By Dental Tribune International

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Dr. Joachim Pfeiffer, Vice President CAD/CAM Systems and Chief Technology Officer at Sirona, says “this first-class event combines specialist knowledge with user experiences. We expect this interesting conference to contribute greatly to the further development of CEREC.”

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By Sirona

Turin with Mole Antonelliana and the Alps in the background.

Sirona presents “CEREC Desert Fest 2014”

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The Ebola virus epidemic: A concern for dentistry?

By Prof. L. Samarawijaya

Twenty-two years ago, a seminal report from the Institute of Medicine (IOM) in the US, titled “Emerging Infections: Microbial Threats to Health in the United States”, warned of the dangers of so-called newly emerging and re-emerging diseases. The concept of “emerging infectious diseases”, introduced then by the IOM, is now well entrenched, and to our chagrin we have witnessed many such diseases over the last two decades. These include vari- ous Creutzfeldt-Jakob disease/ bovine spongiform encephalopathy, severe acute respiratory syndrome, and Middle East respiratory syndrome, and above all the pandemic of acquired immune deficiency syndrome (Aids), which has claimed millions of lives worldwide. The re-emerging infectious diseases we have seen include diseases caused by metacillin-resistant Staphylococcus aureus, and multi-drug-resistant and extensively drug-resistant tuberculosis. Interestingly, the concept of “emerging infectious diseases” is not new. Indeed ancient Greek, Roman and Persian writers doc- umented the emergence of many new diseases. In more recent times, the scientist Robert Boyle presciently observed in 1685 that “there are ever new forms of epidemic diseases appearing [...] among [them] the emergent va- riety of exotick and harmful [...].” Arguably though, the most note- worthily relatively newly emerging infectious disease with the greatest impact on the dental profes- sion has been the human immu- nonsense identification. According to the IOM report, there are many new diseases emerging and re- emerge. These include health care advances with the attendant problems (e.g. transplantation, immunosuppression, antibiotic abuse, and contaminated blood and blood products) and human

Malaysia provides dental records for MH17 investigation

By DT Asia Pacific

PUTRAJAYA, Malaysia: The Health Minister of Malaysia has confirmed that the den- tal records of all the Malay- sian victims of Malaysia Airlines Flight 17 have been sent to the Netherlands for foren- sic identification. According to Datuk Seri Dr Subramaniam s/o K. Sathasivam his ministry has also provided DNA samples and fingerprints of the deceased passengers of the flight, which was bound for Kuala Lumpur on 17 July, to an Interpol disaster re- sponse team.

Forty-three Malaysian passen- gers, including 15 crew mem- bers, were on board the Boeing, which is believed to have been shot down by pro-Russian rebels over Donetsk in Ukraine three weeks ago. Since access to the crash site remains difficult owing to on going conflict in the re- gion, only 20 coffins containing the remains of the victims have been collected and sent to the Netherlands so far, according to Subramaniam. He told the New Straits Times newspaper in Kua- la Lumpur that the first results from the identification process, which is currently underway at a military facility in Heesum near Amsterdam, are expected to be available within the next two weeks. A total of 288 passengers, most of whom were of Dutch descent, were killed in the incident, which is still under investigation by in- ternational organisations, such as the Organization for Security and Co-operation in Europe.

NEWS
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Implant Real-time Imaging System (IRIS-100)

Implant Real-time Imaging System (IRIS-100) features the utilization of optical track- ing systems to visualize instantly the implant handpiece and drill with a CBCT image. With the aid of this intra-bone GPS function, users can see the position of the drill and data such as bone quality, nerve, sinus loca- tion and more. This critical data can assist the implantolo- gists to navigate and give real time guidance during implant surgery. Similar to a car naviga- tion system, the system is set up to visualize the destination and helps to guide the preplanned placement of implants, avoiding dangerous areas, reducing risk and increasing the likelihood of successful implant surgery.

IDS 2015: Digital technology determines daily routine in modern dental practice

By Dental Tribune International

C OLOGNE, Germany: Digital dental technologies are increasingly becoming an essential part of the daily routine in the modern dental prac- tice. They render patient management and treatment planning processes more economical and increase time efficiency. At the upcoming International Dental Show (IDS), digital technologies will thus form a core subject, with many exhibitors presenting their latest product solutions in the field.

At IDS 2015, the digital technol- ogy offerings available for dental practices will form a focal point for all visitors in the fields of den- tistry and dental technology. The product ranges to be exhibited contribute to simplifying work- flows and, as a result, to reduc- ing treatment times. They create synergies with the digital range for dental laboratories, yielding positive implications for practice management and therapeutic procedures. That is why the state of the art in digital technology for dental practices will be a major topic at IDS 2015, said Dr Martin Rickert, Chairman of the Asso- ciation of German Dental Manu- facturers.

Products presented will include software for efficient patient management and integrated treatment planning, as well as offer a wide range of advantages for patient-specific restorations and implant planning. In partic- ular, intra-oral scanners will be in the spotlight, as they have con- tributed significantly to making prosthetic treatment workflows simpler and more precise.

Overall, both patients and den- tists benefit from the use of digi- tal technologies. They help short- en treatment time and reduce the number of work stages, and enable the dentist to immediately examine and explain prepara- tions on screen. Furthermore, the data gained through digital procedures can be quickly pro- cessed in the dental practice and sent to dental laboratories.

The 56th IDS will take place from 2 to 6 October in Co- logne. According to the latest fig- ures provided by IDS organiser Koelnmesse, 1,400 exhibitors from 46 countries have already confirmed their participation.

“1,400 exhibitors from 46 countries have already confirmed their participation.”

The patient was admitted to King Fahd Military Medical Complex in Dhahruran owing to recurrent nosebleeds and tonsillitis. Close examination of the patient’s nasal cavity found it a cm-long white cylindrical bony mass arising from the floor of the nose, ac- cording to the case report.

A consultant dentist made the diagnosis of antral nasal eruption of a supernumerary tooth. The prevalence of such teeth is not known, as they usually remain asymptomatic in many patients and the mechanism of erup- tion is poorly understood. “One theory is that there is a defect in the migration of neural crest derivatives destined to reach the jawbony. A more plausible ex- planation is multistep epithelial and mesenchymal interaction,” the surgeon stated.

While supernumerary teeth are usually asymptomatic, patients may present with a variety of symptoms, including nasal ob- struction, headache, nosebleed and external nasal deformities. They may be associated with con- ditions such as cleft palate. The surgeon further said that such teeth can be easily detected us- ing nasal endoscopy, panoramic radiographs, and CT scans.

In the present case, the patient underwent endoscopic extrac- tion of the supernumerary tooth with its surrounding granulation tissue under general anaesthe- sia. After three months, the area was completely healed and the patient did not experience fur- ther nosebleeds.

By Dental Tribune International

DAHRURAN, Saudi Arabia: Surgeons in Saudi Ara- bia have found a white bony mass inside the nose of a 22-year-old. They said that the mass was an extra tooth grow- ing in the young man’s left nasal cavity. The patient had suffered from nosebleeds once or twice a month for the past three years, the doctors reported.

The photomicrographs show how the roots of the tooth extend into the surrounding bone tissue. The patient underwent endoscopic extraction of the tooth under nasal inhalation and general anesthesia.

The doctors reported.

By Dental Tribune International

Scanning with the new CEREC Omnicam combines powder-free ease of handling with natural color reproduction to provide an inspiring treatment experience for the patient. Discover the new simplicity of digital dentistry. Enjoy every day. with Sirona.
Bleach Cases
From dead white to natural bright

mCME articles in Dental Tribune have been approved by:
HAAD as having educational content for 2 CME Credit Hours
DHA awarded this program for 2 CPD Credit Points

By Aiham Farah, Syria

Substituting the white opaque dentin ceramic material with a high brightness transparent effect is the secret of manipulating the 4 bleach shades (BL4, BL3, BL2, BL1), and the key factor to make them close to the natural-looking shades in our (A-D) shade guide.

Treatment plan
During the lab working steps.

Case Presentation
A 45-year-old female presented to the clinic with an esthetic request, she desires a smile on her face, those photos were crucial to the teeth, lips and face, those photos were crucial.

The patient was examined introrally, and her dental history was recorded. The radiographic exam of the upper incisors revealed a good endodontic situation. The dentist interviewed her and found out what category she is the non-vital appearance of the current old restorations being the discoloration and then; increasing the luminosity, though we choose the opacity level of brightness, and what to do and what to avoid in the new veneer set. (Fig 6) A black and white photo was important to define the matching level of brightness, and what bleach shade we reached. (Fig 7)

Ingot selection judgment
The Success - Priority number one was masking and incisal material and characterize with variety of brighter impulsive colors from IPS e.max Ceram powders. Texturized Fig 9, glazed, then the final outcome shin was balanced by further manual polishing.

The Failure
According to the patient’s desire of having bleach veneers, the brightest color of IPS e.max press ingot suitable for veneer fabrication (Low Translucency, LT BL1) is used, followed by delicate cut back and layering Transpa- Incisal powders from IPS e.max Ceram.

On the day of the try-in, patient showed up to the clinic, she was excited to see the new smile, when she looked at the mirror she felt the change. (Fig 5) All the measurements of esthetic shade, from teeth arrangement to lips dynamic appeared perfect on her face. The dental team members had different point of view on the shade after taking few minutes to absorb the tried-in set. They all agreed that something still missing for the case to be esthetically pleasing, as if all the light rays coming from inside the veneers faded down after being placed on the prepped teeth (dentist stated in privacy). So we realized that the discoloration of the prepped dentin continued on during the 10 days lab work process. So at the day of the try-in, patient reported to the dentist concerned on the shade and asked for another try-in; the dentist stated in privacy and realized that nothing can be done at this moment.

Fig 3. The pre-operative situation

Treatment plan continued on darken the discoloration of the prepped teeth (dentist stated in privacy). Soon we realized that those veneers lost luminosity after placing them on the prepped teeth, what indicated a bad influence on the final color. Nothing can be done at this moment to get those veneers back to life. A decision to repeat the case was simply taken, with no hesitation, photos of the tried-in set with the bleach shade guide held into position were important to be reviewed to find out what to do and what to avoid in the new veneer set. (Fig 6) A black and white photo was important to define the matching level of brightness, and what bleach shade we reached. (Fig 7)

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Cementation
Veneers were finally cemented with Bleach XL (only Base) Variolink-II resin cement (from IvoclarVivadent), After they have been tried-in and all seating and benching the IPS Natural die material ND4. (Fig 10)

Fig 1. Bleach shade guide, (IvoclarVivadent A-D shade guide)

Fig 2. The pre-operative situation

Fig 3. The pre-op situation reflecting the non-vital appearance of the old veneers and the surrounding gingiva

in, it was ND4, noting that the one reported in the beginning was ND2. (Fig 4) It seems that those veneers lost luminosity after placing them on the prepped teeth, what indicated a bad influence on the final color. Nothing can be done at this moment to get those veneers back to life. A decision to repeat the case was simply taken, with no hesitation, photos of the tried-in set with the bleach shade guide held into position were important to be reviewed to find out what to do and what to avoid in the new veneer set. (Fig 6) A black and white photo was important to define the matching level of brightness, and what bleach shade we reached. (Fig 7)

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mCME

Fig 11a,11b. The glamor smile right after cementing the second set of veneers, and using the polishing rubber heads (OptraFine, Ivoclarvivadent)

Fig 12. One month recall. Close-up front picture, showing the improvement in the interdental papilla and the relative translucency level with the lower set

Fig 13. One month recall, Profile picture, showing the improvement in the cervical chromatic color restriction

Fig 14. The change on our patient face from the time she showed up to the clinic, till one year recall visit

Fig 15. Bright mamlone strips overlapping with translucent opal strips, all framed with halo effect

Fig 16. One of the artistic photos taken by Mr.Florin Stoboran, Romania, big thank to him

Fig 17. The front set of veneers with a black background contrastor

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esthetic parameters of fit have also been checked carefully, fine-grit diamond burs, finish- ing and polishing rubber heads (OptraFine Assortment, Ivoclar- Vivadent) were used to remove excess residual cement and to eliminate all occlusal interfer- ences. Mamlone material was used as a natural opal of ceramic surface shine. (Fig 11)

During the follow up appoint- ment, a final checkup and modi- fications were made to eliminate all occlusal interference.

Relative translucency level

The level of translucency was kept minimal relatively to the patient age and shade white- ness chosen by her, as our pri- ority was to mask and boost the brightness, and brightness and translucency contradicted to a cer- tain extent, though translucency kept relatively minimal. (Fig 12)

Color restriction

What makes bleach cases more complicated is color restriction, as in our present patient case, she wants to keep the old lower veneers that she had before, and replace just the uppers with a brighter and more vital shade of bleaching veneers, so we are oblig- ated here to keep a chromatic shade matching especially on the cervical part of the upper veneers with the lowers, and increase the level of brightness in the mid-third of the upper veneers than that of the lowers. (Fig 15)

Personality change

What we simply did was chang- ing not just the patient smile literally, but changing the smile on her face emotionally, the feel- ing that she can look younger pushed her to continue working on herself, and that appeared clearly on each follow up visit to the clinic she was making, one time skin was taken care off, the next time hair and make-up, then back again to the smile to contour it with a better frame of lips by using fillings. (Fig 14) So what we did is that we put her on the beginning of the cosmetic track, (a year after the dental treatment she looked one year younger) what dentist stated. So we contributed to change her life.

Dental Photo shooting

Our patient has a photogenic face and she didn’t mind to be our model for a few photo shoot- ing sessions, which encouraged us to take all possible poses that showed clearly the strength areas and talent in fabricating such cases, some snakes with differ- ent color contrast were used to show the optical properties of the translucent opal and bright Mandomine material used. Thanks to the expert Mr. Florin Stoboran from Romania who helped in the final photoshoot. (Fig 15, Fig 16, Fig 17)

Conclusion

A decision to repeat the veneers with a new brighter set of ve- neers was faithfully taken (after recognizing that a flawless set can be achieved if all obstacles can be taken into considera- tions). The honest and ethical opinion of the dental teamwork (what we did was okay, but we can do better), even if the patient okayed the present outcome. This is what really takes the level of esthetic dentistry to the next level.

I would like to thank Dr. Duvai Aloush for his faithful opinion and esthetic vision that played a big role in the successful out- come of this case.

About the Author

Alham Farah, Syria

Dental Technician by the National Board for Certifica- tion in USA (Dental Laboratory Technology) with a specialty of Ceramic. And a member of the National Association of Dental Laboratory in USA, cur- rently he is a material consult- ant and opinion leader for Ivoco- larvivadent company for the Near East & Orient region since 2009, and MDT (Master Dental Technician) certified by the ICDE Ivoclarvivadent, Swit- zerland. He was a Teacher Lect- urer at Alkalmoone University, in Dental Technology division for graduate students in All- Ceramic Subject in Syria (2010, 2011). He had his private den- tal-lab practice “one-man-show cosmetic laboratory” in Syria (2005-2006-2009-2012), spe- cialized in selective cosmetic cases, currently he is a lecturer in dental international confer- ences, speaking in esthetic den- tistry about topics like (Ceramic material, Esthetic solutions in CAD/CAM, Dental teamwork, Psycho-morphology, Advanced cosmetic characterization etc), and a demonstrator in courses and workshops for dentists and dental technicians. He writes and publishes articles in local and international dental maga- zines like (Reflect, Dental Lab- oratory, Dental News, Dental Tribune etc), in different teaching topics based on both theoretical researches and own practical experience, also he reviews and edits all the (Ara- bic language translations) of the IvoclarVivadent communi- cation tools publications.

FOR INTERACTION WITH THE WRITERS FIND THE CONTACT DETAILS AT THE END OF EACH ARTICLE.
Esthetic rehabilitation of posterior teeth using Bulk-Fill Composite

By Prof. Dr. Masahi Miyazaki

In modern restorative dentistry, a strong emphasis is placed on preserving healthy tooth structure and achieving esthetic results. The use of direct composite restoratives can assist in meeting these demands.

Composite resins have become widely accepted in dentistry as direct placement restorative materials for posterior teeth. The advances made in adhesive technology as well as the improvement of the mechanical properties of composite resins (e.g., wear resistance) have contributed to this development. Nevertheless, the polymerization shrinkage and limited curing depth of composite resins continue to be a concern to the clinician. Polymerization shrinkage of composite restoratives has been associated with micro-leakage, de-bonding of the restoration as well as fracture. Of the upper posterior tooth shows a marginal gap. The cavity is etched with phosphoric acid. Fig. 5. Prior to the application of the adhesive, the cavity is etched with phosphoric acid.

Even though incremental layering may be necessary to ensure adequate polymerization of the composite resin, there are also some disadvantages to this technique. For example, air entrapment between the different layers may occur. Moreover, the fact that incremental placement requires considerable time may render the restorative procedure excessively long. The controversy among researchers and practitioners with regard to the appropriate placement technique, namely, incremental layering versus bulk placement, continues to persist.

In recent years, dental manufacturers have gone to considerable lengths to develop bulk-fill composites that demonstrate lower shrinkage stress during polymerization and offer much greater depths of cure. The goal behind these efforts has been to shorten the duration of the restorative procedure [2]. In the meantime, several posterior composites of this type have been launched on the market. What dentists need now is some sort of guideline for their application in concrete clinical situations.

Advantages and limitations of direct composite resin restorations

A major advantage of adhesive composite restorations in posterior teeth is the possibility of preserving healthy tooth structure. Unlike indirect procedures, the direct restorative technique with composite resins requires only minimal removal of sound tooth structure. Preparation to gain access to the lesion is normally limited to the affected area. Nevertheless, the shape of the cavity should be adjusted to match the restorative material. Elimination of slightly undermined enamel is not always necessary because the adhesive composite resin restorations may contribute to the stabilization of the remaining tooth structure.

As a result of the shrinkage stress that occurs during the light-curing of composite resin, there are restrictions regarding the placement technique employed. Studies have shown that the magnitude of the stress generated is dependent on a combination of the material properties and characteristics of the prepared cavity. Contributing factors include the confinement conditions imposed on the composite, the volume of the restoration, the restorative technique of each increment because of the reduced attenuation of light through the smaller increments of material and better adaptation of the composite to the cavity walls [4]. Nevertheless, the value of incremental placement in reducing shrinkage stress has been repeatedly questioned [5]. The contradictory conclusions at which studies have arrived might be due to differing testing methods.
achieved by means of the photoinitiator Ivoce® for example, which is employed by Ivo- 

clar Vivident. Good mechanical properties such as high flexural strength are also im-

portant in order to make a composite resin suitable for use in occlusion bearing areas [8].

Tetric® N-Ceram Bulk Fill from Ivoclar Vivadent combines all of these qualities. This light-curing posterior composite has been specifically developed for the bulk-filling technique.

In increments of up to 4 mm thick-

ness can be cured in only 10 seconds at a light intensity of more than 1,000mW/cm². Tetric N-Ceram Bulk Fill contains four different types of fillers: a barium aluminium silicate filler, yttrium trioxide and mixed oxide. Additionally, a prepolymer filler (a shrinkage stress reliever) has been incor-

porated which keeps polymeriza-

tion shrinkage and shrinkage stress to a minimum (Figs 1 and 2). This prevents incorrect colour matching due to dehy-

dration. After the cavity tissue has been removed (Figs 5 and 4) and the adhesive has been ap-

plied (Fig. 5), the entire restora-

tive procedure can be performed with Tetric N-Ceram Bulk Fill. As a consequence, a uniform color match is achieved as the diagnostic and operative shade is used. Moreover, Tetric N-Ceram Bulk Fill is highly radiopaque; therefore, the restorative result is easy to examine on den-

tal radiographs.

A clinical case

The shade of the composite to be used should always be selected at the start of the appointment, i.e. before the rubber dam is placed. This prevents incorrect colour matching due to dehy-

dration. After the cavity tissue has been removed (Figs 5 and 4) and the adhesive has been ap-

plied (Fig. 5), the entire restora-
tive procedure can be performed with Tetric N-Ceram Bulk Fill. As a consequence, a uniform color match is achieved as the diagnostic and operative shade is used. Moreover, Tetric N-Ceram Bulk Fill is highly radiopaque; therefore, the restorative result is easy to examine on den-

tal radiographs.

The photoinitiator system in Tetric N-Ceram Bulk Fill includes conventional initiators as well as the polymerization booster Invocerin. This polymerization booster ensures a reliable depth of cure in the deeper portions of the cavity after a relatively short irradiation time. A special light sensitivity inhibitor has also been introduced which makes the composite resin less sensitive to ambient light and thus gives the clinician more time to apply and contour the restoration. Another useful quality of this material is its good polishability, which supports the achievement of a glossy surface, excellent resist-

ance to wear in the contact ar-

das and a high flexural strength of 120 MPa. Moreover, Tetric N-

Ceram Bulk Fill is highly radiopaque; therefore, the restorative result is easy to examine on dental radiographs.

Conclusion

Tetric N-Ceram Bulk Fill with its many innovative features enables clinicians to restore posterior teeth in a much more efficient way. Proper attention to technological advances in the field of restorative therapy allows esthetic treatment to be provided that will satisfy not only the patient but also the dentist performing the restorative pro-

cedure.

Full list of references is avail-

able from the publisher.

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CAD/CAM technology: a Review

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O CAD/CAM technology and materials are currently used in a number of clinical applications, including the fabrication of implant restora-

tions. CAD/CAM gives both the dentist and the laboratory an opportunity to automate fixed restoration fabrication. Both chairside and chairside – labo-

ratories use integrated processes are available. The properties of these restorative materials and their indications and approp-


riate use must be under-

stood in order to enable the achievement of predictable and esthetic results for patients.

KEYWORDS

CAD/CAM systems

Intraoral scanner

Digital impression

Introduction

In the past decade, the demand for all-ceramic restorations has increased in both anterior and posterior teeth and the search for materials with improved properties has expanded. The need for a uniform material quality, reduction in produc-

tion cost, and standardization of manufacturing process has encouraged researches to seek to automate the manual process via the use of CAD/CAM technology since 1980.

Computer-aided design (CAD) and computer-aided manufactu-

ring (CAM) technology sys-

tems use computers to collect information and design, and to manufacture a wide range of products. The introduction of the first digital intraoral scan-

ner for restorative dentistry was in the 1980s by a Swiss dentist, Dr. Werner Mörmann, and an Italian electrical engi-

neer, Marco Brandestini, that developed the concept for what was to be introduced in 1987 as CEREC® by Sirona Dental Systems LLC (Charlotte, NC), the first commercially CAD/CAM system for dental resto-

rations. Ever since research and development sectors at a lot of companies have improved the technologies and created in-office intraoral scanners.

All the existing intraoral scan-

ners try to face with problems and disadvantages of tradition-

al impression fabrication pro-

cess and are driven by several non-contact optical technolo-

gies and principles.

The purpose of this present publication is to provide an extensive review on the CAD/CAM technology and to empha-

size on the application of this technology in restorative dentistry.

CAD/CAM techniques

The major goals of the impres-

sion – taking process in restor-

ative dentistry are obtaining a copy of one or several prepared teeth, healthy adjacent and an-

taginous teeth, establishing a proper interocclusal relation-

ship and then converting this information into accurate rep-

lics of the dentition on which indirect restorations can be performed.

Traditional restorative tech-

niques for fixed restorations require the use of impression materials to record the contours and dimensions of the preparation. This is followed by the pouring of stone models and dies prior to laboratory fab-

rication of the restorative fixed restoration. Taking an accurate impression is one of the most difficult procedures in dentis-

ty, requiring careful retraction or removal of soft tissue around preparation margins, hemosta-

sis, and selection of an appro-

priate impression material and tray for the technique used.

By using a CAD/CAM restor-

ative technique, a number of steps can be simplified or elimi-

nated. Digital systems now offer the opportunity to avoid tradi-

tional, analog impressions, in-
clude the usual impression materials, time, and handling limitations associated with them. Intraoral scanners have the potential to offer excellent accuracy with a more comfort-

able experience for the patient and more efficient workflow for the office. But care must be taken to ensure that the whole preparation is scanned, to avoid introducing errors.

Two techniques can be used for CAD/CAM restoration, one is the chairside technique or the in-

tegrated chairside-laboratory procedure.

Preparation of the clinical dentition is similar whether the Wt. 10 > Page 8

Poster.
Chairside CAD/CAM techniques offer advantages to the patient, including eliminating the laboratory procedure and the requirement for an intra-visit temporary restoration of the prepared tooth structure.

It eliminates several cumbersome steps, such as selecting trays, preparing and using materials, disinfecting and sending impressions to the laboratory. It also removes a source of discomfort and gagging. Moreover, it enables the clinician to take a digital impression as well as design and mill the final restoration in-office, and to fabricate ceramic crowns, onlays and veneers, with improved margins, contours and tooth shade and finally it enhances the accuracy of the restoration to the preparation.

In summary, with these systems, impressionless designs are introduced in models created from digitally scanned data instead of the traditional metal compound made from physical impressions.

There are three main sequences to this workflow. The first sequence is to capture or record the intra-oral condition to the computer using high-sensitivity images of a scanner or intra-oral camera.

During scanning, the clinician must ensure that all margins of the preparation are well defined and that the scan and visualized. The accuracy of CAD/CAM restorations relies on the computer's ability to visualize the margin. A true laser scanner/digitizer has an overlapping images that will enable the computer software to process a single 3-D virtual model. They explored to what extent these CAD/CAM machines can produce more accurate substructures for creating restorations with acceptable margins. They found a marginal gap of 50 µm which is considered to be within the acceptable range.

Gianettiopoulos S and Ai investigated and compared the effect of the marginal integrity of all-ceramic crowns constructed with the CEREC5 and the EVEREST system employing three different margin angles, design and the material used. They tested to what extent these CAD/CAM machines can produce more accurate substructures for creating restorations with acceptable margins. They found a marginal gap of 50 µm which is considered to be within the acceptable range.

Re: Page 9

Digital systems

The Cerec Bluecam, E4D intraoral digital scanner and iTero scanner are considered single-image cameras. They capture a “stitched” image from the camera (Zirline, Ivoclar Vivadent). The overlapping images are recorded to the computer, a series of single images that overlap one another. The overlapping images are recorded to the computer for processing.

Different materials can be used to create accurate and strong copings and bridge substructures. Temporary crowns can be adjusted using an external liner (Zirline, Ivoclar Vivadent) that enables characterization before the outer ceramic superstructure is created. The external ceramic layer can be created either using press ceramic (as for a traditional bridge) or layering ceramic material onto the substructure using a fine brush and powder/liquid.

Composite resin blocks are also available for CAD/CAM restorations. Another option is the use of a new resin nano-ceramic block that consists of ceramic clusters within a highly crosslinked resin matrix. The resulting block is homogeneous, and the restoration can be CAD/CAM milled chairside or in the laboratory.
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---

4 mm to success

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A further benefit found with CAD/CAM restorations is the reduced incidence of secondary caries (the leading cause of direct restoration failure) with both amalgam and composite materials, attributed to the high accuracy of the approximal fit and the ability to ascertain that this is accurate prior to completion of the restoration and cementation. The average CF was: 0.6% for the 0° bevel angle, 3.2% for the 30° bevel angle, 3.5% for the 30° bevel angle, 2.8% for the 0° bevel angle, 3.0% for the 60° bevel angle. The single-layer system demonstrated acceptable marginal and internal fit. Two systems for the 0° and 60° bevel finishing lines were fabricated from each of these two systems: conventional double-layer CAD/CAM system (Procera) and a single-layer system (Cerec 3D). Marginal discrepancies of Procera crowns and Cerec 3D crowns (p 0.05). On internal gaps, Cerec 3D crowns showed significantly larger internal gaps than Procera crowns and crowns (p < 0.05). Within the limitations of this study, the single-layer system demonstrated acceptable marginal and internal fit.

On the other hand, depending on the preparation design, either an adhesive or a non-adhesive luting cement can be used with these materials. Adhesive cementation seems to be the key for the long-term clinical success of CAD/CAM inlays and onlays.

References

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Full list of references is available from the publisher.
Meeting esthetic challenges with Herculite XRV Ultra

By Dr. Abdi Sameni

Herculite® XRV Ultra offers the best of both worlds: strength and esthetics, to give you long-lasting, beautiful restorations.

Before Ortho was performed to create space for ideal width.

The lingual shell is made with Herculite Ultra Light Incisal.

Dentin shade XL1 and enamel shade A1 are layered and cured. Finishing and polishing steps completed with Axis instruments.

Mock Up

A silicone matrix is made from a wax-up (not pictured) and then verified for adaptation.

Preparation

Dentin XL1 and B1 Enamel are applied and covered with Light Incisal.

Dentin shade XL1 and enamel shade A1 are layered and cured. Finishing and polishing steps completed with Axis instruments.

Bonding

Herculite Ultra Light Incisal is adapted to matrix.

Dentin XL1 and B1 Enamel are applied and covered with Light Incisal.

Dentin shade XL1 and enamel shade A1 are layered and cured. Finishing and polishing steps completed with Axis instruments.

Process repeated for tooth #9.

Shade mock up is removed.

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About the Author

Dr. Abdi Sameni is a Clinical Associate Professor of Dentistry and a 1991 graduate of Herman Ostrow School of Dentistry at USC. He has been a member of the USC clinical faculty since 1998. He is a former faculty for the “esthetic selective” which emphasizes a “biomimetic approach” to restorative and esthetic care. He was the original director of the USC Advanced Esthetic Dentistry Continuum for the portion relating to indirect porcelain veneers.

He is the chairman and developer of the “USC International Restorative Dentistry Symposium” for the Ostrow School of Dentistry at USC.

Dr. Sameni lectures nationally and internationally on topics related to interdisciplinary dentistry, digital photography and its applications for dentistry, and various aspects of biomimetic and esthetic dentistry.

Dr. Sameni is Past-President of the USC Dental Alumni Association, past-president of the USC Century Club, Board of Directors of the Pan Pacific Center for Continuing Oral Health Professional Education and a member of the Board of Counselors for the USC School of Dentistry.

Dr. Sameni serves on the Board of Governors for the USC Alumni Association and he is currently the co-chair of the Ostrow School of Dentistry at USC Scholarship Selection Committee. Dr. Sameni is a member of numerous professional organizations and societies, which include OKU and the Pierre Fauchard Academy.

He maintains a private practice in West Los Angeles, where he emphasizes comprehensive restorative dentistry, including implant reconstruction and esthetic dentistry. Dr. Sameni received an honorarium from Kerr Corporation for this case.

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Dr. Ahmed Zuhaili performs yet another groundbreaking surgery

By Dr. Izdihar Alchab

We are proud to announce that our surgeons at the French Dental Clinic Dubai, have recently performed a new surgery of its kind for a 21 year patient with Papillon Lefever syndrome. Papillon Lefever syndrome is characterized by periodontitis and palmoplantar keratoderma. The severe destruction of periodontium results in loss of most primary teeth by the age of 4 and most permanent teeth by age 14. An alternative to conventional management of this disease which is dentures, Dr Ahmad Alzahaili and Dr Jean Francois Tulasne who is an inventor and developer of the partial bone graft technique performed a groundbreaking surgery by extracting bone from the cortical extern of the parietal bone and replacing it in the patient's mouth. Basically giving the patient a chance at leading a normal life since he had lost all his teeth and the bone along at the tender age of 13. The patient was referred to us by implantologist colleagues from Boston University who had previously attended a conference done by our surgeon Dr. Ahmed Zuhaili and his teacher Dr. Jean Francois Tulasne who is inventor and developer of the partial bone graft technique.

When the patient initially came to us we made sure that the patient was fit for surgery under general anesthesia. We determined the same by doing CT Scans and X-rays of his upper and lower jaw as well as skull to check the bone skull density of the cortical external and internal regions.

The surgery was performed under general anesthesia, in which we prepared and made ready the upper and lower jaw to receive the parietal bone grafts. We then collected the bone from the cortical extern of the skull and replaced it in the upper and lower jaw with surgical screws and finally sutures.

We had to wait for 3 months after the surgery to check if the graft had been successful and properly integrated in the jaw. We were extremely pleased with the results, which were perfect.

Our colleagues from Boston University, Dr. Kinaya then placed 9 implants in the upper jaw and 6 implants in the lower jaw.

After another 5 months our patient was overjoyed to receive his upper and lower teeth done by Dr Soukaria again from Boston university. Even though the whole process took around 6 months, it was completely worth it for the patient and for us. The patient has been given a new life and with his own teeth without having to compromise and go through life with dentures at such a young age.

Contact Information

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French Dental Clinic

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SEM images of denture surface.

¹In vitro single species biofilm after 5 minutes soak

² GSK Data on File, Lux R. 2012.

Date of preparation: June 2014.
Ref: CHSAU/CHPLD/0008/14c
Dear Colleagues,

I am with great pleasure that I welcome you on behalf of the Lebanese Dental Association to the 24th Beirut International Dental Meeting, which will take place from 11-13 September 2014 at Biel.

We encourage you all to attend the meeting under the theme of “Planning for the Future” in order to better prepare your practices with cutting-edge techniques and equipment for a more prosperous future. The organizers of this meeting have prepared a three-day program that will feature leading experts and world-renowned speakers who will share the most up-to-date developments in dentistry and related disciplines. Participants will enjoy the learning opportunities in various plenaries, symposia, panel discussion sessions that will be put in place. This year you will be able to attend lectures and then have the opportunity to participate in workshops to implement the knowledge you gained from the lecture. There will be interesting workshops throughout the 5 days of the conference for a limited number of attendees at very competitive fees. The workshops will emphasize on esthetics and cosmetic dentistry, but there will be a range including surgery, implants, prosthodontics and endodontics. You will have all a chance to attend an innovative workshop, which will bridge the gap between us dentists, and our Lab technicians. Through this workshop you will be taken through the steps after your impression has been taken at the clinic and you will be able to see live demos and hands on to help you digitize your practice, taking it to the future with CAD CAM technology.

I would also like to extend a warm welcome to all the Presidents of Arab Dental Associations who will be present at this event and encourage all Arab and foreign dentists to participate in BIDM 2014 that is held in collaboration with Saudi Dental Association.

Lebanon is a great cultural and touristic country; there will be several social programs that have been designed for participants who would love to discover Lebanon.

I also strongly encourage you to take advantage of the presence of over 90 exhibiting companies to keep you updated with evolving technologies of equipment and the latest dental materials.

I am confident that you will find this meeting beneficial to your career, having the advantage of the innumerable learning and networking opportunities.

I'm looking forward to meeting you all.

Sincerely,

Prof. Elie Azar Maalouf
President, LDA / BIDM 2014

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Dear Colleagues,

On behalf of the Scientific Committee, It gives me great pleasure to welcome you to the “Beirut International Dental Meeting” (BIDM 2014), Lebanese Dental Association Annual Congress held in Biel, from 11-13 September, 2014.

The Scientific Committee has been working hard to put on a high quality meeting which will provide the expected blend of education and exchange of knowledge that has been consistently enjoyed by many of you at the BIDM over the years.

Under the theme of “Planning for the Future”, this congress will offer a platform to learn and exchange ideas with a host of key opinion leaders from around the world, as well as many locally renowned experts. This will be a great opportunity to be exposed to the latest views and techniques in our constant effort to improve the lives of our patients.

A variety of session types, including Plenary Lectures, Symposia, Young Podium session, Interactive session, Poster Session, Panel Discussion as well as a Pre-congress will be held on September 10, 2014 at St. Joseph University.

BIDM2014 will be covering all dental disciplines, meeting the needs of all participants, from trainees to the most esteemed professors.

We offer you our warmest welcome and hope to make BIDM 2014 Convention a memorable experience for you!

Sincerely,

Dr. Nabih Nader Chairperson, Scientific Committee BIDM 2014

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Dear Colleagues,

It is my pleasure to welcome you to the 24th Beirut International Dental Meeting with the collaboration of the Saudi Society that will be held on September 11-13, 2014 at Biel Beirut, Lebanon.

With the theme of the Meeting “Planning for the Future”, we encourage all our colleagues to participate and be a part of this prestigious event to enhance our knowledge and be updated with the new trends in the field of dentistry and plan for the future with the use of highly innovative dental technologies.

This meeting will be an educational and professionally rewarding experience with the participation of internationally renowned experts present their latest findings and are ready to share their experiences with dentists from around the globe. The conference provides a top forum for a passionate discourse and a fruitful interchange of views.

I wish you informative days and discussions that are mutually enriching as well as inspiring for the future.

Once again, on behalf of the Saudi Dental Society, I would like to extend best wishes for a successful conference.

Sincerely,

Dr. Mohammad I. Al-Obaida
President, the Saudi Dental Society
Report Saint Joseph University - Faculty of Dentistry

By Rodney Abdallah, DT MEA

The campus of Medical Sciences, Faculty of Dentistry has organized the 11th Dental meeting in its 26th till 31st of May 2014.

Prof Nada Naaman (Dean of faculty of dentistry) declared: “Keys to Success” is the theme of this year; our profession is changing very fast and requires us to be continuously informed on new technologies. Local and international speakers will provide brilliant and rich discussions, animate roundtables and live clinical interventions on patients.

The pre-congress day will cover current topics and hands-on seminars.

You will also have the opportunity to visit a large exhibition that will help keeping you informed of all the new materials in our profession. The successful experience of the seminar in 2012 offered to dental assistants will be repeated and your clinical assistant will greatly enjoy the day.

The event received sponsorships by many market players in Lebanon; over 50 exhibitors were present which gave attendees the opportunity to get hands-on with the latest products and treatment solutions in the field.

Faculty of Medicine has been organizing dental meetings every two years; its latest event was attended by over 1100 dental professionals from several countries according to its figures. Additionally, a number of participation workshops on topic ranging from implant dentistry, aesthetic dentistry, and orthodontics and laser symposium, it were remarkable this year a joint dental laser day symposium organized in collaboration with the University of Genoa in Italy.

At the symposium, Prof. Stefano Benedicenti, Dean of the Center for Laser Surgery and Laser Therapy at the University of Genoa in Italy, educated attendees on the applications of dental lasers.

The Dental Tribune supported the full event through its edition.
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Bleeding on probing increased after 4 weeks of brushing with the fluoride control toothpaste

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.

Oh/CA/00/13/003
Empirical comparative study confirms thixotropic wound dressing for haemostasis

By Dr. Sven Schomaker

Haemostasis is fundamental to the prevention of excessive blood loss and for wound healing after injury, or wound setting. It is a basic prerequisite for flawless work in restorative dentistry. There are numerous tissue management systems available on the dental market for haemostasis and retraction today. Both purely mechanical techniques and locally acting chemical agents in the form of solutions, gels and pastes are available, which can be applied alone or in combination with retraction sutures.

In a German survey, 510 dental professionals tested the practicality of various haemostatic agents and compared them. The thixotropic HEMOSTASYL (Pierre Rolland, Acteon Group) achieved the best results. The gel received a rating of very good, primarily for its astringent and haemostatic effects, as well as for its handling properties.

The best means of avoiding possible bleeding complications is a conservative procedure that causes little trauma to the tissues and vessels. In many cases, a sufficient local therapy can also help prevent bleeding complications during and after surgical procedures or reconstruction.

In addition to the body’s own haemostatic mechanisms, there are a number of measures and substances in dentistry that support the achievement of haemostasis. They can be of a mechanical, chemical, thermal or surgical nature, as well as a combination of these. The products or techniques selected depends on the clinical situation (localisation, and the extent or risk of bleeding), as well as on the practitioner’s preferences.

Rapid haemostasis with aluminium chloride and kaolin

Since the products available on the dental market at the time did not adequately meet the requirements for a local haemostatic agent (risk free for patients; quick, effective and reliable bleeding control; easy handling; and fast), the Pierre Rolland company introduced a new type of gel in Germany in October 2007, which adopts a different approach to the problem of haemostasis.

HEMOSTASYL is a thixotropic product for light to moderately heavy bleeding, and contains aluminium chloride. Its angled syringe applicator facilitates direct, precise application. Indications for the haemostatic wound dressing include composite fillings, tooth preparation, impression taking, temporary crowns and bridges, root tip resections and cementation.

The haemostatic effect of HEMOSTASYL is brought about through the combination of aluminium chloride and kaolin, and is mechanically augmented by the thixotropic properties of the material. Haemostasis should begin to take effect in less than 2 minutes, after which the treated location should be free from (seepage) bleeding. The gel is applied with the application cannula, with no pressure exerted on the gingiva. After haemostasis has been achieved, the turquoise-blue substance is removed with a light air and water spray and simultaneous suction (Figs. 1–4).

Methods

In order to determine whether this medical product offers advantages over other products used for haemostasis, some 1,000 sample packs were distributed to dentists, orthodontists and oral surgeons throughout Germany, along with instructions for use and a questionnaire. Of these, 510 respondents agreed to test a sample pack and return the completed questionnaire within a period of three months of receipt.

Questionnaire

The questionnaire was developed in collaboration with the Institute for Medical Biometrics and Epidemiology at the University Medical Center Hamburg.
Discussion

With regard to haemostasis, HEMOSTASYL received a score of 1 or 2 more often than the other products. The aluminium chloride contained in the gel for its astringent effect thus appears to offer additional enhancement of the haemostasis. Because the gel can be applied directly and precisely in the mouth with the angled syringe applicator, it also fared better with the testers with regard to its handling and application properties. Other advantages are that it can be removed easily with an air and water spray, and is easy to detect because of the contrasting turquoise colour. HEMOSTASYL was also rated better by most of the users with respect to the time factor. Treatment (such as taking an impression or bonding inlays) can be continued immediately after haemostasis with the haemostatic wound dressing under optimal conditions.

Further advantages reported by the testers included painless treatment, particularly when the wound dressing is applied to a healthy periodontium, and good tolerability without undesirable systemic side-effects, such as can be the case with haemostatic agents containing epinephrine.

Overall HEMOSTASYL distinguishes itself with its thixotropic properties and consequent ease of application and very good adhesion to the tissue without exerting pressure, as well as the associated mechanical effect.

Conclusion

The results of this study make it evident that HEMOSTASYL is indicated for efficient haemostasis in cases of light to moderate bleeding. With clear indications for use and easy application without risk to the patient, it offers quality assurance to the dental practice.

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Pre-Align then design

By Dr. Tif Qureshi

The combination of pre-alignment with simple orthodontic techniques and ceramic technology can create a paradigm shift in the way cosmetic dentistry can be carried out.

If the nineties were the decade of the Ultra White Hollywood Smile the noughties seem to have ushered in an era of more refined tastes in smile design. While there is still demand for whiter teeth many patients are now asking for a more natural look rather than the over-bright identikit smile designs of the last decade.

In keeping with this more conservative mood patients are also becoming more aware of the good sense of preserving as much of their own tooth structure as possible and are questioning how their restorations will affect the health of their teeth. Can combination therapy with orthodontics and minimal thickness veneers satisfy patients demands for minimum intervention, natural aesthetics and a rapid result?

Smile makeovers with ceramic veneers can certainly achieve patients desire for an instant cosmetic result, for patients with mild misalignment good aesthetic outcomes can be achieved with minimal enamel loss. However for patients with moderate to severe misalignment deep preparation into dentine and possible devitalisation may be the result of trying to align by tooth preparation alone.

Frequently adult misaligned patients have explored and rejected orthodontic options as too slow a route to their aesthetic goal and are willing to risk their pulp to have the perfect smile for their wedding, holiday or new partner. Many of these patients can now be offered a safer way to the ideal smile. The risk of re-storing these patients has been reduced by two recent developments, rapid adult orthodontics and emax high strength pressed ceramics. Appliances such as the Inman Aligner have speeded up the alignment process to as little as four weeks for moderate misalignment to 8 weeks for severely misaligned cases. While emax has enabled thinner, stronger veneers to be produced with a natural appearance.

For older patients misalignment is often associated with occlusal abnormalities and enamel wear which paradoxically may become more visible after alignment.

Misaligned anterior teeth often show irregular incisal edge wear which after aligning becomes more apparent due to the differing lengths of the teeth. While the arch alignment may have been perfected the crooked incisal line now becomes more apparent. Starkly outlined against the darkness of the oral cavity the differing incisal outlines of the incisors require further treatment before the ideal smile can be achieved.

Lengthening the incisal edges with composite tips may provide a medium term solution particularly on the lower anterior where the occlusal edges are mostly compressive and less likely to debond the composite from the tooth. In the upper arch however incisal tips are subject to more shear stress during function and guidance and in this situation composite tips are more likely to chip or debond than a well-designed incisal wrap ceramic veneer.

The Inman Aligner

This patient presented complaining that he hated his smile. He felt they were dark, short and crooked.

On examination several key problems existed. Firstly his anterior teeth were badly misaligned. They were also dark having had years of staining and this had been compounded by occlusal trauma that had worn the edges and resulted in a discoloured absorption of stain through the tips. The misalignment and occlusal wear also meant that his teeth were actually quite different lengths.

He wanted a great smile and he wanted it quickly.

Several options were available and outlined:

1) Fixed orthodontics - the patient did not want fixed brackets placed in his mouth even with short term ortho being presented as a compromised alternative to a referral for ideal specialist orthodontics.

2) Invisible clear aligner braces - the patient refused this because of the time quoted for treatment, but was keen on the removability.

The cost was also an issue because the patient would still need further aesthetic/restorative treatment afterwards.

3) Veneers - the patient refused this because he wanted it quickly.

The Inman Aligner - the patient accepted this because of the short expected treatment time and because he wanted removability.

Our plan was then to perform anterior alignment of the teeth with simultaneous whitening and then to re-assess the smile design and occlusal function afterwards to realign, then design.

Treatment

A full examination with x-rays and occlusal analysis was carried out. Full BACD style photos were taken. Analysis of the occlusal photo showed that there was 3.3mm crowding. We chose to use an Inman Aligner with combined expander.

The Aligner was used over 12 weeks by the patient and only worn 16-18 hours a day.

The patient turned the midline expander once a week and some...
progressive, anatomically re-
spectful IPR was carried out.
At week 9 of alignment, bleaching
trays were constructed and used, while bleaching
was used to whiten over the same period. Because the
Inman Aligner can be removed
and because it only needs to be worn a maximum of 20 hours a day, it is very easy for the patient
to whiten at the same time. This is excellent for motivation.
By week 12 the patient’s teeth were whiter and straighter. The patient was then held in retention on a temporary esix retainer.
However at this point we needed to reassess including the patient’s perception of the aesthetic.
The patient’s posterior occlusion was balanced but he had no ante-
cr or canine guidance.
After alignment we offered the patient the option to simply use edge bonding on the upper teeth as we commonly do but he ex-
ressed a wish to still have veneers to give a fuller look. Upper edge bonding was simulated by adding in compomer in a mock up fashion. He viewed the result but still insisted with retainer was added and wanted them to appear fuller.
So at this point a purely additive wax-up was made and a direct preview was placed in the mouth from a silicone stent taken from the wax up.
The patient was happy with the new tooth length and dimen-
sions.
At the next appointment, Edge bonding was placed from lower premolar to premolar to open the bite and enhance guidance. The principle was used and no more than 2mm of composite was added anteriorly with root loading on the canines and a long centric on the incisors. (Within 2 months the posteriors were in full contact again)
One week later the upper teeth were prepared. Minimal prepa-
rations could be used because the teeth were in the right posi-
tion so the preparations could be truly in enamel.
Temporaries were placed imme-
diately based on the silicone stent of the wax up.
At this point no retainer was
needed because the temporaries
were locked together except of course at the gingival embra-
ers where small intraderal brushes could be used to ensure adequate hygiene.
Aesthetics, function and phonet-
ics were checked, rechecked and modified over a 4 week period. Guidance corrections were made in situ on the temporaries and the lower composite edge bondings.
Once the patient was happy and fully comfortable, an accurate silicone rubber impression was given to the technician and he then had an exact copy to follow after final veneers made.
The patient visited the lab for a shade match and discussion on tooth characterization. His input and requirements were noted by the technician.
In the lab once the veneers were
made, an impression was taken In the lab once the veneers were
made, an impression was taken
by the orthodontic lab was placed to the back of the upper 6 front teeth. Because the preps
were minimal the veneers were only on the facial surface so bonding to the back of the teeth was easy.
The patient was thrilled with his result not only because he achieved a natural more attrac-
tive smile, but also he did it with the minimal amount of invasion needed.

**Conclusion**
This multidisciplinary case shows what is possible when orthodontics, whitening, and ad-
vanced ceramic techniques are combined and sequenced.
Everything is done to simplify the treatment and lower risk to make the results more predict-
able and importantly to involve the patient along the way with decision-making.

The smile design is performed progressively not instantaneously.
It allows the patient to see the improvements in their alignment and whitening before a final de-
cision on ceramis is made. This is fundamentally different ap-
proach to what has gone before and thanks to the new techniques available such as simpler anterior orthodontics and Emax technol-
gy it is now making advanced cosmetic dentistry far simpler and safer for all.

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Contact Information

Dr. TF Qureshi teaches Inman Aligner Training, Inman Aligner courses can be booked at:
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**Figure 10. Close view before**
**Figure 11. Close view after align-**
ment
**Figure 12. Close view after ve-
ners**
**Figure 13. Fine anatomy carved with fine FG diamonds**
**Figure 14. Enhancing colour with surface shades**
**Figure 15. Natural surface mor-
phology and subtle colouring be-
fore glazing and polishing**
**Figure 16. Final IPS Emax veneers**
Ormco Custom: It’s all about profitability

By Ormco

You might have seen the Ormco Custom debuts at the AAO Annual Session. Profitability vs. personalization: That’s the debate. When looking at the Ormco Custom suite of digital products — Insignia Advanced Smile Design, Lythos Digital Impression System, and AOA Labs — the core drivers behind the innovative 3-D diagnostics, treatment planning and customized appliances are practice profitability and treatment personalization.

You may ask, why profitability? Governor Cash would respond, “Why not?” However, in all seriousness, the business trend toward digital technology is one made to enhance efficiencies and reduce costs.

In fact, according to Harvard Business Journal, 87 percent of companies surveyed plan to increase their investments in research and development — with a significant portion of this investment devoted to digital technologies. Furthermore, 68 percent said their investments in digital technologies are primarily focused on process efficiencies and cost reduction. This same concept is infiltrating the orthodontic practice environment, and increased efficiency leads to profitability.

As you weigh the benefits of both profitability and personalization, the below takes a look at profitability features of today’s leading digital solutions.

Insignia Advanced Smile Design

Insignia’s software and application system that combines 3-D diagnostic technology and interactive treatment planning is the result of three decades of intensive research and development.

After years of exploration, the Insignia Advanced Smile Design platform is proven to reduce treatment time by 57 percent with seven fewer patient visits.[1] Through advanced technology, Insignia allows clinicians to deliver a completely customized treatment experience from initial smile design to fabrication of patient-specific aligners, brackets and wires.

With the treatment designed specifically for each patient — exactly to doctors’ preferences — Insignia creates a more predictable treatment path, providing fewer adjustments and less time in the chair. Additionally, Insignia offered software enhancements this year to make the platform more intuitive and integrate added support elements for ease of use. The new interface, Insignia Ai, is now available for download.

Lythos Digital Impression System

Specifically engineered to integrate easily into any practice, Lythos allows users to own, store and send treatment scans to anyone who accepts .stl files — at no cost. In terms of profitability, professional teams are able to quickly transition to digital impressions while keeping chair time to a minimum.

Even more appealing for the bottom line, Lythos is backed by Ormco’s unique open platform format and rebate program. Lythos’ open system allows data to be easily integrated with orthodontic labs and manufacturers to produce a variety of customized appliances and/or study models. In addition, the rebate-per-click program, where practices are credited for every Insignia and/or Insignia Clearguide Express case submitted with a Lythos digital impression, reduces overhead and creates more opportunity for revenue generation.

AOA Labs

With Ormco Custom comes integration of a full-service, digital orthodontic laboratory serving dental professionals worldwide, AOA Lab. The laboratory fabricates customized appliances, including Class II correctors, aligners, splints, retainers and more.

To help streamline the practice workflow, AOA Lab accepts all digital impression files, including scans from Lythos. The connectivity — and end-to-end structure — of Ormco Custom allows for streamlined operations.

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*As compared to Damon Clear, data on file. Standard torque, upper 3-3 brackets © 2014 Ormco Corporation

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Presenters

**Robert A. Faiella, D.M.D., M.M.Sc.**
Dr. Faiella is the Immediate Past-President of the American Dental Association. He received his pre-doctoral education from Villanova University, earning two Bachelor of Science degrees, and his D.M.D. degree from Fairleigh Dickinson University School of Dental Medicine. He received his graduate training in Periodontology as an NIH Post-Doctoral Fellow at Harvard School of Dental Medicine, as well as a Masters of Medical Science degree from Harvard Medical School. He is a Diplomate of the American Board of Periodontology, and a Fellow of the American College of Dentists, the International College of Dentists, the Pierre Fauchard Academy, the American Academy of Dental Science, and the International Team for Implantology.

**Daniel M. Meyer, D.D.S.**
Dr. Meyer is an Endodontist and is the senior vice president for the American Dental Association Division of Science/Professional Affairs, which includes the Council on Scientific Affairs, Research and Laboratories, Professional Product Review and the ADA Center for Evidence-Based Dentistry™.

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Analyze adult snoring carefully

By Earl O. Bergersen, USA

Snoring in an adult is considered to be a most important symptom that is strongly associated with daytime sleepiness, inattention, restlessness while sleeping, high blood pressure, stroke, atrial fibrillation, heart attacks and even diabetes. It is considered a frequent cause of auto accidents because of daytime sleepiness and lack of attention.

What should a doctor be asking to gain important diagnostic hints as to potential problems strongly related to snoring?

Helpful questions can be summarized as follows:

1. Do you snore?
2. How often? Two to four nights a week — this is considered moderate snoring. If it is five to seven nights per week, or almost always when sleeping, it is considered habitual.
3. Is the snoring interrupted by a cessation in breathing? When the breathing resumes, the patient usually shifts the head to one side but may or may not wake up.
4. Count the number of seconds the breathing has stopped. If it is 10 seconds or more, and if these cessations occur at least 30 times per hour, this is considered a serious problem, usually involving sleep apnea.
5. Does the patient seem to have difficulty breathing while sleeping? This is a sign of hypopnea, another serious form of sleep disturbance that is very similar to apnea (the complete cessation of breathing).
6. Does the patient often fall asleep watching television or while reading a book?
7. Most often (but not exclusive-ly), it is a middle-aged male who is overweight and has a large neck size (usually 17 inches or more). There are, however, those who have serious sleep-disordered breathing problems who are not overweight and are not a typical candidate.

How should the doctor deal with a snoring patient? To simply issue an anti-snoring device will solve the irritating snoring problem but may ignore much more life-threatening symptoms as mentioned above.

The simplest way is to use a home-night study, which consists of a device (such as supplied by Res-Med) that can monitor not only the severity of snoring (intensity of sound, frequency and when it occurs), but the type and frequency of apnea, blood oxygen and number of breaths, etc. If there is no evidence of apnea (a complete cessation of breathing) or hypopnea (labored breathing), then a snoring device could be prescribed.

A simple device is called a Snore-Cure, which is preformed and advances the mandible and tongue at different amounts (4 mm and 7 mm from an end-to-end incisal position). The 4-mm advancement (Snore-Cure) appliance is used for those individuals with an overjet (horizontal jaw discrepancy — posteriorly positioned mandible or anteriorly positioned maxilla or protrusive incisors) that exceeds 4 mm. The 7-mm advancement appliance is for those with a fairly normal overjet (less than 4 mm) and those with severe snoring problems.

The posterior section of the mandibular half of the appliance can be lined with a specifically formulated self-cure acrylic to maintain the appliance in the mouth while asleep. This is not necessary in most cases because the appliance rarely ever falls out of the mouth. If the patient's teeth are crooked, it is advisable to trim the inside of the appliance so that minimal pressure is placed on these teeth.

The two adult Snore-Cure appliances are available in an open and a closed version: (a) the 4 mm mandibular advancing appliance for overjets of 4 mm or more and (b) the 7 mm advanced style for normal overjets and severe snorers. These adult appliance are not to be used in patients younger than 20 years of age.
Management of Intracanal Separated Instruments

By Dr Ala Al-Dameh

Occasionally during nonsurgical root canal therapy, an instrument will separate from the canal system, hindering cleaning and shaping procedures and blocking access to the canal terminus. Any instrument may break-steel, nickel-titanium (NiTi), hand, or rotary. Separation rates of stainless steel (SS) instruments have been reported to range between 0.25% and 6.0%, while separation rates of NiTi rotary instruments have been reported to range between 1.5% and 10.0%. Even with experienced clinicians this problem can occur and is a source of disappointment for both clinicians and patients.

There are many factors that contribute to instrument separation. The most common causes are improper use, limitations in physical properties, inadequate access, root canal anatomy and possibly manufacturing defects 1. The purpose of this article is to summarize current understanding of the impact of separated instruments on prognosis, treatment options, and to make recommendations for their management.

Prognosis

The prognostic impact of a retained separated instrument on endodontic treatment and re-treatment has been investigated in only a few studies, most of which are based on small numbers of cases. Recent clinical studies document that prognosis is not significantly affected by the separated instrument itself. Prognosis depends on how much undamaged and unobstructed canal apical to and including the instrument remains. The outcome is better if the canal was instrumented to the later stages of preparation when the separation occurs 2. If vital and uninfected pulp tissue was present, and there was no apical periodontitis, the presence of the separated instrument should not affect the prognosis 3. If the instrument can be removed without causing iatrogenic complications such as perforations, ledging, extrusion of the fragment through the apex, or excessive weakening of tooth structure (Figure 1), the prognosis will not be affected. However, if the instrument cannot be removed or bypassed in a tooth with a necrotic infected pulp and apical periodontitis, the prognosis will be uncertain. These cases should be followed closely and if symptoms persist, apical surgery or extraction should be considered 4.

Treatment Options

A clinician could either (1) attempt to remove the separated instrument, (2) bypass it, (3) prepare a second segment. Before a clinician makes the decision to remove a separated instrument, he/she should ensure the availability of and successful handling of the required armamentarium. The surgical operating microscope is an invaluable tool in helping to remove separated instruments. It increases visibility by the use of magnification and light and increases the efficiency and safety of almost all techniques used.

Various methods have been proposed for removing separated instruments. Chemical solvents have historically been used to achieve intentional corrosion of metal objects 5. If the separated instrument is clinically visible in the coronal access and there is sufficient space for a hemostat or Steiglitz forceps (Henry Schein, Melville, NY) (Figure 2), these should be used to remove the fragment through the access cavity preparation. In more recent times, specialized devices and techniques have been introduced. Masseran instruments, wire loop techniques, hypothemic surgical needles, extractors, the Post Removal System (Syl襻Endo, the EndoPlus System (EndoTechnic, San Diego, CA) and the Instrument Removal System (DENTSPLY Tulsa Dental, Tulsa, OK) have all shown limitations 6.

Ultrasonic instruments have been shown to be very effective for the removal of separated instruments 7. Nevertheless, successful removal relies on factors such as the position of the instrument in relation to the canal curvature, depth within the canal, and the type of the separated instrument. To remove the instrument predictably, the clinician must create a straight-line coronal radicular access. Ultrasonic tips can then be used to create a staging pathway to trephine dentine around the fragment (Figure 5). With this trephining action and the vibration being transmitted to the fragment, the latter often begins to loosen and occasionally it will appear to jump out of the canal 3. Care must be taken, however, to avoid complications such as ultrasonic separation or root perforation.

Clinical Recommendations and Conclusions

Removing a separated instrument requires skilled use of the operating microscope and is generally considered within the remit of the endodontic specialist. Attempts at removing a separated instrument can be established as a first management option if the instrument separated at an early stage of root canal cleaning and shaping, and the fragment is accessible. If the fragment is at or beyond the canal curve, retrieval is much less predictable. As retrieval is associated with considerable risk, by passing the instrument should be considered. If retrieval attempts prove unsuccessful without further compromising the tooth, and the tooth continues to be symptomatic or fails to show any signs of healing at recall reviews, alternative treatment options such as apical surgery, intentional replantation or extraction can always be considered. In all situations, management options should always be thoroughly discussed with the patient and the definite treatment plan should take into consideration factors that will affect prognosis (especially the presence of periapical pathology) and should be towards the patient’s best interest.

References


Figure 1. Separation of a second instrument while attempting to remove the first separated instrument is not uncommon.

Figure 2. Steiglitz forceps for removal of accessible fragments.

Figure 3. A selection of ultrasonic tips with contra-angled designs & different lengths to enable removal of dentine from the root canal system and facilitate instrument removal.

About The Author

Dr Ala Al-Dameh is Assistant Professor of Endodontics at Dubai College of Dental Medicine.
Crown for the queen of the jungle

By Sirona

BENSHEIM, Germany: Spectacular dental procedure on a big cat in Denmark: The CEREC CAD/CAM technology was actually developed for humans but was successfully used for the first time on a lioness in a Danish zoo.

After Danish zoos received negative headlines in the press over the past few months, one Danish zoo is now attracting positive attention – with a spectacular dental procedure. The damaged carnassial tooth of a lioness in Ree Park Safari in Ebeltoft (near Aarhus) was restored using the CAD/CAM system CEREC. The Danish zoo wanted to use the benefits of the chairside system, which allows treatment in just one session, for its animal patient.

No second anesthesia required

The veterinary team was faced with a few challenges when operating on the 12-year-old African lioness Naomi. Adult lions cannot be anesthetized for more than two to three hours, meaning that the entire procedure needed to be completed in that period of time. Since extracting such a large tooth is difficult and lions need the carnassial tooth to be able to bite, a root canal treatment was carried out and the tip of the carnassial tooth was fitted with a crown. The CEREC method allowed the entire treatment to be successfully completed in just a single procedure. “Anesthesia is very stressful for wild animals. This was unavoidable for the root canal treatment but we did not want to put Naomi through it a second time to fit the crown,” says vet Jens Ruhnau, who led the operation. Naomi recovered from the operation quickly without any complications and is now back to her old self.

State-of-the-art technology for wild animals

Treating such a big cat shows the universality of CEREC. “The clear advantage of using CEREC since it requires only one procedure to take a digital impression of the tooth and carry out the restoration is beneficial not only for humans,” says Birgit Möller, Head of Product Management CEREC at Sirona. After treatment was successfully completed, all those involved were clearly relieved. “It was a fascinating procedure and I am sure that it will not be the last time we use state-of-the-art technology like CEREC to improve the lives of our animals,” said Jesper Staugaard, the director of Ree Park.
Interview: “KaVo is the Rolls Royce in the dental world”

By Dental Tribune MEA

D uring UAE Dental Tribune MEA had the opportunity to catch up with Alexia Valera, Marketing & Communications Manager for KaVo Dental, located in Dubai, UAE. For the past 15 years, KaVo has been operating in the Middle East and North Africa. Alexia Valera joined the KaVo team a year and a half ago. Since, KaVo has participated in key events in the region such as the CAD/CAM & Digital Dentistry International Conference and AEEDC giving them an even higher exposure in the Middle East market. In addition, KaVo will be present as a Gold Sponsor at the upcoming Dental Facial International Conference taking place on 14-15 November in Dubai, UAE.

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KaVo MEA Team

will be present as a Gold Sponsor at the upcoming Dental Facial International Conference taking place on 14-15 November in Dubai, UAE.

Dental Tribune MEA: Regarding the KaVo product range, what are the key solutions you offer dentists and dental technicians alike?

Alexia Valera: Our core business is focused in the fields of Dental Instruments, Dental Equipment, High-Tech and Imaging. We offer treatment units with outstanding ergonomics and quality, three ranges of dental instruments for every dentist, diode laser, diagnostics tools such as the DIAGNOcam, as well as Imaging systems. For dental laboratories of any size as well as for laboratories in dental practices, KaVo offers a very economical, digitally integrated and flexible range of dental CAD/CAM systems. All made in Germany.

How do you experience the Middle East market and where does KaVo fit in?

Due to the political and economic issues that we are currently facing in some countries in the Middle East, I would say that it is definitely very challenging. Nevertheless, KaVo is a brand that is over 100 years old. That being said, we have an outstanding reputation because we provide High-End quality products. A few days ago, a customer told me “KaVo is the Rolls Royce in the dental world.”

Are there any upcoming surprises you have planned for us? What activities will KaVo be carrying out in the coming months?

We just launched our “Show us your LoVe for KaVo” campaign on our Facebook page. We are very excited because it will give us a great chance to engage with our customers and have a direct interaction. You can find more information on our website www.kavo.com/MEA or on our official Facebook page www.facebook.com/KaVoGlobal.

What are your expectations for the upcoming Dental Facial International Conference on 14-15 November 2014 at Jumeirah Beach Hotel in Dubai, UAE?

We are really looking forward to this event. Nowadays dental education is very important and we are proud to take part in this conference and bring our knowledge and experience. It will be an opportunity for us to meet with the dental community up close. In addition, we will be exhibiting our range of X-Rays from Gendex and showcase our Dental Microscope from Leica Microsystems.

Thank you very much Alexia Valera, we wish you and the KaVo team great success in the coming years in Middle East and worldwide.

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Meet Carestream’s CS 3500 Intraoral Scanner.  
A game changing paradigm shift

By Ernesto Jaconelli

A major part of the Carestream Dental CS Solutions CAD CAM restorative Dentistry system is the CS 3500 Intraoral Scanner. Fully portable, powder free and capturing true colour the CS 3500 takes dental digital scanning to a higher level. And because Carestream Dental’s CS Solutions is an open system where any one of the parts can be taken separately many Dentists have chosen to take their first steps into digital restoration by investing in the CS 3500.

The USA web site publication, PCL-USANEWS (Precision Ceramics Dental Laboratory) recently reviewed the CS 3500. This is what they had to say:

Our newsletter style guide abhors superlatives such as ‘game changer’ and ‘paradigm shift,’ when reporting on dental products. However, when it came time to write about the CareStream CS 3500 intraoral scanner, we had to break the rules.

This small, easy to use, no powder, no fee-per-use scanner crashes the cost of entry. The CS 3500 scanner represents a paradigm shift in much the same manner as PC’s did to mainframe computers four decades ago.

Carestream launched the CS 3500 Intraoral Scanner at the 2015 American Dental Association Annual Meeting in New Orleans as an integral part of their CAD/CAM portfolio, which includes their CS Restore design software, and CS 5000 Milling Machine. The CS 5000 is an open-format intraoral scanner that captures high-resolution images with 50-micron accuracy using True Color technology, and provides exceptional practitioner flexibility. Doctors can send restoration cases directly to a lab, such as Precision Ceramics or another third party, or to the system’s chair-side mill.

PCDL News had the opportunity to review this scanner in the field with dentists and work with files in the Precision Ceramics lab design center. Our team came away impressed and learned why Keith Nelson, Western Regional Sales Manager, Carestream Dental believes it was important to provide doctors with system flexibility, which is why they did not use proprietary acquisition hardware. “Being able to move the scanner from operator to operator without carrying a laptop or pushing a trolley makes the system easier to use and allows it to integrate directly into an office’s existing network.”

In summary, the CareStream CS 3500 is unique to scanning technology and mirrors other open architecture computer platforms. There is no need for a trolley and the scanner integrates directly with the imaging platform, which in turn integrates with most practice management systems. Consequently, the practice does not need a second database for intraoral scans, as the data stores automatically within the patient’s record in the same manner that other types of images are stored. Single source integration reduces admin time and simplifies practice record keeping.

Since the unit is an open architecture program, one can connect it to any laptop or desktop via a USB 2.0 or USB 3.0 connection. Nelson pointed out that Carestream believed it was important to provide doctors with system flexibility, which is why they did not use proprietary acquisition hardware. “Being able to move the scanner from operator to operator without carrying a laptop or pushing a trolley makes the system easier to use and allows it to integrate directly into an office’s existing network.”

In summary, the CareStream CS 3500 provides easy to learn, easy to use, highly accurate, open architecture system, with a low cost port of entry. Add up all of these pluses and you have a scanner that is a ‘game changer’, and the way forward for intraoral scanning technology.

Read the whole review on: http://www.pcdl-usanews.com/2014/06/05/meet-carestreamcs-3500-intraoral-scanner/

Carestream Dental will once again be attending the 6th Dental Facial Cosmetic International Conference held in Dubai on 14-15 November at Jumeirah Beach Hotel.
Ivoclar Vivadent discusses monolithic restorations in London

By Daniel Zimmermann, DTI

LONDON, UK: For over 150 years, the Westminster Hospital in London took care of the sick and disabled until making way for the Queen Elizabeth II Convention Centre in 1994. One of the most high-profile convention venues in the British capital today, this modern flat-roofed building opposite Westminster Abbey now stages over 500 events each year. Recently, dental manufacturer Ivoclar Vivadent from Liechtenstein hosted hundreds of professionals from all over the globe at the prestigious venue to discuss the latest in monolithic restorations.

Following the principle that dental restorations should always mimic the natural dentition, prominent clinicians from Europe and the Americas presented a number of clinical cases that demonstrated what can be achieved with dental ceramics. Impressive restorative work was shown by German dental technician Oliver Brix and the UK’s own Dr James Russell, among others, who discussed clinical cases treated using Ivoclar Vivadent’s IPS e-max. While it is still not able to reproduce nature entirely, the restorative system, along with other modern dental materials, has not only changed how cosmetic dentistry is performed, but also allowed it to be increasingly less invasive, Russell said.

The use of CAD/CAM technology, was further shown by Italian technician Michele Temperani to achieve higher aesthetic outcomes when combined with all-ceramic materials. Issues in the field were also addressed, including the correct bonding technique, which, according to Belgian presenter Bart van Meerbeek, depends on functional monomers. While research has shown that self-etching is often the most effective approach, the etch and rinse technique is still required in many cases, he explained.

During a round-table discussion held on the first day, all experts agreed that a thorough diagnosis and a good working relationship between the clinician and dental technician are still among the most important criteria for achieving the best results.

Overall, Ivoclar’s latest expert event drew over 750 delegates to London. Organised in collaboration with King’s College London Dental Institute, one of the most prestigious dental institutions in the UK, it was the second edition of a series that started in Berlin in Germany two years ago. A follow-up event has already been scheduled for 2016 and will be held in Madrid in Spain, Chief Sales Officer at Ivoclar Vivadent Josef Richter said.

Delegates can look forward to a number of new products to be launched by Ivoclar Vivadent during the year, including the much-anticipated IPS e.max Press multi, which will allow horizontal pressing for long-lasting clinical success. Also announced were new furnaces in Ivoclar Vivadent’s Programat line with a new design that will offer guided pressing, among other features, to make restorations easier and faster. In response to increasing demand, Wieland Dental, part of Ivoclar Vivadent since 2012, will be launching a new version of its compact CNC milling system that will allow wet pressing. The company’s offering of Zensstar zirconia, as well as abutment solutions, will also be extended.

US dental Dr George Eliades (second from right) discussing aspects of monolithic restorations with other experts onstage. (Photo Daniel Zimmermann, DTI)

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VITA ENAMIC: a greater similarity to natural dentition and more cost-effective than previous CAD/CAM ceramics?

By Dr. Otmar Rauscher

The hybrid ceramic VITA ENAMIC is an innovative CAD/CAM material. Using a clinical case as an example, this report explains how VITA ENAMIC offers commercial benefits in comparison with similar materials. The time required to complete processing and the service life of milling tools are criteria that are worth looking at from an economic perspective.

New structure, new possibilities
The innovative hybrid ceramic, which is comprised of a structure-sintered ceramic matrix, together with an integrated polymer network, offers abrasion behavior similar to enamel as well as a modulus of elasticity of 50 GPa, which is similar to that of dentin. The hybrid ceramic demonstrates unusual properties thanks to a combination of flexibility and load capacity. For example, the static fracture load is approx. 2900 newtons while the Weibull modulus, an indication of material reliability, is 20. As a result, VITA ENAMIC is recommended as a CAD/CAM material particularly in the case of minimally-invasive restorations and in areas subject to high occlusal load. Even inlays with a wall thickness of just 0.2 mm can be reliably implemented. During processing, the hybrid ceramic also demonstrates high edge stability in the case of restorations with thin margins. This stability combined with integrated cracking prevention allows milling to be performed in fast milling mode even if walls are thin. Thanks to the short milling time and long service life in the case of milling tools, VITA ENAMIC is an interesting option from an economic standpoint. No firing is required either.

Case study
In a 50-year-old patient, tooth 45 had been fitted with an inadequate acrylic filling. During periodontal treatment, abrasion behavior similar to dentin as well as the good modulus of elasticity of 50 GPa, which is similar to that of dentin. The hybrid ceramic demonstrates unusual properties thanks to a combination of flexibility and load capacity. For example, the static fracture load is approx. 2900 newtons while the Weibull modulus, an indication of material reliability, is 20.

The fact that no firing is required at all also saves time. The VITA ENAMIC STAINS KIT (six stains including accessories) can be used for shade characterization. The stains are bound to the restoration as part of a polymerization process and surface sealing can be achieved by using the chemical glaze material VITA ENAMIC GLAZE.

Try-in was carried out for the inlay followed by adhesive bonding using VITA Duo Cement. Final polishing was performed for one minute in each case using the VITA ENAMIC polishing set and silicon carbide polishing instruments, and was followed by high-gloss polishing using gray diamond burs. The final results blend in perfectly with the remaining natural dentition (Fig. 17).

Summary
VITA ENAMIC is a material that is convincing, not only because of its properties similar to those of natural dentition, but also because of its outstanding efficiency thanks to ideal processing characteristics, which has been proven in practice. The hybrid ceramic helps save you both time and money in a range of steps. The patient also benefits from shorter treatment times – as well as from superior quality results that offer properties similar to natural dentition in terms of look, feel and functionality.

About The Author
Dr. Otmar Rauscher 1991: Doctorate degree awarded by the University of Munich, Germany
1992: Own dental practice in Munich, Germany
Since 1995: CEREC user
Since 2000: ISCD-certified CEREC trainer
Consultant in the further development of CEREC and inLab software
2010: Establishment of a special commercial laboratory for CEREC Connect and CEREC inLab
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- Educational versions available
Dental Technicians are more than just trained hands

By Aiham Farah, Syria

In a time when material and machining capabilities are improving drastically, and the cost of the technology itself continues to decrease while its ease of use and predictability increase. And when 50% of the patients approaching the dental clinics are concerned about esthetics in the first place, do you believe that the skilled ceramist who can provide the finishing artistic and esthetic touches required for esthetic zone can be skipped?

The answer is NO. Because quality of the final esthetics from machining alone is still marginal. Function, biology, phonetic, or treatment plan based on a teamwork approach can’t be managed by machines alone. Besides computerized machines generate a big failure if not driven by human brain.

Brain is behind those trained hands of a skilled dental technician. That brings creative solutions, and creative solutions for critical clinical cases need reliable material. Dental manufacturers recognized this from the beginning. And for that reason directed a big share of information flow and communication supportive tools toward the dental laboratory.

Teamwork approach, material science, and artistic touches, are all behind those trained hands, and most important of all is the knowledge coming from various sources, books, articles, study clubs, lectures, conferences, etc. That will not only improve our daily performance, but it will train our eyes to see esthetic better, and will give us the motivation and peer pressure needed to never stop pursuing flawless esthetic results.

Dentistry is in transition period, especially in our Middle East region. We need to thank those who recognized this fact and reacted to it, the people behind the non-stop education, around-the-year scientific conferences and seminars, behind the on-site international expertise, behind all the courses and classes, and to the constant support and investment from the international dental manufactures, believing that training requires acquisition of knowledge and skills.

In our (Lab Tribune) corner, we will always continue, to bring the level of dental technology to the next level. In every issue, we will discuss a certain topic, and different experience, we’ll solve a problem or troubleshoot it; we’ll bring up a failed case and highlight how we can turn it into successful case. We will make this corner a real tribune to show the world our dental technology level and our passion and vision to make the difference.

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IPS Inline ONE & SR Nexo
15 - 16 November 2014, Jumeirah Beach Hotel, Dubai
as part of
6th Dental Facial Cosmetic International Conference Dubai

A working model will be handed over to the participants with metal framework, we will do the steps of building up the ceramic, then will contour, and all esthetic touches required for esthetic zone will follow, then will apply the pink composite on the gingival part, you will walk away with a nice model of your work on it, and IvoclarVivadent course certificate.

Objectives:
Simple Dental layering.
Morphology of anterior teeth.
Texture and micro texture.
External staining & shade matching.
Glaze and controlling the gloss.
Pink (light cure) composite application.
Manual Polishing.

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Milling and grinding in high definition (HD)

By Amann Girrbach

Unbelievable details produced by a combination of ultra-fine instruments and meticulously developed milling strategies for Ceramill Motion 2 – in-house without preparatory work or reworking.

Milling in HD quality - Amann Girrbach enables the processing of CAD/CAM materials with absolutely unique precision using a new cutter and diamond trimmer for all Ceramill Motion generations and a special milling and grinding strategy, which was specially developed for these instruments. Due to the fineness of the cutters of 0.3 mm and 0.4 mm for the diamond trimmer, customised details such as occlusal surfaces and fissures can be milled or ground to a fine contour previously only attainable with porcelain veneering or a natural tooth. Perfect coordination of material and CAM strategy avoids overloading and consequently fracture of the instrument. The perfect interplay of hardware and software allows all Ceramill CAD/CAM materials to be processed to a degree of precision, which sets new standards.

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Figure 1. Ceramill Zolid Preshade milled/Ceramill HD
Figure 2. Ceramill Zolid Preshade sintered/Ceramill HD
Figure 3. VITA SUPRINITY ground/Ceramill HD
Figure 4. VITA SUPRINITY sintered/Ceramill HD

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inEos X5 Extraoral Scanner storms dental laboratories

By Sirona

The innovative inEos X5 lab scanner was well received in the market. Just one year after its launch, Sirona has delivered the 1,200th scanner. Outstanding precision, a broad spectrum of applications, and easy handling make it a flexible CAD/CAM partner in dental laboratories.

Bensheim/Salzburg, June 30, 2014. The inEos X5 extraoral scanner from Sirona is a versatile and reliable aid for all digitalization tasks in dental laboratories. Its success speaks for itself. One year after the market launch, 1,200 scanners have already been sold, and for good reason. It is the only five-axis scanner with a robot arm that has an impressively large, high-precision scanning range with innovative model positioning and both automatic and manual imaging techniques. It offers users fast scanning, versatile options for use, and full process control. inEos X5 can also be integrated with other CAD/CAM systems.

Manual and fully automatic scanning

As the successor to the inEos X3 Blue, the inEos X5 laboratory scanner by Sirona has been available from specialist dealers since May 2013. The new development from Sirona scans partial and whole jaw models and impressions – either automatically or manually – depending on the user's needs. The scanner features innovative five-axis technology and uses a rotation arm to optimally position and align the objects to be scanned. While the manual scanning mode saves time for simpler operations, the fully automatic scanning mode has its benefits, especially with regard to extensive operations such as shortening the work time and reducing the steps required by the user. In addition, the data volume is optimized which speeds up the subsequent calculation of the model.

A versatile tool for the laboratory

The features and handling make inEos X5 a favorite with new users as well as experienced dental technicians. The large working area is accessible for all conventional articulators. Due to the universal model and impression tray holder, all conventional model support and split cast systems, as well as impression trays in all sizes, can be used. The multi-die scanning (multiple rotation imaging) of up to four stumps offers optimal support where the individual contacts are difficult to see and in the fabrication of frameworks and copings for single restorations. The already integrated STL interface allows flexible linking with other CAD/CAM systems.

"inEos X5 is very precise and, due to its large pivot range, it can cover any situation optimally. This gives us very good model reproduction for further processing with CAD/CAM. I rarely need to make additional, individual, manual images. The scanner offers fast, precise imaging technology and a good operating concept for various model systems. The switch is very fast, smooth, and poses no problems. The STL files allow all downstream CAD/CAM units in our laboratory to be used easily," says Ingo Raschert, master dental technician and managing director of Truber Dental Laboratory in Darmstadt.

With its outstanding precision, the innovative, versatile tool for every laboratory.

Going all-digital: Customized implant restorations, for CEREC and inLab

By Ivoclar Vivadent

Telio CAD A16 ensures more flexibility and esthetics in the fabrication of implant-supported restorations even at the temporization stage.

The trend towards a fully digital workflow has become ubiquitous. The last gap in the treatment of teeth with implant restorations is now closed. The new, highly cross-linked polymer block Telio CAD A16 completes the digital workflow to include temporary restorations in implant dentistry.

Telio CAD A16 fits extremely accurately. Therefore, the treatment time for both users and patients is reduced. The hybrid abutment crown is easy to adjust and provides a clear idea of what the permanent restoration will look like. In addition, a proper emergence profile can be ideally developed and shaped. The restoration can be incorporated immediately after the implantation procedure or after the healing phase.

Telio CAD A16 forms an ideal basis for long-term, implant-supported restorations fabricated with IPS e.max CAD Abutment Solutions. The self-curing luting composite Multilink Hybrid Abutment ensures an excellent bond of the restoration to the titanium base. The PMAA block is offered in size A16 and in 6 shades (BL3, A1, A2, A3, A3.5, B1). Restorations made of this block are indicated for a wear period of up to 12 months.

About Ivoclar Vivadent Abutment Solutions

Under the heading “Abutment Solutions”, the company has been supporting the trend towards automated, digital procedures for CAD/CAM-fabricated, implant-supported restorative solutions for several years.
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A date for your diary - Hygiene Day announcement 15th November 2014

By Victoria Wilson

It is a very exciting time for hygienists in the MENA, as we are gradually getting more recognition for our valuable contribution and commitment to Oral Health, with more and more dentists viewing the Hygienist as a key member of the Dental team.

A career in Dental Hygiene certainly offers a wide range of challenges, and it can be quite a solitary career at times, for this reason days that we can come together to deepen our skills set, exchange knowledge and information about our profession is invaluable to us. Thanks to CAPP and a Hygiene Day now exists to continue with a high standard of CPD.

I will take this opportunity to welcome Professor Mary Rose Pinelli Bogliun, from Italy this November. It is such a honour to have Mary lecturing to us and share her extensive years of experience, knowledge and skill set first hand. Mary will be talking on 'The Management of Orthodontic Patients'. As well as delivering a hands on course on that should not be missed.

We do have 5 more speakers organised, these will be announced shortly.

The profession of dental hygiene has progressed over the years. There are so many hygienists who are doing amazing things in the workplace, and our third party, education and making a difference with each and every patient. Through the Pros in the Profession award program, Crest Oral-B continues to recognize hygienists who go above and beyond the call of duty.

I was so blessed to have been chosen as a Pros in the Profession Award Recipient in 2011. It allows me to share my experience in education and advocacy, I have been asked to sit on the board of the Connecticut Oral Health Initiative, which is a nonprofit organization, Bethesda Medical Mission, visits Haiti, we also bring dental supplies like toothbrushes and toothpaste to be distributed to all the patients who visit the clinic. We bring books, toys and games for the children to enjoy, I also believe that I am an inspiration to the children in Haiti by giving them hope for a better life.

The Hygiene Day stands yet to help solidify the recognition of the profession in the MENA.

Please arrange with your colleagues tickets and transport to the day, it is guaranteed to be excellent!

My journey as a dental hygienist

By Kareem Wilson, USA

We all live to be an inspiration to others. At my alma mater, Louisiana State University, there is a statue in front of the dental school that carries the inscription, “To make men whole.” That statue and inscription was there to remind us that it is our duty to inspire and make our patients whole. It can be your children, spouse, loved one or people around you that you want to influence and change their life for the better. As a hygienist, I know that I inspire my patients to live healthy and happy lives.

“We all live to be an inspiration to others”

Through clinical education, I make sure that my patients have all the knowledge to create their happiness through a beautiful and healthy smile. I also strive to use my physical skills to bring joy and relief from discomfort by improving their oral health. The hygienist is usually the social life line of a dental practice, and we tend to bridge the gap between dentist and patient. It is great to be able to interact and build meaningful relationships with my patients. My experience as a hygienist for the past 17 years has been wonderful. I have been children grow and lose primary teeth, go through orthodontic treatment, and then go off to college. I have helped patients lose weight through sharing and giving health tips.

“in the country of Haiti, there is one dentist for every 90,000 residents”

Many of my patients have come from a mouth full of decay and periodontal disease to healthy, beautiful smiles. As a hygienist, I know that I inspire my patients. My experience as a hygienist has been wonderful. I have many patients who have come to see us at our office because they know they will be accepted and appreciated.

Through mission work in Haiti, I am able to touch the lives of many people who would never have access to dental care. In the country of Haiti, there is one dentist for every 90,000 residents. There are very few if any dental hygienists in the whole country, and 95 percent of all dental professionals in the country practice in the capital of Port-au-Prince. The joy of providing treatment and fluoride to patients in this desperate country is indescribable. The patients in Haiti are so grateful for the dental care. When our nonprofit organization, Bethesda Medical Mission, visits Haiti, we also bring dental supplies like toothbrushes and toothpaste to be distributed to all the patients who visit the clinic. We bring books, toys and games for the children to enjoy, I also believe that I am an inspiration to the children in Haiti by giving them hope for a better life.

Through classroom education, I am able to instruct students on nutrition, oral and overall health. I have been using the Esther Wilkins children education program to go to preschools and grade schools to educate the children on dental health. You would be surprised to know what children think and know about dental health! The program is presented in fun and exciting way, so the children are excited about taking care of their oral health.

The profession of dental hygiene has progressed over the years. There are so many hygienists who are doing amazing things in the workplace, and our third party, education and making a difference with each and every patient. Through the Pros in the Profession award program, Crest Oral-B continues to recognize hygienists who go above and beyond the call of duty. 

I was so blessed to have been chosen as a Pros in the Profession Award Recipient in 2011. It allows me to share my experience in education and advocacy, I have been asked to sit on the board of the Connecticut Oral Health Initiative, which is a nonprofit advocacy organization in the state of Connecticut that is dedicated to promoting oral health. I have been asked to join the Connecticut Dental Hygienists Association board to help strengthen hygiene membership to the association. I have been able to meet some
Developing oral care products imaging and innovation

By Paul Sagel

Dental imaging in oral care began with efforts focused on quantifying dental plaque and later on tooth colour measurement and eventually on gingival health assessments. With many instrumental technologies developed today in dentistry, the fundamental technology is usually developed outside the world of oral care. For example, accurate and precise colour measurement and the governing mathematics were developed for colour matching in the paint industry. Thinking innovatively, it was clear that there was great potential in the oral care research field if this could be adapted. We were looking for technologies that would give us rapid and objective results to improve product development and the time it took to bring new products to dental professionals and the general public.

The internal research at Procter & Gamble on digital imaging was originally conceived as a method to assess the anti-plaque activity of products and was then later also used as a method to assess tooth whitening. Typically, testing anti-bacterial activity has involved clinical studies and the use of standard plaque and gingivitis indices such as the Turesky index or Loe and Silness index. However, various testative assessments that involve clinical measurements and judgement, and that often require large sample sizes to assess the potential efficacy of prototype technologies and product designs. Digital imaging is reliable, fast and objective; it allows the researcher to efficiently and objectively screen potential products in vivo. Digital imaging also provides a source image which can be analysed in a variety of ways after the study is complete.

Digital Plaque Imaging

The assessment of anti-plaque activity using digital imaging involves automated measurement of the area of plaque on facial aspects of the upper teeth. After disclosing the teeth with fluorescein, the denutition is digitally imaged in the presence of standardised long wave UV lighting. Using a computer algorithm, the pixels are then individually assigned to plaque, tooth, gingivae or background based on their colour. The areas of coloured pixels associated with the disclosed plaque are then summed up to determine the amount of plaque present. Similarly, the area of pixels for the teeth and plaque combined is summed up, and then a calculation is made to determine the plaque coverage as a percentage of the total area. In this manner, it is possible to make a precise and objective determination of the significant reductions in plaque obtained with the stabilised stannous fluoride contained in Oral-B Pro-Expert. One study using digital plaque imaging, conducted in 2006, gives an example of its use to determine the effectiveness of anti-plaque agents. Using this technology, it was possible to objectively measure statistically significant overnight and daytime plaque reductions with use of stabilised stannous fluoride/sodium hexametaphosphate dentifrice relative to a marketed control. Other research using digital plaque imaging showed a 24.4% reduction in overnight plaque growth using stannous fluoride dentifrice. Digital plaque imaging is an ideal method to assess plaque reductions - it’s a real step forward to objectively prove the efficacy of products, more quickly optimise them and then introduce them to improve the lives of consumers.

Regimens have also been tested using digital imaging and plaque coverage following brushing with a standard fluoride dentifrice. We then compared the results with overnight plaque coverage and post-brushing plaque coverage following two weeks of use of a regimen which included twice-daily brushing with stannous fluoride dentifrice and twice-daily rinsing with cetylpyridinium chloride (CPC) mouth rinse. As shown in Figure 1, the differences were dramatic - they were measured using digital plaque imaging which provided objective evidence for the efficacy of the regimen.

Digital Whitening Imaging

Digital imaging at Procter & Gamble was next used to determine the effectiveness of tooth whitening formulations and products. As with digital plaque imaging, this enabled the research team to rapidly and objectively assess the actual benefits of products. It first provided proof of concept and later clinical proof for the effectiveness of hydrogen peroxide formulations contained in a novel and disruptive whitening product that delivered the whitening agent on a thin plastic strip which was applied directly to the teeth (Crest Whitestrips). Imaging also provided the objective comparative whitening results that were needed to prove that this product worked better than many tray-based whitening products. The digital imaging method for the evaluation of whitening efficacy, with research showing that the clinical measurement of tooth colour via digital imaging is accurate, precise and reliable.

East Forward To The Present

The research and development team at Procter & Gamble now has extensive experience using digital imaging to assess anti-bacterial activity and whitening efficacy. This technology is currently used to develop just about every oral care product at Procter & Gamble. It is also used for research and also makes a great demonstration tool to visually show the efficacy of our products. Procter & Gamble has also used digital imaging at conventions and has been able to show dentists and dental hygienists images of their own dentition. Even a very small amount of plaque is so easily visible using this technology that you can really see the difference. Digital imaging technology is credited to the Future

With respect to the future of digital imaging, the difference between conventional imaging and microscopy is closing due to the advent of highresolution cameras. From the early beginnings using digital imaging, the research team at Procter & Gamble has continued to develop and explore other uses for it. Currently we use imaging to measure plaque, gingivitis and other.

Looking further into the future, it is possible to foresee digital imaging being used to measure biochemical markers associated with oral disease.

For a list of references or to ask a question/comment on this article, email PPD@fmc.co.uk

DIGITAL PLAQUE IMAGING

1. Disclose the teeth with fluorescein
2. Take digital images of the facial surfaces with standardised UV lighting
3. A mathematic (particularly) assignment of pixels (to plaque/tooth/gingivae/background)
4. Summation of the area of pixels associated with plaque
5. Summation of the area of pixels associated with tooth and plaque combined
6. Calculation of the percentage of the summed total area of pixels associated with plaque

Picture i: Pre-treatment - pre-brush plaque area: 4%.

Picture ii: Post treatment - pre-brush plaque area: 24%.

Figure 1. Digital Plaque Imaging

Picture iii: Post treatment - pre-brush plaque area: 15%.

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2C HYGIENE TRIBUNE

The Future

Dental imaging has been used to assess anti-bacterial activity and whitening efficacy. This technology is currently used to develop just about every oral care product at Procter & Gamble. It is also used for research and also makes a great demonstration tool to visually show the efficacy of our products. Procter & Gamble has also used digital imaging at conventions and has been able to show dentists and dental hygienists images of their own dentition. Even a very small amount of plaque is so easily visible using this technology that you can really see the difference. Digital imaging technology is credited to the Future

With respect to the future of digital imaging, the difference between conventional imaging and microscopy is closing due to the advent of highresolution cameras. From the early beginnings using digital imaging, the research team at Procter & Gamble has continued to develop and explore other uses for it. Currently we use imaging to measure plaque, gingivitis and other.

Looking further into the future, it is possible to foresee digital imaging being used to measure biochemical markers associated with oral disease.

For a list of references or to ask a question/comment on this article, email PPD@fmc.co.uk.
PRECISION CLEAN BRUSH HEAD PROVIDES

UP TO 5x

GREATER REDUCTION
IN PLAQUE BIOFILM ALONG THE GUMLINE

5x

Oral-B, most Dentist Recommended Toothbrush Brand worldwide

* vs. a regular manual toothbrush

continuing the care that starts in your chair
Philips introduces its best brush yet, Sonicare DiamondClean, helping users achieve brushing brilliance every time

By Philips

Dubai, UAE - Philips is proud to present the Sonicare DiamondClean - a brush that takes sonic tooth brushing to its most sophisticated level and which delivers the cleanest, brightest, freshest teeth ever. The brush is not only the best clean yet removing up to 100% more plaque in hard to reach places than a manual toothbrush. Sonicare DiamondClean harnesses Philips Sonicare’s patented sonic technology to produce a powerful, dynamic cleaning action for a difference users can see and feel. It is gentler on teeth and gums than a manual toothbrush, helping to keep teeth stronger and healthier for longer. Philips Sonicare gently whips toothpaste into an oxygen-rich foamy liquid and directs it between and behind teeth and along the gumline where plaque bacteria flourish.

Sonicare DiamondClean is clinically proven to remove up to 100% of plaque from hard to reach places and to improve gum health in just 2 weeks. It also is clinically proven to whiten teeth in 1 week, and its gentle technology actually helps protect against gum irritation and recession to help reduce sensitivity. Now is the perfect time to give your teeth the celebrity treatment and switch to Sonicare to really experience the difference. The brush is able to deliver a unique whole mouth clean feeling thanks to its five brush modes that allow you to tailor your brushing according to your needs as well as your dental professional’s advice. The brush modes range from:

- **Clean** – the standard mode for a whole mouth clean
- **White** – removes surface stains to whiten teeth
- **Polish** – brightens and polishes teeth to bring out their natural brilliance
- **Gum Care** – gently stimulates and massages gums
- **Sensitive** – an extra-gentle mode for sensitive teeth

Highly charged DiamondClean’s chrome base also features a unique charging glass that can be used for mouth rinsing, but also incorporates the latest in inductive charging technology to charge the toothbrush as it rests in the glass – making it stylish enough to display in the most fashion-forward bathroom. Not only is Sonicare DiamondClean Philips’ most advanced brush yet, it’s also our most easy to use and stylish. DiamondClean’s power handle has a ceramic finish and a chrome accent ring highlights the elegant neck of the brush. The technology in the handle is hidden so that the sleek matte white finish of the brush is uncluttered by external visual displays. Only when the button is pressed are the brushing modes illuminated to reveal the array of options. These are then simply selected by scrolling down using a one button action.

When traveling or on the go, Sonicare DiamondClean is designed for convenience with users being able to keep their brush fully charged using a revolutionary USB travel case that can be plugged into almost any lap top computer and saves the hassle of having to pack plugs and adaptors. But only the most intrepid travelers need worry about this advanced feature as Sonicare DiamondClean holds an impressive three-weeks charge.

Brilliant cut Sonicare DiamondClean brush heads also sport a new diamond-cut tuft formation to provide you with an even more efficient brushing experience. The uniquely designed diamond bristle heads have 44% more bristles than Philips Sonicare’s standard sized ProResults brush heads, providing you with both superior plaque removal and whiter teeth. The heads come in two sizes – Standard and Compact – for focused cleaning in areas of special need, for orthodontic patients and those with smaller mouths.

What are the benefits of wearing Loupes?
- **Hygienist and Dentists use both of their hands while performing dental procedures, dental loupes are binocular and therefore take on the form of a pair of glasses. Some dental loupes are flip-up types, which can easily be removed from your eyeglass by flipping them up the two small cylinders, in front of each lens of the glasses. Other types are inset within the lens of the glasses called TTL systems. (Though The Lens) In that way you will get closer to the eye!

- A typical magnification for use in dentistry is from 2.0 x till 2.5 x, but dental loupes can be anywhere in the range from 2.0 x to 8.0 x.

- The most common types of lens system inside the loupes are the Galilean or Kepler (Prism) system.

What happens long term if you don’t wear Loupes?
- **Nothing, you cannot alternate with your eyes whether you use loupes or not. The only thing could be that you will miss out on improved treatment quality and ideal treatment ergonomics enhancing motor skills to improve the ability of maintaining the right posture. Performing marginal invasive dental procedures with ease and precision are possible today with the use of magnification in dental practice.**
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.†

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.‡

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.

* In the U.S.
† Compared to Philips Dash
‡ Results based on 500-person study. Data on file.

“With this new light the patient’s sensitivity is minimal, making the procedure much more pleasurable.”
– Juban Dental Care - Baton Rouge, LA
Diet advice from a Nutritionist – extending beyond the dental chair

By Robin Treasure

Hygienists and dentists are well aware of the impact that diet has on a patient’s oral health and overall wellbeing, and patients will be more likely to follow dietary recommendations if they come from a trusted practitioner. So your relationship with your patient is the perfect opportunity to create a positive influence that extends far beyond the dental chair.

While you may already encourage a “healthy diet”, there is much confusion over what “healthy” actually means. Snacking can be especially challenging, so in this article I’d like to offer a number of suggestions you can give your patients especially in light of individual nutritional requirements:

- Low energy: fatigue is a chief complaint among many people today, which sets off a vicious cycle of consuming sugar to obtain brief bursts in energy. Telling people to “just avoid sugar” will be ineffective if they’re struggling with fatigue. Instead, such patients should be encouraged to consume protein with a bit of healthy fats. Both the protein and the healthy fats provide a steady source of energy that burns efficiently without peaks and troughs, and without encouraging weight gain (as opposed to sugar). Here are some examples of protein and health fats:
  - Chicken breast and avocado slices wrapped in a leaf of Romaine lettuce
  - Almond butter on celery sticks or carrot sticks
  - Hardboiled egg with sea salt
- Craving sweets: often linked to low energy (above), as well as dehydration, the patient should address the underlying energy issues and drink adequate water. Yet to satisfy the immediate craving, suggest one of the following snacks:
  - Crunchy, sweet apple or ripe banana (fruit should always be ripe and in season, otherwise it won’t taste good)
  - Fresh berries on whole, plain yogurt
  - Herbal tea or green tea sweetened with stevia (the extract of a sweet herb that is entirely natural and does not affect blood sugar)
  - Glass of water with fresh squeezed lemon juice and stevia
- Dental decay: in addition to avoiding processed sugar as much as possible, dental decay must also be addressed by ensuring the patient is consuming enough of the fat-soluble vitamins (A, D, K and E). These vitamins work synergistically with the minerals in our body to ensure the strength of our teeth.
  - Butter from grass-fed cows (such as “kerrygold” brand) spread on a rice cracker
  - Smoked salmon and cucumber slices rolled up in nori seaweed

Ideally, your patients’ main meals should be nutritious and satisfying enough that they won’t actually need snacks in between. But if they’re experiencing the issues cited above, these snacks will be satisfying and are packed with nutritional value.

Robin Treasure is a wellness coach who hails from the United States and received her professional training from the Institute for Integrative Nutrition. She works with clients experiencing stress and burnout by helping them make key changes in their diet, lifestyle and mindset. Moreover, she designs strategies to help her clients thrive while meeting the demands of their daily lives.

For further information, please visit: www.robintreasure.com

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Extraordinary people and have had the opportunity to be a dental professional spokesperson on a popular day-time television show.

Most importantly, this award has reinforced in my heart and soul why I wanted to become a registered dental hygienist. I wanted to touch people’s lives. I wanted to motivate and inspire people. That is what the Pros in the Profession is all about! The goal of the Pros in the Profession award is to honor those who inspire us. I do hope that I have inspired others to be awesome at whatever they strive to make their life mission, and I thank Crest Oral-B for the opportunity to represent their idea of an outstanding hygienist.
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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
1 COMPLETE SENSITIVITY TOOTHPASTE

Sensodyne® understands that dentine hypersensitivity patients have differing needs

Sensodyne® Complete Protection, powered by NovaMin®, offers all-round care with specially designed benefits to meet your patients’ different needs and preferences. With twice-daily brushing, Sensodyne Complete Protection:

- Clinically proven to provide dentine hypersensitivity relief1-3
- Contains fluoride to strengthen enamel
- Helps to maintain good gingival health4-6

Sensodyne® Complete Protection, powered by NovaMin® – an advanced approach to dentine hypersensitivity relief

NovaMin®, a calcium and phosphate delivery technology, initiates a cascade of events on contact with saliva7-12 which leads to formation of a hydroxyapatite-like restorative layer over exposed dentine and within dentine tubules.7, 9-13

In vitro studies have shown that the hydroxyapatite-like layer starts building from the first use7-9 and is up to 50% harder than dentine.9,14

The hydroxyapatite-like layer binds firmly to collagen within exposed dentine10,15 and has shown in in vitro studies to be resistant to daily physical and chemical oral challenges,9,14-17 such as toothbrush abrasion15 and acidic food and drink.14,17

In vitro studies show that a hydroxyapatite-like layer forms over exposed dentine and within the dentine tubules.2,3,10,12,13

Adapted from Tai et al., 2006.1 Randomised, double-blind, controlled clinical study of 95 volunteers given NovaMin® containing dentifrice or placebo control (non-aqueous dentifrice containing no NovaMin®) for 6 weeks. All subjects received supragingival prophylaxis and polishing and were instructed in brushing technique.1 GBIs scale ranges from 0–3.

References: