Athens hosted World Congress in endodontics

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ATHENS, Greece/LEIPZIG, Germany: New findings in evidence-based endodontics were recently discussed at the World Endodontic Congress in Athens in Greece. The event, which took place in early October and was organised by the International Federation of Endodontic Associations (IFEA), also saw new products launched, including a number of newly improved reciprocating files that are said to be more tolerant to circular fatigue.

Speakers included experts from Europe and the Middle East, as well as North and South America, who lectured on current issues in the field such as effective root-canal debridement and disinfection techniques that improve the success of root-canal treatment. Other presentations explored the use of 5-D imaging and microscopes during endodontic procedures. Dr Gabriela Martin, a clinician from Argentina, and many others presented new evidence for regeneration of the pulp. Until now, pulp revascularisation has been largely considered impossible owing to the presence of bacteria in the root canal.

IFEA is an umbrella organisation comprising 26 national endodontic associations worldwide. According to its statutes, the organisation aims to promote endodontic education on a global scale through congresses and lectures. The organisation’s World Congress is held every three years.

UK dental students face higher fees

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LONDON, UK: Members of the House of Lords have recommended an increase in university tuition fees in the UK. Reports in the media also suggest that the new coalition government aims to cut university budgets by £82 million (US$130 million) next year and that the number of student places available is to be halved.

The proposed changes hold far greater implications for dental and medical students, as their courses are significantly longer than the usual three years. Recently, figures of £7,000 (US$11,050) per year have been mentioned; however, there is also talk of an unrestricted annual fee to be determined by individual universities. Should these changes be effected, then students would potentially leave university with a staggering amount of debt.

As it stands, many students struggle to find a job after graduation owing to the economic climate, resulting in their being burdened by ever-increasing debts on their student loans. Thus, increased loans as a result of increased fees and no certain way off paying such debt off will undoubtedly put off prospective students. A decrease in the number of future dental and medical university students however could result in a sudden shortage of trained professionals in the future and ultimately affect economic growth. Figures suggest that, in the UK between 2000 and 2007, the increase in employed university graduates accounted for six per cent of growth in the private sector.

It is believed that were the proposed changes to be implemented, elite universities, where students compete for places, would end up charging higher fees for the privilege. However, in the case of dental and medical students, it appears to be common opinion that they are guaranteed a job that is well paid and because of this they leave university in a better position to pay back their fees.

(Edited by Daniel Zimmermann, DTI)
DENTAL TRIBUNE

Asia Pacific Edition

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LONDON, UK: The 10th Biannual Meeting, held in London, was a truly collaborative effort. Organised by the European Association of Oral Medicine and the three London dental schools (King's College London; Queen Mary, University of London; and University College London's Eastman Dental Institute) and supported by GSK, the conference highlighted the importance of oral medicine in diagnosing and treating conditions such as xerostomia and hyposalivation. The opening plenary session of the main part of the conference was dedicated to this topic.

After opening remarks by Baroness Gardner of Parkes and Chief Dental Officer for England Dr Barry Cockcroft, it was time to turn over the session to the two Chairs, Prof. Isaac van der Waal (Head of the Department of Oral and Maxillofacial Surgery and Oral Pathology of the VU University Medical Center/ACTA Dental School, Amsterdam) and Prof. Crispian Scully CBE (Director of Special Projects at the UCL Eastman Dental Institute, and Professor of Special Care Dentistry, University College London). After setting the scene for the session, they introduced the first speaker, Prof. Stephen Porter.

Prof. Porter is Director and Professor of Oral Medicine at the UCL Eastman Dental Institute. In his presentation, Hyposalivation: Prevalence, assessment, differential diagnosis and quality of life impact, he gave a general overview of the condition of xerostomia in terms of prevalence. He discussed the age factor in the condition, as well as issues such as immunosuppressant disease and drug/radiotherapy treatments. He also looked at the issue from the point of view of the patient, whose quality of life may be affected because of reduced sleep and impaired eating function.

Next to speak was Dr Jackie Brown, specialist in Oral and Maxillofacial Radiology. She consulted in Dental and Maxillofacial Radiology at Guy's and St Thomas' NHS Foundation Trust; and is Senior Lecturer at King's College London Dental Institute, of Guy's, King's College and St Thomas' Hospitals, and at the UCL Eastman Dental Institute. In her presentation, Contemporary imaging in salivary gland disease diagnosis, she considered the role of imaging in the distinguishing and identifying diseases affecting the salivary glands. She discussed the various imaging equipment available, including ultrasound and CBCT, as well as their advantages and disadvantages.

Then it was the turn of Prof. Gordon Proctor (Professor of Salivary Biology and Head of Salivary Research Unit, Department of Clinical Diagnostic Sciences, King's College London Dental Institute), who discussed Drug-related hyposalivation: A review of physiology and sites of drug action. Prof. Proctor highlighted the relationship between drug therapy and salivary flow rates. He discussed the findings from various studies looking at this relationship, including one specific paper by Wolff et al.
Major salivary gland output differs between users and non-users of specific medication categories (published in Gerodontology 25/04, 2008).

Speaking just before the coffee break was Prof. Jennifer Webster-Cyriaque (Associate Professor, Departments of Dental Ecology and Microbiology and Immunology, Schools of Dentistry and Medicine, University of North Carolina at Chapel Hill). In her presentation, Viral infections of salivary glands resulting in hyposalivation, she examined various viral infections that can affect saliva production, including HIV, herpes and polyomaviruses (such as BKV). One of the main challenges, according to Prof. Webster-Cyriaque, is determining the manner in which viruses access and infect the salivary cells.

Following the coffee break, during which delegates had the opportunity to network and discuss the morning’s presentations, Prof. Roland Jonsson, Vice-chairperson of the Gade Institute at the University of Bergen, gave a presentation on Immunopathology resulting in hyposalivation. He focused mainly on Sjogren’s syndrome, stating that it is a condition that is not easy to diagnose in its early stages. He stressed that biopsies are very important for the diagnosis and understanding the pathogenesis of the condition. Detailing various studies, Prof. Jonsson hypothesised that a virus might trigger the inflammation.

Also focusing on Sjogren’s syndrome, Dr Elizabeth Price followed Prof. Jonsson’s presentation with Systemic disease associations of hyposalivation. Dr Price has a specialist interest in Sjogren’s syndrome and runs a specialist Sjogren’s clinic at the Great Western Hospital in Swindon. She discussed the condition in more detail, and highlighted that along with dry eyes and mouth, tiredness and fatigue are common symptoms. She also discussed the condition’s association with thyroid disease and osteoarthritis.

Next, Prof. Sue Lightman (Medical Research Council Senior Clinical Fellow, Senior Lecturer at the Institute of Ophthalmology and Consultant Ophthalmologist at Moorfields Eye Hospital in London), considered Ocular associations of hyposalivation. She detailed the manner in which dry eyes can rapidly arise and the way in which conditions such as Sjogren’s syndrome originate.

The final speaker of the session was Dr Philip Fox, Visiting Scientist at the Department of Oral Medicine, Carolinas Medical Center in Charlotte, USA, and an independent biomedical consultant primarily in the area of clinical trial design and analysis. This was the practical part of the session, as it focused on the treatment of patients suffering from xerostomia. According to Dr Fox, clinicians must remember that their primary aim is to treat patients. To this end, clinicians can encourage patients to chew and stimulate the masticatory function.

Dr Fox also considered different ways of managing xerostomia, including different formulations, such as Biotene, produced as gels, gums and mouth rinses. He concluded by reminding the audience that their patients and what makes the mouth feel moist and comfortable for them are the most important issues for clinicians.

This session offered a very detailed examination of some of the causes of xerostomia and hyposalivation and allowed delegates to gain a better understanding of the manner in which these conditions affect salivary flow. It also offered delegates an update regarding the rationale for many of the products clinicians could recommend to patients for relief.

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