate (ACP) that helps create healthier smiles through advanced enamel protection. To ensure a more comfortable experience all around, instruct patients to use it for 10-30 minutes after treatment.

New Philips Zoom WhiteSpeed Whitening LED Accelerator
The advanced Philips blue LED technology provides approximately 50,000 hours of use—reducing operating costs, downtime and is 40% more energy efficient. The light also emits 100% greater light intensity* with no compromise to safety. Redesigned to be easier to position and more ergonomic, your patients and your treatment will be better than ever.

New support for your practice
Philips Zoom is funding a worldwide public relations campaign to drive patients to dental professionals, and new programs to help you quickly and easily integrate Zoom into your practice.

“With this new light the patient’s sensitivity is minimal, making the procedure much more pleasurable.”
— Juba Dental Care - Baton Rouge, LA

Reveal your patients’ most healthy, radiant smile with Philips Zoom WhiteSpeed

Give your patients the immediate white smile they want and the healthy white teeth they need, with the new Philips Zoom WhiteSpeed. The number one patient-requested professional teeth whitening brand* is clinically proven to deliver superior whitening results in just one office visit. WhiteSpeed is shown to whiten teeth up to 8 shades in 45 minutes, that’s 40% better than a comparable non-light activated system.1

The new Whitening LED Accelerator’s variable intensity settings allow you to customize the output to ensure each patient receives a more comfortable treatment. 91% of patients experienced little to no sensitivity with Zoom WhiteSpeed.2

Now better than ever — Philips Zoom WhiteSpeed.

* In the U.S.
1 Compared to Philips Dash
2 Results based on 500-person study. Data on file.
Saliva and Oral Health

By Michael Edgar, Colin Dawes & Denis O’Mullane and contributed to by Helen Whelton Dawes & Denis O’Mullane

The presence of saliva is vital to the maintenance of healthy hard (teeth) and soft (mucosa) oral tissues. Severe reduction of salivary output not only results in a rapid deterioration in oral health but also has a detrimental impact on the quality of life for the sufferer.

The complexity of this oral fluid is perhaps best appreciated by the consideration of its many and varied functions. The functions of saliva are largely protective; however, it also has other functions, including:

Fluid/Lubricant – Coats hard and soft tissue which helps to protect against mechanical, thermal and chemical irritation and tooth wear. Assists smooth air flow, speech and swallowing.

Ion Reservoir – Solution supersaturated with respect to tooth mineral facilitates remineralisation of the teeth.

Buffer – Helps to neutralise plaque pH after eating, thus reducing time for demineralisation.

Cleansing – Clears food and aids swallowing.

Antimicrobial actions – Specific (e.g. sIgA) and non-specific (e.g. Lysozyme, Lactoferrin and Myeloperoxidase) antimicrobial mechanisms help to control the oral microflora.

Agglutination – Agglutinins in saliva aggregate bacteria, resulting in accelerated clearance of bacterial cells. Examples are mucins and parotid saliva glycoproteins.

Pellicle formation – Thin (0.5 μm) protective diffusion barrier formed on enamel from salivary and other proteins.

Digestion – The enzyme -amylase is the most abundant salivary enzyme; it splits starches foods into maltose, maltotriose and dextrins.

Taste – Saliva acts as a solvent, thus allowing interaction of foodstuff with taste buds to facilitate taste.

Water balance – Under conditions of dehydration, salivary flow is reduced, dryness of the mouth and information from osmoreceptors are translated into decreased urine production and increased drinking.

Changes in plaque pH following sucrose ingestion and buffering capacity in the presence of saliva
Dental Tribune Middle East & Africa Edition | January - February 2014

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Following a sucrose rinse the plaque pH is reduced from approximately 6.2 to less than 5.0 within a few minutes. Demineralisation of the enamel takes place below the critical pH of approximately 5.5. Plaque pH stays below the critical pH for approximately 15-20 minutes and does not return to normal until about 40 minutes after the ingestion of the sucrose rinse. Once plaque pH recovers to a level above the critical pH, the enamel may be remineralised in the presence of saliva and oral fluids which are supersaturated with respect to hydroxyapatite and fluorapatite.

Anatomy and histology

The type of salivary secretion varies according to gland. Secretions from the parotid gland are watery in consistency, those from the submandibular and sublingual glands, and particularly the minor mucous glands, are much more viscous, due to their glycoprotein content. The histology of the gland therefore varies according to gland type.

All of the salivary glands develop in a similar way. An ingrowth of epithelium from the stomatodaeum extends deeply into the ectomesenchyme and branches profusely to form all the working parts of the gland. The surrounding ectomesenchyme then differentiates to form the connective tissue component of the gland i.e. the capsule and fibrous septa that divide the major glands into lobes. These developments take place between 4 and 12 weeks of embryonic life, the parotids being the first and the sublingual and the minor salivary glands being the last to develop. The minor salivary glands are not surrounded by a capsule but are embedded within the connective tissue.

Formation of saliva

The fluid formation in salivary glands occurs in the end pieces (acini) where serous cells produce a watery seromucous secretion and mucous cells produce a viscous mucin-rich secretion. These secretions arise by the formation of interstitial fluid from blood in capillaries, which is then modified by the end piece cells. This modified interstitial fluid is secreted into the lumen. From the lumen it passes through the ductal system where it is further modified. Most of the modification occurs in the striated ducts where ion exchange takes place and the secretion is changed from an isotonic solution to a hypotonic one. The composition of saliva is further modified in the excretory ducts before it is finally secreted into the mouth.

Physiology of saliva formation

Composition and flow rate

The composition of saliva varies according to many factors including the gland type from which it is secreted. Salivary flow rate exhibits circadian variation and peaks in the late afternoon. Normal salivary flow rates are in the region 0.5-0.4 ml/min when unstimulated and 1.5-2.0 ml/min when stimulated. Approximately 0.5 – 0.6 litres of saliva is secreted per day. Many drugs used for the treatment of common conditions such as hypertension, depression and allergies (to mention but a few), also influence salivary flow rate and composition.

Saliva as a diagnostic fluid

Caries risk assessment

A number of caries risk assessment tests based on measurements in saliva have been developed, for example tests which measure salivary mucins streptococci and lactobacilli and salivary buffering capacity.

High levels of mutans streptococci and lactobacilli are associated with an increased risk of developing caries. High levels of Lactobacilli (>105 CFUs per ml saliva) are found amongst individuals with frequent carbohydrate consumption and are also associated with an increased risk of caries.

Buffering capacity – Higher buffering capacity indicates better ability to neutralise acid and therefore more resistance to demineralisation.

In addition to showing promise for the prediction of periodontal disease progression and caries levels, analysis of saliva has been employed in pharmacogenomics, as well as the evaluation and assessment of endocrine studies.

Saliva not only plays a pivotal role in the maintenance of a healthy homeostatic condition in the oral cavity, but contributes to one’s overall health and wellbeing. Components from saliva interact in different ways with the dentition to protect the teeth. Patients who lack sufficient saliva suffer from many oral diseases, of which caries is only one. To alleviate discomfort they are advised to use saliva stimulants and substitutes which have the function of lubricating the oral surfaces. Chewing gum is increasingly being viewed as a delivery system for active agents that could potentially provide direct oral care benefits, as it promotes a strong flow of stimulated saliva.


*Underwriting costs for this Saliva and Oral Health edition were provided by Dr. Michael Dodd and The Wrigley Company.*

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“Pediatric dental community has evolved”

By Dental Tribune Middle East

Dr. Dina Debaybo
Assistant Clinical Professor of Dental (with the support of Crest & Oral-B) Dr. Dina Debaybo – Assistant Clinical Professor of Dubai Medical College for Girls (DUBAI, UAE):

DUBAI, UAE: Recently the Emirati Pediatric Dental Club was formed spearheaded by elected President & Oral-B) Dr. Dina Debaybo – Assistant Clinical Professor of口腔健康。
Dr. Dina Debaybo: I trained as a dentist at Saint Joseph University in Beirut Lebanon then moved to Dubai in 1984 where I held different positions in Dubai Health Authority where I was awarded a Certificate of Advanced Graduate Studies (CAGS) and a Masters’ (MSc) in pediatric dentistry. Upon graduation I moved to Dubai in 1991 where I held different positions in Dubai Health Authority and the Ministry of Health for 16 years. An experience that really shaped me as a professional in skills, ethics and values. I met exceptional leaders such as Dr. Tariq Khoory (Head Dental Services, Dubai Health Authority (DHA) and Dr. Aisha Sultan (Head of Dental Chapter Emirates Medical Association EMA and Head of Dental Services, Ministry of Health in Northern Emirates). I then got involved in establishing the Dubai campus of the Boston University School of Graduate Dentistry project in Dubai Health Care City. It was an eye opener on academicians in post graduate education. In 2010 I joined the first Pediatric Dentistry Center in the UAE, established by Dr. Elhami Nicolas as part of the Nicolas and Asp Dental Centers, where preventive and comprehensive services are offered within the scope of practice of the American Academy of Pediatric Dentistry (Guidelines of the APD).

Please elaborate on the process behind the formation of the EPDC and its members?

The pediatric dentistry community has evolved and blossomed to reach more than 100 professionals within the last 4 years with the establishment of the post graduate pediatric dentistry programs in the UAE and with the influx of specialists from overseas. Joining efforts with the mission to provide quality care to younger ones can better be rendered by gathering all efforts and joining in the path of excellence. Each child in the UAE has a fundamental right to his complete oral health care. The Emirates Pediatric Dentistry Club has a dutiful obligation to ensure that all children living in UAE receive high-quality and accessible oral health care.

What are the plans for the coming year 2014 for you and the EPDC?

The plan for our members is to provide advanced specialized continuing dental education for pediatric dentists. We are looking forward to working closely with The European University College for their hosting of the European Academy of Pediatric Dentistry (EAPD/MENA Middle East chapter and North Africa) chapter from 27th until the 29th of March 2014. We are also planning to have collaborative sessions during the Asia Pacific Dental Congress (APDC) from 14th until 17th June 2014. Also on the agenda is a side event to AEDDC from 5th until 7th of February 2014. On a larger scale we will be trying to establish close netted cooperation with the already established GCC Pediatric Dentistry Associations since we do face the same prevalence and incidences of oral health diseases in children.

What are some of the biggest challenges for Prevention and Oral Health awareness in the Emirates?

Evidence based research has provided us with data relevant to the caries index in the UAE. The index of caries in 6 year old children is 8 to 9. More explicitly, it reveals 8 to 9 cavities in primary teeth in the oral cavity of a 6 year old. The basic need of chewing is jeopardized leaving children victim to soft diet. Multiple episodes of emergencies due to dental pain are witnessed, whereby children miss school and experience severe episodes of spontaneous pain at night. Speech problems arise since the phonetics of letters rely on the palatal surfaces of upper and lower anterior teeth. Esthetic issues aggravate already challenges of bullying at school with missing front teeth or unaesthetic image of large cavities in anterior dark lesions. At last but not least, loss of space due to premature extractions of primary teeth and loss of root distal diameter have seen an influx of rise in orthodontic needs.

How does the EPDC plan to elevate the level of dental hygiene awareness and promote preventive oral health measures across UAE?

We know that changing habits is very challenging. In order for it to be successful it has to follow the bio-psycho-social model where the habit is treated as a community based initiative where we work closely with government entities (Dubai Health Authority and Ministry of Health) to help in their already established extensive oral health programs starting with pregnant mothers, moving to pediatricians during infants vaccine visits, involving mothers and working closely with school health programs. It will also involve including preventive treatment programs for permanent teeth as soon as they erupt (Fissure sealants). We will attempt to help out in the different levels of this chain reaction. Close cooperation has already been established with large oral health private players on the market who plan to help us out as part of their citizen responsibility initiative of giving back to the community (Procter & Gamble, Johnson and Johnson and Glaxo Smith Kline corporations). Would you like to share additional information with the readers?

The establishment of the Pediatric Dentistry Chapter of the Emirates Medical Association is aimed at making a difference in children’s lives, all children, healthy and less healthy children. The community is faced with new challenges with Children with Special Needs. Behavioral problems under the larger umbrella of Autism Spectrum Disorder is adding more difficulties to families. Working closely with all community groups is our daily endeavor. We will keep trying and learning in the long journey towards a caries free community. Sincerest thanks for your close interest in Pediatric Dentistry.

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Oral Health awareness in the community. Sincerest thanks for your close interest in Pediatric Dentistry.

Dental Health Authority (DHA) and Dr. Aisha Sultan (Head of Dental Chapter Emirates Medical Association EMA and Head of Dental Services, Ministry of Health in Northern Emirates). I then got involved in establishing the Dubai campus of the Boston University School of Graduate Dentistry project in Dubai Health Care City. It was an eye opener on academicians in post graduate education. In 2010 I joined the first Pediatric Dentistry Center in the UAE, established by Dr. Elhami Nicolas as part of the Nicolas and Asp Dental Centers, where preventive and comprehensive services are offered within the scope of practice of the American Academy of Pediatric Dentistry (Guidelines of the APD).
European University College

By European University College

European University College (EUC) is the first dental postgraduate institute in the Middle East to provide dental postgraduate education reflecting “Euro Western” standards of dental education and patient care. The College was founded on November 1st, 2006 and licensed as Nicolas & Asp Postgraduate Institute. The Institute underwent considerable growth and change and in 2009 was approved to operate the Abu Dhabi Emirate by the Abu Dhabi Education Council (ADEC). Further expansion resulted in Ministry of Higher Education and Scientific Research approved relicensing as Nicolas & Asp University College on August 23, 2009 and then European University College in 2011. EUC continues to expand and plans to add two more colleges and satellite teaching clinics in the near future.

EUC operates from a 17,000 sq. ft state-of-art facility in Dubai Healthcare City (DHCC) and is comprised of 32 dental chairs, 7 seminar and lecture halls, a pre-clinical laboratory, and a general anesthesia facility; in addition, EUC maintains a lecturing facility in the Emirate of Abu Dhabi.

EUC offers the following programs:
- 3-year Master degree program in Orthodontics
- 3-year Master degree program in Pediatric Dentistry
- 3-year Master degree program in Endodontics post
- 5-year Master degree program in Restorative & Prosthodontics
- 2-year program in Advanced Education in General Dentistry
  - 1-year modular Oral Implantology Diploma
- 2-year Associate Degree in Dental Assisting program

Since EUC began postgraduate educational programs in 2007, 113 dentists have been admitted in various programs and, to date, 52 have graduated.

The student body is comprised of individuals from 25 countries and is represented by many cultures; the country with the largest representation is United Arab Emirates (35%).

Qualident is standing in the 1st line to improve the communication between Dentist & Dental Lab in the region

As communication between the lab and clinic is important, and organizing the lab work between clinic and lab is delicate, Qualident Dental Laboratory is glad to announce the launch of the new web-based online ordering system, which will provide easy access, follow up and less time consuming to each dental case sent to Qualident lab. This new software is easy to use and understand, thus allowing the dentists to submit new cases, track existing cases, and view their billing information.

Every dentist cooperating with Qualident lab will be provided with a username and password to create their new cases, where dentists can specify all the details related to the lab work; in addition to the ability of attaching photos by the dentist.

As now, it is easier and faster for dentists to communicate with the lab by the Dentist Messaging tool, regarding a Case or General message they would like to send, and receive with shorter time.

In addition, financial access will allow accountants or dentists to keep track on the latest invoices, statements, and policies by Qualident dental lab.

Qualident always strives communication technology between dental lab and clinic.

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FKG Dentaire has inaugurated its Dubai based ME-A Office and Training Center

Managing Director of Dubai, Dr. Omar Shinaja, added: “The training in the dental business is extremely important as education is a key factor of achievement. We must help dental professionals to know how to use the products in the right way and have an excellent success rate with FKG Dentaire Products. Dubai is becoming central in the dental industry and having FKG Dentaire unique, high precision and top quality Swiss made products is a great opportunity for us”

FKG Dentaire Training Center in Dubai is open to anyone who wants either to get trained in endodontics or just want to discover FKG Dentaire top quality instruments.

New top endo products to be presented by FKG Dentaire during the AEEDC

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By FKG

Contact Information

For more information on the Dubai training center: mea@fkg.ch or get in touch with your local FKG Dentaire distributor, for all other enquiries: FKG Dentaire SA Crêt-du-Locle 4 2304 La Chaux-de-Fonds Switzerland T +41 32 924 22 44 info@fkg.ch / www.fkg.ch

New top endo products to be presented by FKG Dentaire during the AEEDC

By FKG

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University of Sharjah College of Dentistry signs MOU with Crest & Oral-B

By Dental Tribune Middle East

SARJAH, UAE: In line with the University of Sharjah’s interest in the development of students’ academic excellence, and its belief in the importance of oral health education and promotion, the College of Dentistry, signed a memorandum of understanding (MOU) with Crest & Oral-B.

This event took place on October 27th, 2013 during a ceremony at the Medical & Health Sciences Campus, University of Sharjah. The agreement was signed by Dr. Guy Goffin, Director of Professional and Scientific Relations EMEA, Procter & Gamble and Professor Hossam Hamdy, Vice Chancellor for the Medical & Health Sciences Colleges. The signing was witnessed by Professor Richard Simonsen, Dean of the College of Dentistry and Dr. Ashhad Kazzi, Professional & Academic Relations Consultant (AP) for Crest & Oral-B. The MOU includes an agreement to hold continuing educational courses, participate in research at the newly established Oral Health Center, University of Sharjah as well as supporting the undergraduate students’ education program at the College of Dentistry.

Prof. Eng. Samy A. Mahmoud, Chancellor of University of Sharjah, delivered his address by extending his congratulations to both parties emphasizing that this agreement reflects the great need for education and training in the field of preventive dentistry in the region. Prof. Hossam Hamdy added that this collaboration with Crest & Oral-B is in line with the goals and objectives of the Center of Oral Health that will take the lead in oral health education and research in the area of preventive dentistry.

In his speech, Dr. Guy Goffin added: “The vision of Procter & Gamble Oral Care is to improve oral health of more people in more parts of the world more completely”. He also remarked that “Thanks to a strong emphasis on research and development, Crest & Oral-B became a global leader in oral health products like dentifrices, brushes, floss and mouthwash. Within Procter & Gamble (the parent company), we deliver education on the science of preventive dentistry and oral care products for dental students and populations at large. That is why this agreement with Sharjah University is so important for both partners.”

Professor Richard Simonsen Dean of the College of Dentistry, University of Sharjah expressed his enthusiasm regarding the collaboration between the College of Dentistry and Crest & Oral-B. Indicating that one of the important missions of the College of Dentistry is to serve the community and reduce the burden of oral disease in the UAE population and that this agreement will support this mission towards better oral health for the community.

The signing ceremony took place in the presence of Prof. Rani Samsudin, Professor of Oral and Maxillo-Facial Surgery and former Dean of College of Dentistry, Dr. Manal Awad, Associate Professor of Community Dentistry and Director of the Center for Oral Health and Dr. Hatem El-Damanhoury, Chair of Continuing Dental Education and Professional development, College of Dentistry.

DTMEA was present to cover the event.
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This is where Corega fits in
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Vertex Dental worked out in cooperation with ACTA University and Fontys University the BMS Project for Development of alternative denture base materials: Rapid Prototyping, e.g. stereolithographic (STL), milling (CNC) and laser sintering (SLS); Thermoplastic products and techniques, e.g. PA, COC en SAN.

ThermoSens is the innovative, virtually unbreakable, new monomer-free rigid denture base material (Flexural modulus & strength, Charpy impact strength notched, Toughness test, Hysteresis, Polish).

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Post in-surgery whitening: What next?

Chris Dodd
Managing Director of Purity Laboratories, discusses how to maintain the new, white smile after professional in-surgery whitening.

New research by the British Dental Health Foundation (1) found that one in five people now spend more money per month on oral care products, compared with hair products, skincare, fragrances and cosmetics. And, having seen a huge increase in the demand of teeth whitening over the past decade, it’s clear that the quest for a “Hollywood smile” is unlikely to end any time soon!

The ability to offer a professional tooth whitening service in your practice is an extremely attractive and lucrative treatment offering which will keep you at the cutting edge of cosmetic dentistry. In just one surgery visit, you can give your patients a brighter smile through treatments with bleaching trays, strips or laser treatment.

However, whilst we spend our time educating and encouraging patients to stop smoking after whitening treatment, reduce the intake of coffee and staining foods, brush teeth twice daily and cut down on sugary snacks, the truth is that once the patient leaves the practice the maintenance of their new, white smile becomes their own responsibility.

The lows...
Patients are keen to minimise the effect of “bounce back”; a process whereby the teeth rehydrate and slightly darken a day or two after treatment. Enamel is naturally subject to abrasion but even more so after in-surgery treatment; because Hydrogen Peroxide and Carbamide Peroxide reduce the hardness of the enamel. Therefore, it is even more important that patients avoid highly abrasive whitening toothpastes as they can damage the teeth and gums, removing the lustre of the teeth and dulling a beautiful smile. By recommending a low-abrasion whitening toothpaste, you can ensure your patients protect and restore the enamel calcification lost as a result of the bleaching process, helping maintain their white smile for longer.

The abrasiveness of toothpaste is measured according to the BDA (relative dentin abractivity) value, and any value over 100 is considered to be “abrasive”, something which is unfortunately often not included in the marketing or promotional information supplied with toothpaste products, thus masking a common problem.

Interestingly, a USA-based independent testing laboratory (July 2012) tested the abrasion levels of 15 toothpastes. The results confirmed that Beverly Hills Formula’s whitening toothpaste is less abrasive than other leading brands of both whitening and regular toothpastes. In fact, Beverly Hills Formula Perfect White scored as low as 95 on the Abrasivity Index Table, whilst some leading competitors displayed levels as high as 158.

And the highs...
To support these abrasion results, an invito laboratory study found that Beverly Hills Formula whitening toothpastes remove stains in just one minute. Beverly Hills Formula Perfect White (coded as “PLMO/1x1158” in the study) toothpaste proved effective at removing stains with almost 91% of stains removed over a five-minute period and Beverly Hills Formula Dentists’ Choice Gum & Whitening Expert toothpaste removing almost 80% of stains. Meanwhile, other leading brands of whitening toothpastes and toothpolishes scored as low as 41%, a remarkably low percentage, considering water alone removes 48% of staining (2).

These results signal a break-through in oral care and aesthetics, as this new generation of whitening toothpaste offers a tooth-friendly solution post in-surgery treatment, helping patients restore their teeth to a natural white colour for longer.

Whitening - no longer a sensitive issue...
After in-surgery tooth whitening treatment patients can experience sensitivity, this can be anything from a mild twinge to having severe discomfort that can last for several hours, or even days. For these patients, why not recommend the use of a toothpaste that contains Potassium Citrate. This desensitising agent relieves tooth sensitivity by effectively blocking the transmission of pain sensation between the nerve cells that enable cold and hot sensations to reach the tooth nerves. Those who require extra sensitivity relief alongside an extra whitening boost will appreciate the benefits toothpastes like Perfect White Sensitive. Combining the advanced Hydrated Silica for high performance whitening with Potassium Citrate for rapid sensitivity, patients can start to enjoy acidic foods and drinks once again whilst leaving teeth looking and feeling brighter. Regular use will also help to prevent tartar build-up and relieve tooth sensitivity, effectively protecting and whitening teeth whilst allowing patients to maintain good oral care.

The bright side of whitening...
As patient safety, protection and awareness of tooth whitening remains a prime concern for you and your team, it’s extremely important to provide a consistent oral health message. Communicating the importance of good at-home oral care routines, through the use of whitening toothpastes after in-surgery whitening treatments, will help patients maintain a white smile and a healthy mouth for longer.

References
1. Research conducted on behalf of the British Dental Health Foundation by Atominik Research, February 2015. Sample size: 2,044.

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DENTAL TRIBUNE Middle East & Africa Edition | January - February 2014
ORAL HYGIENE 25
offer working very closely with our Dealers and why doctors choose our company.

Starting with the inauguration of the Carestream Training Centre at Ajman University, can you elaborate on the plans for the Middle East?

Fritz Dittmann: The main plan is obviously growth. You have to grow sales and services side by side. With our huge install base in the Middle East we are represented in most countries in the region so our distribution channel is set, running and effectively working. We are working on constantly helping our dealers to facilitate better training and provide easier access to training to the end customer. That was the purpose of setting up the training centre here at Ajman University. The future looks fantastic, we have a product pipeline which is really exciting. Next year we are launching three new products of which one is very exciting and significantly high tech science. Fortunately the technology is becoming very detailed and the necessity to train and educate the end users to cope and work with the technological advancements is essential.

Dave Pullen: When we talk about the Middle East, we mention the continuous improvement and that is why we are here today. Regarding the Ajman University, I had no idea about its super organization. When I first arrived to Ajman University I said I was very impressed and that was even before meeting the people behind the magnificent organization. If you see the facilities and then meet the people, it is a great pleasure to work with such great people. It is not easy to invest in a training centre and we look forward to working with the University to improve the needs of the dentists.

Do you plan to focus on the Dental Technicians as well?

Fritz Dittmann: Initially the concept was to train the technicians here but we are extending this now due to the technological advancement and the demand for the dentist to be trained. When you talk about three dimensional imaging, dentists do not learn about this subject at university so there is a need for training them.

When investing a hefty sum of money for a high technological state of the art training centre the dentists can take advantage of the full benefits. What we certainly did not want to have was someone buying new machine, spending money and just having the machine standing without being used which unfortunately happens sometimes in the industry.

Dave Pullen: The new system of Carestream is about restorative dentistry, taking digital dentistry and expanding it as we all know the future is digital. Making restorations and crowns is a big future for us. We are excited to be able to take an existing product like the CBCT image and turn it into an image from which you can make a crown. Recently our Research & Development team just passed the CSS5000 which is the powder free scanner. Allowing dentists to scan the teeth without taking impressions. The future is very exciting. Our system is much simpler than other products available, we have seen the other products and the main goal of our R&D in Shanghai was to improve it and make it easier. We have a large future in restoration in 10 clicks. We have a couple of doctors in Florida, USA who are testing our answer some of the things which allows us to use the full spectrum and understand what the benefits are when using it to the max.

Fritz Dittmann: That for me is an example of what our speakers have extended in order to achieve this. It was the place for our Centre. We certainly did not want to have our units just standing around in a room, invest a lot of money and just use them during training courses. This is a great joint venture and the university gets very high technological equipment which they can use as well, there is a real opportunity to use it to its full potential. We have understood the story which allows us to show it to potential customers and to improve the people and visited the location. What we certainly did was knock on the door it happened immediately. Ajman is very close to Dubai, a thirty minute drive and once we met the people and visited the location we were convinced this was the place for our Centre. The university also was planning to further enhance their Research & Development so the vision is a good fit for both parties. What we certainly did not want to have were the units just standing around in a room, invest a lot of money and just use them during training courses. This is a great joint venture and the university gets very high technological equipment which they can use as well, there is a real opportunity to use it to its full potential and clinical questions of our existing clients.

Why did you choose Ajman University as your partner?

Fritz Dittmann: We had three options, either use our office at Safa Park Dubai, Renting a new facility or work with a university. Considering our options we had to think about investing in the expensive equipment, have easy access for our customers and we needed to have a leaded room with legislation to be able to take x-rays. Ajman University was the perfect choice and once we knocked on the door it happened immediately. Ajman is very close to Dubai, a thirty minute drive and once we met the people and visited the location we were convinced this was the place for our Centre.

Xavier Cherbavaz, Director for France and Emerging Markets, Ormco.

First Ormco MENA Symposium attracts 250 loyal users to Dubai, UAE

By Dental Tribune Middle East

DUBAI, UAE: The 1st Ormco MENA Symposium took place at Dubai last November 2013 at the Emirates Towers in Dubai, UAE. Dental Tribune Middle East covered the historic event and caught up with Xavier Cherbavaz, Director for France and Emerging Markets.

DTME: Xavier Cherbavaz, a pleasure to meet you here today. What can you tell us about Ormco here today?

Xavier Cherbavaz: Ormco is an orthodontic manufacturer existing over 60 years already and today we are proud to be one of the most innovative companies in orthodontics. Our product portfolio ranges from traditional orthodontics to the high end digital orthodontics with Invisalign and this is what we are presenting here starting from the traditional and going towards the high end such as Damon which is one of the main products used in orthodontics today.

How do you make sure the orthodontists pick your system with the highly competitive industry in the region?

Innovation is one of the major parts, for example Damon is not a bracket but a system, an association of different appliances, brackets, wires, tubes and more which shows our system approach but at the same time we deliver not only products but total solutions. Our aim is to provide products and solutions that help doctors to achieve better clinical outcomes for the patient and to improve their professional life in the office. Our vision and our mission is “Your Practice is Our Priority” which defines that it is not just products but also education. One of the core advantages of Ormco is our education program and we are showing it here today, more than 250 people with over 100 doctors and more than 10 speakers from 3 different continents.

What support do you provide to your clients?

Education is the main driver. This symposium is a snapshot of workshops which have been experienced and achieved. We have a large number of customers coming in at the same time we can showcase it to potential customers and doctors who are using our Damon system starting with three levels including study clubs. The idea is to teach and assist the clients to continue to learn. At our workshops in these three days we were showing presentations with stats pointing out to our current Damon users how they can leverage the technology and system to higher extents in order to achieve greater clinical outcomes.

It dealt with the latest advances in Orthodontics.

- Dr. Dalia El-Bokle

“First MENA symposium was a great success.”

- Dr. Dalia El-Bokle

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What are your plans for the coming year 2014?
It started in 2013 with the opening of our Dubai office where we hired Tarek Haneya in the capacity of Area Sales Manager for the region of Middle East & Turkey. We are planning more resources for the area and momentarily we are in the final stages of planning our education program for the full year. The program will include courses on different levels and here at the 1st MENA Symposium we have made a start to a long number of symposiums to come in the near future. Ormco worldwide applies the same strategy which has proved to work successfully and corresponds to what orthodontists are looking for today. The orthodontist does not just want to buy brackets but learn about them, “It was great event for the Middle East and North Africa Orthodontist.”

Can we expect any new solutions the coming year?
At this 1st MENA Symposium we took the opportunity to introduce our new system Lythos, our new intraoral scanner which is the more recent technology in intraoral scanners moving from the computer with screen set-up to a more compact, light, full mobile scanner technology. The scanner technology is just a catalyst of the digital technology with the key being Insignia – we don’t want to sell a scanner but provide a tool that helps people achieve and use Insignia helping them have a customized appliance for all general and specific patients.

How do you plan to create awareness for Lythos in the coming year for the region?
perform in Europe, Asia or in the USA, we apply a working strategy which delivers to the expectations of the customers and we firmly believe that the middle east orthodontists will be pleased to work with us. Ormco is known as a brand, we do not have any issues with brand loyalty, we are one of the companies which is very well known in Orthodontics so we just need to make the things happen here.

Do you plan any activities with students in the region?
Of Course! Part of the education is going to universities, partnering with universities like we are doing with most of the countries where we have partnerships, trainings, we are bringing speakers to the universities so we are currently getting in touch with some of the key dental colleges in the region and it is a process so we are working on that.

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"Numerous clinical cases were presented that clearly demonstrated the advantages of self locking braces." - Dr. Dalia El-Bokle

"It was great event for the Middle East and North Africa Orthodontist." - Dr. Faraj Behbehani

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X-ray-free caries diagnostics in the everyday dental practice routine

By KAVO

A
lternative, X-ray-free caries diagnostics instruments, such as our DIAGNOdent, VestaCam IX, Supriform – to name but a few – have been finding their way into dental practices for some years now. Up to now, however, I have not been personally convinced by any of these instruments. One reason was that integration in our existing practice systems seemed to be time consuming and expensive. However, the restricted diagnostic spectrum (simultaneous detection of occlusal and proximal lesions also cannot be sterilized. With the desire to re-equip my practice for a more extensive prophylactic care concept in caries diagnostics, I had an opportunity to test a new diagnostics procedure (DIAGNOcam, KaVo, Biberach/Riss) more extensively.

The following article briefly examines the underlying technology and, on the basis of specific cases, the diagnostic potential of DIAGNOcam, including possible applications in relation to prophylaxis.

Technologically advanced

The DIAGNOcam basically relies on a tried & tested technology that is used today in many practices: transillumination. In contrast to conventional technology with an interden- tal light source, DIAGNOcam practically uses the entire tooth as an interdental light source, DIAGNOcam can be used as an auxiliary diagnostic tool. Notwithstanding this, I have not found this test phase identified any incorrect diagnoses and even certain cases. Especially in the diagnosis of proximal caries, an improved correlation of the DIAGNOcam image with the clinical extent is apparent. Another major advantage is that proximal overflows which frequently hinder diagnosis with X-ray images, do not occur with the DIAGNOcam due to the nature of the system. In a workflow in accordance with manufacturer recommendations (visual inspection, DIAGNOcam, X-ray image), a filling can be verified by the DIAGNOcam, avoiding an unnecessary X-ray session.

Integration in dental prophylaxis

As mentioned above, our prac- tice is undergoing expansion and reorientation to a prophylactic concept. Even if this process is not yet complete, I would like to discuss my experience to date.

Fig. 2: Use of the DI- AGNOcam by dental hygienist

After performing dental cleaning, the dental hygienist often reports floss or unclear bop’s. This usually resulted in further X-ray investigations with waiting times, at the expense of my time spent treating the patient. This situation has now changed: the problem is discussed beforehand with the patient and the dental hygienist and visually presented with the DIAGNOcam. This significantly raises the hygienist’s status in the patient’s eyes. At the same time, I can see a trust-building effect from the patient’s perspective, so that not only the dentist, but the entire treatment team contributes to the patient’s dental health with state-of-the-art diagnostic procedures. I may cure my patients earlier and hence more effec- tive treatment. It should be noted, however, that the DIAGNOcam cannot distinguish between active and inactive caries. Consequently, active caries can only be differentiated from inactive caries by means of a time progression (screening) and corresponding progression.

Technologically advanced

The practical advantage of the DIAGNOcam is that it offers an additional diagnostic tool for use in dental examinations. The enclosed guide makes it easy to learn how to interpret the images. At present, I am engaged in an ad- vances against basing diagnoses solely on the DIAGNOcam, in contrast to the camera being used as an auxiliary diagnostic instrument. Notwithstanding this, I have not found this test phase identified any incorrect diagnoses and even certain cases. Especially in the diagnosis of proximal caries, an improved correlation of the DIAGNOcam image with the clinical extent is apparent. Another major advantage is that proximal overflows which frequently hinder diagnosis with X-ray images, do not occur with the DIAGNOcam due to the nature of the system. In a workflow in accordance with manufacturer recommendations (visual inspection, DIAGNOcam, X-ray image), a filling can be verified by the DIAGNOcam, avoiding an unnecessary X-ray session.

The computer and KaVo’s KID program are started and the rubber-arms of the DIAGNO- cam slide over the proximal zone of the teeth. After adjustment of the camera position, above all in the vertical axis and in its inclination to the tooth axis, a crisp image is ob- tained. It should be noted that a learning phase is required for proper handling of the PC screen. Especially in the proximal zone, caries lesions are revealed by the DIAGNOcam, which probably would not have been possible to identify clearly by sight or which would not have showed up at all. By the same token, this means that I can offer my patients earlier and hence more effec- tive treatment. It should be noted, however, that the DIAGNOcam cannot distinguish between active and inactive caries. Consequently, active caries can only be differentiated from inactive caries by means of a time progression (screening) and corresponding progresson.

Technologically advanced

The practical advantage of the DIAGNOcam is that it offers an additional diagnostic tool for use in dental examinations. The enclosed guide makes it easy to learn how to interpret the images. At present, I am engaged in an ad-

The clinical investigation of an upper molar does not provide any evidence of carious processes in the mucosal contact zone (Fig. 5). In contrast, in the DIAGNOcam image (Fig. 4) a broad shadow zone can be visualized which has already extended to the enamel-dentine boundary.

The X-erayer image (Fig. 5) only reveals a extremely faint lightness of this area. After opening a carious process was detected (Fig. 6), which was treated after examination and preparation with the SONICFLEX system (Fig. 7).

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The Inman Aligner: An effective tool for minimally invasive cosmetic dentistry - Part 1

By Dr. Til Qureshi

Traditionally, cosmetic dentistry has always been faced with the challenge of treating poorly aligned teeth. Treatment options available for mildly and moderately crowded teeth include orthodontics and restorative dentistry. Many patients have chosen a conservative approach, for example porcelain veneers, over orthodontic techniques because of longer treatment times combined with either unsightly labial wires and brackets or the expense of ‘invisible’ braces.

In cases where patients choose to have crown, upper and lower anterior teeth treated with veneers, it is extremely challenging to prepare teeth conservatively, owing to their anatomy and the minimum thickness required. A difficult balance has to be found between over-preparation and the need to avoid overcontoured restorations.

However, owing to the excite-ment and advancement created by the effect of popular large smile makeovers, aggressive tooth preparation techniques, in which teeth are prepared to stumps, have been used to correct minor space movements and to allow the bone around the roots of the teeth being moved to ‘rest’ between successive activations. In addition, the direction of force application with traditional springs was less easy to control, leading to a mousetrap-like force that tended to unseat the appliance. These factors limited the degree of correction that could be accomplished. For larger movements, single appliance activations were insufficient to complete the movement.

In developing the Inman Aligner, Donal Inman, CDT created a patented design that takes advantage of the gentle, steady and consistent forces generated by NiTi. The design relies on piston-like components driven by NiTi coil springs. Inman designed lingual and labial components to function or move in parallel to the occlusal plane, eliminating the mouse- trap-like unseating forces and allowing actual physiological movement of teeth. Inman Aligners are ideally worn for 16 to 20 hours a day. Studies have demonstrated that the removal of orthodontic forces for four hours a day massively reduces the risk of root resorp- tion and that risk of root re- sorption is lower in removable versus fixed appliances.

A standard Inman Aligner as described in the following cases consists of both lingual and labial components. The forces have the effect of squeezing the teeth into alignment. The components can be used in isolation to reposition teeth with a more steady force, requiring less adjustment than a standard labial lower retainer. In Case III, a unique approach that incorporates an expander on the Inman Aligner is described.

Case selection
Case selection for the Inman Aligner is critical. The following criteria should be met before treatment proceeds:

1. Cases should require movement of incisor and/or canine teeth only.
2. Root formation of the teeth to be moved must be complete.
3. Crowding or spacing should be no more than 3mm.
4. Cases should have fully erupted posterior teeth to facilitate retentive clasps, with a reasonably well-aligned arch form to facilitate the path of i- course.
5. Cases should be stable and preferably periodontal disease free.
6. Patients must agree to wear the Aligner for about 14 hours a day and be responsible for good appliance and oral hygiene. Should the patient wear the Aligner for about 20 hours a day, treatment will still be successful.

Model evaluation/arch analysis with Spacewize

Arch analysis should be performed before any Aligner case is attempted in order to ensure that the case is suitable and, if not, what additional space creation techniques will be needed to allow the Inman Aligner to work. The extent of crowding present is calculated by measuring the sum of the mesial-distal widths of the teeth to be moved. This distance is called the required space. If canines and incisors are to be moved, this distance will be measured from the distal surface of one canine to the distal surface of the other canine. Using an orthodontic retaining or jeweller’s chain or a polishing strip, the ideal suggested position of the contact points and not the incisal edges, this is described as the available space or the curve. It is possible to perform this task more quickly and just as accurately with software such as Spacewize. Just one simple occlusal photograph is required.
required, which can be taken chairside. One tooth needs to be adapted for each rotation. A curve can be digitally established and the extent of crowding can be calculated using such software.

Laboratory requirements

Accurate upper and lower impressions are taken, preferably two of the arch being treated. Simple alginate can be used if cast quickly. A bite registration and prescription should be completed and sent to a certified Inman Aligner Labo- ratory. The technician should be informed of the amount of crowding calculated. The technician should be notified correctly. The prescription should provide full details to the technician regarding the teeth to be moved, the area they are to be moved to and the distance they are to be moved. A Spacewise trace of the ideal curve can also be submitted.

Interproximal reduction

Interproximal reduction (IPR) is a crucial aspect of alignment using abrasive strips or discs. The model analysis will have predicted the extent of IPR required. Many authors acknowledge that approximately half of the interproximal enamel on the mesial and distal of each incisor is generally removed. This equates to 0.3mm per contact point, creating 2.5mm of space between the mesial and distal surfaces. In some cases, the distal of the canine and mesial of the premolar can be approximated allowing for a total of 3.5 to 4.5mm. These cases will require more experience in using the system but offer a number of possibilities for clinicians once trained to use the system correctly. Meticulous records of the amount of stripping performed should be kept. An in-surgery fluoride rinse or application of topical fluoride gel or use of a disclosing solution washed off after any enamel reduc- tion procedure. El-Mangoury et al.32 from the Dental School of Cairo has demonstrated that there is no increased risk of caries after IPR, provided surfaces are smoothed correctly. Hetsis et al.33 and Tal34 have demonstrated that there is no increased risk of periodontal disease, despite the decreased interproximal space.

Critically, Inman Aligner treat- ment uses progressive, ana- tomically respectful IPR. While the amount of IPR to be used is not predetermined, it is very important not to exceed this threshold. The amount of IPR (0.1mm per visit per contact point) is carried out only in small increments. The patient is sent away with the Aligner. Owing to the Aligner forces, this is critical, as If the interproximal reduction was not adequate, the patient required further treatment. The Interproximal reduction is performed at each appointment, either by using strips or discs, which ensures the stripping is far more accurate and conservative than would be the case using burs. This significantly re- duces the risk of excess space formation, gouging or poor contact anatomy.

Lingual/labial anchors

Composite resin placed inter- dually, except for a lingual strip to where the bow contact will help them to function more ef- ficiently. This can also be used for the labial surface, es- pecially in cases in which teeth are being retracted. Strategic placement is vital for success and can be very helpful in the treatment of rotated teeth and the extrusion of teeth.

Apppliance adjustment

The forces can be varied by ad- justing the spring components or replacing the strips. Gener- ally, adjustments are not nec- essary, except in more com- plex cases, for which training is required to understand the correct spring types and compression rates to use.

Case I

The 25-year-old female pa- tient complained about the appearance of her lower an- terior teeth. She had a history of orthodontics in her teenage years, having a fixed appliance fitted for a period of two years. She had been given a retainer at the time but was told to wear it at night for 5 months only. She had noticed her lower four incisors starting to become crowded as treatment options discussed were invis- ible braces, conventional fixed braces or an Inman Aligner. The amount of space required for reduction was calculated as 5.5mm. Interproximal re- duction was performed using diamond strips (Brasseler). A reduction of 1.5mm per each contact point was achieved at the fitting appointment. This was verified with a thin- ness gauge. The patient was seen three weeks later and a fur- ther 0.15mm reduced at each contact point. The teeth were aligned in just over nine weeks using such software.

Case II

A female patient presented complaining mainly about her rotated upper right central incisor. She had noticed her lateral teeth. A midline screw was incorporated to allow the wire to adapt the work- ing model. This case will be presented in the future for publication.

Conclusion

The Inman Aligner has been confirmed by figures from the British Academy of Cosmetic Dentistry (BACD). The 2008 study of data from 200 BACD members demonstr- ated a massive 345% in- crease in orthodontics used in cosmetic cases but no increase in the use of veneers. Of this increase, 250% was solely due to the use of the Inman Aligner in cases in which patients would not otherwise have had their teeth treated, owing to the time cost of fixed braces and no desire to have appliances adhered to their teeth. Many of these patients were those who would have opted for aggressive preparation of their teeth for veneers, before the Inman Aligner.

Editorial note A complete list of references is available from the publisher.

Contact Information

Dr. TF Grealish is the Past Presi- dent of the BACD. He presents hands on courses and lectures on the Inman Alig- ner worldwide.

For information on courses and lectures contact Inman Aligner Training or contact Caroline Cross on 01483 366 5177.
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REGISTRATION
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College of Dentistry - Sharjah University welcomes new dean

By Dental Tribune Middle East

SARJAH, UAE: Professor Richard J. Simonsen, DDS, MS, on behalf of Dental Tribune we would like to congratulate you with your new role as the Dean of the College of Dentistry and Executive Director of the Dental Hospital at Sharjah University in UAE.

DTME: How did you find your way to the Middle East, through Kuwait, to Sharjah, UAE?

Professor Simonsen: Thank you very much for this opportunity. I guess I have always had an adventurous streak in me, and circumstances, like the end of World War II when I was born, meant that as a small boy I lived in two countries; England where I was born; and Norway where my father was a teenager. I decided that I wanted to study dentistry, and I wanted to do so in the United States. I was very fortunate to get that opportunity through a series of serendipitous events. So having lived and worked in several countries, and having returned now in about 35 countries, when the opportunity arose to spend the tail-end of my academic career in the Middle East, where I had never been, I jumped at it. I believe one should always take that opportunity to grow, and learn. I wanted to see for myself, rather than rely on the news reports, just what the people of the people of the Middle East are really like. Already I know that this was a very wise decision because I have learned so much about the wonderful people, the places, and the politics of the region. Being in Sharjah at this moment in time, at this moment in my life, surrounded by the bright young minds of my students, is a very special experience for me. I feel very lucky to be here.

How do you experience the Dental College at Sharjah University at the moment? I see a young university with inspired leadership, a hard-working and dedicated faculty and staff, and an incredible group of students—you put that all together and it feels like I am sitting on a rocket on the launch pad! Professor Rani Al Qasimi, being the Ruler’s Highness Sheikh Dr Sultan Bin Muhammad Al Qasimi, being such a well-educated man himself with two earned PhD degrees, has education as one of the pillars of his vision for his Emirate. Already the resources put into building University City, make this University one of the most impressive in the world. I certainly have never seen such an investment in infrastructure in my life. Now those of us entrusted with guiding the College and the University in the coming years must seize on this opportunity to make the program as good as the beautiful Islamic architecture on display on our campus.

What are your plans for the coming year as Dean of the Dental College? I think the College of Dentistry is on the verge of a big leap forward into the next stage of its development, which has to include the introduction of graduate programs into the core curriculum and the development of Continuing Education programs run by the University. Bringing graduate students into the College, elevates the level of intellectual communication for us all. With the introduction of Master’s and eventually PhD degree programs, the College would take a step forward, and the ability of the College to create new knowledge through research would begin. I also believe that the College should be a vital resource for the practice of dentistry in the region.

“The College of Dentistry is on the verge of a big leap forward into the next stage of its development, which has to include the introduction of graduate programs into the core curriculum and the development of Continuing Education programs run by the University.”

DTME: What can you say about the Dental Education in the region? From what I have seen, dental education in the Middle East is on a par with anywhere in the world, it just lacks depth in research. From what I have seen, dental education in the Middle East is on a par with anywhere in the world, it just lacks depth in research. I have been amazed at what a remarkable organization of students we have here in the University of Sharjah College of Dentistry. I have been amazed at what a remarkable organization of students we have here in the University of Sharjah College of Dentistry. But they are just around the corner!

“Dentistry, after all, is a health profession where the end result is relief from pain...”

As the Dean, what do you feel is most important in predicting success in the dental school? Once again I have to go back to people. With the dedicated core of University leadership from the Chancellor and Vice Chancellor to the dental faculty and staff that we have at the University of Sharjah, I predict a bright future. One of my roles as I see it is faculty development. As we grow we will need some additional faculty, but more importantly we need to share what we have, what is the current thinking and mentorship for the future.

What types of students are you looking for? Dedicated, passionate, smart people who want to help others. Dentistry, after all, is a health profession where the end result is relief from pain; developing and spreading the knowledge to prevent disease; and the reconstruction of the ravages of our two primary diseases, dental caries and periodontal disease. In order to be a good practitioner of dentistry, we need integrity, honesty, empathy and a sense of wanting to help others and doing good things for our community.

I have been amazed at what a remarkable organization of students we have here in the University of Sharjah College of Dentistry!”

“Dentistry, after all, is a health profession where the end result is relief from pain...”

What advice can you provide our students on bridging the gap between post-graduation and working as a full-time dentist? Well, our students here are faced with a unique situation prior to getting licensed here. It’s very true that a four- or five-year dental education can only do so much, and every graduated student will learn a great deal from additional experience after graduation from dental school, particularly from being around additional experienced mentors. So I would advise them to recognize that once a dental student, always a student of dentistry. We are in a profession where we continue learning for a lifetime, and that makes it very exciting indeed!

Based on your own experience how did you proceed after graduating? I found a niche for myself. Recognizing that it is hard to be an expert in every area of general dentistry, I focused on the acid-etch technique, which was a relatively new concept when I graduated from dental school. I looked for ways to minimize the loss of tooth structure in preventive and restorative dentistry. That’s my passion—conservation of tooth structure, and I would encourage any graduate to find their niche in dentistry, and become as good as you possibly can be in that area, which, as it was in my case, may require additional education in a graduate program.

Do you have anything else you would like to share with the readers? I believe that any school lives for its students. If you want to put it in lay terms; the students are the customers of the University. We exist for them and we should not go back to the old days when students were regarded as a lower form of life until one day they graduated and became instant colleagues! Of course young people need guidance, advice and mentoring, but they also need our respect, empathy and just plain kindness at times. I have been amazed at what a remarkable organization of students we have here in the University of Sharjah Dental Students Association! They have a very well-organized group of young people with a mission to do their best. I want them to leave the University of Sharjah with warm feelings for the institution of education so that they too perhaps can one day teach the next generation of colleagues to work for the people of Sharjah and the Emirates as faculty at the University of Sharjah College of Dentistry.

Contact Information

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Soft Tissue Engineering With Native Collagen Matrixes

By Dr. Hueskens

Muco gingival surgery can be divided into four objectives:
- Increase of keratinized tissue around teeth and implants
- Cover denuded root surfaces
- Augmentation of papillae
- Regeneration procedures as ridge augmentation.

All these indications have been treated in the past with free gingival, or connected tissue grafts harvested from the patients palate [1]. The fact that a second surgical site is necessary and that due to complications as bleeding or pain - the procedure is not very comfortable for the patient it is often refused. The amount of harvested soft tissue material is very limited too [2]. Therefore the use of xenogenous materials can be an very interesting alternative and was well investigated in the past [3].

Since 2010 we have now three years of experience with collagen matrixes from native origin (MucoMatrixX, Dentegris Germany). These matrixes are 1.2 to 1.7 in thickness and are available in the dimensions 15x20 mm, 20x30 mm and 30x40mm. As they come in a dry state they have to be rehydrated before use. Therefore the MucoMatrixX is hydrated with sterile, physiological saline solution for about ten minutes. It is bendable, sutureable and it can be shaped, both with scalpel or scissors. The matrix has two sides, one that shows little cuts is the bottom side, the upper side shows little pores. The time of resorption is six to twelve month.

In the following cases we show how the collagen matrix works as a perfect substitute for both, free gingival and connected tissue graft.

Case one: Increase of keratinized tissue around teeth.
In the sequence is shown how a matrix is sutured on a recipient site in region 45 to 47 (1a). A horizontal incision at the mucogingival junction is performed (2a). A MucoMatrixX in fitting shape is brought in. After coronal repositioning of the flap, it is fixed with vertical matrass sutures (2c). Picture 2d showing healing after three weeks, 2e after two years. Region 33 showing starting keratinization.

Case two: Root coverage.
In this sequence is shown how the matrix is used to substitute a connected tissue graft to serve in a root coverage procedure in region 33 to 36 (2a). A MucoMatrixX in fitting shape is brought in. After coronal repositioning of the flap, it is fixed with vertical matrass sutures (2c). Picture 2d showing healing after three weeks, 2e after two years. Region 33 showing starting keratinization.

Case three: Soft tissue ridge augmentation including reinforcement of the distal and mesial papilla.

Case four: Closure of the socket during an immediate implant placement proce-
“Using short implants you are much more conservative”

By Dental Tribune Middle East

UBAI, UAE: During the Bicon Short Implant Forum 2015 in Dubai, UAE we caught up with Dr. Michael Ziegler, Clinical Director of the American Dental Clinic in Dubai to understand his experience with Bicon.

DTME: Dr. Michael Ziegler, you have been here a long time in the Middle East and we are eager to learn more from you.

Dr. Michael Ziegler: Well I have been here for over 27 years, actually I opened my clinic when Emirates Airlines opened their office who grew a little faster than I did but I have always loved the region and had a great time here.

How long have you been using Bicon?

For about 5 years now however I have known about Bicon for a long time but I just was not quite ready to embrace and take the jump into Bicon mainly due to the fact that I did not know enough about it and everybody was talking against the usage of short implants and I believed that too but a lot has changed since. What changed was that I am looking for something conservative and something that is consistent which works. These two points work for me and for my patient. Bicon is conservative because in my hands I had a lot of problems before to make bone. By using short implants you are much more conservative and it is a lot easier for the patient and with less time involved, risk with a consistent outcome. You can top these points and Bicon offers all of these.

Would you advise your dental colleagues to use Bicon? How is the learning curve?

When I started using Bicon I was on my own over here. There is a learning curve but once you understand it, it becomes simple and you have more control compared with other systems. The is a learning curve because there is a different way of thinking. One system is a screw and one you tap in so these are two different concepts, two different healing concepts and the healing process of Bicon is one of the greatest reasons why it is a wonderful implant. The Bicon implant provides room to form a clot or a callus with quick support whereas a screw in implant is very closely associated to the bone so it is a total different type of healing. I have put Bicon in a patient where after drilling the site there was no blood after having lost two implants and absolutely no bleeding and to put a regular implant in there would have been a very scary thing to do. Two years I had put it in and recently the x-rays showed it is working and it is fine. Furthermore, it is suitable for many situations such as periodontal situations and one of the greatest benefits is for sinus lifts allowing predictability and easy on the patient.

Bicon Short Implant Event held in Dubai

By Bicon

UBAI, UAE: The Bicon Short implant event held in Dubai, UAE has been held on November 14th and 15th at Atlantis the Palm resort in Dubai, UAE. The main speakers were Dr. Vincent Morgan, President of Bicon LLC/Boston; Prof. Dr. Mauro Marincola, Clinical Director Bicon/Italy; Dr. Laura Murcko, Bicon consultant/Boston; Mr. Paolo Perpetuini, Italy, Bicon International Technician. Additionally two local Implantologist Dr. Kadhim Hind Salmoni and Dr. Michael Ziegler spoke about their experiences with Bicon. Dr. Haider Khader and Dr. Joji Marokass assisted the hands on course which also took place.

The 2 day program was organized in Dubai for a delegation of 70 Iranian dentists and was co-organized with the help of the Iranian distributor of Bicon – Mehr Taban Co. In addition, dentist from UAE, Kingdom of Saudi Arabia, Oman, Iraq, Qatar and India formed the group of 142 dentist who attended the theoretical course on the first day with 75 dentist taking part in the hands-on course on the second day. In addition 18 technicians from UAE and Iran attended for education.

Bicon presented proven clinical studies on the 4.0 x 5.0 SHORT implant, TRINIA the metal Free CAD/CAM Solution and Metal Free Fixed Restorations on short implants. Bicon presented guided surgery techniques for the first time to the Middle East dentists. The course attendees received 17 CE credit hours. At the end of the course the attendees received good exposure advantages of the only unchanged implant system since 29 years.

During the hands-on course on Bicon Surgical, Prosthetic, Guided Surgery and TRINIA, dentist took advantage and learned about the product in a practical way. Based on the success of the Bicon Short Implant Forum 2015 in Dubai, Bicon would like to conduct more hands-on courses from coming year 2014 to dentists from the Middle-East region.

Since 1985, the Bicon Dental Implant System has offered dentists a proven solution for missing dentition. The Bicon implant design comprises plateaux, sloping shoulders and a bacterially-sealed, and 1.5° locking taper implant to abutment connection. With the plateau design, cortical like bone forms around and between each plateau. This Haversian bone allows for the routine use of 5.0mm short implants. The sloping shoulder provides the necessary room for bone to support interdental papillae that are gingival aesthetic. Bicon’s 360° of universal abutment positioning provides for the revolutionary cement less and screw less Integrated Abutment Crown® which consistently provides for a non-metallic aesthetic gingival margin.

THE REAL CHOICE for pediatric dentistry

The Scientific Session at Atlantis Dubai, UAE
“So many features in Bicon make it a unique implant”

By Dental Tribune Middle East


Since 1980, Dr. Al Himdani started practicing as Oral Implantologist in one of the most famous hospitals in Paris “Cochin Hospital”, he was one of the founders of the first University Diploma “MSc. Oral Implantology” in France & Europe. In 2002, Dr. Al Himdani arrived in the Emirates as a Consultant Implantologist & Maxillo-Facial Surgeon in Al Zahrah Private Hospital and in 2003 he established his own clinic “French Center for Dental Implant” where actually practiced exclusively his specialty as Oral Implantologist.

DTME: When was the first time you started using Bicon?

Prof. K. Al-Himdani: About 6 years ago when my friend a Dr. M. Al Jabbawi from U.K. “Whom I would like to thank him” introduced it to me and from that time Bicon solved approximately 90% of problems that I faced with all other implant system which I have used during my 30 years in this field.

What makes Bicon different from other implant systems?

So many features in Bicon make it a unique implant starting from:

1. Implant macro geometry;
   * Its lock taper Implant Abutment Connection (1.5) which creates a completely hermetic sealed free from any bacterial infiltration which means no future bone pocket or bone resorption, so we can place the implant 2mm subcrestally to obtain best long life Esthetic outcome.

2. Surgical Kit which gives the ability for Manual Bone Manipulation “Splitting & Expanding” and the collection of precious Autogenous Bone, maneuvers which help to overcome “to a certain limit” ridge deficiency avoiding so bone grafting procedures. Beside that the 50 rpm of motorized surgical procedure decreases, if not eliminate the chance of bone damage during host preparation.

3. Prosthetic restoration with its unique Implant Abutment Connection especially with the absence of internal screw has advantage regarding crown’s reparations without traumatizing the implant and oral tissues. On top of that, the ability of the use of Integrated Abutment Crown to overcome the aesthetic result of the use of screw retained crown restoration in case of palatal oriented implant placement.

What is your advise for Dental Colleges?

Implant practice is very exciting field from all points of view “Functional, Esthetic, Healthy, …” and it seems to be easily achieved, but to obtain a durable successful result needs a proper implant selection with good understanding of patient risk factors which are susceptible to compromise our final result.

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Your Success. Our Commitment.

Visit us at:
AEEDC DUBAI, 4-6 February, Hall 4 – Booth 846
EXPODENTAL, MADRID, 13-15 March, Hall 7 – Booth D89 & D10
EXPODENTAL, SINGAPORE, 4-6 April, Level 4 – Booth 4H31

www.inbsa.com
By Dental Tribune Middle East

Dubai, UAE: DFCIC and AAID together welcomed over 1,358 world experts in Aesthetics and Implantology from 50 countries on 09th - 10th November 2013 at Jumeirah Beach Hotel, Dubai. With the excellent ambiance and cozy atmosphere the conference again provided warm exceptional networking opportunities, connecting the leaders in the field of Aesthetic Dentistry & Implantology – practitioners, researchers and industry players. The organizers, CAPP, AAID and Emirates Dental Society with the support of Saudi Dental Society and Lebanese Dental Association achieved one more time a great record of attendance and established a reputation as the industry’s leading international conference.

Bringing together industrial leaders and professional practitioners, the conference not only delivered extensive scientific knowledge but gave way for an excellent opportunity to present the latest advancements and developments within Aesthetics and Implantology.

The sponsors included Sirona, Ivoclar Vivadent, 3M ESPE, Crest & Oral-B, GSK, Philips & many others.

Dr. Mohammad Al-Obaida (President SDS) shakes hands with Dr. Elie Maalouf (President LDA) at 5th DFCIC

Demonstrations at the product display area by Dr. AbdelAziz Yehia, Sirona Middle East - Business Development Manager CADCAM

The scientific session at 5th DFCIC

Excellent ambiance and cozy atmosphere at Jumeirah Beach Hotel Dubai, UAE

Dr. Munir Shwaidi (left) and Dr. Andreas Kurbad (right) discussing questions

Dental Tribune Middle East Nov-Dec edition presented to Dr. Elie Maalouf (President LDA) at 5th DFCIC

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DUBAI, UAE: For the month of November ‘Mouth Cancer Awareness Month’ runs throughout the UK. In support of ‘Mouth Cancer Awareness Month’, Dr. Roze & Associates Dental Clinic, began the evening with a lecture on ‘Mouth Cancer Awareness’, followed by Dr. Peter Cruse from CPS, who lectured on ‘The Pathology of Oral Cancer’.

In reference to publications from the British Dental Health Foundation 400,000 cases of mouth are diagnosed worldwide every year. In the UK research reveals there has been a 50% increase in Oral Cancer since 2000. The prevalence in youngsters is increasing, early diagnosis is key, and can increase survival rate by 90%.

The key message is ‘If in doubt, get checked out’. Any ulcers, white patches, red patches, lump, swellings that don’t go within 2-3 weeks, visit your doctor or dentist. Create awareness of the main risk factors associated with mouth cancer. The main risks are smoking, alcohol, poor diet, HPV (Human papillomavirus), smokeless tobacco (betel nut, naswara, paan, gutkha, areca nut). Due to recreational

Sirona has always been the leader in producing surpassed innovative products

Sirona has always been the leader in producing Surpassed Innovative products through the whole product portfolio, thanks for the dedicated management and dedicated R&D department that are keen on keeping the same level by investing a huge budget for this purpose which for sure ends up with products like CEREC Omnicam and we always say it is just a start!!

How do you rate the level of dentistry in the Middle East, GCC & Pakistan in particular?

Well in 2015, the level of Dentistry in the GCC took a real downturn towards quality products and services and such detour believing that our products are not just a dental equipment but yet an innovative technology that we need all our customers to make the benefit out of it, so product Knowledge, continuous educational programs are goals everyone in Sirona would deliver anytime anywhere.

What is your impression of the dental industry in Middle East?

Looking at the dental industry in the ME in the past 10 years, I can only have one impression,...HERE is Future!!

Sirona is amongst the largest providers of dental products and solutions on the market. What role does digital dentistry play in your portfolio?

As a market leader or we say the Market leader in digital dentistry, Sirona portfolio will always cherish such products and we will always be keen that Sirona role in digital dentistry will reflect the power of the company in this sector and thus the trust by our customers will be retain for years and years.

What is the impact Sirona and Digital Dentistry have had on dentists and dental technicians in the Middle East?

Well a question can be asked to the customers and I will be so happy to hear their feedback!! But anyhow in general we invest in our products, invest in our customers (allow me to call them Friends) either dentists or Technicians, They invest in us and I assume the profit both ways is Trustable.

Recently you have launched CEREC Connect in the Middle East, could you emphasize on this new system?

Adding to what we mentioned earlier, Sirona will always invest to reach each and every customer, CEREC connect will be one of such tools, a CEREC software that will allow all dentists and Technicians to communicate and get their digital impressions sent via email generating a new era of Dental office / Dental Lab communication.

Successfully launched in Kuwait two months ago, with a real positive results and customer satisfaction, soon in Saudi, UAE and Qatar.

Would you like to share anything else with the readers?

Just to conclude, our commitment in Sirona is trust and we are there to gain it and we will work hard to maintain it as well.

Wish you all a happy New Year 2014.

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AEEDC Dubai 2014

By AEEDC

DUBAI, UAE: The 18th edition of the UAE International Dental Conference & Arab Dental Exhibition - AEEDC Dubai 2014 will take place at the state-of-the-art Dubai International Convention & Exhibition Centre (DWC) from 4 - 6 February 2014. AEEDC Dubai is ranked first in MENASA Region and the Second Largest Worldwide.

Every year, AEEDC Dubai provides the best platform for dental professionals and industry experts from the MENA region and other parts of the world to update knowledge, network, interact and generate business partnerships.

AEEDC Dubai 2014 conference will present a very comprehensive scientific program with more than 130 international and regional speakers highlighting the latest topics and clinical cases in the field of dentistry. Several continuing dental programs will be hosted at AEEDC Dubai 2014 focusing on the most up-to-date scientific information and advanced dental solutions. In addition, AEEDC pre-conference courses named as the Dubai World Dental Meeting - DWDM will run 3 days prior (1 – 3 February 2014) to the conference offering a variety of highly specialised courses.

AEEDC Dubai 2014 exhibition is the gateway to the emerging and far-reaching dental market in the MENA region. A wide-ranging dental products, equipment and services will be displayed. A number of practical and interactive activities will run alongside the exhibition halls.

More than 30,000 Dental Professionals, Healthcare Providers and Industry Leaders are expected to attend AEEDC Dubai this year. It also represents an outstanding opportunity for all dentists and decision makers from the private and public sectors, to explore and test equipment and devices displayed by more than 1,000 exhibiting companies. Moreover, AEEDC Exhibition will feature 19 national pavilions primarily from: Brazil, China, Finland, France, Germany, Hungary, Italy, Japan, Korea, Portugal, Slovenia, Spain, Sweden, Switzerland, Taiwan, Turkey, United Arab Emirates, United Kingdom, and United States of America.

This year’s edition of AEEDC Dubai has four conference halls with the best speakers the profession has to offer. The lectures start with many established keynote speakers who have been educating and innovating for more than 20 years and new speakers offering, with enthusiasm, fresh topics and new concepts.

The pre-conference courses of Dubai World Dental Meeting, which will be conducted from 1 – 3 February 2014, have topics ranging from Endodontics, Orthodontics, Implantology, Periodontology, Restorative and Infection Control. Each course selectively designed to offer the latest advancements in their field.

The 18th Edition is held in strategic partnership with the Ministry of Interior Naturalization and Residency Administration, Dubai, United Arab Emirates and has gained the esteemed support from Arab Dental Federation, Global Scientific Dental Alliance, Executive Board of the Health Ministers Council for Gulf Cooperation Council States, GCC Oral Health Committee, Riyadh Colleges of Dentistry and Pharmacy, Arab Academy for Continuing Dental Education, and International Association for Orthodontics-IAO.

AEEDC Dubai is held under the patronage of His Highness Sheikh Hamdan Bin Rashid Al Maktoum, Deputy Ruler of Dubai, Minister of Finance, President of the Dubai Health Authority in co-operation with the Dubai Health Authority.

Inibsa dental: the specialists in dental anaesthesia

By Inibsa Dental

Inibsa Dental is a pharmaceutical company with over 65 years’ experience in the R&D and production of dental anaesthetics.

With a production capacity of over 150 million cartridges a year, Inibsa Dental is positioned in its own right amongst the world’s leading manufacturers.

Inibsa Dental has the right anaesthetic to suit every patient. In their daily practice, dentists face a wide range of pathologies and patients. It is important to choose the appropriate anaesthetic for each treatment and patient considering factors such as the need for postoperative pain control, the required hemostasis, the risk of postoperative self-inflicted injuries and any existing contraindications to the selected local anaesthetic. Inibsa Dental provides a complete range of drug to deliver safe, convenient and effective anaesthesia for every type of dental procedure and patient.

Inibsa Dental’s local anaesthetics are aseptically manufactured, silicone-coated and have latex-free rubber components to ensure a smooth and painless injection.

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Inibsa Dental’s local anaesthetics are aseptically manufactured, silicone-coated and have latex-free rubber components to ensure a smooth and painless injection.
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Optimize the outcome. Maximize the simplicity.

3M ESPE Indirect Procedure Solution

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RETRACT up to 50% faster than using retraction cord with 3M™ ESPE™ Astringent Retraction Paste and experience long-lasting hemostasis.

2. IMPRESS
Make highly precise IMPRESSIONS using 3M™ ESPE™ (Soft) Monophase Polyether Material and rely on proven quality from the inventor of polyether. Benefit from self-free mixtures out of the Panavia® Automatic Mixing System.

3. TEMPORIZIZE
Create reliably strong TEMPORARIES with natural aesthetics using Protemp™ 4 Temporization Material.

4. CEMENT
CEMENT the final restoration with ReliX™ Ultimate Clicker™ Ultimate Adhesive Resin Cement and get industry-leading bond strength with only two components.

Optimize your time. Simplify your procedure.
dure including augmentation of the alveoli. After extraction of the first upper molar on the left, an internal sinus floor elevation is performed and a Soft-Bone Implant is placed. The alveoli are augmented (4a-4c) with a bovine bone substitution materials (CompactBone B, Den-tergis). Than the collagen matrix covers the extraction site and the gingiva is adapted with some sutures (4d). There is no primary closure of the wound. During the next two weeks a complete closure could be achieved (4e), so at second stage after four months there are perfect soft and hard tissue conditions around the implant (4f).

Conclusion

Since 2010 we used 122 collagen matrices in 15 patients to substitute free gingival or connected tissue grafts in mucogingival surgeries. The results were similar to what we are used to in tissues harvested from the palate. The main advantage in comparison to the autogenous grafts is that there are almost no complications as there is no need for donor site at the palate. The second is the unlimited amount of tissue that can be used. So by that patients are very comfortable with the use of collagen matrices instead of tissue from the palate.

Literature


According to Rosenberg, today’s CAD/CAM technology allows the average dentist a number of options in high-speed design and manufacturing, more significantly in regards to implant prostheses, crowns, orthodontic aligners and cosmetic digital imaging. Referenced frequently throughout Rosenberg’s presentation, Dentca and Invisalign (denture and aligner manufacturers) founded their products through CAD/CAM technology by careful analysis and research. Both companies boast a two- to three-visit schedule per patient to fully complete the design and manufacturing of their products, eliminating chairside time and increasing profitability. The two to three visits incorporate impression creation, a second patient visit less than a week later and an optional patient follow-up.

Speakers Dr. Cristina Teixeira and Dr. David B. Misch spoke on orthodontic topics, including “Misconceptions in Orthodontic Early Treatment” and “Early Class II Treatment: A Minimally Invasive Treatment Approach.”

The International Congress of Oral Implantologists’ seminars featured Dr. Michael Tischler, Dr. Alvardo Ordonez, Dr. Gordon Christensen and Xana Winans. Topics ranged from “The Zirconia Screw-Retained Implant Bridge” to digital dentistry to social media marketing.

In the Dental Assistants Pavilion, Shannon Pace Brinker, CDA, spoke on “Becoming a Whitening Specialist in Your Practice,” which focused on practical techniques for in-office and take-home whitening.

Highlights in exhibit hall

The Greater New York Dental Meeting has long been a favorite venue for companies to
Jerry Herman, DDS introduced the first time at the GNYDM the MouthWatch, an intraoral camera system for patients to use at home. It lets patients send high-resolution images of their mouth directly to their dentists via a HIPPA-compliant online platform. The idea is to tighten the connection between patient and practice, boost recall rates for cleanings and improve overall patient compliance — in part by enabling them to examine their own mouths in privacy and see just how bad their teeth and gums might be looking.

Herman’s goal was a system for the same price as a powered toothbrush, which, at $150, he hit. Consumers can buy the scanner and then find a Mouth-Watch dentist through an online referral site — or ask their dentist to use the system. Or patients can buy the wand and then find a MouthWatch through an on-demand referral site — or ask their dentist to use the system. Or patients can buy the system and then send high-definition images of their teeth and gums to their dentist via a HIPPA-compliant online platform. The idea is to improve overall patient compliance — in part by enabling them to examine their own mouths in privacy and see just how bad their teeth and gums might be looking.

Biolase used the GNYDM to introduce its GALAXY BioMill, which the company developed and designed in conjunction with the German company Ims-tech. It’s an open-architecture CAD/CAM system for scanning, designing, milling and finishing crowns, inlays and onlays in the dental office in a single appointment. It uses the 3Shape Trios intraoral scanner to capture high-resolution 3-D digital images of the teeth and crown-preparation site, all of which are then processed through a CAD/CAM software program to design the restoration. The design is then transferred to the GALAXY BioMill to mill the crown using the latest in esthetically pleasing, biologically compatible and durable tooth-colored materials.

Isolate was demonstrating its new Isovac Dental Isolation Adapter, the latest addition to its dental isolation product line. The Isovac uses dual vacuum controls so you can focus continuous hands-free suction in either the upper or lower quadrants and improve control of moisture and oral humidity. In the DEXIS booth, attendees could test out the DEXIS photo app, which the company unveiled at the GNYDM. The app enables practitioners to wirelessly send photos directly into the DEXIS Imaging Suite via newer-model iPhones or iPod touches. DEXIS also announced expansion of its imaging products to natively support Apple hardware and the OS X operating system — coming in the second quarter of 2014. In the IQ Dental Services booth, attendees could see some of the newest imaging technology by checking out the Soredex Cranex 3D dental imaging system with panoramic, optional cephalometric and cone-beam 3-D imaging programs.

New customers who visited CareCredit and signed up for the patient-payment plan credit service — or requested an evaluation to see how CareCredit might best serve their practice — got to leave with a highly coveted Penguin Pillow Pal.

The experts at HealthFirst were staffing “Compliance Help” information stands, where attendees could find out about environmental recovery, infection control, practice quality, emergency preparedness and radiation minimization.

For dental hygienists, Denti- cate had all sorts of tricks up its sleeves to help make treating patients easier and more fun. Of particular interest was Zooloo fluoride foams and varnish, which are gluten-free and sweetened with sucralose and xylitol. The ProphyPal, also available from Denticare, is a low-speed hygiene handpiece with an extended nosecone designed to provide extra stability.

A new product for consumers is Nature’s Charm braided dental floss, available from GP Group. The floss consists of braided strands of materials with three-dimensional surface structure, and it comes in different sizes, colors and flavors. Also on display at GPP was a fossilized mammoth’s tooth.

Speaking of enticing booth attractions, DC Dental Supplies had a bartender on hand, dispensing Brooklyn Lager, in honor of the company’s first anniversary in Brooklyn. You could also get a caricature of yourself drawn at the booth.

Austin Powers was back at this year’s Greater New York Dental Meeting, at the Millennium Dental Technologies booth, to help increase awareness of how lasers can be used in dental treatment.

Also on the exhibit hall floor, many attendees bumped into Floyd, who was on hand to help increase awareness of the new Aquasil Ultra impression system, available from DENTSPLY Caulk.
3rd Pan Arab Endodontic Conference

By Rodny Abdallah

Beirut, Lebanon: The Arab Endodontic Society and the Lebanese Society of Endodontology launched the third Pan Arab Endodontic Conference which took place in Beirut, Lebanon, at the Hilton Habtoor Hotel on 28-30 November 2013.

The Lebanese Society of Endodontology, lead by its President Dr. Walid Nehme demonstrated tremendous efforts in planning and delivering the event with close collaboration of the congress organizers Infomed International for Events.

This conference is one of the most prestigious international scientific meetings taking place in the Middle East where delegates of several Arab dental syndicates, orders, associations and more than 500 dentists attended.

The theme, ‘Striving for Excellence’, was chosen to contribute to delivering a world class creative showcase giving the industry an opportunity to refresh and evolve their practice. It supports spreading novel ideas that aspire distinction and continuity in the Endodontology profession.

A large group of renowned international and national speakers gave attendees the opportunity to have a deep understanding of the current advancements and an elaborative description of implementing them.

The multinational and local speakers along with the young Endodontists enriched the conference by presenting and sharing information about their clinical experience and through oral presentations and posters related to the different fields of root canal treatment.

Participants also had the opportunity to attend workshops concerning new shaping instruments, ultrasonic, microscopes and laser in Endodontics and to assist to live transmissions about root canal treatment, classic and retreatment, and placement of single implant.

Simultaneously, a 1000smq dental exhibition took place where more than 55 international and local companies were represented.

Further to this successful meeting, the 4th Pan Arab Endodontic conference will take place in Hammanet, Tunisia on 29-31 October 2015, and we encourage you all to be part of this renowned event.

Annual GCC oral and dental health week UAE

By Oral and Dental Health Committee

Dubai, UAE: The dental services department in Dubai medical district, Ministry of Health, will launch the beginning of the GCC oral and dental health week on Friday 28th of March 2014. The GCC committee have chosen it as the month to hold their annual dental health and oral health week under the slogan “Dental Health and Beauty” promoting oral health and focusing on the importance of preventive measures to reduce the incidence of oral and dental diseases, in order to achieve a community free of dental diseases and spread healthy smiles to children and adults across the GCC.

The week will confirm the unity of the GCC at various levels, stressing the need to focus on the delivery of health information and cover such events especially in the media in order to clearly convey the importance of health awareness. Such an event represents a positive step forward towards preparing the Gulf’s plan to address oral health and awareness programs aimed at improving the mouth and teeth hygiene of all members of society.

The Middle East is one of the fastest growing geographies for 3M globally

We have the pleasure of interviewing Rita Habash, Country Business Leader Health Care Business, 3M Gulf LTD in Dubai, UAE at the amazing 3M Innovation Center. We found out the following.

DTME: Please if you can introduce yourself to the Dental Tribune Middle East readers?

Rita Habash: My name is Rita Habash, General Manager of 3M Healthcare in the Gulf region.

What is the role of 3M Gulf in the Middle East region related to Dental?

3M is a diversified company with $50 billion in sales, 3M employs 88,000 people worldwide and produces more than 55,000 products, including: adhesives, abrasives, passive fire protection and dental products are among this wide product portfolio which utilizes the 46 technology platforms that exist across our products.

3M’s role in the dental segment remains part of our commitment to provide our customers with the best products, services and valuable insights based on years of technologically innovative excellence.

How do you look back at 2013 as a business year for 3M ESPE?

The Middle East is one of the fastest growing geographies for 3M globally. Our dental business is no exception & has been rapidly growing over the past few years. Our dental business operations will be a vital catalyst for achieving
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

Reduced bleeding on probing index after 4 weeks with parodontax®

22% reduction in bleeding
(p<0.01 vs. baseline)

<table>
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<th>Change vs. baseline in bleeding on probing index after 4 weeks</th>
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<tr>
<td>Baseline</td>
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<tr>
<td>Fluoride-containing control toothpaste</td>
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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. Mean scores were determined. N=22.

Baseline values [Mean SD]: Control (fluoride-containing toothpaste) group 24.75 (6.34); parodontax® group 25.40 (6.80). After 4 weeks: Control (fluoride-containing toothpaste) group 26.00 (9.14); parodontax® group 19.80 (7.38). *parodontax® vs control p<0.05.
Modern life can be challenging.

Modern, healthy lifestyles and dietary habits often mean an increase in the consumption of acid-rich foods and drinks. However, experts believe that as few as 4 acidic challenges a day can put patients at risk of Acid Wear. In addition to giving behavioural advice (e.g., diet and brushing), your patients may also benefit from a daily toothpaste that can protect enamel from these multiple acid challenges.

Pronamel is proven to reharden acid-softened enamel and provide ongoing protection from the effects of Acid Wear.

Daily protection from the effects of Acid Wear.
Dear Colleagues,

As President of the Saudi Dental Society, I am delighted to invite you to the King Saud University 15th International Dental Conference the 25th for The Saudi Dental Society with the theme “Research and Technology in Oral Health Care” from 12-14 January 2014 at Riyadh International Convention and Exhibition Center in Riyadh. This year’s conference is a joint collaborative effort of King Saud University College of Dentistry and the Saudi Dental Society. With the continuous success of our previous conferences and the Saudi Dental Society’s always on the top of all the dental organization in the Kingdom, I enjoin you to remain committed to our practice through constantly updating ourselves and aspiring to be the best we can be for ourselves and the community we serve to. We are bringing in world renowned foreign speakers from all disciplines of the dental practice for our scientific seminars. Continuing Educational courses and workshops will also be offered. This would add the element of hands on education that our members has requested.

One of the highlights of the conference is the Research Award for Graduates, Students and Poster Award Presentation wherein the best research paper and poster presentation will receive cash and plaque of recognition. These are just some of the ways that we could provide for our members and colleagues.

Exhibitions will be opened to our dental and medical companies for a more comprehensive take on the best and the latest in technology globally. We look forward to your full support and participation in this very important meeting.

Dr. Mohammad I. Al-Obaida
Co-Chairman, Organizing Committee
Chairman, Exhibition and Food Committee
President The Saudi Dental Society.

Providing quality education enabling its curricula and academic program

College of Dentistry, King Saud University and the Saudi dental Society are committed to their leadership excellence and service to the community. Over the past decades, the Kingdom turned out from a desert to a modern and sophisticated country providing quality education enabling its curricula and academic programs with clinical applications and training of extremely capable health professionals. Interestingly, the King Saud University, the host institution for both College of Dentistry and Saudi dental Society, is primarily attentive to become a Research University where contemporary knowledge and technology should be put into harmonious action.

The theme of this meeting “Research and Technology in Oral Health Care” emphasize that dentistry, as a field of science, increases its opportunity in overcoming the national and international dental challenges when further engage in research and use the advance technology. Relatively, the meeting addresses an inclusive presentation of scientific and clinical issues through oral presentations, poster presentations and continuing education programs including the state-of-the-art exhibit of dental/medical equipment and materials. The meeting will be a distinctive opportunity for the dental professional to associate and share in the discussion of ideas with our distinguished colleagues in the dental profession. Hence, I encourage and welcome everyone for a successful 15th King Saud University International Dental Conference and 25th for The Saudi Dental Society.

Dr. Mohammed A. Al-Obaida
Chairman, Organizing Committee & Dean, College of Dentistry

Welcome to our event

Working towards a paperless event and green exhibitors

By Dr. Mohammed A. Al-Sherehi
Treasurer, The Saudi Dental Society
Chairman, Registration Committee

King Saud University 15th International Dental Conference and the 25th for the Saudi Dental Society towards paperless event and Green Exhibitors. Environmental impact of printed materials such as brochure, program updates, daily news, announcement flyers, tote bag content, session materials, evaluation surveys and more cannot be ignored. Water, CO2, and waste savings from eliminating printing which help in maintain green environment.

We have a set-up registration committee to achieve such goals have considered an interactive LBS that personalizes experience of our attendees

The Scientific Session in 2013

needs while at the event and on the other hand is not just a digital version of a printed program. It is designed to give attendees access to updated information when and wherever they need it in a personalized and convenient format without external limitations (such as requiring Wi-Fi) to work.

We also incorporate a downloadable wall that will cover but not limited to the scientific session, exhibitors products, scientific research abstracts and poster session. We believe that materials are one of the most valuable takeaways for the attendees.

Using this technology in our meeting will generate a well-designed post show website with most conference and exhibition materials. Beside that it will be a great paperless resource for attendees after the event.

“A great paperless resource for attendees after the event”
Under the patronage of His Excellency the Minister of Higher Education Dr. Khalid M. Al-Angari

King Saud University 15th International Dental Conference
The 25th for the Saudi Dental Society
11-13 RABI’ 1 1435 H / 12-14 January 2014 G

1. DR. ERIC S. SOLOMON
2. PROF. RADE D. PARAVINA
3. DR. DINOΣ KOUNTOURAS BDS, MSC, PHD
4. DR. IRENA SAÏLER
5. DR. GEORGE BOGEN
6. DR. GIANO RICCI
7. PROF. DR. IVO KREJCI
8. DR. GUY GOFFIN, D.D.S.
9. DR. COLIN ALEXANDER MURRAY
10. DR. ELIAS BERDOUSES
11. DR. ANNE C. O’CONNELL
12. PROF. EDMOND KOYESS
13. PROF. JONATHAN TIMOTHY NEWTON
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“GOOD”

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Interview: “The Saudi Dental Society’s main goal is to respond to the needs of the community”

By Dental Tribune Middle East

We catch up with the President of the Saudi Dental Society Dr. Mohammad I. Al-Obaida, DDS, MSEd, FRCD. Dr. Mohammad is Associate Professor and Consultant Endodontist at the Department of Restorative Dental Sciences at the College of Dentistry, King Saud University, Saudi Arabia.

Dental Tribune Middle East: Please share a short biography including your education, clinical experience and role at the SDS over the years?

Dr. Mohammad Al-Obaida: I am Dr. Mohammad, graduated in dentistry at King Saud University in Riyadh, Saudi Arabia in 1992. I received my Masters in Science and Education at the University of Southern California - Los Angeles California School of Education, USA in 1997 and Fellow Royal College of Dentists of Canada in Endodontics in Toronto, Canada in 2005 and current Fellow of the American College of Dentists of Canada in Endodontics. The industry definitely requires an artistic touch in dentistry. Dentists rely on a team of professionals who play supporting roles in patient care and it is the dental laboratory technicians who are a very important part of the team. Using a variety of materials including plastics and ceramics, dental technicians manufacture crowns, bridges and prosthetics to the dentist’s specifications and it definitely requires an artistic eye and strong technical skills to achieve this. Dentists rely on a team of professionals who play supporting roles in patient care and it is the dental laboratory technicians who are a very important part of the team. Using a variety of materials including plastics and ceramics, dental technicians manufacture crowns, bridges and prosthetics to the dentist’s specifications and it definitely requires an artistic eye and strong technical skills to achieve this.

How has the Saudi Dental Society developed since you were elected President?

Current the SDS board members adopt the community service activities and social initiatives. The SDS supports various outreach programs that promote quality health care and education in Saudi Arabia. SDS hosts numerous orphanage health and education programs for the Children’s Charity Community and organized educational days for students in various regions of the Kingdom.

“This is my first year from my three years term as President of the Saudi Dental Society.”

The SDS supports various outreach programs that promote quality health care and education in Saudi Arabia.

The dental education in Saudi Arabia level up with the international standards of education from other countries.

How important is the SDS in the development of dentists in The Kingdom?

How important is the SDS in the development of dentists in The Kingdom?

We support their development through monthly scientific activities which have addressed topics directly targeted at the current trends in the dental field.

“The clinical applications and technologies make our dentists develop and focus on their career objectives more effectively.”

The SDS main goal is to respond to the needs of the community. We are also campaigning to raise oral cancer awareness in the Kingdom especially in the southern parts where there is high incidence of oral cancer.

What advise can you provide to the younger generation of Dental Students?

We are co-organizing the Hajj and will provide thousands of oral hygiene aid free to all pilgrims. To manage the campaign for a “Smoke-Free Environment” in the Makkah area and the National campaign to Prevent Dental Caries where the SDS aims to decrease the number of caries of children in the Kingdom of Saudi Arabia.

How important is the involvement of Digital Dentistry in Saudi?

Each area of digital dentistry has advantages in comparison to the conventional devices and techniques used. The involvement of digital dentistry in Saudi makes the office life easier, faster and better for dentistry.

How important is the role of the Dental Lab Technician in the Dental Team?

Dentists rely on a team of professionals who play supporting roles in patient care and it is the dental laboratory technicians who are a very important part of the team. Using a variety of materials including plastics and ceramics, dental technicians manufacture crowns, bridges and prosthetics to the dentist’s specifications and it definitely requires an artistic eye and strong technical skills to achieve this. Dentists rely on a team of professionals who play supporting roles in patient care and it is the dental laboratory technicians who are a very important part of the team. Using a variety of materials including plastics and ceramics, dental technicians manufacture crowns, bridges and prosthetics to the dentist’s specifications and it definitely requires an artistic eye and strong technical skills to achieve this.

What do you think of the dental scene in the Middle East? The Dental market is directly associated to the increase of awareness of our people to the importance of oral hygiene.

Can you share some insight regarding the Dental Education in Saudi Arabia?

With the accreditation of the Saudi Commission for Health Specialties and by sending our Postgraduate Dental Students abroad, the dental education in Saudi Arabia level up with the international standards of education from other countries.

What advise can you provide to the younger generation of Dental Students?

They should be more focused on the goal of their profession. Dental students must have a serious commitment in their studies so that they can be successful in their chosen profession and be the best that they can be.

Email: malobaida@ksu.edu.sa

Opening Ceremony in 2013

Exhibition at the Saudi Dental Society Conference

Is there anything else you would like to share with the readers?

Contribute more to communuity service.