Dear reader,

In a few week's time, dental professionals from the Asia Pacific region will once again have the opportunity to get a sneak peak of the latest innovations in dental products and technology, when the next International Dental Exhibition and Meeting (IDEM) opens its doors in Singapore. Held in a completely refurbished Suntec Center, the show promises to be bigger and better than ever before. The dental exhibition, for example, has been enlarged and is now being held in two separate halls. Subsequently, there will be a wider range of products on display including advanced biomaterials and integrated digital solutions. Educational offers are plentiful without Middle East partner CAPP to present the Dental Technicians Forum at IDEM for the first time. Live presentations will be also available from the Dental Tribune Study Club, which is holding its live symposium for the third consecutive time.

The implementation of a universal health care scheme in January is widely considered a significant step forward for increasing the quality and access to medicines and medical treatment for the entire Indonesian population. Policy-makers are committed to covering every citizen through the reform by 2019. But how may the recent introduction of universal health care coverage affect dentistry? Providing dental care to 240 million people who are widely geographically dispersed appears to be an overwhelming task. All stakeholders in Indonesia’s dental sector, including politicians, health care providers, and dental manufacturers and distributors, are now facing the critical task of having to redefine their role within this changing environment.

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Clinical fantasy

The root canal system of a tooth is complex and pulp infection once established is often difficult for the body to eliminate. While root canal treatment remains the primary choice for treatment, the potential of pulp regeneration and revascularisation has been discussed lately. Many factors are vital to success. First, complete elimination of microbes is mandatory. Even in root canal treatment, this cannot be achieved fully, although a hermetic seal gives the body time to establish a calcific barrier.

In the presence of microbes, whether the cells from induced bleeding can function in an adult tooth is to be seen. It may be possible in partially vital pulp with no apical periodontitis. For such cases, an approach using stem cells has shown potential. Expecting revascularisation in an infected case simply by making “tiny cuts into the root canal system until the tissue starts to bleed” however is still a clinical fantasy because there is no pulp in the case of an established infection inside the tooth.