Dear reader,

It is not presumptuous to call the recent adoption of the Minamata convention a historic decision. Never before has such an international alliance of policy makers and experts rallied against the industrial use of a single substance.

For dentists, this decision, although containing provisions on how to phase down the use of amalgam, will not change a lot. Recent developments in dental technology are already aiming at prevention of dental diseases and the use of alternative materials that are much easier to handle and more friendly to the environment. In 2020, when most of the products mentioned in the convention will be banned from being produced and traded, amalgam will hopefully be something that most dentists consider a thing of the past.

Until then it remains important to remember that there are several effective ways to deal with the remains of the material, ranging from amalgam separators to full-scale recycling. Unfortunately, these measures are still not common in dental practice, both in developed and developing countries.

Yours sincerely,
Daniel Zimmermann
Group Editor
Dental Tribune International

Immediate implant placement

The immediate implant placement therapeutic concept is one of the most debated and studied treatment protocols in current dental practice. Several systematic reviews have analysed its efficacy in comparison with the delayed implant placement protocol and have clearly established that both achieve similarly high survival rates. Moreover, several well-designed experimental and clinical studies have shown that similar levels of osseointegration can be achieved with high predictability with both protocols.

There is, however, controversy as to whether immediate implant placement in a fresh extraction socket may pose an aesthetic risk for the patient, mainly through the loss of the buccal bone contour of the maxilla, and recession of the peri-implant mucosa and exposure of the implant neck. These events occur more frequently when implants are placed in the anterior maxilla, where the buccal bone plate is usually thin, and above all when implants are placed too buccally.

Several authors, however, have demonstrated excellent long-term aesthetic results even in the anterior maxilla, provided the implants are placed in sites with thicker buccal ridges and in the optimal 5-D implant position or when the physiological changes occurring in the alveolar ridge after tooth extraction are compensated for using slow resorption bone replacement grafts and/or soft-tissue grafts.

All these procedures require thorough knowledge and skills in these surgical techniques and in the use of regenerative biomaterials and autogenous grafts. A lack of knowledge and expertise may increase the probability of post-surgical complications and therefore it may also implicate a higher risk for the patient. In the hands of experienced and knowledgeable clinicians, it may be worth the risk because the achievement of good outcomes in a single therapeutic intervention could clearly be advantageous and comfortable for the patient.

Contact Info
Prof. Mariano Sanz is currently Professor of Periodontology at the Complutense University of Madrid in Spain. He can be contacted at marsan@ucm.es

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Principles of MID

Nowadays, everyone seems to be talking about minimally invasive dentistry (MID) and many patients now appreciate that only as much hard tissue is removed during dental restoration as needed. MID, however, is only successful when restorations survive for a long time. What is thus a small filling if it becomes insufficient after a short amount of time? Or, why should one attempt to completely remove (partially) defective restorations?

Especially with perfectly matching tooth-coloured materials this makes no sense at all. When 80 per cent of the restoration is intact, e.g. facing a chipping of the proximal ridge, there is no reason to completely remove any restoration. Moreover, the risk of iatrogenic injury to sound tooth hard tissues during removal of resin-based composites or ceramics is irresponsibly high.

Modern repair strategies help to avoid these mistakes. Only through the combination of excavation, defect-oriented preparation, longevity and reparability, are we able to work responsibly with almost perfect aesthetic materials. Please think about this for a second.
AWDC 2015 — A big opportunity for Thai dentistry

Finally, the FDI World Dental Federation has granted Bangkok the opportunity to host its 165th Annual World Dental Congress (AWDC) in 2015. Praise and credit must be given to the Dental Association of Thailand, who continuously applied to organise this event for years. It will be an opportunity for the international community to learn about Thai dentistry, especially in the area of dental public health, education, and services, which are well organised.

About 15,000 registered dentists in Thailand, more than one-third, serve the country’s population under the Ministry of Public Health at community or governmental level. The government’s universal Coverage scheme covers a number of dental services, including oral health promotion and the prevention of oral diseases, at public hospitals countrywide. All ten dental schools in Thailand are focusing on preventive dentistry by providing their students with experience in the field of community dentistry to prepare them to be public health dentists in the future. In addition, dental competency has been fully integrated into the six-year dental curriculum so that graduates can confidently begin practising dentistry once having completed all national dental licensure assessments.

It must be noted that curriculum changes at dental schools in Thailand have been made so that dentists can start to practice oral health care measures, including oral health promotion and the prevention of oral diseases, at public hospitals and community health centers countrywide. All ten dental schools in Thailand are focusing on preventive dentistry by providing their students with experience in the field of community dentistry to prepare them to be public health dentists in the future. In addition, dental competency has been fully integrated into the six-year dental curriculum so that graduates can confidently begin practising dentistry once having completed all national dental licensure assessments.

The 2015 FDI AWDC will provide a great opportunity for Thai dentists to gain exposure to the advanced knowledge of well-known experts and world authorities in dentistry, who will be coming to Thailand as speakers, panelists, and delegates from developed and developing nations with the goal of exchanging their knowledge with other participants from around the world. It will be the largest international dental congress for Thai dentists to obtain ideas on how to improve the quality of oral health care for the population.

Although most Thai dentists do not attend professional presentations given in English on a regular basis, the scientific programme for the Bangkok AWDC presented by world-class speakers will most likely encourage the participation of more regional dentists.

The dental expo will be a showcase for new products and materials, and there will be a competition between all exhibitors for the solution that offers the greatest benefit for the patient in terms of quality and cost-effectiveness. This will motivate the dental community to establish the congress as an important opportunity for dental professionals throughout the region to come together to host the congress in partnership. Thailand will be welcoming international dentists from around the world to enjoy the country’s unique culture and beautiful landscapes in addition to visiting the congress.

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