1 in 100 deaths attributed to second hand smoke

World Health Organization (WHO) researchers said that about one in 100 deaths around the world is due to second-hand smoke, which kills an estimated 600,000 people each year. WHO experts found that children are more heavily exposed to second-hand smoke than any other age-group, and about 165,000 of them die every year because of it.

“Two-thirds of these deaths occur in Africa and south Asia,” the researchers, led by Annette Pruss-Ustun of the WHO in Geneva, wrote in their study. They used mathematical modeling to estimate deaths and the number of years lost of life in good health. They found that 40 percent of children, 55 percent of non-smoking men and 55 percent of non-smoking women were exposed to second-hand smoke in 2004 around the world. This exposure was estimated to have caused 579,000 deaths from heart disease, 165,000 from lower respiratory infections, 56,000 from asthma and 21,400 from lung cancer.

The researchers said that for the full impact of smoking, these deaths should be added to the 5.1 million deaths a year attributed to active tobacco use. “Policy-makers should bear in mind that enforcing complete smoke-free laws will probably substantially reduce the number of deaths attributable to exposure to second-hand smoke within the first year of its implementation, with accompanying reduction in costs of illness in social and health systems,” she wrote.

Only 7.4 percent of the world population currently lives in jurisdictions with comprehensive smoke-free laws, and those laws are not always robustly enforced.

50 percent of canned tuna mislabeled

According to a new report based on genetic analysis, 50 percent of canned tunas tested in a dozen countries were mislabeled or had other irregularities.

Some of the 50 brands sampled contained different species of tuna across the same product, or had two different species in the same can.

The independent report was timed to coincide with the annual meeting of the International Commission for the Conservation of Atlantic Tunas (ICCAT), which is running in Paris through Saturday. ICCAT’s 48 member states, including the European Union, ensure the sustainability of fisheries in the Atlantic. Nina Thuellen, Greenpeace International oceans campaigner said: “Tuna companies are indiscriminately stuffing multiple species of tuna” She said that the mixing of species and inclusion of under-sized tuna from overfished stocks is mainly due to the use of so-called fish aggregation devices, or FADs which attract the fish in open sea, where they are then caught in huge, curtain-like draw nets.

Endangered species of turtles and sharks also get trapped and die. Identification and sorting of juveniles is very difficult once the fish are in the freezers. This results in multiple species in the same can. “Retailers must act now to immediately shift their business away from cheap tuna caught using FADs,” Thuellen said, adding that the devices should be banned by ICCAT and other regional fisheries management organizations.

The tests analyzed canned tuna products from Austria, Australia, Greece, the Netherlands, New Zealand, Canada, Spain, Italy, the U.S., Britain, Switzerland and Germany. At least five brands were tested in each of those countries, totaling 185 different products. Five main species of tuna make up the annual worldwide catch of 4.0 to 4.5 million tons.
Aesthetic Dentistry
MENA Awards 2010.

21 finalists from UAE, Iran, Lebanon, KSA, Kuwait, Pakistan and India were announced!

The finalists in all seven categories are as follows:

Conservative aesthetic best case:
1st Place - Dr. Hafez Soha-tian, Shokoufeh, Iran
2nd Place - Dr. Rahib Ahi Nader, Dubai Sky Clinic, Dubai UAE
3rd Place - Dr. Hala Al Sakka, (DT: Nestor Dator), American Dental Clinic, Dubai UAE

Implantology and Red-aesthetic best case:
1st Place - Dr. Rahib Ahi Nader, Dubai Sky Clinic, Dubai UAE
2nd Place - Dr. Souheil Hossaini, Oral Implantology Medical Center, Dubai UAE
3rd Place - Dr. Anas Aloum, Hikma Medical Center, Abu Dhabi UAE

Orthodontic best case:
1st Place - Dr. Edgard Irany, Lebanon;
2nd Place - Dr. Muhammad Zaman Shersani, Munir Saheer Dent Clinic, Pakistan;
3rd Place - Dr. Thundiparampil Mathew Varghese, (DT: Mr. Nistar), Mafraq Dental Centre, Abu Dhabi UAE

Prosthetic restoration best case:
1st Place - Dr. Ajay Juneja, (DT: Lamberto Villani), The Dental Studio, Dubai UAE;
2nd Place - Dr. Grace Eid, (DT: Nestor Dator), Advanced American Dental Centre, Abu Dhabi UAE;
3rd Place - Dr. Angela Husung, Dubai UAE

Congenital and Maxillo-Facial deformities best case:
1st Place - Dr. Mohammad Zandi, Private office, Iran;
2nd Place - Dr. Mosleh S. Alharbi, National Guard Health Affairs, Saudi Arabia;
3rd Place - Dr. Tamer Sabry Ali, Amiri Dental Center, Kuwait

Multidisciplinary best case:
1st Place - Dr. Rahib Ahi Nader, (DT: Mr. Saber Sabagh from Quaid Dental Laboratory), Dubai Sky Clinic, Dubai UAE;
2nd Place - Dr. Tohme Hani, (DT: Roland Noujaim), Tohme Clinic, Lebanon;
3rd Place - Dr. Michael Ziegler DMD/Richard Morris, (DT: Nestor Dator), American Dental Clinic, Dubai UAE

Charity treated patient best case:
1st Place - Dr. Kanchan Dhodhia, (DT: Gorakh Aire), Tata Memorial Hospital, India;
2nd Place - Dr. Edgard Irany, Al Zahra Hospital, Sharjah UAE;
3rd Place - Dr. Edgard Irany, Saudi Arabia;

Special recognition of achievements in Pediatric Dentistry was given to Dr. Dina Debocho, Drs. Nicolas & Asp, Dubai.
Oral health is very important for denture wearers because of potential impact to their systemic health

Dental Tribune UK Editor, Lisa Townshend, reviews the GSK-Supported Symposium, Impact of Tooth Loss on Oral and Systemic Health, at FDI World Dental Congress

As new evidence emerges about denture plaque and biofilms, the indication of an increased risk to denture wearers in the development of oral and systemic diseases is an issue that needs to be discussed.

At the FDI’s Annual World Dental Congress, held recently in Brazil, GSK-supported a timely symposium dedicated to the importance of denture and oral hygiene in denture wearers and its potential impact on their oral and systemic health.

Key messages from this symposium included:
• Unclean dentures are a chronic source of potentially harmful bacteria and fungi that may be associated with oral and systemic diseases
• Dentures need to be cleaned daily with effective antimicrobial and antifungal agents
• Dental professionals play an important role in educating patients and helping them improve their oral and overall health

An international panel of experts was chaired by Professor Claudio Fernandes, Prof of Prosthodontics, Fluminense Federal University at Nova Friburgo, Brazil.

Prof Fernandes highlighted the growing edentulous population globally, the resultant oral health implications, and the role of dental professionals in dealing with associated issues. He commented: ‘Dentists must take a look beyond how dentures are fitted and functioning; dentures must integrate into patients’ health. If they are fulfilling their function, we are really restoring health for patients’.

The speakers and their key points:
• Dr Zvi Loewy, VP of Dental Care R&D at GSK, and on the faculty of New York Medical College and Drexel University, US, looked at Edentulism: Public Health Impact. Prevalence of denture wearing patients ranges from 12% to 65% globally. Studies show an increased risk of certain systemic diseases in denture wearing patients, which has an impact on the public health system.
• Dr Angus Walls, Professor of Restorative Dentistry and Director of Research, School of Dental Sciences, Newcastle University, UK, discussed Implications of Oral Health and Nutrition on Systemic Health. Dietary changes associated with the loss of teeth can result in an unhealthy diet, low in fruits and vegetables and with increased fats and sugars. Denture stability is key to improving confidence in chewing ability, and is one of the parameters necessary to help patients improve diet and quality of life.
• Dr Wenyan Shi, Chairman and Professor of Oral Biology, UCLA School of Dentistry, and Professor of Microbiology and Molecular Genetics, UCLA School of Medicine, US, discussed Microbiology of Denture Patients, and reiterated the deep connection between microbiology and dental diseases. Between 65-80% of denture patients have stomatitis caused by Candida albicans and Candida glabrata, and other pathogens present on dentures are implicated in respiratory and GI infections. He advocated the elimination of microbial pathogens on dentures as very important.
• Dr Steven Offenbacher, OraPharma Distinguished Professor of Periodontal Medicine, Chairman of the Department of Periodontology, School of Dentistry, University of North Carolina at Chapel Hill, US, presented on Strategic Approaches for Denture Wearing Based on Periodontal and Prosthodontal Research. He detailed the importance of edentulism in systemic diseases; not as a major cause, but more as a risk factor. He reiterated that dentures carry high levels of many infectious organisms. Denture wearing is associated with increased risk of several systemic diseases including COPD, heart diseases, atherosclerosis, hypertension and diabetes. ‘Basically research suggests that patients need to do a better job at cleaning dentures on a daily basis and we as clinicians need to be very careful that we are reducing the source of infection in the mouth.’

The symposium was very well attended and well received by the delegates. One delegate commented; ‘this symposium was outstanding and made my trip worthwhile!’ Another delegate said: ‘the symposium was very interesting and it brought together research experts from all over the world to help delegates understand better the importance of good oral health in denture wearers, and the need for healthcare professionals to focus on it.’
Transparent teeth: A powerful educational tool

Author: Dr Sergio Rosler, Argentina

Since the early days of dentistry, dentists have explored the morphology of the internal root anatomy. From the pre-X-ray period to the technologically driven present, the study and examination of the root-canal system has become an obsession for endo dentists. Several methods such as radiographic and histological examinations, cross-and longitudinal sectioning, and root-clearing techniques, to name a few, were widely used in the past. Today, different computerised tomography studies and observations under dental operating microscopes are performed to light up the dark confines of the dental pulp.

The tooth-clearing technique

Over the last 100 years, the tooth-clearing technique was utilised in human dental pulp morphology studies, as it provides a 3-D view of the pulp cavity in relation to the exterior of the teeth and allows a thorough examination of the pulp chambers and root canals. Okumura performed in-depth studies of the pulp anatomy and classified the canals according to their distribution and prevalence. In order to simplify the canal system studies, he injected ink into the pulp cavity. Samples can also be stained with Haematoxylin and Eosin, which are largely used to colour histological preparations. Compared with other procedures such as radiographic and histological examinations, the tooth-clearing technique has the following advantages:

- _retains the original form of the root;
- _enables the observation of minute details of the root-canal morphology;
- _is inexpensive;
- _samples can be conserved for a long time; and
- _is easy to perform.

The clearing process consists of three basic steps: demineralisation, dehydration, and clearing of the root structure.

Sample preparation

- _Store extracted teeth in 10% formal saline until use.
- _Scale calculus and any remains of periodontal tissue.
- _Decorate samples and nontoxic canals with a #10 file (this will enhance acid penetration).
- _Store samples in 4.2% NaOCl solution (the organic tissue removed can be enhanced by placing the solution with the samples in the Ultrasonic Cleaner for 20 minutes).
- _Wash under running water and dry.
- _Indian ink can be drawn through the root-canal system by applying negative pressure to the apical end. Demineralisation
  - _Store samples in 5% nitric acid (HNO₃) for three days.
  - _Change solution every four hours.
  - _Manual or mechanical agitation promotes even demineralisation of the root.
  - _Wash samples under running water for four hours to clean.

Dehydration

- _Dehydrate samples by using ascending grades of alcohol: 60 % ethanol for eight hours, 80% ethanol for four hours, and 96.6% ethanol for two hours.
  - _Dry samples with paper towels.

Cleansing

- _The sample should be placed in xylene for two hours to harden prior to placing the samples in methyl salicylate to render them transparent. (This step is essential if samples are going to be used for practising instrumentation or obturation techniques.)
  - _Store samples in methyl salicylate in order to preserve their transparency.

Please note: Always use proper protection when handling these dangerous solutions. Disposal of the used solutions should be done according to country regulations.

Educational tool

Successful root-canal treatment depends on adequate cleaning, shaping and filling of the root-canal system. However, in order to achieve this goal, it is imperative that the operator has a detailed knowledge of the root-canal morphology of each individual tooth that is treated. Demineralised and cleared teeth may become a very valuable aid in the teaching of endodontic techniques. Hasselgren and Tronstad used cleared teeth to teach and practise instrumentation and obturation procedures in a preclinical course at Lund University, Sweden. At the end of the course, the students were asked to give their opinions regarding the use of the transparent teeth in the learning process. The reaction was very favourable and encouraged the head of the department to extend the use of cleared teeth in following courses.

In summary, this simple and inexpensive technique will enable dentists to visualise the root-canal morphology in detail while allowing them to practise almost every endodontic procedure described.

Editorial note: A list of references is available from the publisher.
"Being a pioneer in innovation" - that's not only the motivation of AmannGirrbach but also of the Antonine University in Beirut as Father Antoine Rajeh, President of the Antonine University, pointed out in his inaugural address at the opening of the “AG training center” on 22 of October in Beirut. The long guest list including ambassadors, agents, presidents of the syndicate, directors, dealers, trade unionists and students left no doubt that this important event was a tremendous step for the Antonine University and moreover for the future of the dental industry in the Middle East.

Provided with updated products of Amann Girrbach, the training center offers 10 working stations, ideal conditions for training sessions, exchanging knowledge and learning more about dental technology. AmannGirrbach is one of the leading companies in the dental sector. The company, which arose out of the merger of the companies Amann and Girrbach Dental, is based in Pforzheim, Germany, and Koblach, Austria with an independent company in Tampa, in the USA.

The University’s CAD/CAM chair now functions concurrently as an official training center of AmannGirrbach. True to the motto “imparting knowledge, creating knowledge” and as an absolutely unique aspect the project combines business and science. Students of the Antonine University and participants of AG trainings will take technical and business knowledge, knowledge that they will have experienced live, discovered for themselves and learnt intensively.

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ABB (Alignment, Bleaching, Bonding)
The Treatment Sequence that should change Cosmetic Dentistry says Tif Oureshi

T his article will outline how the combined and simul-
taneous use of the Inman Aligner, tooth whitening followed by
dental bonding can redefine the ap-
proach taken to smile design. It also
highlights how it will help dentists
respect a patient's decision as their
treatment progresses rather than
shortcutting to an end result using
ceramics setup with classic smile
design principles.

Discussion.
"Changing cosmetic dentistry" might
be seen like a pretty big goal, but It's
become very clear from lecturing
and writing about this particular dis-
section of excitement and positive reaction.

Dentists see the logic in it very quick-
ly and can also see how, with some
education, they can employ a safe,
low risk technique that they know
will work and will massively change their approach
to cosmetic and aesthetic dentistry.

They also understand that there is
a massive market of patients who will
accept this kind of non-invasive
procedure.

Treatment with the Inman Align-
er has been further developed in the
UK where techniques are used to
make it dramatically effective as a
solution for certain mild and moder-
ate anterior orthodontic issues. Cas-
es, which traditionally would take
six-10 months with clear aligner sys-
tems can, with education, be treated
in six-16 weeks.

We have all seen how bleach-
ing can affect a smile. We know
how much bonding can improve
aesthetic and tooth anatomy. Now
that alignment is potentially so
simple, these three disciplines have
been brought together to create
results that easily challenge tradi-
tional veneer based smile make-
overs. And, if the three treatments
are combined with some thought,
it is possible to massively improve
a patient's smile in around three
months.

All of a sudden the six-10 unit ve-
neer case used for a smile makeover
can look ridiculous and be seriously
in danger of becoming over treat-
ment. There are always situations
where ceramics are highly appropri-
ate, such as in wear cases or in major
reconstructions, but for anyone with
good quality intact enamel, I believe
this kind of treatment represents a
far more ethical, patient centric ap-
proach.

This is because I believe the way
smile design is approached, and perhaps even taught, is wrong. The
final outcome, for what is aesthetic
is important. Golden proportion ide-
als, tooth width length ratio, gingival
seams etc all together create some-
thing we know to me almost math-
ematically correct. The problem is
that most dentists' experience their
smile design education attached to
a lecture or course based on veneer
dentistry. As a result dentists will
natural think this to be the only
way.

Case and Diagnosis
This 52-year-old patient complained
about the "crooked look" of her
smile. The patient was aware of what
a smile makeover could achieve, but
wanted to achieve something with-
out damaging her teeth.

If we assess a patient's smile and
try to preview an end result at the
first consult, using imaging soft-
ware, a wax up or even a preview
try in, we are not really letting the
patient see their teeth improve at
different stages to see if their expec-
tations are being met along the way.

The smile design rules are there,
but how many patients if they see
their teeth improving with align-
ment then bleaching and then bond-
ing, would actually then take an
other step with porcelain and some
tooth destruction to achieve total
perfection? In my experience, very
few.

Some still go further but at least by then their teeth are straight and we can use
truly minimal and almost no prep
veneers to improve the aesthetics
further.

Most of the time, once we are
through alignment and start to
bleach it becomes very clear that
simple bonding is all that will be
needed to create a very aesthetic
smile that previously would only have
been achieved with aggressive veneer preps.

The case outlined below is a typi-
cal case of a patient who once want-
ed and considered having porcelain
veneers. Instead she opted to align
her teeth then bleach and bond.

We assessed for an Inman
Aligner. At the consultation the
occlusion was examined and it
was clear that the laterals had
room to advance labially and the
centra could also be derotated.

We then needed to assess the
actual amount of space needed.
Inman Aligner cases should be planned
for. This case is suitable and also to un-
derstand how much space needs
be created. This can be done
with models using Inman technique
(1). The SpaceWize tool
crowding calculator was used to
assess the patient in the chair.

An occlusal photo was taken
with a mirror and the upper cen-
tals were measured with
digital calipers to help calibrate
the software.

The occlusal photo is up-
loaded and the calibration tool
two teeth details entered. The mesial di-
tal widths are simply drawn on the
software and the software will calculate the total
of the mesial distal widths and this is
described as the Required
space. An ideal curve is then
plotted with the software with the
proposed final position. This
is matched with occlusion, aesthet-
ics and function taken into con-
sideration. The curve can be
manipulated easily with the soft-
ware and this gives us the Avail-
able space. The difference be-
tween these two measurements is
calculated automatically and this
is the amount of space that
needs to be created to achieve
the final result.

As can be seen in the
SpaceWize tracing, 3.1mm of
crowding was created. This
seem less than expected when
considering the degree of crowd-
ing when looking at the occlusal
photo, but because the laterals
are advancing forward, this will
actually create space.

If the three treatments are combined with some
thought, it is possible to massively improve a pa-
tient's smile in around three months.
Dental Tribune is highly effective even with the Inman Aligner out eight hours a day. This allows better hygiene and patients can also function with day-to-day activities more normally.

After nine weeks the laterals were already getting close to the proposed position and the centrals were de-rotating nicely.

At this point with Inman Aligner treatment we often start to bleach. Impressions are taken even though the result is 25 per cent from finished.

Sealed, rubber trays are made and careful instructions are given to the patient.

While the patient is highly concentrated on using the Inman Aligner, they are always highly receptive to using bleaching trays. It adds greatly to motivation and often means they achieve a far better result. Discus Dental Day White is used so that the patient only needs to wear the bleaching trays for 33-45 minutes a day. The patient was happy with the degree of whitening achieved.

It was becoming highly apparent to the patient at this stage that she would only need some final edge bonding to achieve a very aesthetic result.

The patient whitened for two weeks. At week 11, alignment with the Inman aligner was almost complete. A single clear aligner was used to correct some minor spacing and also to help bring the right canine into line. After using the Inman Aligner, canines are far more receptive to movement with clear aligners.

At week 15 the incisal edges from canine to canine were only slightly roughened. No local anaesthetic is required with this simple additive bonding.

Venus from Hereaus Kulzer was used in dentine and enamel shades in B1 was used to build the missing incisal outline. The teeth were then polished with discs, pega sticks and flexibuff discs. The patient initially was not keen to have centrals that were longer than the laterals so a fairly flat smile line was created. One week later she returned and asked for another 1.5mm of central incisal length. This was again provided by adding more Venus. At the same visit a wire retainer was bonded in place from canine to canine. (12,15)

Results

This patient achieved a result in just 15 weeks that she had only previously thought possible using ceramic veneers in this approximate time.

‘This patient achieved a result in just 13 weeks that she had only previously thought possible using ceramic veneers in this approximate time.”

Her teeth are far better placed for future ceramic restorations if necessary. She commented that she was worried that with veneers, she would have lost the natural character of her teeth, but by using ABB, this was retained and we just made her own teeth more beautiful.

Discussion

Any dentist offering cosmetic and restorative dentistry should be aware of all developing techniques. Many patients in the UK are choosing this approach and are demanding it in their practices. This approach is becoming common with dentists who offer cosmetic solutions, so not offering it and only offering ceramic solutions could result in potential consent issues.

The simple fact is that once a dentist is educated in the advanced use of an Inman Aligner, this kind of treatment is far simpler and less risky than treatments where large amounts of tooth structure are removed and where there is a heavy reliance on porcelain for the final result. Being able to align and bleach simultaneously adds huge value and increases motivation tremendously.

Long-term predictability is far better and the patient doesn’t enter a restorative cycle that can easily worsen the long-term prognosis.

Patients are also far happier because the treatment is more affordable, and they understand the benefits of reducing long-term risk by aligning, bleaching and bonding. Compared to the traditional methods of providing ideal smile design, ABB represents a radical and arguably revolutionary change in the way cases like this are approached.

A far more truly conservative result that actually respects the opinion of the patient at different stages means that heavy arch form preparations, with aggressive tooth removal just to line teeth up to allow space for veneers, could soon become a thing of the past.

Disclosure.

Dr. Qureshi runs hands on courses with Dr. James Russell and Dr. Tim Bradstock-Smith and lectures on the Inman Aligner worldwide.

Acknowledgements

The author thanks Donal Inman C.D.T. Inman Orthodontic Laboratory, Florida, Nimrodental Ortho Lab Paddington London (The only STS Certified Inman Aligner Laboratories.)

Course Information

Information about course dates and training can be received from www.straight-talks.com or www.inmannature.org Alternatively call line Cross on +44(0)202525259 email info@straight-talks.com

Tof Qureshi will be speaking at the AADC Conference ‘Esthetics Meets Aesthetics’ on 25-27 September 2010 at the Hilton London Metropole. To register, visit www.aadc.org

Dental Tribune Middle East & Africa in collaboration with CAPP introduce to the market the new project mCME - Self Instruction Program. mCME gives you the opportunity to have a quick and easy way to meet your continuing education needs. mCME offers you the flexibility to work at your own pace through the material from any location at any time. The content is international, drawn from the upper echelon of dental medicine, but also presents a regional outlook in terms of perspective and subject matter.

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EARN 20mCME credit hours
A one day Continuing Dental Education Program titled “Dentistry of the 21st Century” was conducted by German Dental Oasis, DHCC on 15th October at the Movenpick Hotel in Dubai, UAE. The conference was well attended by 500 dentists from all over UAE. The conference hosted by the GDO brought together 5 international speakers who are specialists in different fields of Dentistry. The experts who took up various sessions on that day were as follows:

- Dr. Hans Van Der Elst (Germany)
- Dr. Tarun Walia (India)
- Dr. Matthias Gabriele (France)
- Dr. Sinan Hamadeh (Germany)
- Dr. Souheil Housaini (UAE)

The conference was inaugurated by Dr. Hans van der Elst, Expert in Dental XP one of the biggest Dental Websites in the US and Clinical Director of the German Dental Oasis in Dubai Health Care City. He was the first speaker of the day and dealt with two topics during the course of the day, viz:

- Piezosurgery in Dentistry
- Lazer Treatment in Dentistry

Dr. Tarun Walia, Assistant Professor, College of Dentistry, Ajman University of Science & Technology, delivered the a comprehensive presentation on ‘Clinical decision making in Pediatric dentistry – A simplified Approach’ as the second lecture of the day. Dr. Tarun stressed on the importance of behavior modification in the management of anxious children seeking dental care. He also explained about the various options available to the practicing dental surgeons for restoring grossly carious primary maxillary incisors where majority of the clinical crown is lost due to dental caries. Indications and placement techniques of more durable & esthetically acceptable tooth colored crowns was described in detail to the participants. They were also shown the clinical procedure of placing esthetic restorations, particularly resin modified glass ionomer restorations in different clinical situations.

Dr. Souheil R. Housaini, President, Chairmen of scientific committee - Continuing Dental Education Implant Dentistry - Study Consortium (II-SC), sponsored by Temple University, Department of periodontology and oral implantology, Philadelphia, USA and an affiliate society of the ICOI, USA. He is also associated with the Study Club of Oral Implantology (SCOI), Emirates Medical Association, UAE and delivered the third lecture of the day on the topic ‘Cosmetic Dentistry Clinical Cases’.

The participants were satisfied with the motivating and informative lectures conducted during the day as this was evident from the participants’ feedback collected at the end of the day. The sessions were greatly appreciated as an evaluation of the feedback from all participants, showed an average score of 4.1 out of 5 for informative program and Lectures.

The GDO looks forward to the next event on the 14 and 15th of January, 2011.
It all started with a nerve broach in 1907. MICRO-MEGA, whose headquarters are located in Besançon (France), has over the years created endodontic tools for over a hundred years and played a decisive role in the development of endodontics through new developments. Internationally, the innovative company has a recognised reputation of being a specialist in dental instruments. At this year’s AGE meeting, Dr Stephan Gruner, a Rotary endodontics (AGE) meeting, Dental Tribune met with Audrey Stefani, MICRO-MEGA Marketing Manager; Dr Stephan Gruner, Country Manager for the Arab region; and Dr Khaled A. Balto (Saudi Arabia), Associate Professor and moderator of the AGE meeting.

Dental Tribune: Ms Stefani, in your company MICRO-MEGA has been operating successfully in the dental market. Could you tell us anything in particular that stands out for you in the company’s history? Audrey Stefani: MICRO-MEGA is proud of having set international milestones with handpieces and contra-angle handpieces, micro-motors, endodontic files and NiTi files.

Dental Tribune: Indeed, we have debated this for a while but have finally agreed on a name. I am proud to announce that MICRO-MEGA, SoCan and SycoTec are members of the Sanavis Group.

MICRO-MEGA sells its products worldwide. Which countries are the most important in terms of turnover? And which regions hold the most potential in your opinion?

Dr Khaled A. Balto: In general, endodontic rotary systems are evaluated with regard to the parameters of geometric features, taper, tip size, etc. Therefore, the equation for efficiency of a given file has long been considered to be inner core size and symmetric design (which means perfect geometry), which results in stronger files. After 17 years of using Rotary NiTi files, we have learned that the equation for efficiency is rather the asymmetric design and efficient clearing of dental debris. Understanding was applied in the conception of the Revo-S system.

Your expectations of this year’s AGE meeting met?

The AGE meeting has once again helped us progress scientifically thanks to top-notch research results presented by the speakers. During our internal MICRO-MEGA sessions, we were able to discuss additional market demands further, which were then tested for feasibility and formed into projects.

Prof Shimon Friedman lectured on the endodontic treatment outcome: The impact of the new technologies. Would you please summarise the most important points for us?

Prof Friedman is world-renowned in the field of endodontics. Together with co-author Dr Thuan Dao et al., he authored the world famous Toronto series of articles in the Journal of Endodontics. This is an extensive piece of work that illustrates and analyses the status of endodontics, starting with the publication of the first results in the year 2000 up to and including 2010.

In his excellent lecture, Prof Friedman made clear that differences in the evaluation and success of an endodontic treatment depend on the methods and structure of the evaluating studies themselves. If the correct evaluation criteria are applied, the success rate of endodontic treatments over the last ten years is around 80 to 95%. Amongst the various authors, a high consistency of results is noticeable. These studies are encouraging.

The new product Revo-S was a part of further presentations. Dr Balto, in connection with the innovative Revo-S concept you also spoke about the ‘third dimension’ of endodontic treatment. Would you please illustrate the main points of the system?

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Revo-S is the result of 17 years of critical performance analysis, which for the first time addressed the concept of dynamic asymmetry. As a result, we now have files with better penetration and a better clearing effect. Moreover, it is efficient, with only three files for initial treatment and much less likelihood of preparation. To perceive the biomechanics of the file in the ‘third dimension’, the canal diameter and length of files Revo-S; the way it rotates inside the root canal are analysed.

What is your view of endodontics in the Arabic region compared to the Western world?

Endodontics is a rapidly growing specialty in the Arab world in general, particularly in Saudi Arabia. Rotary endodontics, micro-training, warm obturation technique as well as modern retro-endodontics are all an integral part of teaching curricula at many universities. However, as in many other countries in the world, there is a wide range of performance results depending on the experience of the dentists and the difficulty of the cases. Individual variation plays a significant role in the treatment standards. For example, being an associate in a practice limited to micro-endodontics in Jeddah, I treat patients from all over the world as well as locals. I have managed failures for treatments rendered domestically and from other countries. All in all, I do not see substantial differences between the different countries in regards to the standard of treatment however, there might be a difference in the number of well qualified individuals.

Your comprehensive publications illustrate the wide range of your work. What are you working on at the moment?

Being an academic, clinician and researcher at the same time is rather difficult but not impossible. As Deputy Director of the Center of Excellence for Oro-porosus Research in Jeddah, my current research focuses on osteoporosis as it relates to oral health.

Since I returned from Harvard Dental School, where I received my D.M.Sc., the essence of my research interest has remained the same, which is in brief; cellular and molecular mechanisms of infection-induced bone destruction, evidence-based dentistry and other clinical endodontic research.

Apart from publishing, how do you exchange information with international colleagues? The world has become a smaller place, thanks to the recent developments in information and communication technology. The Internet is the driving force for today’s information exchange. Online publishing, discussion forums, YouTube, etc. make it easy to stay in touch and remain updated on new developments.

In my opinion, postgraduate training programmes in endodontics constitute the most important cornerstone.

As Director of the Saudi Board of Endodontics, I have the privilege of reviewing articles and thus am constantly kept up to date on what’s new. Additionally, I value the international interaction that is possible through conferences and meetings like the AGE meeting.

We would like to thank you for this interview and wish you continuing success.

Editorial note: The interview was led by Jeannette Enders and Steffi Goldmann.
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