Cold plasma jets found useful against oral bacteria

German scientists release promising results for dental applications

Jeannette Enders
DT Germany

LEIPZIG/HOMBURG, Germany: The use of cold plasma jets could soon improve antibacterial treatment measures in dentistry, results released by a team of German experts indicate. Recent data gathered by scientists from the Leibniz Institute for Surface Modification in Leipzig and the Saarland University Dental Hospital in Homburg has demonstrated increased effectiveness of atmospheric plasma for the treatment of tooth surfaces and infected oral tissue. Amongst other applications, the technology could significantly improve the treatment of oral diseases, the researchers told Dental Tribune.

Cold plasma jets are ionised local gas flows that are triggered by microwaves in plasma jet sources using inert gases, such as argon, helium or nitrogen. Adding those gases under normal atmospheric pressure produces reactive oxygen species that react with surfaces and are capable of changing it.

Currently, hot plasma jets are used in an increasing number of medical applications, including disinfecting surgical instruments. Their high temperatures, however, have prevented them from being used for the treatment of body tissue.

According to Dr Stefan Rupf, the lead researcher from the Saarland University Dental Hospital, the application of cold plasma jets will allow significantly smoother treatment compared to mechanical removal with dental instruments. “Dental pulp in the centre of the tooth is linked to blood supplies and nerves; therefore, heat damage must be avoided at all costs,” he said. “The low temperature of the cold plasma jets means they can kill the microbes while preserving the tooth.”

The study, which won an award in the Competition for Innovation in Medicine Technology in 2006, was funded by the German Federal Ministry of Education and Research. The results were published in the February issue of the Journal of Medical Microbiology.

Sensitive teeth plague India

Cases of sensitive teeth have tripled over the last five years, a nationwide survey in India has found. The findings released by the Indian Dental Association earlier this year also indicate that only 19 per cent of Indians suffering from dentine hypersensitivity visited a dentist to diagnose and treat the condition. Most of these cases occurred in the age group of 50 to 40 years.

Dentine hypersensitivity is recognised as a common dental condition and has been referred to as the ‘common cold of dentistry’. It is caused by dentine exposure through gingival recession, or the loss of enamel or periodontal tissue, resulting from mechanical pressure or chemical forces such as teeth whitener. Treatment options include blocking neural transmission at the pulp through desensitising toothpaste.

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Asia News

Continuing education compulsory for all dentists in Malaysia

Daniel Zimmermann

HONG KONG/LEIPZIG, Germany: Private dentists in Malaysia are soon required to participate in a Continuing Professional Development (CPD) scheme in order to continue practising.

Through the scheme, which is an addition to the Malaysia Dental Act of 1971, those dentists will be able to collect points by attending CPD seminars and participating in other CPD learning activities organised by the Malaysian Dental Association (MDA) in collaboration with the country’s Ministry of Health.

According to the MTA, the conference is scheduled to take place in early April 2010.

According to MDA president Dr Lee Soon Boon, the new scheme was developed to further advance the quality and standard of dental care in Malaysia. Speaking at the 17th FDI/MDA Scientific Convention and Trade Exhibition in Petaling Jaya in January, he said CPD is essential for dental practitioners to maintain and improve their knowledge and skills throughout their working life.

“CPD has been compulsory for dentists in the civil service for the past five years and we believe that expanding the scheme to private dentists will greatly benefit the profession,” he said. Currently, more than 50 per cent of Malaysian dentists work in the private sector.

Although a specific guideline has not been officially announced, the new scheme could also recognise points collected in other parts of the region. Dr Lee told Dental Tribune Online. He added that his organisation has already established transnational cooperation with the Singapore Dental Association and has been invited to be an accredited CPD provider for Singaporean dentists and oral-health therapists.

Dr Lee also said that the FDI/MDA convention was the first MDA-organised CPD event to be accredited by the Singapore Dental Council and Ministry of Health.

South Korea drives medical tourism with April conference

Daniel Zimmermann

HONG KONG/LEIPZIG, Germany: In an effort to promote medical and dental tourism in Asia, the Medical Tourism Association (MTA) has announced its first Global Healthcare and Medical Tourism Conference, which will be held in Seoul in South Korea.

The event, which has support of the Chung government passed legislation to allow hospitals for the first time to advertise for foreign patients. The country is hoping to follow nations like Thailand, India, Singapore and the Philippines, which currently have the largest share of patients in the regional medical tourism market.

South Korea, which saw some 50,000 foreigners visiting for treatment in 2009, aims to increase the number to 1 million patients by 2020.

“Korea is one of the leading countries in the world where the government has made medical tourism a priority, enacted legislation and made other efforts to facilitate fast and stable growth of medical tourism in the country,” said Renée-Marie Stéfhanos, Founder and Chief Operating Officer of the MTA.

She said that medical tourism in Asia will continue to grow because of low-cost, yet high quality medical procedures. “The level of health care there is excellent and advances at a fast rate equal to that around the world in the most advanced countries.”

She told Dental Tribune Asia Pacific that her organisation wishes to expand and hold other regional conferences around the world in the years to come.
Filipinos back-up improved implant education

Daniel Zimmermann
DTI

HONG KONG/LEIPZIG, Germany: Dental implants in the Philippines are on the upswing, attendees at an implantology conference in the capital Manila have agreed. They also indicated their support of the plans of dental colleges and universities throughout the country to include implantology as part of their curriculum by 2011.

The conference, which was organised by the Philippine Academy of Implant Dentistry (PAID), drew almost 200 attendees to Manila. Owing to the demand, representatives of the organisation have announced that more seminars around the country will be arranged with an increased number of foreign speakers in order to advance the speciality further.

“The economic prospects are very good,” said Dr Carlos Buendia, President of PAID. “With the influx of dental implant companies offering affordable implant fixtures and dental laboratories catering to dental implant prosthesis, the overall cost for the dentist has gone down.”

In the last few years, more implant companies have entered the country, assisted by dental awareness programmes and dental tourism campaigns. The Philippines dental implant market, however, is still behind other markets in the region, like Singapore, Taiwan and Hong Kong.

Australian patients are waiting too long

Claudia Salwiczek
DTI

HONG KONG/LEIPZIG, Germany: According to a news report in the Australian newspaper Sunday Mail, patients in South Australia are waiting very long periods for dental treatment in the public health system. Of 26 adult community clinics, more than 50 per cent have waiting lists of longer than a year for basic treatment, the article states.

Amongst all clinics, the centre in Berri, a small town northeast of Adelaide, has the longest list, with two years’ waiting time for a dental check. Community clinics in Kadina, Naracoorte, Gawler, Salisbury Downs and Gilles Plains have 18-month waiting lists.

The President of the South Australia Branch of the Australian Dental Association (ADA) Dr Sharon Liberali told Sunday Mail that the waiting lists were “absolutely” too long. “People will wait between 12 and 18 months, but once they get in, they’ll get their routine care,” she said.

“But they have to go back on the waiting list for any further work and wait all over again.”

The ADA is opposing plans by the Rann government to address the problem with a new dental health-care scheme called Denticare. This US$3.37 billion scheme recommended by the National Health and Hospitals Reform Commission aims to provide universal dental health care to all Australians. The ADA has released a counter-proposal that aims for a targeted scheme funded by a tax on sugar and soft drinks.

Minister for Health John Hill has defended the government, saying that waiting lists have been cut by half in the last 10 years. He expects the average wait to be down to 15 months by June, regardless of the implementation of Denticare.
Dental Tribune - Asia Pacific Edition

Opinion

“Those new dental weapons are a pain”

Daniel Zimmermann

Much has been said and written about the last decade and how it has changed the way we live. Take the iPod for example. Back in 2000, who would have thought that in only ten years, you would be able to carry a little touch screen device that allows you to check your electronic mail, measure your heart rate or tell you where you can find the closest Italian restaurant?

Given all of the recent hype, it is easy to think that the future of dentistry also lies in digital technology. According to industry experts, the advantages seem to be at hand. Tooth restorations and replacements, for example, will be less time-consuming for the patient, saver and much more reliable.

However, while digital technology is a welcome advance in most fields of dentistry, it is far from being a revolutionary paradigm shift. It may improve office efficiency or be useful for practice marketing, but it is not likely to make better dentists. The fundamentals of the profession basically remain the same. Whether these technologies will become a must-have for dental practices in the years to come will depend on their affordability and whether insurance companies are willing to reimburse treatment concepts based on them.

As a dental news company, we cannot turn a blind eye to these developments. With a new specialist title called CAD/CAM, the international magazine of digital dentistry to be released this spring, we aim to inform you about the latest trends in all fields of digital dentistry. Therefore, the range of topics will include not only CAD/CAM, but also dental imaging or software processing. If you are interested in receiving a sample copy, we invite you to check our website or visit receiving a sample copy, we invite you to check our website or visit...
Before January 12th, the country had only 500 dentists for 9 million people. The extent of the aftermath has affected regular people and dental professionals alike.

President of the Latin American Dental Federation (FOLA), Dr Adolfo Rodríguez, launched a campaign for the relief quake in Haiti. He is asking help to both the general population and dental professionals in Haiti. If dentists know “that help is on the way they can have hope!”

A meeting in Panama, Dr Rodríguez received the support of the presidents of Central American dental associations, and made an emotional appeal to dental manufacturers and suppliers to help their Haitian colleagues.

Some prominent Latin American dental professionals from Brazil, Uruguay and Costa Rica, amongst others, have already expressed their interest in participating in dental teams to attend to the most urgent needs of the Haitian population. Current conditions indicate that these teams will operate in mobile units at the Dominican-Haiti border, once the most pressing health needs are somewhat under control. The reason for this is that most of Port-au-Prince is in ruins. The Dominican government has already observed the majority of its mobile health resources to the border in an effort to treat Haitians, and avoid a migratory exodus.

This tragedy is “also an opportunity to build a public health service that includes dental care. We have asked the Pan American Health Organization, FDI, all Latin American dental associations, companies and other institutions for help in putting together teams of dental professionals to travel to Haiti and start working there, and leave in place basic dental treatment centres,” said Dr Rodríguez.

He said that this will be a long-term programme that will include rebuilding the dental school at the university and private practices. He stated further that it will take some time to start the programme and the treatment of children and pregnant women will be priories.

The Latin American dental leader said he has also asked for funding from the government of the Dominican Republic. Companies and dentists interested in helping the Haiti campaign can contact Dr Rodríguez at arn@codetel.net.do or +809 519 0789.

In his e-mail, Dr Prophet said that “many of our colleagues have lost their practices and we were thinking about how to help them. It’s very good news to know that FOLA, FDI and Dental Tribune are trying to help Haitian dentists. If dentists know ‘that help is coming’ on the way they can have hope!”

In addition, Dr Rodriguez is putting together teams of dental volunteers to travel to Haiti once the major health and humanitarian crises are under control or at least manageable, in order to attend to the dental needs of the population. This effort will based at headquarters of AOP in Santo Domingo.

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In this context, Dr Prophet and several colleagues he was able to contact in Port-au-Prince were fine after the devastating earthquake in his country. “So far, we only have reports of two missing dentists,” Dr Prophet wrote in an e-mail.

The recent earthquake not only devastated Haiti’s meagre health resources, but also most dental practices. Before January 12th, the country had only 500 dentists for 9 million people. The extent of the aftermath has affected regular people and dental professionals alike.

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Breakthrough in tooth-tissue engineering

Fred Michmershuizen
DTA

NEW YORK, NY, USA/LEIPZIG, Germany: Researchers at the University of Illinois in the US could have discovered the key to regrowing tooth enamel. In a comparative study on animals, they found that repeated simple amino acids, or Prolines (photo), are responsible for making teeth stronger and more resistant. Their findings could help in replacing lost parts of teeth in patients suffering from dental decay.

In the study, the researchers compared the number of Proline repeats in amphibian and mammal models, such as mice, cows and frogs, and discovered that when the repeats are short, teeth lack the enamel prisms that are responsible for the strength of human enamel. In contrast, when the Proline repeats are long, they contract groups of molecules that help enamel crystals grow. According to the researchers, the findings could aid other important areas of scientific research in addition to dentistry, including the treatment of neurodegenerative diseases, such as Alzheimer’s Disease or Creutzfeldt-Jakob Disease.

Lisa Townshend
DT United Kingdom

LONDON, UK: Children’s toothpaste that contains low concentrations of fluoride fails to effectively combat tooth decay. For optimal prevention of cavities in children over age six, toothpastes should contain at least 1,000 parts per million of fluoride, according to a study carried out by the University of Manchester School of Dentistry. Toothpaste containing fluoride concentrations of less than this is as ineffective as toothpaste with no fluoride all.

The study, published in the latest issue of the Cochrane Library, a publication of the Cochrane Collaboration, examined results from 79 controlled clinical studies on 73,000 children and found that the benefits of fluoride are reduced for low fluoride toothpastes.

“ ‘Toothpastes with lower fluoride levels, in the 440 to 550 range, give results that are no better than the results seen with toothpaste that does not contain fluoride,’ said co-authors Prof. Helen Worthington and Dr Anne-Marie Glenny.

The study also found that brushing children’s teeth with fluoride toothpaste before the age of 12 months could lead to an increased risk of developing mild fluorosis. Children’s toothpastes currently range from 100 parts per million to 1,400 parts per million.

“From a public health point of view, the risk of tooth decay and its consequences, such as pain and extractions, is greater than the small risk of fluorosis. Children would have to swallow a lot of toothpaste over a long period of time to get the severe brown mottling on the teeth, as opposed to the more typical mild white patches,” Dr Glenny said.

She added that for children considered to be at a high risk of tooth decay by their dentist, the benefit to oral health is likely to outweigh the risk of fluorosis. In such cases, careful brushing of children’s teeth with a small amount of toothpaste containing higher levels of fluoride would be beneficial.

“If in any doubt, we would advise parents to speak to their family dentist,” Dr Glenny said.

(Edit by Daniel Zimmermann, DTA)
NEW YORK, NY, USA/LEIPZIG, Germany: Dental hygienists rank amongst the best ten jobs in the US, a new survey has found. According to CareerCast.com, a job search site based in Carlsbad (US) and the Netherlands, the hiring outlook for hygienists is second only to software engineers in the top ten list, which includes accountants and computer systems analysts. Dental hygienists held about 174,100 jobs in 2008 according to figures from the US Bureau of Labour Statistics.

The report analysed 200 jobs in North America based on a set of criteria, including work environment, income, outlook, stress and physical demands. Dental technicians ranked 72 in the survey, while orthodontists only ranked 94.

“Dental team members like the dental hygienist and dental assistant can be a great help to improve the delivery of dental care,” Dr Jerry Gordon, a dentist from Bensalem in Pennsylvania, told Dental Tribune Asia Pacific. “With the population of the US ageing, more people are seeking dental care than ever before. The field will continue to have a positive outlook for the foreseeable future.”

He added that pending health-care legislation in the US will not have a negative impact on the field.

UK tax campaign targets dentists

LONDON, UK/LEIPZIG, Germany: Dentists and other medical professionals in the UK are being encouraged by the government to declare understated income. The campaign launched by the HM Revenue and Customs department earlier this year follows efforts to uncover taxable income hidden by UK taxpayers in offshore bank accounts. In the case of medical professionals, HMRC is looking for taxable income regardless of where it has been hidden.

A spokesperson for HMRC said the tax authorities had been gaining information about doctors, and others, from employers such as National Health Service trusts, private hospitals and medical insurance firms. He said that those dentists or physicians who contact HMRC by 31 March to make a voluntary disclosure will be able to put their tax affairs in order and only be charged a 10 percent penalty. He confirmed that his department will turn its attention to other professionals—solicitors, lawyers and accountants—later this year.

In its most recent offshore disclosure campaign, which closed earlier this month, the department flushed out 10,000 people who said they wished to pay tax on income hidden abroad.

“Our aim is to make it as easy as possible for people to come forward, make a full disclosure and benefit from the certainty of a reduced 10 per cent penalty that HMRC is making available to those who qualify for this opportunity,” said Mike Wells, HMRC’s Director of Risk and Intelligence. “This is the first step in enabling those with undisclosed income or gains to avoid a full tax investigation together with much higher penalties.”

Anyone who does not come forward, and is found to have been avoiding tax, could be fined up to 100 per cent of his or her unpaid tax, with a minimum penalty of 50 per cent.
Global health care fraud costs put at US$260 billion
European network finds more than five per cent of spending is lost to corruption

Reuters

LONDON, UK: Some US$260 billion are lost globally every year to fraud and error in health care — enough to quadruple the World Health Organization’s (WHO) and UNICEF’s budgets and control malaria in Africa.

A study by the European Health Care Fraud and Corruption Network (EHFCN) and the Centre for Counter Fraud Studies (CCFS) at Britain’s University of Portsmouth found that 5.59 per cent of annual global health spending is lost to mistakes and corruption.

“Every euro lost to fraud or corruption means that someone, somewhere is not getting the treatment that he or she needs,” said Paul Vincke, EHFCN’s president and one of the authors of the report. “They are ill for longer, and in some cases they simply die unnecessarily. Make no mistake — health-care fraud is a killer.”

The report reviewed 60 exercises in 33 organisations in 6 countries to measure health care fraud and error losses. The combined expenditure assessed was more than US$490 billion and findings were extrapolated from Britain, the US, New Zealand, France, Belgium and the Netherlands in order to gain a global sense of the situation. Data from developing nations would not have changed the global figure, the authors said, but were difficult to obtain because the study included only exercises based on statistically valid samples with measurable levels of accuracy.

The report found evidence of many different types of fraud, including pharmacists dividing prescriptions into smaller packages to claim extra fees, drug companies forming price cartels, doctors over-claiming travel costs and abusing government grants, and patients submitting fraudulent insurance claims. Two doctors were found to have claimed a government improvement grant for their clinic, which they spent on establishing a car import-export business.

A Thomson Reuters report published last October found that the US health care system wastes between US$505 billion and US$850 billion annually, with around 22 per cent due to fraudulent insurance, kickbacks for referrals for unnecessary services, and other scams.

The WHO’s latest estimate of global health-care expenditure was US$4.7 trillion. The fraud report’s US$260 billion loss figure is based on an average of 5.59 per cent of spending lost to fraud.

Jim Gee, chair of CCFS’s advisory board, said the report proved it was possible to measure the nature and extent of losses due to fraud and error, which is vital to addressing the issue.

“It may be embarrassing for some organisations to find out just how much they are losing,” he said in the report. “Because of the direct, negative impact on human life of losses to fraud, it is never easy to admit they take place.”

But Gee said the first step to combating fraud is for governments and institutions to acknowledge that fraud occurs in their organisations. “If an organisation is not aware of the extent or nature of its problem, then how can it apply the right solution?”

The EHFCN was established to assist the region’s health-care organisations in determining and reducing losses due to fraud and error so that more money can be better spent on patient care.

Similar networks exist in the US and Canada.

(Edited by Daniel Zimmermann, DTI)
Nobel Biocare forges new partnerships with material specialists VITA and Ivoclar Vivadent

Collaborations expected to expand the company’s NobelProcera and CAD/CAM offerings

Triodent to extend their New Zealand headquarters

Triodent unveiled a new Innovation Centre at its Katikati, New Zealand headquarters. The centre is the first of its kind to be established in New Zealand since 2007. A new factory is also scheduled to open at the site in late 2010, with an administration wing to open at the site in late 2010, and development of a new office wing to open at the site in late 2010.

New Zealand Prime Minister John Key, who attended the unveiling ceremony, said: “I want to encourage New Zealand companies to do the things that Triodent is doing, and that is blazing a trail in international markets, being creative and investing in science and research and development, because that is the future of New Zealand,” he said.

Triodent, which specialises in the production of matrix systems and dental instruments, has been named one of the top 10 fastest growing companies in New Zealand. It ranks 154 amongst the fastest growing companies in the Asia-Pacific region, according to a report by Deloitte.

Triodent founder Dr Simon McDonald said 2009 had been a memorable year for Triodent, owing to the way the company consolidated its position and laid the path for a strong future, as well as the numerous awards won.

With the advantage of our business agility we have been able to respond quickly to the conditions, and despite the increasing complexity of our operations, we are still focused on our goals now as we have ever been,” Dr McDonald explained.

He assured guests that Triodent would not rest on its laurels, and more innovative products would follow in the path of the V5.

The product was named Top Matrix System by Dental Advisor in 2009.

QUALITAS MEDICAL GROUP ENTERS SINGAPORE MARKET

KUALA LUMPUR, Malaysia: Qualitas Medical Group Ltd’s subsidiary Qualitas Healthcare International Sdn Bhd has acquired over 75 per cent stake in Dr Marcus Cooney & Associates Pte Ltd, which operates a Singapore dental clinic under the trade name SmileFocus. Qualitas’ founder, Chairman and Managing Director Dr Noorul Ameen said the acquisition was in line with the group’s strategy to expand its market reach into the region and other health-care-related businesses.

“Our acquisition of SmileFocus follows our first foray into the dentistry business in India earlier this year,” he said in a statement in Kuala Lumpur last month.

Located at the Camden Medical Centre, SmileFocus provides a wide range of specialist dentistry services under one roof, including cosmetic dentistry, family dentistry, as well as implant and restorative dentistry services.

Dr Ameen said the expansion of the Qualitas brand into Singapore would complement its listed status in the country. The acquisition will be paid in two tranches, either fully in cash or partly in cash and partly in Qualitas shares, with the final valuation equal to 7.5 times SmileFocus’ profit after tax for the financial year 2010. The cash portion will be paid partly from the group’s proceeds from its initial public offering in 2008 and partly through internal funding.

The Qualitas Group has one of the largest networks of clinics in Malaysia, with clinics throughout the country.
NobelProcera™
Individualized abutments for a wide variety of implant systems.

Experience a new world of high precision, fast and cost-efficient CAD/CAM dentistry. NobelProcera introduces its new generation of individualized abutments in titanium and shaded zirconia. NobelProcera abutments offer complete clinical versatility for all indications – from single tooth to fully edentulous restorations. Abutments are available for all Nobel Biocare implants, as well as other major implant systems. NobelProcera abutments in zirconia are available in four shades that help produce highly aesthetic restorations. Each abutment is individually manufactured and certified for excellent material strength and homogeneity, and all are covered by a 5-year warranty. Abutments are delivered ready to use, with superior surface finishing that reduces the need for further adjustments. Nobel Biocare also offers a wide range of temporary and healing abutments. Enhance your patients’ satisfaction with NobelProcera. Nobel Biocare is the world leader in innovative and evidence-based dental solutions. For more information, visit our website.

www.nobelbiocare.com

AMD updates its laser for soft-tissue surgery

Daniel Zimmermann
DTI

NEW YORK, NY, USA/LEIPZIG, Germany: The US-based manufacturer AMD LASERS recently launched the Picasso Lite in dental markets worldwide. As a new soft-tissue dental laser will be able to use convenient disposable tips or a low-cost strippable fibre for a wide range of applications, the company said in a press release in January. Picasso Lite is aimed at dental hygienists and dentists who have no or little experience with dental lasers.

Dentists can use Picasso Lite for various kinds of soft-tissue surgery, including gingivectomies, frenectomies, troughing, exposing implants/teeth/orthodontic brackets, and treating aphthous ulcers and herpetic lesions. According to the company, it cuts and cauterizes tissue with reduced trauma, bleeding and necrosis of tissue.

Picasso Lite, which is priced at US$2,485, comes with a set-up DVD, online laser certification, accessories and a world power adapter. AMD offers a two-year warranty on all its products.

New Sensitive toothpaste for China

Daniel Zimmermann
DTI

HONG KONG/LEIPZIG, Germany: Following its release in all major worldwide markets last year, Colgate-Palmolive has introduced its new toothpaste for the treatment of tooth hypersensitivity in China. Sensitive Pro-Relief, which features Pro-Argin technology, is claimed to block stimuli of pain receptors within teeth by sealing open dentinal tubules with a calcium-rich layer.

According to company officials, the toothpaste has been available at high-street chemists and major supermarkets since January. Until now, the brand had only been available to dental practitioners in Hong Kong.

Colgate leaders who teamed up with representatives from the Chinese Stomatological Association (CSA) at a joint press conference in Beijing said that the new toothpaste will revolutionise the way millions of consumers treat and prevent pain due to hypersensitivity. They said that it can be used before or after dental procedures, such as prophylaxis and scaling. When applied prior to or after a professional dental cleaning, Sensitive Pro-Relief will also provide a significant reduction in dentine hypersensitivity, measured immediately after the dental cleaning, as compared to a control prophylaxis paste, they added.

Colgate currently rivals with GlaxoSmithKline, a UK-based manufacturer of consumables and oral health-care products, who also claims to offer a solution to dentine hypersensitivity.

As in other countries in the region, dentine hypersensitivity has increasing become an oral health issue in China, according to CSA officials. The results of a recent survey by the CSA Prevention Committee indicate that nearly 50 per cent of Chinese adults aged between 20 and 70 suffer from the condition.

The condition affects up to 57 per cent of people worldwide.
Discover **NEW** Colgate Sensitive **Pro-Relief™** with **PRO-ARGIN™ TECHNOLOGY**

New Colgate® Sensitive Pro-Relief™ desensitizing paste with Pro-Argin™ is **clinically proven to provide instant and lasting sensitivity relief after just one application.**

Colgate® Sensitive Pro-Relief™ with Pro-Argin™ Technology is a breakthrough treatment for patients with dentin hypersensitivity. It can be used before or after dental procedures such as prophylaxis and scaling.

- Significantly reduces sensitivity for an easy, comfortable procedure
- Fast and easy application using a rotary cup, similar to a prophesy paste
- Clinically proven to deliver instant relief that lasts four weeks after a single application

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* Graphical representation based on SEM photography; for illustration only

Colgate® YOUR PARTNER IN ORAL HEALTH

[www.colgateprofessional.com](http://www.colgateprofessional.com)
Dentin Hypersensitivity is a Chronic Problem for Patients

Hypersensitivity can affect normal daily activities such as eating, drinking, breathing in cold weather and tooth brushing which may lead to poor oral hygiene, eventually leading to periodontal problems and even tooth loss.

Dentin hypersensitivity is characterized by short, sharp pain arising from exposed dentin in response to stimuli, such as cold, hot, sour or sweet food and drinks, air (cold weather) or pressure, which cannot be ascribed to any other dental defect or disease. The major portion of the hypersensitivity sufferers are in the age group of 20 - 49 years and females are more likely to be affected than males. There is also variation in the response to such stimuli from one person to another.

The primary causes of hypersensitivity are gingival recession and loss of enamel. Gingival recession can occur as a result of incorrect tooth brushing, aging, periodontal diseases and surgical periodontal treatment which leads the gums to move away from their normal position. When the root of the tooth is exposed through gingival recession, the protective layer of cementum on the dentin can easily be removed and the dentin layer becomes exposed. Also, enamel loss as a result of aggressive tooth brushing, over consumption of acidic food and tooth grinding caused by stress can expose dentin. The dentin layer contains thousands of small tubules starting from the enamel and ending at the nerve of the tooth. When dentin is exposed, stimuli cause changes in fluid flow through the tubules and this causes pain.

The choices to relieve dentin hypersensitivity by dentists are limited so many dentists recommend home use toothpastes with potassium salts, to desensitize the nerves which typically need 4-8 weeks to be significantly effective and do not treat the cause of hypersensitivity.

“The new breakthrough Pro-Argin™ technology is clinically proven to provide instant and lasting hypersensitivity relief.™ Pro-Argin™ technology consists of 8% arginine (an amino acid naturally found in saliva) and an insoluble calcium compound. It plugs and seals the dentin tubules and thus provides hypersensitivity relief. The innovative Pro-Argin™ technology is introduced as two products: Colgate® Sensitive Pro-Relief™ Desensitizing Paste for dental office use to provide instant sensitivity relief that lasts for four weeks after a single application, and it can be used before or after dental procedures, such as professional cleaning; and the new Colgate® Sensitive Pro-Relief™ toothpaste containing 1450 ppm Fluoride developed for routine daily use.

The new Pro-Argin™ technology helps patients with hypersensitivity to get instant and lasting sensitivity relief for a problem that they’ve had to live with for a long time.
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Hypersensitivity can affect normal daily activities such as eating, drinking, breathing in cold weather and tooth brushing which may lead to poor oral hygiene, eventually leading to periodontal problems and even tooth loss.

Dentin hypersensitivity is characterized by short, sharp pain arising from exposed dentin in response to stimuli, such as cold, hot, sour or sweet food and drinks, air (cold weather) or pressure, which cannot be ascribed to any other dental defect or disease. The major portion of the hypersensitivity sufferers are in the age group of 20 - 49 years and females are more likely to be affected than males. There is also variation in the response to such stimuli from one person to another.

The primary causes of hypersensitivity are gingival recession and loss of enamel. Gingival recession can occur as a result of incorrect tooth brushing, aging, periodontal diseases and surgical periodontal treatment which leads the gums to move away from their normal position. When the root of the tooth is exposed through gingival recession, the protective layer of cementum on the dentin can easily be removed and the dentin layer becomes exposed. Also, enamel loss as a result of aggressive tooth brushing, over consumption of acidic food and tooth grinding caused by stress can expose dentin. The dentin layer contains thousands of small tubules starting from the enamel and ending at the nerve of the tooth. When dentin is exposed, stimuli cause changes in fluid flow through the tubules and this causes pain.

The choices to relieve dentin hypersensitivity by dentists are limited so many dentists recommend home use toothpastes with potassium salts, to desensitize the nerves which typically need 4-8 weeks to be significantly effective and do not treat the cause of hypersensitivity.

“The new breakthrough Pro-Argin™ technology is clinically proven to provide instant and lasting hypersensitivity relief.” Pro-Argin™ technology consists of 8% arginine (an amino acid naturally found in saliva) and an insoluble calcium compound. It plugs and seals the dentin tubules and thus provides hypersensitivity relief. The innovative Pro-Argin™ technology is introduced as two products: Colgate® Sensitive Pro-Relief™ Desensitizing Paste and Colgate® Sensitive Pro-Relief™ Desensitizing Paste for dental office use to provide instant sensitivity relief that lasts for four weeks after a single application, and it can be used before or after dental procedures, such as professional cleaning; and the new Colgate® Sensitive Pro-Relief™ toothpastes containing 1450 ppm fluoride developed for routine daily use.

The new Pro-Argin™ technology helps patients with hypersensitivity to get instant and lasting sensitivity relief for a problem that they’ve had to live with for a long time.
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Pro-Argin™ Technology, comprised of arginine and an insoluble calcium compound in the form of calcium carbonate, is based on a natural process of tubule occlusion. It plugs open tubules to help block the pain sensations.

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• 1450 ppm fluoride for caries prevention
• Contains the Pro-Argin™ Technology as in the Colgate® Sensitive Pro-Relief™ Desensitizing Paste

Colgate® Sensitive Pro-Relief™ Toothpaste for the daily oral care of sensitive teeth

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The earthquake in Haiti has left little of what had been an already poor health-care and dental health-care system. Even prior to the earthquake, medical and dental assistance was often only provided through the aid of international volunteers. Dr Gary Godley and his son Lance are two practising dentists from Naples in Florida who decided to leave their country and bring much needed dental care to people in Haiti. DTI Group Editor Daniel Zimmermann had the opportunity to speak with them about their experiences on a dental mission in 2009 and the state of dentistry in Haiti prior to the earthquake.

Dr Gary Godley: In May 2009, Lance and I travelled with another dentist Dr Garth McCaffrey and pilot Bill Earls to Haiti. We were sponsored by Hope For Haiti, an organisation founded more than 20 years ago by JoAnne Kuehner. Since then, Hope For Haiti has provided aid to the children and adult population, concentrating on education and medical needs. Our trip was an attempt to assess the feasibility to begin providing dental care to the people of Les Cayes, located on the southern coast of Haiti. We were in Haiti for four days and provided basic care to both adults and children. The facility at which we treated the patients was a medical clinic renovated by Hope For Haiti and staffed by a medical doctor who was trained in Cuba. The patients were most appreciative but many were very ill and required treatment beyond the scope of our ability and resources.

Dr Gary Godley: I was devastated and immediately wanted to return to Haiti. My main concerns were how people who have so little could survive the loss of their loved ones, the increase in unsanitary conditions, the rampant spread of disease and the loss of so many volunteers who had provided so much and prior to the quake. Luckily, the world has responded in a manner that is nothing short of a miracle.

My thoughts about Haiti prior to the devastating earthquake were about the lack of food, potable water, sanitation, adequate housing, medical personnel and high rate of infant mortality (20 per cent of children die before five years of age). Many children eat mud-cookies to satisfy their hunger and are very malnourished. Abject poverty in Haiti is poverty unknown to most Americans and other people of the world. The population is unsustainable without the aid of other countries and their volunteers.

The mountains are denuded and the rivers are troughs of mud. Having said this, I found the country to have a natural beauty and a proud and spirited population.

Dr Lance Godley: My thoughts after the tragic earthquake were about the survival and basic necessities of the people of Haiti. This population had so little to begin with in the form of basic necessities, such as clean water, sewage disposal and basic government, that this earthquake probably has destroyed the aid of other countries and their volunteers.

The Hope for Haiti clinic was set up in a former slaughterhouse.

An interview with Drs Gary A. Godley and Lance W. Godley, USA, on dental aid in Haiti
what little they had in the form of these things. Hopefully the world will help Haiti not just rebuild what they had, but help them to achieve something much better. The people that we met during our time in Haiti were remarkable. And I’m sure with the right tools and systems established they could achieve much.

Who provided dental treatment in Haiti before the earthquake struck? Which dental conditions are treated by the dentists there?

Dr Gary Godley: Most dentistry is provided by volunteers from around the world. There are many organisations that provide dentists, hygienists and assistants and other personnel. Although basic restorative dentistry is provided, treatment consists mainly of oral surgery procedures, as well as the treatment of pain and infections.

Are there any dental schools? Where do dentists receive their education?

Dr Gary Godley: This is a question we asked and never received a definite answer. To the best of my knowledge, there is University of Haiti School of Dentistry in Port-au-Prince associated with a hospital. I understand there are perhaps 15 students enrolled. Does this school exist after the earthquake? I do not know.

Dr Lance Godley: We learned that some Haitians leave and are trained abroad and return to aid their fellow countrymen.

According to the WHO, there are less than 100 dentists for a population of over 9 million. How do people receive treatment at all?

Dr Gary Godley: Of course, many people never receive dental treatment. However, there are many volunteer dentists who return many times during their career to help provide an invaluable service to those they are able to reach. Travel within Haiti can be very difficult for both the dental personnel and patients, which limits care for a vast number of people.

Dental Tribune International, in collaboration with the Latin America Dental Federation and the World Dental Federation, is currently organising a congress to help raise money for rebuilding practices in Haiti. Have you heard of any other initiatives?

Dr Gary Godley: Certainly, there is still much aid being sent to Haiti. The American Dental Association, for example, is collaborating with a number of dental and non-dental non-governmental organisations such as International Medical Relief and Flying Doctors of America that work in Haiti to respond to the disaster with both short-term assistance and long-term recovery plans to help rebuild dental infrastructure there. If you want to donate just go to their website www.adafoundation.org. There, you will also find updates on the disaster-response efforts.

Are you planning to go back to the country soon?

Dr Gary Godley: We had planned a return trip in December 2009, which was cancelled for unknown reasons. Hopefully, the mission will be rescheduled once the current problems are under control. I also volunteer with the East Meets West Foundation (Oakland, California) and make an annual mission trip to Vietnam. This has been my primary objective for several years, but now that I am aware of the great need closer to home, I will certainly avail myself as needed.

Thank you very much for the interview.

(All photos courtesy of Godley Family Dentistry, USA)
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When aesthetics matter

Dr Stefen Koubi, France, and Hilal Kuday, Turkey, about the use of new materials in dental aesthetics

One of the major issues leading to unsatisfactory results in fabricating several ceramic restorations in the anterior region is shade integration. Commonly, patients have a combination of discoloured prepared teeth, metal constructions and teeth showing no discolouration.

Achieving a harmonious overall appearance in these situations is a challenge. Currently, the use of glass-ceramic materials, such as IPS e.max Press lithium disilicate (Ivoclar Vivadent), is the textbook approach in terms of aesthetic integration. These materials offer the possibility of creating unique translucent restorations that mimic dental enamel. A wide array of possibilities for cementation also facilitates the creation of lifelike results.

In the past, severe discolouration was often a reason that glass ceramics could not be used to fabricate restorations. The continual improvement of the materials, however, has led to the development of comprehensive systems such as IPS e.max. This system offers the advantages of press ceramics, including accuracy of fit and aesthetics, while eliminating previous drawbacks, such as restricted use on dark preparations. That we have glass ceramics in various levels of opacity and translucency at our disposal opens up a whole range of new possibilities. We can now cover the entire maxilla (Figs. 5–8).

The IPS e.max Press frameworks were layered with one layering ceramic (IPS e.max Ceram), regardless of their translucency level, which yielded a balanced appearance.

The restoration design was dictated by the underlying tooth structure. For crowns that were placed on metal substrates, press ingots with a high opacity were used. In addition, the thickness of the restorations was increased in order to mask the metal colour and achieve lifelike layering. The veneers were considerably smaller, and low translucency ingots with a translucency higher than that of medium opacity ingots were used. A thickness of approx. 0.5 mm was sufficient to allow the dentine shade to shine through the translucent framework and thus create the desired chameleon effect. A view of the pressed opaque and translucent frameworks illustrates the versatility of the IPS e.max system (Figs. 7 & 8).

The optical properties were harmonised by layering IPS e.max Ceram onto the pressed frameworks (Figs. 10 & 11).

Particular attention was paid to the surface treatment and design of a macro- and micro-pattern in order to achieve natural-looking light effects (Fig. 12). After try-in and adjustment, the restorations were cemented with Variolink (transparent; Ivoclar Vivadent), while using a rubber dam to ensure that every restoration was isolated (Fig. 9).

By using a versatile ceramic and cementation system and by imitating the light effects, lifelike restorations were fabricated in spite of the unfavourable initial situation (Figs. 13–15).

Contact Info

Dr Stefen Koubi is currently in private practice in Marseille in France. He can be contacted at koubi-dent@wanadoo.fr.

Hilal Kuday is a Certified Dental Technician and lives in Istanbul in Turkey. He can be contacted at hilalseramik@superonline.com.
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A clinical case demonstrates the surprising importance of endodontists in dental implant treatment planning

Dr. Jose M. Hoyo
USA

There’s a new vision in dentistry

Fig. 1: Pre-op radiograph prior to extraction. — Fig. 2: Bitewing X-ray after decay had been removed. — Fig. 3: Grafted socket following extraction. — Fig. 4: Peri-apical film showing healing of grafting material after four months.

There’s a new approach considers the endo-implant algorithm

There’s a new approach considers the endo-implant algorithm

There’s a new approach considers the endo-implant algorithm

A patient with a non-contributory medical history was referred to my office for evaluation of the maxillary left first molar. The patient was asymptomatic, and the tooth had been endodontically treated by a general dentist approximately seven months prior to the consultation and had never been restored. Clinically, it presented extensive probing, probing depths of 5 mm all around, exposure of the obturating material to the oral cavity, and no temporary restoration. Radiographically, no peri-apical lesions were detected, and the bone levels around the tooth were adequate (Fig. 1).

In order to determine the integrity of the tooth structure, some excavation was performed using 4.5 x magnification and supplementary illumination, provided by a fibre-optic headlight, with a dental rubber dam for isolation. After the removal of some decay, a bitewing X-ray was taken and the following was determined:

- a) the floor of the pulp chamber was too shallow;
- b) it was too close to perforation and
- c) the peri-radicular dentine was insufficiently strong to support a permanent restoration.

In my opinion, the tooth was non-restorable. A consultation with Dr. Carbajal was recommended, and he was engaged in the access cavity and the bone levels around the tooth were adequate (Fig. 1). The endodontist is in the unique position to evaluate critical factors leading to endodontic failures in order to determine whether another endodontic procedure will lead to a predictable and successful outcome. Should the outcome not be favourable, then extraction and replacement with a dental implant would be the protocol to follow.

Consider the ideal treatment plan, it is imperative to provide the patient with all treatment options, as well as the financial cost and procedures associated with each treatment option. The patient is thus given the opportunity to make an educated decision as to the best treatment protocol for him or her.

The information presented to the patient should include the endodontist’s opinion regarding which treatment option is more practical and predictable.

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suture removal, the patient was seen again for the removal of the membrane. This was done by gently picking at the membrane with cotton pliers and exerting pull on it—there is often no need for anesthesia. The benefit of using this allograft cocktail is that the waiting period for re-entry was approximately four to six months versus six to nine had a xenograft been used. The quantity and the quality of the bone appeared to be much better with the use of this allograft cocktail.

At the time of re-entry, the patient’s blood pressure was 113/69 with a heart rate of 64 (Figs. 4 & 5). Under local anaesthetic (Lidocaine 2 per cent HCl with epinephrine 1/50,000 x 2 cpl), a tissue punch access was done using a 5.8 tissue punch XiVE drill (DENTSPLY Friadent).

The pilot drill from the ANKYLOS implant system (DENTSPLY Friadent) was then used to drill 6 mm, just short of the sinus floor (Fig. 6). A series of XiVE osteotomes, from size 2.0 up to 3.4, were used to perform a sinus lift using the Summer’s technique. The osteotomy was prepared to a depth of 11 mm (Fig. 7).

A Valsalva test was performed to ensure that the sinus had not been perforated. An ANKYLOS implant A11 (3.5 mm x 11 mm) was placed and primary stability was obtained. The density of the bone perceived as D-3 during the drilling stage, likely changed to D-2 with the use of the osteotomes. The implant-transfer mount was removed, as was the cover screw that came pre-mounted inside the implant, and a 1.5 mm sulcus former (healing abutment) was placed into the implant (Figs. 8 & 9).

This case clearly demonstrates one of the reasons that endodontists are becoming increasingly involved in implant dentistry. They are able to provide a comprehensive evaluation of the tooth in question, and they are able to present the patient with the best options based on clinical assessment.
There’s no dentistry like no dentistry

Shirley Gutkowski
US

The title sounds arrogant—coming from a dental hygienist. What if it came from one of the premier dental schools in the United States or from two of the most noted caries researchers, University of Pennsylvania’s Dr Doug Young or Dr Kim Kutsch? That’s the message from the World Congress of Minimally Invasive Dentistry (WCMID), and it doesn’t mean there’s no reason for dentists to be around. It means there’s just nothing like an intact tooth, and therefor for dentists to be around.

For clinicians to understand the true meaning of the phrase, they have to really own a few things—a paradigm shift in thinking about fluoride and remineralisation therapies has occurred must come first; the time of watching and waiting before taking action is over. Environmental therapy has made it easier to digest the idea that any prosthesis is inferior to oral care than the 45 degrees on the toothbrush, the C of the floss and more fluoride?

Call a cavity a hole, call a filling a prosthesis and call on all of your education to help those who can be taught and take the burden off those who cannot. 

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