From 17 to 21 May, the 37th Australian Dental Congress (ADC) 2017 is bringing together over 4,000 dental practitioners at the Melbourne Convention and Exhibition Centre. Established in 1907 and organized by the Australian Dental Association (ADA), the event is set to be the biggest ever this year. Held under the theme “Educating for dental excellence”, ADC 2017 has attracted an impressive line-up of four keynote speakers: acclaimed UK prosthodontist Dr John Bedford, UK periodontics and prosthodontics specialist Dr Andrew Davood, endodontist Prof. Axel Kischen from the University of Toronto in Canada and prosthodontist Dr Ken Malmest from the US.

With an additional 100 speakers from all over the world and a range of topics in all fields of dentistry, including oral cancer screening, root canal irrigation, ergonomics and infection control, ADC 2017 is the largest continuing professional development (CPD) event for dental practitioners in Australia and an ideal way to fulfil CPD requirements. According to the ADA, the main scientific programme and associated workshops, forums and “lunch and learn” sessions offer over 32 hours of CPD for dentists, 12 hours for dental hygienists, oral health therapists and dental therapists, and 11.5 hours for dental practitioners.

Another key part of the congress programme is the ADA/ADA National Emerging Young Lecturer Competition. Sponsored by the ADA and Pierre Fauchard Academy (PFA), the competition gives ADA branch-nominated young clinicians the opportunity to present their clinical, research and lecture skills, providing insight into the latest work being undertaken in dental schools across Australia. Candidates hold 15-minute presentations with a short Q&A session and are judged by a panel of four experts from both sponsoring organisations.

The presentations will be held on Friday from 10:30 to 14:30. The winners will be announced at 15:00. The National Emerging Young Lecturer is granted a sponsorship from the PFA of A$5,000. A second prize, the Encouragement Award, is worth A$1,000.

Free industry exhibition

For the first time, the accompanying industry exhibition—the largest of its kind in Australia—is free, not just for congress attendees, but also for all those in dental practice. Hosting over 100 major companies, the exhibition is showcasing a wide selection of products and services available to the dental profession. It runs from 18 to 20 May in a building adjacent to the venues where the main congress programme will be presented. The exhibition is open to dental practitioners and the public from the morning of the opening day, and is also open to the public on the opening day.

Graduate dentists should check out the extensive range of work opportunities at the Employment Fair, which has been brought back after its successful premiere at the 2015 event. The fair features organisations from across the dental industry, including private practices, public sector employers and companies, with whom graduates will be able to book appointments to discuss the opportunities available.

Read about the ADC’s numerous networking opportunities on pages 4 and 5.

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Providing three and a half days of presentations and over 100 speakers, this year’s edition of the ADC will be the largest continuing professional development (CPD) event for dental practitioners in Australia in 2017. Today international spoke with Dr Gordon Burt about highlights and new additions to the Australian Dental Association’s (ADA) flagship event, such as the “whole of practice” sessions and the new congress app—and coffee, which he believes is one of the best things Melbourne has to offer.

The congress has a very diverse schedule of sessions. What did you aim at when composing the scientific programme?

This year’s congress is not limited by a theme. We have tried to organize the concurrent sessions of the main scientific programme into “procedural” (practical, “wholsitic” (patient-controlled) and “blue sky” (visionary and creative) streams. For example, attendees have the opportunity to attend lectures that inform them of techniques they could apply in their practices on Monday morning, or confirm their contribution to the health of a patient, or learn about the future directions of the profession.

We have invited four keynote speakers from the UK, the US and Canada, as well as other international and local presenters. Including the “lunch and learn” sessions, there are more than 100 speakers. The congress also features programmes for dental hygienists, oral health therapists and dental therapists.

What is the proportion of attendees in these professions and have you noticed an increase in participation by these groups in recent years?

The ADA has selectively included allied dental health professions as part of the biennial congress since 2013. Two-day programmes are now offered to dental hygienists and therapists, dental assistants, practice managers and dental prosthetists. While these attendees make up a fraction of the total, they are none the less important. Generally, the participation figures are continuing to increase.

You have introduced a new congress app for recording of participants’ CPD hours. How does this work?

As well as providing general information about sessions and speakers, the congress app allows those attending the main scientific, dental hygienist and therapist, or dental assistant programmes to accrue CPD hours, by entering a unique code specific to the session they are attending into the app. The code is only displayed in the session venue.

For ADA members, the recorded CPD hours will flow back to the members’ CPD portal. For other participants, this information will form the basis of a CPD certificate of attendance of the congress. The app is available for smartphones and tablets.

Could you introduce the concept of the “whole of practice” sessions?

The “whole of practice” sessions are a first for the congress. The dental profession has always relied on various clinicians and support from others to provide the best care for an individual. To include those providers who work closely with the dentist is logical. The opportunity for the whole team to attend lectures together is valuable in reinforcing the bond between us and building mutual respect.

Melbourne is your home town. Could you give attendees some tips on making the most of the city during your time in the host city after hours?

Walk the streets and be spontaneous. Melbourne is one of those cities that really need to be explored. Within a few metres from the congress site, there are arts venues, live music, clubs, bars, restaurants, lane ways and graffiti-and-coffee. In my opinion, it is the best in the world. One of Melbourne’s most successful international exports seems to be the barista. There are plenty of online publications that will tell travelers what is on (apart from the ADA events). Do not worry about the weather; there will be some—a coat and umbrella may be necessary.

Thank you very much for the interview.
The link between lifestyle, the oral microbiome, health and well-being

An interview with ADC speaker Prof. Philip Marsh, UK

Prof. Philip Marsh is Professor of Oral Microbiology at the University of Leeds in the UK. He has received national and international awards for his research in the field and is a regular conference speaker. In Melbourne, he will be addressing the topics of dental biofilms and oral microbial ecology in three lectures. Ahead of the event, today international had the opportunity to speak with him about the relationship between lifestyle factors and the microbial composition and how to best maintain a healthy bacterial balance in the mouth.

The microbial balance of the oral cavity is essential for dental (and overall) health. Could you briefly explain this relationship?

Humans and microorganisms have evolved to have a close and important symbiotic relationship, to the extent that we are 90 per cent microbial. These microorganisms [the human microbiome] are natural and deliver essential health benefits. In the mouth, the normal oral microbiome prevents colonisation by external microbes—some of which would be potentially pathogenic—and contributes to the development of our host defences and cardiovascular system. The natural oral microbiome is closely linked to oral health and is not associated with oral disease.

The oral microbiota is vulnerable to disruption by lifestyle and environmental changes. What exactly can cause a shift and what are potential consequences?

The symbiotic relationship between the oral microbiota and the host is dynamic and can alter if the oral environment undergoes a substantial change, often as a consequence of an altered lifestyle. A clear example is when salivary flow is reduced or when an individual regularly consumes sugar-containing foods and beverages. In this situation, the dental biofilm spends more time at an acidic pH. This leads to an enrichment of acid-producing and tolerating bacteria at the expense of beneficial organisms and increases the risk of dental caries. Similarly, the host recruits an inflammatory response if biofilm accumulates around the gingival margin. If this fails to reduce the microbial load, then the protein-rich gingival exudate that delivers the host defences inadvertently acts as a novel supply of nutrients for the proteolytic and obligately anaerobic bacteria in subgingival biofilms. These bacteria subvert the host response and continue to drive inflammation; this exaggerated response is responsible for host tissue damage caused by a subverted host response to subgingival dental biofilms. Molecules that reduce biofilm formation or inhibit species implicated in dental disease are under active investigation. Some snack foods and drinks contain ingredients that cannot be metabolized into acid by oral bacteria.

Is the composition of the oral microbiota mainly based on heredity or can it be managed through external factors?

Some elements of the makeup of the oral microbiota are linked to heredity, but the general composition and activity of these microbes can be managed by effective oral hygiene and an appropriate lifestyle, for example reducing the amount and frequency of intake of fermentable sugars in the diet, avoidance of tobacco-smoking, etc. An unintended side-effect of some medications can be a reduction of salivary flow, which would disturb the natural balance of the oral microbiota and increase the risk of dental caries.

Dental care products aim to reduce harmful bacteria while maintaining the good ones. Is there a danger of using too much product and thereby destroying the oral flora?

The oral microbiota is natural and beneficial and therefore needs to be managed and maintained at levels compatible with oral health. Oral care products are designed and evaluated to support the patient in maintaining an appropriate level of oral microorganisms, so if they are used as intended, there is little danger of negatively disrupting the oral microbiota. In contrast, the long-term use of broad spectrum antibiotics can lead to the suppression of significant numbers and types of beneficial oral bacteria, and this can result in overgrowth by yeasts or environmental microbes.

Bacteria play an important role in the development of diseases such as periodontitis or caries. Are there ways to manage bacterial colonization other than with dental hygiene measures, for example with vaccines, or will there be in the future?

New strategies to promote beneficial oral bacteria and/or to suppress the likelihood of disease are being developed. These strategies include the development of oral probiotics or bacteria to prevent dental disease and the use of probiotics, which are supplements designed to boost the growth of beneficial bacteria. Novel anti-inflammatory agents are being evaluated that would promote wound healing and reduce the tissue damage caused by a subverted host response to subgingival dental biofilms. Molecules that reduce biofilm formation or inhibit species implicated in dental disease are under active investigation. Some snack foods and drinks contain ingredients that cannot be metabolized into acid by oral bacteria.

Is dentistry experiencing greater challenges with regard to biofilms and bacterial shifts today than in the past, and if so, why?

The main differences today compared with the past probably surround the increased amounts of sugar in snack foods and drinks. Also, people are living longer and are retaining their teeth into later life, so the dentinum is vulnerable to dental disease for longer and this is coupled with the fact that a side-effect of many medications taken by the elderly is a reduction in salivary flow.

What strategies for keeping a healthy balance in the mouth can dentists teach patients?

The main strategies are for patients to practice effective oral hygiene and thereby reduce biofilm accumulation and to appreciate the impact of sugar in their diet on their risk of dental caries. It may be helpful if patients realise the relationship and direct link between their lifestyle, their oral microorganisms, and their oral and general health and wellbeing.

Thank you very much for the interview.
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Welcome reception
Giving the opportunity to reconnect with close friends and colleagues in celebration and anticipation of the event to come, the welcome reception kicks off at 18:30 on Wednesday and runs until 20:30. The reception event is included in the registration fee regardless of the category you fall in.

For those still looking to party after the official event has ended, the nearby South Wharf Promenade offers many opportunities, including wonderful waterside dining options—likely boasting the most beautiful waterside views in Melbourne.

A ride along the Yarra River will add to the holiday feeling. Melbourne Water Taxis offer a pick-up and drop-off service for passengers at the Melbourne Convention and Exhibition Centre landing point. The water taxis operate day and night all week. More information can be found at www.melbournewatertaxis.com.au.

Accompanying persons programme
Not to be forgotten at ADC 2017 are the partners of dental professionals attending the congress. This year’s programme for accompanying persons has undergone some changes to make the event even more memorable. Instead of the traditional lunch, held on the Friday in the past, a Thursday meet-and-greet event will give accompanying persons the opportunity to become acquainted with one another in a relaxed and convivial setting.

Another addition is a tourism desk operated by Best of Victoria, which will be open for the duration of the event, allowing visitors to plan their own experience of the beautiful host city of Melbourne.

One thing that remains unchanged is the Accompanying Persons’ Lounge, where visitors will be able to help themselves to a range of hot and cold beverages while catching up with friends and colleagues from Australia and around the world.

Congress Late Night
What could be better than wrapping up a stimulating three days of learning from the best dental minds with Congress Late Night on Saturday? Under the theme “Dia de los Muertos” (Day of the Dead), attendees will witness calacas and calaveras—skeletons and skulls—adorning every vantage point, and brightly decorated altars covered in candles, fruit and toys, all of which are part of rituals to welcome the dead back into the land of the living.

Providing musical entertainment will be Los Románticos, a 22-piece Mariachi band whose music embodies the essence of Mexico and who play a vibrant mix of traditional folk and modern pop. Attendees can while away the evening strolling through the festively decorated space filled with Mexican dancers and food and drink stands serving tequila and churros. Visitors can even have their faces painted in the vividly coloured sugar skull tradition that is the literal face of this iconic Mexican festival.

More information on the social events is made available after registration.

From welcome reception to Dia de los — Social events at ADC 2017
In addition to the vast number of educational and scientific opportunities on offer at the 37th Australian Dental Congress (ADC), attendees will be able to network with colleagues, friends and partners throughout the three days of the event, whether at the welcome reception or at Congress Late Night on Saturday. The programme has been designed to ensure that there is something for everyone, whether you are a dental professional or an accompanying person.

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Muertos: Social events at ADC 2017

In addition to the vast number of educational and scientific opportunities on offer at the 37th Australian Dental Congress (ADC) 2017 in Hong Kong, there is a varied programme of social events, commencing with a welcome reception on opening night and ending with Congress Late Night on the final evening.

More information on the social events is made available after registration.

From welcome reception to Dia de los Muertos: Social events at ADC 2017

One thing that remains unchanged is the Accompanying Persons’ Lounge, where visitors will be able to help themselves to a range of hot and cold beverages while catching up with friends and colleagues of dental professionals attending the congress. This has undergone some changes to make the event even better. Attendees can while away the evening strolling through the festively decorated space filled with Mexican dancers and food and drink stands serving tequila and churros. Visitors can even have their faces painted in the vividly coloured sugar skull tradition that is the literal face of this iconic Mexican festival.

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For those still looking to party after the official event has ended, the nearby South Wharf Promenade will host a night owls’ Afterparty at the Kings Wharf Yacht Club. It is not to be forgotten at ADC 2017 are the partners of dental professionals attending the congress. As usual, they have undergone some changes to make the event even better. Additional information can be found at www.melbournewatertaxis.com.au.

The welcoming city of Melbourne offers a variety of experiences. A ride along the Yarra River will add to the holiday feeling. Melbourne Water Taxis offer a pick-up and drop-off service for passengers at the Melbourne Convention and Exhibition Centre landing stage all week. More information can be found at www.IMG.com.au.

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NEW HORIZON IN DENTISTRY
There is mounting evidence in the literature of the diagnostic superiority of 3-D imaging versus 2-D. As a result, many clinicians today are using 3-D imaging either by referring their patients to a CBCT scanning centre or having mobile units visit them—the only benefit of this is that there is no initial capital outlay to buy the machine. In contrast, the benefits of an in-house CBCT device are many, including the convenience of an on-demand service at any time (pre, peri or postoperatively if needed), learning one software programme and utilizing it fully, rather than having to learn different ones for different machines from various manufacturers and thus not employing it to its full potential. Additionally, patients appreciate the convenience of not having to travel to another location.

Our X-Mind trium CBCT unit from ACTEON is rather new to our practice, and we have yet to fully utilize it. Every day we find new uses and ways to benefit our patients by using 3-D imaging where applicable. Following the latest evidence from experts in the utilization of 3-D imaging can help a great deal in deciding where and when to use it, consequently minimizing radiation dosage and improving diagnostics and planning.

We owe our patients the lowest possible dose with the corresponding acceptable diagnostic value, and sometimes, a 2-D image does not provide satisfactory diagnostic value. A great deal of guesswork is often involved with 2-D imaging and the idea of four different FOV settings with the X-Mind that could affect our decision-making and treatment planning. Judging every case individually is important in order for the benefits of using a CBCT scan to outweigh the potential risks involved with the use of any type of radiographic unit. A modern CBCT machine should allow for different fields of view (FOV) to be utilized in order to minimise the dose to the patient.

Despite the choice of four different FOV settings with the X-Mind trium and other settings that reduce the radiation significantly, individual assessment of every case is still very important to obtain the most from the 3-D image without exposing the patient to extra radiation. In many cases, a small FOV that is enough for one to several teeth could be equal to the radiation dose of several peripheral radiographs, but with a much higher diagnostic value. When a 3-D image is necessary, patients appreciate the information and education they obtain by the case being discussed with them while pointing out vital structures and proposed solutions in 3-D compared with a 2-D image that generally does not make sense to the untrained eye.

In order to show how a CBCT unit can affect day-to-day dentistry in a small family practice, it would be beneficial to share a week’s diary of its use. This article provides a small selection from a week’s diary regarding the use of the X-Mind trium CBCT unit in the clinic. More CBCT scans were often obtained on any one day depending on the cases on that day; however, owing to space limitations in this article, only one to two cases per day are described.

Day 1

The patient had had all of his mandibular teeth extracted many months before, owing to mobility and infections, and preferred to have a fixed solution through implant therapy. At that point, the patient was wearing a well-fitted temporary mandibular denture. Initially, the idea was to take a scan of the existing denture with radiopaque markers (gutta-percha in six to eight holes made in the denture) to plan for the placement stage. However, a decision was made to duplicate the existing denture using a duplication flask (Lang

**One-week diary of the use of the X-Mind trium CBCT unit in practice**

*By Dr Diyari Abdah, UK*

*Assess every case individually and never take 3-D scans routinely, despite their clear diagnostic benefits.*
Dental) in order to fabricate a clear acrylic radiographic guide (Figs. 1 & 2). A 3-D scan was obtained using the X-Mind trium CBCT scanner to be utilized in the treatment plan ning of the case, and we found it to be an invaluable resource. Through the scan, the type and position of the implants in relation to the density of the surrounding bone were checked. The ACTEON Imaging Suite software that comes with the device includes a library of the most current implants on the mar ket, allowing placement of the right implant with the right angulation, plus abutments and crowns, in or der to maximise the predictability of positioning the implants, thus improving the treatment success. For clinicians who use more than one implant system, in order to change the implant model that was inserted from the library, one sim ply clicks in the middle of the im plant and the implant library is opened again, allowing the selec tion of another implant model. The software will retain the same implant inser tion point and direction of the previ ous one.

In addition, the software eval uates the bone density around the implant. The aim is to show, both through colour maps and numerically (Figs. 3 & 4), the values before commencing surgery (green if the values are acceptable or high and red if the values are low; Fig. 5), al lowing the clinician to make the right decision. This can also be a very good educational tool to show the patient the bone density around any potential implant. In our expe rience, patients like this feature once shown what it means.

Day 2

An implant was planned to re place the missing mandibular molar, and the position of the mandibular canal was not very clear on a 2-D image, the position was still a little confusing. For this case, we decided to use the ACTEON Imaging Suite’s FlyMode option, which is like a virtual endo scope that follows the mandibular canal tract from within and clas sifies the path to confirm that our nerve tracking is correct (Fig. 6). This is one of the unique features of the software.

Day 3

Obtaining the correct position and trajectory of a retained maxi lary canine has conventionally been dealt with by taking 2-D im ages (periapical radiograph) at diff erent angles and possibly an occlus al film to determine the correct po sition in the bucropalatal aspect, together with some generous. 3-D imaging can be an invaluable tool for this indication. The patient re fused orthodontic extrusion of the maxillary left canine and wanted both the primary and permanent canines extracted and replaced.

Day 4

Case 1

A mandibular molar case was in the planning stage, and the posi tion of the mandibular canal was located. At this stage, different im plant sizes were tested to check for best fit and the prognosis for maxi mum integration in the future. The ACTEON Imaging Suite indicated that the first implant considered was too long and there was a risk of nerve damage (Fig. 9); thus, another implant size was chosen to al low sufficient clearance above the nerve, and the density of the bone was checked at the same time, indi cating good values in green, which was very reassuring (Fig. 10). These tools, as mentioned above, can be quite a revelation for patients, and their use can affect the outcome positively.

Case 2

A broken and loose bridge was planned to be removed. The man ning, and it clearly showed that this may have grown defective. In addition, on the 3-D image, we noted that the tip of the implant on the left side may have been placed beyond the root of the adjacent tooth, with long-term uncertainty as a result (Fig. 15). In a scanning slice (Fig. 16), we also noted the challenge ahead for grafting this implant successfully, indicating that a great deal of consideration would have to be given and careful planning employed in order to ob tain a successful outcome for this case. However, and despite the outcome at that point with these two implants, the patient appreciated the high quality of the 3-D technol ogy and being able to see the prob lem clearly and from different per spectives, eliminating any guess work that might have affected the final outcome and guiding the treatment in the right direction.

Conclusion

These cases and many more ev ery week pass through any dental clinic, with patients hoping too much might be possible. We hope to use our CBCT scanner for more indications, especially in endodontics, as we have seen amaz ingly positive results from using a CBCT scan in some difficult end odontic cases where we acquired this 3-D technology. It is the way forward, and we wish we had the X-Mind trium sooner.

Dr Diyar Abdah

is a cosmetic and implant ex pert and runs a private dental practice in Cambridge in the UK. Passionate about new innovations, especially in the fields of implantology and 3-D imaging, he deals with all aspects of implantology and grafting techniques and has been actively promoting and teaching such techniques to general dental practitioners worldwide for over 15 years through lectures, workshops and online programmes. He can be reached at drabdah@hotmail.com.

“We know that 3-D imaging is here to stay.”

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