Study confirms Asians are at greater risk of periodontal disease

Daniel Zimmermann
DTI

SAN FRANCISCO, Calif., USA: Ethnicity has long been thought to play a role in the susceptibility of patients to gingival recession. A new study from the US has now offered new evidence for the clinical assumption that Asians are more prone to attachment loss owing to their unique dental and gingival morphology.

In a clinical evaluation measuring the length of teeth and roots from dental radiographs, students and clinicians from the University of California, San Francisco (UCSF) found a high incidence of shorter root lengths and forms in Asian populations, which they suggest represent a larger risk of attachment loss. In addition, a high percentage of the patients exhibited a thin gingival biotype with a gingival width of between only 3 and 5 mm.

Overall, 40 patients from Japan, China, South Korea and Vietnam were observed with no significant pattern deviation between the various ethnic Asian groups.

According to the researchers, the recent findings are in line with data reported by Stanley Nelson and Major Ash in 2010, who found similar tooth-root ratios in those in the UCSF study. Combined with a thin gingival biotype, patients with such a short root morphology might be at greater risk of periodontal destruction and developing periodontal disease, they stated. They said that dental practitioners should consider these factors when monitoring and treating periodontal disease in Asian patients. In particular, ‘a clinician’s standard accepted level of attachment loss for various stages of periodontal disease may need to be adjusted for the shorter root length,’ they advise in the report.

A higher incidence of periodontal problems in Asian populations has previously been linked to factors like poor oral hygiene and inadequate access to oral health care.

Kuraray Noritake expands production

The Japanese dental market leader Kuraray Noritake has announced a third production site. The new plant in Tainai City in the Niigata Prefecture was recently put into operation in the Niigata plant is in line with the company’s largest production facility in Kurashiki, which will see a significant cut-back in the upcoming months. With a projected production volume of 1.1 million units per year, the facility in Kurashiki is expected to replace the existing Kuraray Noritake production facility in Kurashiki, which will see a significant cut-back in the upcoming months.

According to official statements, the Niigata plant is intended to replace the existing Kuraray Noritake production facility in Kurashiki, which will see a significant cut-back in the upcoming months. A projected production volume of 1.1 million units per year, the facility in Niigata is hopped to become Kuraray Noritake’s largest production site in Japan, the company said.

Bacteria harbour on bib clips

Researchers have reported that a significant proportion of dental bib clips harboured bacteria from the patient, dental clinician and the environment even after the clips had undergone standard disinfection procedures. Forty per cent of the clips tested retained one or more aerobic bacteria.

Low tax compliance among dentists

The Filipinos government has reached out to the Philippine Dental Association and other organisations to urge their members to return their files before the 2012 tax return deadline. Taxes from non-paying self-employed professionals are currently estimated at P500 billion (US$8.7 billion).

People of Asian ethnicity like this woman could be more prone to attachment loss. (DTI/Photo Gang Liu)
SEUL, South Korea: Endodontists in the Asia Pacific region are expected to have taken another significant step up with the 2015 scientific congress of the Asian Pacific Endodontic Confederation (APEC), which was held recently in the capital of South Korea.

Organised in collaboration with the Korean Academy of Endodontics, the biannual meeting was the organisation’s third scientific congress in the Northern Country.

Overall, up to 750 dental professionals attended the three-day event, of which every fourth attendee came from abroad. Hands-on workshops on the use of Niti files and microscopes were well attended, according to the organisers, and topics related to working length determination, biomechanical canal preparation, and pulp regeneration enjoyed widespread attention. Presentations about the latest developments and treatment concepts were given by Drs James L. Gutmann, USA, Drs Gianluca Gambarini and Drs Polito/ Glande, all Italy, as well as other internationally renowned speakers in the field of endodontics.

“These methods of techniques are already available and used in clinical practice throughout the Asia Pacific region,” commented APEC’s president Prof. Luke Sung Kyo Kim, who is also Chairman of the Department of Conservative Dentistry at the Kyungpook National University’s School of Dentistry in Daegu.

“Therefore, endodontists practise in the most developed markets have all the state-of-the-art equipment, including MTA-like materials, Niti rotary instruments, operating microscopes, heat-controlled gutta-percha filling devices and electronic apex locators, at their disposal. Specialists in Korea in particular are very much up to date with the latest developments in the field and therefore scholars and students from all over the world come here to learn about or share information and research."

Since APEC was founded in 1985, 15 national endodontic societies have become members of the confederation, including professional bodies in Australia, Japan, Korea, Hong Kong, Singapore, Taiwan, Malaysia, Indonesia, India, and the Philippines. Iran, Jordan and the US are current members from outside the region. APEC’s scientific congress takes place every two years, with smaller meetings or events held at larger international endodontic congresses in the intervening period. According to Kim, the next general meeting will take place in Jordan in early 2015.

More than 700 gather for endo meeting
Asian Pacific Endodontic Confederation hosted professionals at Seoul congress
DT Asia Pacific

The organising committee posing with members of this year’s faculty.

WEBINARS
UPCOMING
DENTAL TRIBUNE AMERICA IS AN ADA CERP RECOGNIZED PROVIDER
CBCT: AN INDISPENSABLE TECHNOLOGY FOR ALL DENTISTS
Steven A. Guttenberg, DDS, MD
07:00 PM (EST)
Dentists must have a good understanding of the anatomy of the jaws prior to treating acquired or congenital tooth loss, dental and osseous pathology and trauma, as well as orthodontic deformities, temporomandibular disorders and soft tissue and skeletal based sleep disease. CBCT offers a three-dimensional view of the maxilla, mandible, orbits and the dentition allowing all dentists to acquire more diagnostic information prior to invasive or noninvasive therapy. Numerous examples revealing Cone Beam to be an indispensable aid to every day dentistry will be presented.

EVALUATION AND MANAGEMENT OF THE PATIENT WITH ORAL PRECANCER AND CANCER
Brian Schmidt, DDS, MD, PhD
8:00 p.m. (EST)
This course offers a description of the evaluation and management of the patient with oral precancer & cancer.
Participants will learn:
• Understand the clinical features suggestive of oral cancer
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• Be familiar with oral cancer screening methods for your practice

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South Korean receives ITI research award
Dr Jung-Chul Park honoured for study on stromal cells

CHICAGO, USA: For his research on the acquisition of stromal cells through minimally irrigated implant osteotomy, South Korea has received the 18th André Schroeder Research Prize awarded by the International Team for Implantology (ITI) in Switzerland. The periodontist from Seoul, who is currently in London at the UCL Eastman Dental Institute on an ITI scholarship, received the prestigious award together with a cash endowment of CHF20,000 (US$21,400) at the organisation’s North American congress in Chicago earlier this month.

In the study, published in the May 2012 issue of the Journal of Clinical Periodontology, Park and his team from the Yonsei University’s College of Dentistry investigated the potential of bone chips derived from implant osteotomy procedures as a cell source for tissue engineering, such as dentoalveolar bone-tissue reconstruction. They found that the procedure yields a substantial amount of bone trapped within drill flutes that could be used for harvesting those cells, which according to Park are regarded as the future of medical and dental treatment.

“We all know that this area still needs a great deal of research before we can actually utilise the stem cells obtained from the patient; however, it is very important to know that these cells are relatively easy to access,” he commented. “Now we will have to see what clinicians and researchers do with this. I expect very interesting ideas to follow our study.”

Park is only the third researcher from Asia to have received this award after Chinese researchers Xiaolong Zhu in 2005 and Yuelian Liu in 2003. ITI has awarded the prize dedicated to its founder and Swiss dental implant pioneer Prof. André Schroeder annually since 1992. Last year saw German researcher Cornelius von Wilmsowski come out tops with his research on the effect of diabetes mellitus on peri-implant bone formation. According to its figures, the international dental implantology organisation, which is based in Basel, Switzerland, currently boasts more than 15,000 members from around the world.

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Dear reader,

If the recent International Dental Show in Cologne has shown us one thing than that the dental industry is doing surprisingly well and that dentists, at least in Europe, are still willing to invest largely into new equipment.

What it also demonstrated was that digitalisation in dentistry has developed further and found its way into other fields beyond dental CAD/CAM. What this, let’s call it evolution, promises much easier diagnosis and treatment, it will also require dentists to constantly gain more education and to acquire new skills.

Unfortunately, it also holds the danger of dentists becoming too dependent on technology and put parts of their expertise into corporate hands. There is an increasing number of high-end systems being launched onto the market that clinicians probably never be able to use and understand thoroughly. Who is to blame when a diagnosis fails?

Technology is a good thing but its benefits should not hide the fact that the profession still requires skill and critical thinking. These cannot be replaced by a push of a button.

Yours sincerely,

Daniel Zimmermann
Group Editor
Dental Tribune International

“Let’s take a look at your gums”

Crisis in endodontics

There has been an alarming increase in the number of retreatments of endodontically treated cases recently – I have even heard an endodontist proudly proclaiming that he performs many retreatments for failed root-canal cases. Having practised endodontics for more than three decades, I know that if the basic principles of endodontic treatment are adhered to, the majority of root-canal-treated cases can remain asymptomatic for many years.

There are two aspects to the crisis we are facing. First, working width has become a totally forgotten dimension. In the past, we only had stainless-steel hand instruments with which to work and attempts were made to enlarge the canals to at least a size 55 or 40. The current trend is to stop instrumentation at a size 20 or 25 tip with tapered rotary NiTi instruments and perform a single-cone situation. A science-based treatment protocol is replaced by corporate-dictated norms that go against all the principles of surgical treatment, which prescribes the removal of all infected dentine from the root-canal walls, particularly in the apical third. It is non-ethical not to address the biologic width because there are now instruments that can help us do it. I was shocked to hear a University of Pennsylvania staff member recently advocating size 55 for all canals.

The second aspect is that the number of years for which an endodontically treated tooth remains functional in the oral cavity is seriously decreasing. This is due to the stripping of critical healthy cervical dentine owing to the use of instruments with larger tapers. An increasing number of patients are therefore returning to their dentist with horizontal fracture of the root-canal treated and crowned teeth at the cervical area.

For how long can we remain complacent about this deteriorating situation? It is time that the profession sets things right and lead less-experienced dentists back to the correct path.

To the Editor

Re: “Study suggests dentists cause implant failure” (Dental Tribune Asia Pacific, Vol. 10, No. 11, page 7)

The Journal of Oral Implantology article, a retrospective study conducted at the Center for Implant Dentistry, Loma Linda University School of Dentistry, Loma Linda, Calif., assessed the success rates of 50 full-arch maxillary and/or mandibular immediate loaded implant-supported fixed complete dentures, after a mean follow-up time of 42.1 months.

The implant failure rate for two surgeons involved in the study (with > 5 years of surgical experience) was 2.4 per cent (two of 85 implants), whereas the remaining 18 surgeons (those with < 5 years of surgical experience) incurred an implant failure rate of 12.2 per cent. This particular observation can be explained by the fact that the 18 less experienced surgeons were graduate students with minimal implant surgical experience.

Dentists generally do not cause implant failure. But implants placed in immediate loading protocols for completely edentulous patients by inexperienced dentists experience higher failure rates.

Prof. Jaime Lozada
November 11, 2012

Contact Info

Prof. Beena Rani Goel is is the President of the International Academy for Rotary Endodontics and a well-known endodontist from India. She can be contacted at profgoel@gmail.com.
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New platform for better oral health in Europe

Part of a European-wide call for input, the proposed targets focus on three key priorities: data-collection systems, preventive policies, and education and awareness. According to the platform, the targets will serve as a basis for benchmarking EU member states’ progress towards increased prevention of oral diseases and improved oral health in Europe by 2020. In addition, the targets are expected to inform the joint action on chronic diseases, which will be launched in 2015 by the European Commission and EU member states. Platform members will actively coordinate with European institutions to ensure the collection, validation and dissemination of good practices to address common risk factors, prevent oral diseases, promote oral health and facilitate data collection.

The targets build on the platform’s “State of Oral Health in Europe” report published in September 2012 (reported by Dental Tribune), which indicated that despite significant achievements in the prevention of caries in Europe, much remains to be done particularly in key areas, such as promoting oral health awareness, tackling oral health inequalities and addressing common risk factors. The report reinforced the need for measurable targets and high-quality oral health data in order to better assess the impact of prevention initiatives, and to guide oral health policies and strategies at all levels of government.

Agreed-upon targets will be announced in 2014

The consultation, which runs until December 2013, will seek to involve public health stakeholders and professional associations across EU member states in helping to further refine and focus the proposed targets. Following the conclusion of the consultation, the agreed-upon targets will be announced on World Oral Health Day 2014, along with key benchmarks and scorecards against which to better measure the state of oral health in all EU member states.

Presenting the 2020 targets, Prof. Kenneth Eaton, chair of the platform, said: “The burden of oral health disease continues to challenge Europe, particularly in Southern and Eastern European countries where significant disparities already exist and where access to affordable treatment grows more and more difficult. Meaningful actions to increase disease prevention and improve the state of oral health across Europe are needed now. We are calling on stakeholders across Europe to help us make our proposed 2020 targets a reality, and to ensure that more Europeans take advantage of the simple, effective tools that can help them improve their oral health today.”

Untapped policy areas expected to be scrutinised as part of the consultation process include the need to improve care for the elderly, earlier diagnosis of oral cancer, integration of oral hygiene education in school programmes, and strengthened public awareness campaigns that make European citizens more aware of daily oral hygiene practices, including proper brushing and the use of fluoride-containing toothpaste, interdental cleaning, taking care of teeth when away from home with the use of sugar-free chewing gum and regular dental check-ups.

Oral health-related costs still on the rise

Less than a year ago, the “State of Oral Health in Europe” report, commissioned by the Platform for Better Oral Health in Europe, revealed that oral health-related costs are still on the rise even though caries and its complications are highly preventable through a healthy, balanced diet and routine oral hygiene practices. The report estimated spending on dental treatment in the EU 27 to be close to €679 billion in 2012, a figure set to reach €873 billion by 2020 if adequate action is not taken immediately. The consultation is open to all interested individuals and organisations.
Market in Europe increases with more sales achieved online

Claudia Jahn
OEMUS MEDIA AG
COLOGNE, Germany: Overall sales of dental equipment in Europe increased last year, according to a market study presented by the Association of European Dental Dealers (ADDE) and Federation of the European Dental Industry (FIDE) at IDS in Cologne. Sales of consumables remained at the same level in 2012, it also found. In contrast to the steadily declining number of direct sales, email and web sales increased continuously in nearly all the countries examined. Among these, Denmark was ahead of France and Great Britain as the fastest growing dental market in Europe.

With respect to 2012, it was found that despite a slight increase in the number of practicing dentists in Europe, the number of dental technicians has not grown. The number of dental practices and labs has actually decreased, signaling a nearly uniform trend toward consolidation across the continent.

While the number of graduates in dental medicine in Europe declined significantly in comparison to 2011, the same was considerably higher in the US. Nevertheless, the ratio of practicing dentists to patients remained unchanged.

FIDE and ADDE have been collaborating since 1998 and together publish an annual market study of the European dental industry. Along with figures on customers and end-consumers, the report also covers sales values for the main product categories such as dental equipment, consumables, implants and CAD/CAM, as well as data on distribution channels, information about current European VAT rates and their influence on the dental market.

(Edited by Daniel Zimmermann, DTI)

IDS 2013 surpasses expectations

DTI
COLOGNE, Germany: According to the latest statistics, an estimated 125,000 visitors from 149 countries and 2,058 exhibitors from 56 countries attended the world’s largest dental show in Germany in March. The organisers noted growth in the number of international participants in particular. About 68 per cent of exhibitors and 48 per cent of visitors came from outside Germany. Overall, they reported a 6 per cent increase compared with the event two years ago.

“Owing to the high internationality of the event and the distinct discretionary buying power of the visitors, we expect positive effects for the current business year and sustainable development on the national and international dental markets,” said Dr Martin Rücker, Chairman of the Association of German Dental Manufacturers (VDDI).

Despite the apparent return of winter last week, the show was very well attended from the first day onwards by dental professionals, dental technicians, and representatives of the dental industry and academics. In particular, exhibitors noted an increase in the number of visitors from emerging dental markets, such as China, Russia and Brazil. In addition, more people from Japan, Turkey and Ukraine attended the show than before.

The organisers observed that visitors and exhibitors showed particular interest in CAD/CAM systems and digital workflow technologies. Innovations in prophylaxis and implantology attracted great interest too.

According to an IDS survey, 74 per cent of the participants were satisfied or very satisfied with the event. Owing to the comprehensive range of products and the numerous product innovations, almost 80 per cent rated the exhibition as good or very good. Overall, about 95 per cent of the visitors said that they would recommend the event to their business partners.

The next IDS will be held from 10 to 14 March 2015.

(Edited by Daniel Zimmermann, DTI)
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KaVo challenges market with lines of ESTETICA E50 treatment units

With its two lines of ESTETICA E50 treatment units, the German dental equipment manufacturer KaVo is offering the company’s proven quality, reliability and efficacy at an entry-level price. From March 2013, units in the Essential Line can be equipped with the integrated PIEZOsoft ultrasonic scaler, which, according to the company, boasts intelligent technology for optimal treatment results. The line is complemented by the EDI halogen lamp and the new MAIA LED lamp.

Doctors can also benefit from the future-proof ESTETICA E50 Evolution Line, which comes with the light and optimally balanced INTRA LUX KL 705 motor featuring an optional endfire function for fatigue-free work.

With the novel KaVo CARE Technology, an intelligent feedback system, and four different power levels, the PiezoLED ultrasonic scaler achieves higher removal rates for a wide range of indications, KaVo said. The KaVoLUX 540 LED delivers up to 40,000 lux for an ideal field of illumination that is homogeneous and has accurate edges, as well as reduced shadows.

According to KaVo, the dentist element of the ESTETICA E50 can be individually configured with five cartridges. All functions of the chair and the instrument can be controlled intuitively through direct buttons and the KaVo colour scheme. ESTETICA E50’s soft cushion and the double-jointed headrest are intended to provide greater comfort for the patient, while the adjustable height of the patient chair (between 550 and 850 mm) allows clinicians to work in a relaxed posture in any treatment position.

In addition, the chair’s removable components and easy-to-clean surfaces provide for much better hygiene. Continuous disinfection and manual intensive disinfection functions provide permanent germ reduction, the company said.

Special show at Sino-Dental

German industry announces research station for Beijing

In order to give visitors an insight into this unique partnership, the organisers will be setting up a research station with dental surgery and laboratory areas. Guided tours will explain the individual production stages, covering such topics as conservative dentistry, prosthodontics and CAD/CAM laboratory work. The tours will be given by representatives of the respective dental manufacturers. In addition, the front of the pavilion will provide a glimpse into the station using a wide variety of media.

The organisers also announced that German Dental Day will be celebrated on 10 June. The event will feature a symposium for specialists held by German dental scientists. Prof. Stefan Schultz-Mosgau, director of the department of oral and maxillofacial surgery/plastic surgery at the Jena University Hospital, and Dr. Daniel Rothamel, assistant doctor at the department of oral, maxillary and plastic surgery at the University Hospital in Cologne, will be lecturing on possible future solutions in dentistry.

The show is being organised in collaboration with the German Federal Ministry of Economics and Technology, the Association of German Trade Fair Industry and the Association of German Dental Manufacturers.

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“At some point in time, the dentist is going to want an all-Sirona office”

An interview with the new Sirona CEO Jeffrey T. Slovin

Claudia Duschek: Mr Slovin, this year’s IDS marks your seventh together and your first as CEO of Sirona. Would you please describe some of the impressions of the last days?

Jeffrey T. Slovin in talks with DTI editor Claudia Duschek.

I have been in the dental business for 14 years and I have always enjoyed the IDS. Since it is my first show as CEO of Sirona, this IDS will certainly be an unforgettable one that I will never forget. The most exciting development for me is that the solutions we are presenting at IDS were engineered in the time when I was about to become CEO. Seeing all of these products exhibited at the show is something that makes me very proud of our employees and company.

With regard to technological developments, I see a lot of companies trying to establish themselves in CAD/CAM today, a business Sirona has been involved in for 28 years.

Today we serve more than 50,000 CEBO customers all over the world. I think that we are very well positioned to further drive digital dentistry. I have been to many countries, but what I think is in common for all dentists is that they want to practice better, safer and faster dentistry. All patients want to spend less time in the dental chair. This adds significantly to patient acceptance and their experience. Because of that, digital dentistry, digital workflows and integrated solutions matter because not only do dentists benefit from simplified and faster procedures but primarily the patient does, too. I think Sirona is in the best position to help dentists experience all the advantages of the digital workflow.

Indeed, digital workflow is one of the most used expressions these days. Yet, has digital technology arrived in dental practices?

This digital workflow development is comparable to the transition of film to digital cameras. Today almost all cameras are digital. In dentistry, it is primarily a matter of where practitioners are located. In some areas, it takes longer for adoption, but the reality is that digital dentistry is the future. We see it here today at IDS and it is not a matter of if but when a dental practice will adopt digital. Dentists want their patients to benefit from safer and faster treatment solutions, and I see it coming to life with our CAD/CAM-for-everyone approach.

And how would you assess Sirona’s position in this development as compared to other companies?

These days, many companies talk about being digital, but the ability to truly integrate digital technology is an expertise and great competence of Sirona. With the 25 innovations we have introduced this year, one can see the power of Sirona with regard to integrated solutions. While others have only one digital solution or integrated workflow, Sirona offers a whole integrated process because our products can be connected. At some point in time, we think that the dentist is going to want an all-Sirona office.

Coming from the US and having been the model for the European dental market very well, what kind of differences have you noticed in Europe and Germany in particular?

I have been to many countries, but what I think is in common for all dentists is that they want to practice better, safer and faster dentistry. All patients want to spend less time in the dental chair. This adds significantly to patient acceptance and their experience. Because of that, digital dentistry, digital workflows and integrated solutions matter because not only do dentists benefit from simplified and faster procedures but primarily the patient does, too. I think Sirona is in the best position to help dentists experience all the advantages of the digital workflow.

Heraeus sells dental business

Multi-million dollar transaction subject to regulatory approval

TOKYO, Japan/HANAU, Germany: The precious metal and technology group Heraeus announced that it has recently parted with its dental branch. The transaction has been approved by the competition authority, the whole business unit, including 20 facilities worldwide, will be acquired by Mitsui Chemicals, a Tokyo-based manufacturer and supplier of chemicals, plastics and similar materials for various markets.

Owing to principle changes in the business, Heraeus had decided to sell its dental branch in the scope of a portfolio analysis. The company announced that the introduction of new materials and procedures contributed to the changes. In particular, the use of precious metals, the main business of Heraeus, has declined significantly in dentistry in recent years.

According to Mitsui Chemicals, the company will acquire all shares and assets of Heraeus Dental from Heraeus Holding for US$587.5 million (¥54.3 billion). The general management, however, will remain unchanged.

Mitsui Chemicals employs about 15,000 workers worldwide. Its subsidiary Sun Medical has been involved in the dental materials business for over 30 years and has a strong presence on the Japanese domestic market, the company stated. With its acquisition of Heraeus Dental, the group seeks to expand into the global market and to drive future growth in the overseas dental materials market.
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Impression and registration for full-arch implant dentures

Prof. Gregor-Georg Zafiropoulos

Usually, a full denture is delivered following tooth extraction or implant insertion of a fully edentulous arch. A denture is usually used until the final restoration is performed. A well-designed full denture should fulfill the following criteria:

1) correct vertical height and maxilla-mandibular relationship;
2) accurate occlusion;
3) appropriate choice of teeth with regard to shape, length, width and position;
4) adequate lip support; and
5) proper function and aesthetics to meet the patient’s expectations. The final restoration should fulfill or surpass these requirements. Obtaining a correct impression and accurately evaluating the interocclusal relationship (e.g., interocclusal distance, occlusal recording and determination of the exact position of the placed implants) are often challenging and time-consuming tasks.

The aim of the current report is to present an impression and registration technique that allows the transfer of the interocclusal relationship, occlusal recording and esthetics that were initially applied to produce a full denture as a template for the reconstruction of the final full-arch implant.

Materials and Methods

Following multiple extraction of a non-salvageable rest denture and the placement of six dental implants in positions #4, #5, #6, #11, #12, #13, a full denture was fabricated. After the extraction sites had healed and denture sores were eliminated, the function and esthetics of the denture was optimized. If necessary, angulations, shape and color of the denture teeth and the shape of the denture base were corrected (Fig. 1a). The resulting denture was used by the patient until the final restoration was delivered. For the final restoration of the maxilla, an implant-retained denture with telescopic crowns as attachments was planned.

After the implant was uncovered, the denture was modified to allow sufficient space for the healing abutments. A duplicate of the denture (DentDu) was made of clear resin (Dentegris, Germany) (Fig. 1c). The DentDu was carefully modified by creating internal clear impressions and accurate registration of the bite records. A pickup transfer system consisting of a titanium impression post and a plastic impression sleeve was employed (Fig. 2a). The DentDu was carefully modified by creating internal clearance in the area of the implants so that it could be applied as an individualized custom tray. This permitted it to be fully seated when the impression posts were in place. Impressions were generated by a polyether material (Impregum, 3M ESPE, USA). During this process, the DentDu was kept in centric occlusion using the bite records (Fig. 3a).

The titanium impression posts were connected with the implant analogues and with the plastic impression sleeves (Dentegris), which were embedded in the impression material (Fig. 3b). A master cast was then fabricated and articulated with the help of the bite records (Fig. 3c, Figs. 4a & 4b).

The customizable abutments (Dentegris) were taken to fabricate the implant abutments. Parallelium, angulation, position and shape of the implant abutments were determined using a silicone key fabricated from a matrix of Co-Cr (Zetakobert, Zhermack, SpA, Badia Polseme, Italy). The dentist and the dental technician relied on two alternatives for customized abutments selection:

1) UCLA customizable abutments (UCLA, Dentegris) for casting with a gold alloy (for example, Portadur P4, an 80.50 per cent, Wieland, Germany; Figs. 6a or 6b) or 2) platinum-iridium customizable abutments (PTIR, Dentegris) for casting with a chromium cobalt (CrCo) alloy (for example, Anika Guss, Germany, Fig. 6b).

After casting, the customized implant abutments were ground, polished and served as the basis for the fabrication of electroformed gold copings with a thickness of 0.25 mm (AGC Galvanoplast, Au > 99.9 per cent, Wieland, Fig. 5). The framework was then constructed via CAD/CAM. To ensure proper functioning of the framework, a plastic mock-up and a temporary fixed denture (TFD) were made (ZENO-PMMA, Wieland). The customized implant abutments, the electroformed copings, the mock-up and the TFD were delivered by the dental laboratory for the next clinical session.
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The abutments were transferred, positioned onto the implants and torqued to 55 Nm using a resin bonded key, glabrous surface (Figs. 7a & b). From this point on, the customized abutments remained fixed in order to avoid any possible inaccuracies. The electroformed copings were placed on the implant abutments (Fig. 7e). The mock-up was placed over the electroformed copings and the occlusion was checked with the bite records (Figs. 8a & b). A final impression was taken in a polyester impression material (Impregum, 3M ESPE) taken with electroformed copings. The mock-up was further set up and used for the fabrication of a new (final) master cast. After the impression was taken, the TFD was fixed on the cast. After the impression was further set up and used for the fabrication of a new (final) master cast, the above described procedure was used.

The above described procedures can be also performed in cases in which a fixed denture was planned for the rehabilitation of the full arch (Figs. 10a–f, 11a–d). The electroformed gold copings were fixed in the metal framework using a self-curing composite cement (AGC Ceram, Wieland, Fig. 10).

The above-described procedures can also be performed in cases in which a fixed denture was planned for the rehabilitation of the full arch (Figs. 10a–f, 11a–d) and in cases where part of the natural dentition is preserved. The above-described procedures can be also be performed in cases in which a fixed denture was planned for the rehabilitation of the full arch (Figs. 10a–f, 11a–d) and in cases where part of the natural dentition is preserved.
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Symmetry and aesthetics

Harmonious treatment of peg teeth with a high-performance adhesive system

Dr. Olivier Etienne
& Dominique Watzki
France

Achieving the best possible outcome with as little effort as possible is a principle of economics that when applied to dental medicine translates to creating an aesthetic restoration with minimally invasive or non-invasive procedures.

Dental anomalies pertaining to the shape or the size of teeth may be symmetrical or asymmetrical. Often such anomalies can be seen on the lateral incisors, a condition also known as "peg tooth."

Previously, a number of treatments were recommended, including extraction of the tooth with subsequent orthodontic correction of the gap or placement of an implant-retained restoration. However, the advent of new possibilities in the area of adhesive cementation in conjunction with highly aesthetic and high-strength glass-ceramics has provided clinicians with an economically efficient and functionally sound alternative treatment method.

Owing to the restricted size of the bonding surface, the treatment of peg teeth demands the use of a high-performance adhesive system. Total-etch systems are preferred over self-etch systems in such cases. Clinicians also have to ensure that tooth preparation is confined to the dental enamel.

Clinical case

A 16-year-old female patient requested enhancement of the aesthetic appearance of her smile (Fig. 1), as she disliked the compromised appearance of her anterior teeth due to her peg-shaped maxillary lateral incisors. Orthodontic treatment had been performed two years before, during which it was decided that the peg-shaped teeth should be preserved (Fig. 2). The time had come to correct the shape of tooth 22 and 12 using adhesively cemented all-ceramic veneers made of IPS e.max Press lithium disilicate glass-ceramic (Ivoclar Vivadent).

As a reference, an intra-oral image taken from the labial aspect was digitally modified, which allowed the dental technician to plan the restoration effectively and to fabricate a wax-up according to the desired outcome. In addition, it gave the clinicians a clear indication of how to modify the gingiva. Prior to the treatment appointment, the model and the wax-up were recorded in the form of a silicone key and transferred to the mouth using the method developed by Galip Gürel at the New York University College of Dentistry (Fig. 3).

The silicone key for the lateral incisors was filled with Telio CS C & B (Ivoclar Vivadent), a self-curing, temporary crown and bridge material for the fabrication of temporary restorations, and then inserted into the mouth (Fig. 4). After two minutes of curing, the impression was removed and the restorative preview was shown to the patient. Both the patient and the dentist were satisfied with the defined shape of the lateral incisors.

The depth-marking grooves through the composite masks were made (Figs. 14 & 15) to ensure that as much dental enamel as possible was preserved, as this is also conducive to the quality of the bond that is achieved. These grooves served as reference points throughout the preparation process.

Minor gingival modifications were also made during the same appointment in order to achieve a harmonious and aesthetic emergence profile (Fig. 16). After a healing phase of one week, the impressions for the fabrication of the master model and the final restorations were taken. The dental technician produced two veneers made from IPS e.max Press material in the LT A1 shade. In terms of shape and size, the wax-up served as a reference (Fig. 5).

Cementation of the veneers

The two veneers were tried in with yellow-shaded and transparent glycerine gel (VarioLink II Try-In pastes, Ivoclar Vivadent). A mixture of both materials was used to create a harmonious transition between the canines (showing a high shade saturation) and the very bright central incisors.

In this case, the VarioLink II dual-curing composite system and the ExciTE F DSC adhesive (Ivoclar Vivadent) for the cementation of the veneers was chosen. Excess cementation material was largely removed after polymerisation for three seconds in the Soft mode of the curing light, and the fine excess was removed after final polymerisation in the High mode (Fig. 5).

Conclusion

The lithium disilicate crystals in IPS e.max Press enables fabrication of highly aesthetic restorations with mechanical strength, compatibility with veneering ceramics and excellent optical properties. By combining the material with a total-etch cementation system such as VarioLink II, clinicians can treat cases involving adhesively cemented ceramic restorations with confidence.

Dr. Olivier Etienne maintains a private dental practice in Strasbourg, France. He can be contacted at oetienne@free.fr.

Contact Info

Dominique Watzki maintains a dental laboratory in Illkirch-Graffenstaden, France. He can be contacted at domwatzki@télé.fr.

Contact Info

Editorial note: A complete list of references is available from the publisher.
Prefabricated veneers: A hybrid technique for easier (and more affordable) aesthetic results

Drs Rafael S. Beolchi & Wilton Forti
Brazil

Some time ago, the creation of direct composite restorations was a dream still to be achieved. Back then, composites lacked even some basic optical properties of teeth. By the end of the 1990s, this scenario changed as manufacturers of composite resins began to improve the materials’ optical properties. Composite resins started to be manufactured in a greater range of shades both for enamel and dentine and with enhanced optical properties.1,2

However, such a wide variety of shades can make it difficult for the dentist to make an accurate shade selection during the restorative procedure. Sadly, achieving lifelike results with a direct layering technique is only mastered by a few owing to its significant learning curve. This is especially true when it comes to the direct veneering of anterior teeth.

The veneering of anterior teeth was first proposed in 1957. Almost 40 years later, the technique was revisited, unsuccessfully, owing to the materials’ limitations (methylmethacrylate matrix and large glass fillers), which led to rapid loss of surface gloss and surface degradation.3 With the advent of bonded porcelain veneers, which also have the advantage of an individual fabrication process, the concept of prefabricated veneers was practically abandoned until now.

New materials and advances in technology (dentine bonding, increased resin-filler ratio, and light curing, to name a few) allowed a re-birth of prefabricated veneering for the anterior teeth.3 The aim of this article is to present a case in which six anterior prefabricated composite veneers were placed to achieve optimum aesthetic results.

Case report
A 36-year-old male patient with several aesthetic discordances in his anterior teeth presented for treatment for aesthetic purposes. Figure 1 depicts the situation before the treatment, showing large restorations with loss of natural tooth anatomy and colour, and a non-vital, discoloured tooth (maxillary left central incisor) owing to an endodontic procedure years ago.

The patient also wanted to improve all of the diastemas. Another request from the patient was that the teeth not have an artificial appearance after treatment, in other words, that the final result blend with the natural dentition to resolve not only shape but also colour. In this case, this was particularly important, since his teeth presented a very rich colour shift: darker and more colourful in the cervical region and much more translucent and less colour in the incisal region.

After various treatment options had been discussed, veneering the anterior teeth with a novel prefabricated composite veneer concept now offers the clinician a one-visit, cost-effective alternative to directly placed composite veneers and is a good option compared with ceramic veneers, which were rejected by the patient for financial reasons.

The veneers are made from composite, but they undergo pressure and thermal temperation during the fabrication process. This allows for very strong and thin veneers (facial surface around 0.5 mm, but thinner on the cervical and thicker on the incisal edge). They also pass through a laser vitrification process, through which a pure, inorganic glass surface, homogenous and smooth like a ceramic surface, is achieved, providing an excellent gloss.

First, the gingival tissues were excised and a cord (Ultrapal #0, Ultradent) was placed to the back of the veneers. Then, the preparation was done, first with diamond burs, at high speed andcooling. The final preparation was also done using diamond burs, but with a multiplafe contra-angle (Kavo), Figure 2 shows the prepared teeth. As the veneers are relatively thin compared to indirect ones, it is possible to observe that almost all the preparation took place in the enamel, except for some portions of the cervical region, where it is possible to see some areas of exposed dentine. The preparation was less than 0.8 mm deep, which is more than enough for both the veneer and the composite.

The Edelweiss system comes with a clear sizing guide for selecting the ideal veneer size. From the three available options (large, medium and small), small was selected for this case. Figure 3 shows the veneers above the prepared teeth. From the image, it is possible to see that the selected veneers fitted quite well, but some adjustments with regular composite were needed, especially in the cervical region of the maxillary left central and lateral incisors.

After proper etching and bonding of the tooth surface, the cementation was performed in pairs, beginning with both right and left central incisors, then right and left lateral incisors, and finally right and left canines. Amerilogen Plus (Ultradent) was the composite used, and it was placed both directly on the tooth structure (a thin layer of shade A3) and at the back of the Edelweiss veneers. In order to achieve a natural colour transition, shades A4, A5 and A2, and a final translucent shade called Trans Gray were applied in the back of the veneers in waves, beginning with A4 in the cervical region and finishing with Trans Gray in the incisal region.

The whole process proved to be faster and easier than what was initially expected. Composite colour adaptation in the interproximal areas was very good, and it was performed with an enamel colour called Enamel Neutral. The same colour was used in the cervical regions of the maxillary left central and lateral incisors, and blended very well with the veneers. The final result can be seen in Figure 4.

Figure 1 shows a close-up view of the gingival tissue 50 days after the procedure, from which proper healing is evident. Figures 6a & 6b depict the before and after situation, demonstrating the good aesthetic integration of hard and soft tissue with respect to both shape and colour. Using this composite veneer, it was possible to address all of the patient’s needs and requests economically and quickly.

Conclusion
The rebirth of the prefabricated veneer concept now offers the clinician a one-visit, cost-effective alternative to directly placed composite veneers and is a good option compared with ceramic veneers. It is a reparable solution, and relatively economical and fast because there are no laboratory fees and no need for temporaries. It also proved to be quick and simple to learn to use the system. New materials and advances in technology now allow for a resistant, vitreous, inorganic glossy surface that handles almost identically to composite. When it comes to veneering the anterior teeth, this solution offers both dentists and patients a new and promising alternative.

Editorial note: A complete list of references is available from the publisher.

Contact Info
Drs Rafael Beolchi and Wilton Forti both maintain private dental practices in São Paulo in Brazil. Dr Beolchi can be contacted at rafael.beolchi@usp.br.
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For the third time, the Malaysian Dental Association will welcome dental professionals from the APAC region to the annual Asia Pacific Dental Congress (APDC). Held on behalf of the Asia Pacific Dental Federation (APDF) and Asian Pacific Regional Organisation (APRO), a branch of the FDI World Dental Association, the six-day event is aimed at updating dental professionals from all over the region on the latest developments in dental methods and technologies.

The scientific programme, with over 100 speakers, will offer presentations in a wide range of specialties, including implantology, endodontics and aesthetic dentistry. According to the organisers, keynote presentations will be held on virtual implant planning, caries management and endodontic microsurgery, among other topics. In addition, the congress will offer a number of hands-on courses and workshops that will provide attendees with opportunities to gain continuing education points. A workshop on the treatment of C-shaped root-canal systems has also been added to the congress programme.

At the trade exhibition, to be officially opened on 10 May, more than 115 dealers and manufacturers will be presenting what the international dental industry currently has to offer, including new materials and products intended to improve treatment outcomes and workflow in dental practices. Specialist equipment will also be on display, the organisers said.

According to industry reports, dental markets in the region are expected to grow exponentially in the upcoming years, particularly in the dental implant segment, which is expected to reach almost US$1 billion by 2016. Malaysia itself boasts a stable medical and dental device market that was estimated to be worth US$600 million last year. The South-East Asian country currently has slightly more than 4,200 dentists, the majority of which work in the private sector. According to 2011 statistics from the Ministry of Health, the country has 51 registered dental clinics.

“Malaysia has hosted past APDCs and each was extremely well attended and very successful,” commented Dr Oliver Hennedige, APDF/APRO secretary-general. “The 35th edition has all the ingredients for an outstanding event.”

The APDF hosts its general congress in different locations each year. The past two meetings were held in Indonesia and Taiwan. The 2013 congress in Kuala Lumpur will take place from 7 to 12 May. According to the organisers, those interested in attending who have not yet registered can still do so at the congress.
SHOFU’s universal direct aesthetic restorative Beautifil Injectable was developed with a unique resin micro-structure that is said to offer mechanical properties for remarkable performance even in load bearing areas. According to the Japanese manufacturer, the paste has ideal viscosity and a non-tacky, non-droopy consistency for restorations that can be easily shaped as clinicians extrude the material from the syringe. Having optimised the filler-matrix complex, Beautifil Injectable controls light diffusion within in order to mimic the optical characteristics of natural teeth.

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The combination of strength, durability and sustained fluoride protection makes it ideal for multiple applications, including the restoration of Class I and II cavities, repair of fractured amalgam or a strong base-under amalgam and composite restorations. It is also suitable for all classes of cavities where radiopacity is a prime requirement, the build-up of structural core, as well as on the root surfaces where overdentures are placed. According to SHOFU, clinicians can further use it as long-term temporary replacement for cusps as well as for minimal intervention treatment and ART techniques.

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<tr>
<td>Tianjin JingGong DongYang International Trade Co.</td>
<td>2089</td>
</tr>
<tr>
<td>Tri-Hawk International Corp.</td>
<td>2033</td>
</tr>
<tr>
<td>Ultradent Products Inc.</td>
<td>2064–2065</td>
</tr>
<tr>
<td>USE Electronics (M) Sdn Bhd.</td>
<td>2213</td>
</tr>
<tr>
<td>Versaden (K.L.) Sdn. Bhd</td>
<td>2067, 2076</td>
</tr>
<tr>
<td>Vinova Pharma Sdn. Bhd</td>
<td>2199</td>
</tr>
<tr>
<td>William Dental Suppliers (M) Sdn Bhd</td>
<td>2220</td>
</tr>
<tr>
<td>Yamakawa (M) Sdn. Bhd</td>
<td>2088</td>
</tr>
</tbody>
</table>

**Floor plan and exhibitors list are subject to change.**

Last update was 9 April, 2013.
Edelweiss precured composite veneers are laser sintered, giving them better durability and scratch resistance. Combining this proprietary technology with affordability, Edelweiss unlocks the opportunity for dentists to give more patients the long-lasting, esthetic smiles they’ve always wanted—at a price they can afford.

Go to ultradent.com/edelweiss to learn more about Edelweiss!