October marks return of ICOI World Congress to Japan

Prestigious event for dental implant rehabilitation to take place at Tokyo International Forum

**TOKYO, Japan:** Ten years ago, the International Congress of Oral Implantologists (ICOI) first held its World Congress in Tokyo, Japan. In October, the annual meeting finally makes its first return to the Japanese capital, that will be organised by the ICOI’s Asia-Pacific section. Held at the Tokyo International Forum, the three day event will run from 3 to 5 October.

According to Scientific Chairman Dr Koichi Ito, with which ICOI World Congress to Japan is expected to come from Japan.

**Venue:**
Tokyo International Forum

**Opening times:**
Saturday, 4 October: 8 a.m.–6 p.m.
Sunday, 5 October: 8 a.m.–4 p.m.

**Continuing Education:**
ICOI is an ADA CERP recognized provider. Delegates who have registered for the congress can earn continuing education credits (maximum 18) by attending scientific sessions during the meeting. All presentations are in lecture format. They qualify for AGD Subject Code 690 Implants.

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DT Asia Pacific Ltd.
c/o Yonto Risio Communications Ltd, 20A, Harvard Commercial Building, 105–111 Thomson Road, Wanchai, Hong Kong

**Phone:** +852 3113 6177

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**Production Executive:** Gernot Meyer

This special edition of today international will appear as a supplement to Dental Tribune Asia Pacific during the ICOI World Congress XXXI, Tokyo, Japan, 3–5 October, 2014.

The overall market for dental implants has an estimated value at ¥350 billion (US$3.25 million), with only moderate growth rates to be expected in years to come. While Japan is generally considered to have only moderate growth rates to be expected in years to come.
Cochrane reports no evidence for superior long-term success of dental implants

MELBOURNE, Australia/MANCHESTER, UK: Promising superior clinical outcomes, plenty of new dental implants are launched to markets each year. A report by researchers from the Cochrane Oral Health Group in Melbourne and Manchester has recently suggested that there may be no differences in terms of long-term success, regardless of the shape of the implant or the material used.

The researchers reviewed randomised clinical trials conducted around the world from the group’s own database. From this, the only statistically significant difference observed was in relation to surface preparations, with smoother (turned) surfaces being found to be less prone to bone loss associated with peri-implantitis than were rougher surfaces.

Smoother surfaces, however, appeared to fail early more often, according to the analysis.

Overall, more than half of the reviewed trials proved to be at high risk of bias, they said.

“One well known weakness of such a meta-analysis of several small studies is that it cannot predict the results of a larger study,” remarked Prof. Stefan Holst, Global Head of Research and Science at Nobel Biocare, one of the global market leaders in dental implantology, on the report’s findings.

“With 38 different implant types with highly diverse geometries, surfaces, prosthetic superstructures and clinical protocols applied—several of which are no longer in use—there are many variables. The meta-analysis dilutes any potential effect of a single relevant implant surface or implant characteristic in clinical practice today.”

A representative of Straumann also cautioned against the results, saying that the review reflects the fact that there is very little or no published clinical data on the majority of commercially available dental implants, since they have not been clinically tested.

He emphasised that of all the implants available today only 38 tested in randomised controlled clinical trials were considered worthy of review.

According to the Cochrane Collaboration, there are more than 1,300 different dental implants available on the market today. The total value of fixed tooth replacements was estimated to be US$3.4 billion in 2011, a figure that some analysts expect to almost double in the next five years owing to the increasing demand of an ageing population and more dentists starting to place dental implants.
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Last update was 17 September, 2014.

The 36th Australian Dental Congress
Brisbane Convention and Exhibition Centre - an AEG 1EARTH venue
Wednesday 25th to Sunday 29th March 2015

Invitation from the Congress Chairman

On behalf of the Local Organising Committee of the 36th Australian Dental Congress, it is with great pleasure that I invite you to attend Congress and enjoy the river city of Brisbane.

Over three and a half days, highly acclaimed International and Australian speakers supported by contemporary research, will present a wide range of subjects relevant to practice. These presentations will be complemented by hands-on workshops, Lunch and Learn sessions, specific programmes for members of the dental team. Social activities will be available for relaxation purposes.

The Brisbane Convention and Exhibition Centre is adjacent to the South Bank Precinct on the banks of the Brisbane River. Nearby is the Queensland Performing Arts Complex, the Queensland Museum and the Queensland Art Gallery and Gallery of Modern Art. A comprehensive industry exhibition will be held alongside the Congress enabling delegates access between scientific sessions to view the latest in equipment and materials.

Come and join us for the scientific programme, the opportunity to meet colleagues and the experience Brisbane has to offer.

Dr David H Thomson
Congress Chairman
36th Australian Dental Congress

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NEW POLYMER BLOCK ALLOWS CUSTOMIZED IMPLANT RESTORATIONS FOR CEREC AND INLAB

Its highly cross-linked polymer block completes the digital workflow to include temporary restorations in implant dentistry, Ivoclar Vivadent has recently announced. With Telio CAD A16, for the first time a block with a pre-fabricated interface is available, which allows the direct fabrication of hybrid implant restorations for single-tooth temporary restorations. Moreover, the block is supposed to enable users of CEREC and InLab to create customized monolithic hybrid abutment crowns. The pre-fabricated interfaces in sizes S and L are tailored to the requirements of titanium bases from Sirona. According to Ivoclar Vivadent, the completed restorations can be directly cemented on the Ti base.

As a result of the industrial production process, temporary hybrid abutment crowns made of Telio CAD A16 fit extremely accurately, reducing the treatment time for users and patients. 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.

Ivoclar Vivadent said that 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 PMMA 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.

Ivoclar Vivadent
www.ivoclarvivadent.com
Booth 12–13

CBCT IMAGING WITH LOWER DOSES

Planmeca Ultra Low Dose is a new imaging protocol that is supposed to allow CBCT imaging with an even lower patient radiation dose than standard 2-D panoramic imaging. It is based on intelligent 3-D algorithms, according to Planmeca, and offers a vast amount of detailed anatomical information at a very low patient dose. Two-dimensional imaging, therefore, can no longer be justified, the manufacturer said.

The Tampere University Hospital in Finland is one of the facilities which has changed imaging practices owing to the new protocol. “We have been using the new Planmeca Ultra Low Dose protocol since last summer, and we have found it to be very useful in many imaging indications,” a representative said. “These include postoperative follow-up studies, orthodontic cases requiring localisation of impacted teeth and their effects on the neighbouring ones, detection of facial asymmetries, sinus imaging in certain ENT cases where sinusitis needs to be excluded, pharyngeal airway measurements in sleep apnoea patients, as well as many implant cases.”

According to the representative, the protocol also has a significant impact on patients. “We often found them to be concerned about radiation exposure, but once they hear that the dose is even lower than in traditional panoramic 2-D imaging, they are always relieved. Also, referring physicians often specifically ask us to use the Ultra Low Dose protocol,” he said.

Planmeca Ultra Low Dose is available with all Planmeca ProMax 3D imaging units. Images taken with the protocol can be used for a large variety of clinical cases, such as postoperative and follow-up studies in maxillofacial surgery, orthodontics, implant planning, as well as ENT studies.

Planmeca, Finland
www.planmeca.com
GC Corporation
Booth 36