Australian coalition clashes over dental care

Labor’s scrap of coverage scheme snubs Green party

Daniel Zimmermann

HONG KONG/LEIPZIG, Germany: Nine months after its formation, the government coalition between the Labor and Green parties in Australia is being severely tested regarding the introduction of a new dental subsidy scheme. The clash came after Labor Health Minister Nicola Roxon in an interview told The Australian newspaper that the scheme would be scrapped from the next federal budget in May in order to return the nation’s balance to a surplus in 2012/13.

Improved funding of oral health care for low-income Australians was one of the key motivations for the Greens in forming a government coalition with Labor when they failed to gain the majority vote during last year’s federal elections against the Conservatives. Led by Senator Bob Brown, the party has been pushing for an AU$4.6 billion (US$4.95 billion) universal dental scheme that they say would give half a million Australians access to much-needed basic dental care.

Currently, a significant number of Australians using public dental health care services have to wait for long periods before they receive treatment. The situation is particularly severe in the southern parts of the country, where patient waiting periods have been reported as up to two years. Ms Roxon said that Labor is still open for discussions with the Greens about investment in dental health and other neglected areas of health care. She emphasised that despite the coalition’s agreement, a comprehensive dental scheme would not be achievable in the next budget, but that the government would be committed to keeping its promise in the longer term. According to news sources, the CEO of the Australian Dental Association Robert Boyd-Roland was disappointed that there would be no subsidy scheme in the May budget. Green party members had not commented on the matter before this edition went to press.

Over half a million Australians are on waiting lists for dental treatment. (D TI/Photo courtesy of Monkey Business Images, U K)

Malaysia kicks off oral health campaign

The Malaysian Dental Association (MDA) and dental consumables manufacturer Colgate have launched a nationwide campaign to improve the neglected oral health of Malaysians. During Oral Health Month in April, free dental checks will be provided to the public in 711 clinics around the country. Educational and promotional events in shopping malls and supermarkets will also form part of the campaign.

The Oral Health Month campaign complements the country’s National Oral Health Plan 2010, which aims to create awareness and educate the public on better oral hygiene. According to the Ministry of Health, currently nine out of 10 Malaysians and more than 30 per cent of all children suffer from tooth decay, figures also confirmed by the World Health Organization.

The MDA and Colgate are aiming for at least 50,000 dental checks to be performed throughout the month of April, Malaysia’s Oral Health Month has been held annually since 2004.

Fluoride in focus at Thailand meeting

Effective strategies on fluoride administration have been recently presented at a workshop held by the Dental Association of Thailand in cooperation with the World Health Organisation, the FDI World Dental Federation and the International Association of Dental Research in Bangkok in Thailand. The meeting, which saw participants from over 16 Asian countries participating, urged attendees to advocate for more effective use of fluoride in their respective countries.

Currently, the fluoridation of water is only common practice in a few Asian countries such as Australia, China, Brunei, Malaysia and New Zealand. Fluoride toothpaste and mouth-rinse are widely available; however, improper brushing techniques and poor awareness particularly in rural areas often negate their preventive potential.

Implants need less root than crown

Researchers from the US have found that the crown-to-implant ratio that determines how much of the tooth extends above the jawbone and how much is in the boney, is not as important to the success of implants as previously thought. They evaluated the health of implants that had been in place more than five years.

Indian students demand extra posts

Dental students in India have protested for the creation of additional posts for dentists in public hospitals, as well as primary health care centres. Despite having a degree, thousands of graduates in the country are currently unable to find a job due to the lack of dental posts available in the public sector.

There black teeth of a sea mollusc are capped with one of the hardest biominerals known to science and subject of a US study that could explain the architecture of teeth.

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A study on Straumann Bone Level SLActive® dental implants

Comparing change in peri-implant bone level between submerged versus transmucosal placement of bone level implants in the anterior maxilla and mandible: 12-month results

Christoph Hämmerle et al.
Switzerland

The surgical procedure and implant placement time are different in the two groups. For example, a submerged technique is preferred to establish aesthetics and function in anterior sites, and implants where the metallic shoulder is reduced may help to improve the aesthetics of the restorations. The marginal bone change over time is another important factor, with a historical success criterion being bone loss of more than 0.5 mm in the first year and <0.2 mm annually thereafter.

This investigation was designed to evaluate the amount of bone level change with submerged and transmucosal healing, and to assess any difference in bone level change between the two procedures with Straumann Bone Level SLActive® Implants.

Materials and Methods

Implants to replace single teeth in the anterior region (maxilla or mandible) were placed in a total of 160 patients in 12 centers in seven countries. A temporary crown was placed between eight and 14 weeks, and definitive reconstruction was placed after 26 weeks. The primary parameter was evaluation of change in bone level, measured by standardized radiographs taken at the surgery (baseline), provisional placement (approx. 14 weeks), final crown placement (six months), and 12 months, with annual follow-up intended for up to five years. Secondary parameters included soft tissue recession, implant survival and success and prosthesis success.

Results

The Intent-to-Treat (ITT) population for the 1-year results included 127 patients (60 and 67 in the transmucosal and submerged groups, respectively), while after 12 months the mean change in bone level was -0.47 ± 0.64 mm (0.47 ± 0.64 mm and -0.88 ± 0.65 mm for the submerged and transmucosal groups, respectively) (Fig. 1). There was therefore no significant difference in bone level change between the two groups. Almost two-thirds of implants (64.8 per cent) showed less than 0.5 mm bone loss over 12 months (Fig. 2). The implant survival and success rate was 98.2 per cent.

Patient satisfaction with the final prosthesis was extremely high; 99 per cent of patients reported their level of satisfaction as excellent or good (Fig. 3).
Dentistry in Singapore goes more digital
National Dental Centre launches new electronic record system

HONG KONG/LEIPZIG, Germany: Singapore’s largest dental care facility is upgraded its patient management. From April on treatment data of patients visiting the National Dental Centre will be registered and stored within a new electronic dental record system. The US$3 million project took years to complete and it is the first custom-built dental record system in the city state.

Launched by the end of March in presence of Singapore’s Health Minister Khaw Boon Wan, the system is supposed to allow dentists better access to the dental history and pre-medical conditions of patients. It will also significantly cut down waiting times at the clinic, officials told the newspaper The Strait Times. In recent years, the Centre has repeatedly been criticised for their long waiting lists, particularly for specialist appointments such as root canal treatment or bridge work.

The system will also be compatible with the electronic medical record system by the country’s largest healthcare provider SingHealth for sharing critical medical information such as drug allergies or lab tests results.

With an annual influx of more than 16,000 patients, the National Dental Centre is one of the largest centres for dental healthcare services in Singapore. It currently maintains three specialist clinical departments for oral and maxillofacial surgery, orthodontics as well as restorative dentistry. They also offer a range of dental training programmes and continuing professional education.

Discussion

Traditional implant success criteria include an acceptable bone loss of 0.5mm in the first year and <0.2mm annually thereafter. Recently, however, there have been suggestions for these criteria to be revised, indicating that a more acceptable bone loss for modern implant systems would be 0.5mm over five years. However, many of the studies on which this suggestion is based are placement of the temporary or final prosthesis rather than placement of the implant as the baseline measurement for bone level change. Patients with implant placement as the baseline measurement for bone level change have shown relevant bone loss before loading, therefore, using prosthesis placement as the baseline may give an inaccurate reflection of the real amount of bone loss. A more accurate picture can be obtained by measuring bone levels at implant placement and at regular intervals thereafter. (Fig. 1). Knowledge of the amount of bone level change to expect has a huge clinical relevance in treatment planning to achieve an optimum aesthetic outcome; for example, unexpected bone loss can cause substantial soft tissue recession, resulting in an aesthetic failure.

Conclusions

Marginal bone level change was small and not significantly different between submerged and transmucosal implants.

• The marginal bone level change from implant placement as baseline is 0.47mm (mean). The marginal bone level change from implant loading as baseline (at six month) was -0.17mm (mean).
• Extremely high survival and success rates were observed (99.2% for both).
• Patient satisfaction with the outcome was extremely high (99 per cent).

Fig. 1: General patient satisfaction with final prosthesis at 12 months.

Studies that use implant placement as the baseline measurement for bone level change have shown relevant bone loss before loading; therefore, using prosthesis placement as the baseline may give an inaccurate reflection of the real amount of bone loss. A more accurate picture can be obtained by measuring bone levels at implant placement and at regular intervals thereafter. (Fig. 1). Knowledge of the amount of bone level change to expect has a huge clinical relevance in treatment planning to achieve an optimum aesthetic outcome; for example, unexpected bone loss can cause substantial soft tissue recession, resulting in an aesthetic failure.

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Dear reader,

In view of the Japanese tragedy and the still obscure situation at the Fukushima-I nuclear plant, it seems rather difficult at this point to deal with other things such as the future of dentistry. However, with another record IDS just having come to a close, it becomes rather clear that there is a revolution afoot that most dentists will not be able to afford to miss.

The swift recovery of the dental market was a clear indication for the fact that dentists throughout the world have put the recession behind and are beginning to spend money on new equipment again.

However, this willingness to invest will not only benefit short-term clinical outcomes but most likely effect a dramatic change in how dental practices will be run in the future.

The majority of products presented at IDS are based on digital technology and offer outstanding connectivity for an almost complete workflow that is able to incorporate all members of a dental team as well as third party service providers such as dental labs. It is most likely that dental practices will look very different in a few years from now.

Yours sincerely,
Daniel Zimmermann
Group Editor
Dental Tribune International

In Memoriam Frederic Suter

Un grand homme d'affaires, et grand personne, Frederic Suter:
Dental salesman, manager with profound even encyclopedic expert knowledge, lovely personality; these are attributes that characterize the French in Frederic Suter, a language that he as a Swiss native spoke as fluently as Italian, German or English.

On Thursday, 10 February, 2011, Frederic Suter passed away after long illness in Geneva in Switzerland near his long-term residence in Versiox.

Frederic Suter was a Dental Grande, who left his mark on the trade and the industry for decades. Those who were lucky to meet him, where immediately charmed by his natural, elegant and sympathetic character.

Due to his personality, he was an appreciated and beloved dialogue partner for dentists and business partners not only at the beginning of his career (His father was longterm purchasing agent of Kolliker & Gerthe in Zurich, the largest Swiss dental dealer of the 1950s.)

His popularity and loyal and unselfish dedication to customers, as well as the motivation and encouragement he gave particularly young colleagues made him climb the ladder to the executive boards of large international companies like USA Healthco and, lately, for the European business operations of Morita Japan.

In addition to this, he even found time to be involved into dental trade association work. For many years, Frederic Suter was president of the well-reputed Swiss Dental Trade Association.

I will gladly remember Frederic Suter, the many expert discussions with him as well as some of the last rides in his Sing Ray Corvette over the passes of the Swiss Alps. Frederic Suter also was a fast-paced skier and a great yachtsman on the Lac Leman. Privately, he never found someone to share his many interests. He lived most of his life as a convinced bachelor.

With Frederic Suter, the dental community has lost a great and universal beloved character. Our sympathies go out to his brother Ulrich.

Un dernier au revoir!

Contact Info
Friedrich Herbst is the Executive Director of international dental manufacturers (idm), an independent umbrella organisation that globally represents the common interests of the dental trade. He can be contacted at idm-vox@t-online.de.

To the Editor
Re: “Specialists quarrel over single file endo”, (Dental Tribune Asia Pacific No. 1+2, Vol. 9, page 5)

As a general dentist with a passion for endodontics I am excited by each new development in endodontic training and equipment, especially when these are driven by a desire to improve outcome for our patients. Where developments are driven primarily by a desire to speed up the process I have less interest. "One file systems" may make shaping marginally quicker but if they do not offer greater canal wall contact or if they distort the canal anatomy more than previous systems then we have gained little more than a couple of minutes of working time.

If a guide path is still required along with coronal flaring then just how much time we have saved is questionable. Any system that enhances our ability to irrigate a canal system more fully is likely to improve outcome and is worth considering no matter how many files are required. Endodontic training needs to emphasise the comprehensive nature of planning (both endodontic and restorative) and the biological nature of the condition.

Understanding the 3-D aspect of the canal anatomy is essential and should be an important part of training. Predictable endodontic outcomes are achievable by all dentists with appropriate training and adequate time in practice. Any new system that assists this goal should be applauded.

Ian Kerr, United Kingdom, 9 Feb. 2010

Dental Tribune welcomes comments, suggestions and complaints at feedback@dental-tribune.com

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Dental Tribune welcomes comments, suggestions and complaints at feedback@dental-tribune.com
Industry veteran honoured with first DT Award
2011 nominations are now open at Dental Tribune website

Yvonne Bachmann
DTI

Cologne & Leipzig, Germany: Robert Gottlander from Sweden was announced the first winner of the Dental Tribune Industry Leadership Award, an honour for outstanding achievements in dental education and innovation. Gottlander received the award from DTI CEO Torsten Oemus during a recent award reception at IDS Cologne.

Gottlander attended the School of Dentistry at the University of Gothenburg. He started his career at Nobelpharma in 1984, which was later consolidated into Nobel Biocare. During his time as executive vice president for education and products, from 1986 to 1987, Gottlander was responsible for the internationally acclaimed educational training programme, Nobel World Tour.

Being awarded annually, the Dental Tribune International’s Global Dental Tribune Awards aims to recognise outstanding individuals, teams and practices that have an active interest in continuing professional development and staying at the top of the profession. The audience consists of over 650,000 dental professionals, all readers of the Dental Tribune newspaper, which the network is publishing in more than 25 languages.

Mr Oemus said that 15 categories are now open for nominations including Lifetime Achievement, Innovation in Dentistry or Dental Educator of the Year Award at the Dental Tribune Website (www.dental-tribune.com/awards.) The winners will be announced at this year’s Greater New York Dental Meeting in November.

DT Group extends to platform

Daniel Zimmermann
DTI

Members of the Dental Tribune International Publishing Group (DTI) met in Cologne recently for the 7th Annual Dental Tribune International Publishers Meeting. The gathering, which is traditionally held prior to IDS, saw new licence partners from Slovenia, the Netherlands and the Czech Republic joining the Group. The largest global dental publisher’s network now comprises 28 partners, including Russia, China and India, to name a few.

New features of DTI’s online portfolio were also revealed in Cologne. According to Publisher and CEO Torsten Oemus, users of the website www.dental-tribune.com will now be able to post and search jobs and classifieds worldwide and in their respective local markets. He also announced a free app featuring a selection of news articles and videos from the DTI network and in different languages for Apple’s iPhone and iPad.

Based in Hong Kong, New York and Leipzig in Germany, DTI currently publishes over 100 newspapers and magazines in 80 countries worldwide. Their offering is extended by online education realised in the Dental Tribune Study Club.
“The WaveOne system is a simple system”

An interview with Julian Webber, UK

At IDS, the Swiss manufacturer DENTSPLY Maillefer introduced their new NITI file system WaveOne to the public. DT editors Claudia Satlvizek and Robin Goodman spoke with developer Julian Webber, UK, about the benefits and the response the system has received so far.

Claudia Satlvizek/Robin Goodman: Would you describe the benefits of WaveOne to our readers?

Dr. Julian Webber: I think the benefits of WaveOne are principally for general practitioners who are looking for a mechanical means to prepare their root canals. And, for various reasons, possibly, those who are concerned about instrument fracture are reluctant to use some of the standard systems. The WaveOne system is a simple system involving only one file in many cases, and the cost of which is very reasonable compared to a package of files to prepare the whole root canal and as such, it would be very appealing. We’re talking about one file to produce a perfectly shaped root canal and when the root canal is perfectly shaped, we can irrigate and clean it properly and then fill it properly.

A general practitioner might be inclined to have the impression that the WaveOne system makes root canals easy. Do you think encouraging this view might be cause for concern among endodontists?

Well, I have read this argument about making root canal treatment simple. I don’t see why can’t root canal treatment be simple. Why can’t dentistry be simple? Dentistry is all about manual skills, and dentists have manual skills. Therefore, if we can make root treatment simpler for them, I think we are providing a great benefit to not only the dentists, but more importantly, the patients. If you look at the majority of root canal files, preparation systems on the market, they have an end result in mind. So you use three or four files to get to a specific shape. Yet with the WaveOne system you only need one file to get to that shape.

What sort of response to the system have you had thus far?

I really think people are very excited by the concept. And yes root canals are difficult for many; they’re not easy. There’s a lot of anxiety when you prepare a root canal preparation, and I think people coming by the stand and trying out the technique are able to appreciate the simplicity, but also appreciating the benefits for themselves.

Is the WaveOne system already available in Europe and North America?

Yes, in Europe it was launched on February 10. I believe its launch—launching in North America at the American Association of Endodontists meeting in San Antonio in April.

Will there be courses offered so people can learn how to use the WaveOne system?

DENTSPLY Maillefer has a great continuing education program, and they work with all their dealers in the countries where their products are for sale by putting on events. In Europe, I will be traveling extensively, with some courses coming up in the Czech Republic, Bulgaria, Slovakia, Spain and Poland, which are organized by the local DENTSPLY dealers, is also very much involved with dental schools, so there will be some great teaching going on in different venues. We’ve got a team of six involved on WaveOne with three of us in Europe. We’ve got Pierre Machons from Paris, Willy Pertot from Paris and me in London. In the US, there is Sergio Cutler from Fort Lauderdale, Florida, John West from Seattle, and Cliff Ruddle from Santa Barbara, California. So hopefully, between the six of us, we should be able to get this exciting message out to dental colleagues.

Thank you very much for this interview.

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* Source: Millennium Research Group

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Message of the FDI President

Dear FDI Members and friends,

Jean-Luc Eiselé will head the FDIland. Responsible for the overall Office based in Geneva, Switzerland management for 11 years. Federation, he will be charged with strategic and operational plans un-

However, I am pleased to report to you that despite the grave worldwide, the FDI has many positive accomplishments to share with you. It is with great pleasure that I announce the recent appointment of Dr Jean-Luc Eiselé as the new Executive Director, effective from 7 March 2011.

In his role as Executive Director, Jean-Luc Eiselé will head the FDI Office based in Geneva, Switzerland. Responsible for the overall management of activities for the Federation, he will be charged with implementing the organisation’s strategic and operational plans under the direction of the FDI Council and General Assembly.

Jean-Luc Eiselé, PhD, has worked in medical professional association management for 11 years. He earned a MSc in Natural Sciences from Lausanne University, Switzerland. He received a PhD in Microbiology from Basel University, Switzerland. Part of his PhD work was conducted at the European Molecular Biology Laboratory in Heidelberg, Germany. After completing a post-doc at the Institute Pasteur in Paris, France, he was offered a permanent position. In 1999, Jean-Luc joined the European Respiratory Society (ERS) in Lausanne as Scientific and Educational Activities Manager. In 2001 he was promoted to Deputy Executive Director and in 2007 appointed Executive Director of ERS.

WDC: Why did you apply to this position?

Jean-Luc Eiselé: First let me say how honoured I am to have been appointed to this position. The World Dental Federation is one of the few organisations, representing the important area of oral health and medical care at the global level. Having gained a strong experience in association management, advocacy and congress organisation with the ERS at the European level, it seemed as a natural step at this time in my career, to move to a truly international organisation. FDI, because of its global reach is also present in developing countries, with projects, educational courses and other activities - a challenge that I was also looking for.

How do you see your role within the organisation?

I see my role as an active communication interface between the members, the committees, the leadership, and the professional staff in the office. Over the last years, FDI has been missing stability. In my different positions at ERS, I had the pleasure collaborating with over 100 top leaders and 11 different Presidents and I am happy to bring this expertise to FDI. We need to build transparency and restructure, create a positive energy that will help FDI to grow and develop. There are a lot of expectations from both the leadership and the staff, together with a lot of good will on both sides to have things moving professionally.

What do you see as the immediate challenges?

The 2011 Annual World Dental Congress taking place in Mexico City this September is certainly our most immediate priority. After two difficult years in Singapore and Salvador, there are a lot of expectations from our members, participants, corporate partners and sponsors. During my first weeks, I had a pleasure meeting with Dr. Jaime Edelson and Dr. Victor Guerrero from the Local Organising Committee. I am very confident that Mexico will be a tremendous success. The staff in the office has worked very hard, with all their experience and professional expertise to make this event highly memorable. The programme and the speakers are outstanding, and we will also have some very important and interesting developments to mark this Congress, such as the launch of the new Caries Classification system.

Another challenge is to develop our communication strategy. We need to have clear messages and a coherent way to deliver them. The public website and Vox should bring more information relevant to our members and the professionals. The Council is sharing this priority and has given me immediate support to further develop this area. Similarly with our publications, we need to have a clear editorial line for the International Dental Journal (IDJ) which has a fantastic potential and a strong brand.

For 2 years, I managed a small family publication company in Switzerland and I also successfully launched a new medical journal for ERS. Communication is nowadays an essential tool for international organisations and we need to be at the forefront.

How would you see FDI activities developing in the future?

FDI has to concentrate on a few core activities with clear objectives and deliverables for each one. In a preliminary discussion with the leadership, we have identified four pillars on which FDI can grow.

1.) Governance: FDI exists to serve our members, the National Dental Associations, to facilitate the communication and the networking. This political dimension is at the heart of FDI.

2.) Advocacy: FDI is the primary organisation representing the interests of dentists, patients and the oral health industry. The office is based in Geneva, the home of the World Health Organization, where we need to be more present and visible. The United Nations initiative on non-communicable diseases (NCD) offers a unique opportunity, and FDI will send a clear message at the summits in September in New York. We are also taking the lead to launch a World Health Professions Alliance - a campaign. The Programme will provide us with the resources to emphasise the message that oral diseases are important NCDs that should be considered by the UN. We also need to empower our Member National Dental Associations by giving them the tools and support to lobby at the national level. Together with Ms Pam Clark from IFMD and Dr Julian Fisher from the office, I also had a pleasure of meeting Dr Peter Petersen from WHO, and Dr Peter From United Nations Environmental Programme regarding the future of amalgam in restorative dentistry.

3.) Science and education: We need strong science and evidence to support our advocacy messages. FDI already develops policy statements, however, we need to disseminate these messages better and to ensure they are acted upon for the benefit of patients. Our Congress and the website are unique tools that I hope to further leverage to help us achieve this goal.

I hope you enjoy this issue of the World Dental Communique. I look forward to seeing you all in September for the 2011 WDC in Mexico City.

Dr. Roberto Vianna FDI President

FDI World Dental Federation

Interview with the FDI Executive Director

The Council of the FDI World Dental Federation is pleased to announce the appointment of Jean-Luc Eiselé as the new Executive Director, effective from 7 March 2011.

Jean-Luc Eiselé, as the new FDI Executive Director, effective from 7 March, Dr Eiselé brings a wealth of experience to the post over 11 years in the medical and association management fields. Educated at Lausanne University, Basel University and the European Molecular Biology Laboratory in Heidelberg, Dr Eiselé brings a unique mix of scientific knowhow and managerial experience to the FDI. Dr Eiselé is already hard at work at the headoffice and meeting with our Corporate Partners at the International Dental Show in Cologne, Germany.

I would also like to take this opportunity to thank Mr Jérôme Estignard for his service as interim Executive Director from September 2010 to March 2011. Mr Estignard not only successfully managed the transition between Executive Directors but also put in place several new initiatives and projects including: overseeing the development and implementation of a new model for the selection of the FDI Annual World Dental Congresses (AWDC) in 2012 (Hong Kong, China S.A.R.) and 2015 (Seoul, South Korea), helping to organise the web-casting of the 2011 AWDC in Mexico, and overseeing the successful outsourcing of the International Dental Journal to Wiley-Blackwell. Mr Estignard will return to his previous role of Finance and Operations Director.

Another recent accomplishment is the agreement between the World Health Professions Alliance and the International Federation of Pharmaceutical Manufacturers & Associations to launch a FDI lead Noncommunicable Disease Campaign. Please see the article on NCDs in this issue of the Communique for more information about this exciting new project.

Dr Roberto Vianna FDI President

FDI World Dental Federation
4.) The relations with our corporate partners; Industry is key in developing and bringing to market new technologies that will help professionals to provide the best possible quality of care to patients. FDI will work at improving the close collaboration with the industry, developing strategies for win-win partnerships in areas of common interest without jeopardising our independence or credibility.

What are the main strengths of the FDI?
Empowering our members is the way forward. The main strength of any membership association is their members. FDI should keep in mind that members engage with associations not only to receive benefits but, more importantly to serve, help and get involved.

The other key FDI asset is our professional staff. We have a team that is dedicated to the organisation as shown by the fact that they have stayed with FDI despite the changes of the last few years. With a more stable office structure, I am confident that they will deliver the best possible services to our members. Without the staff of their support, we will not be able to move ahead. I would like to take this opportunity to warmly thank Mr. Jérôme Estignard, who acted as FDI Interim Executive Director over the last months, and managed not only to keep the boat running, but also develop new initiatives.

You are the first FDI Executive Director who is not a dentist, how will this effect your work?
The fact that I am not a dentist can be seen as an advantage. With the support and professional expertise of the FDI leadership and staff I will have access to the highest level of dental knowledge available. My scientific background should allow me to understand the basics concepts of oral health, something that I see as very interesting aspect for my personal development. I believe that I bring a unique blend of skills such as association management and publishing know-how to the FDI which will prove complementary to existing body of oral health expertise.

Today, medical societies are facing a very competitive environment for funding, lobbying and visibility. I hope to be able to help FDI more professionally manage our image, develop new business and run our daily operations.

Any final thoughts?
We have a lot of challenges ahead of us and a lot to deliver. We need to show, all together, that FDI is back I am keen to not only deliver this message, but also to demonstrate it through our success and results. I look forward to working hard to help FDI for provide more benefits to our Members, dentists, patients and the whole world.

Join us in Mexico City for the 2011 Annual World Dental Congress to see the results of this collective effort and discover all the benefits and values that FDI can bring to your daily practice.

I am looking forward meeting with you all soon. Should you have any comments or suggestions, please do not hesitate to contact me at: jkroelse@fdiworlddental.org.

Did you know?

10-interesting facts about Mexico

• Mexico is the most populated Spanish-speaking country in the world.
• Texas was a Mexican province which declared its independence from Mexico in 1836, resulting in war with the United States (1846-1848).
• The National University of Mexico was founded in 1551 by Charles V of Spain and is the oldest university in North America.
• One unusual Mayan weapon was a “hormet bomb,” which was an actual hornet’s nest thrown at enemies during battle.
• The descendents of the Aztecs speak a form of the Aztec language called Nahualt. Many of its words, particularly for foods, passimarl help us, such as tomatoes (tomatl), chocolate (chocolat), and avocados (ahuaca-cald).
• Mexico introduced chocolate, corn, and chilies to the world.
• The Caesar salad is named after Caesar Cardini who prepared the salad in his Caesar’s Palace Restaurant in Tijuana, Mexico.
• Mexican children do not receive presents on Christmas Day. They receive gifts on January 6, the day on which Mexicans celebrate the arrival of the Three Wise Men.
• Because it is built on a lake, Mexico’s capital, Mexico City, is sinking at a rate of 6 to 8 inches a year as pumps draw water out for the city’s growing population.
• Mexico’s flag is made up three vertical stripes. The left green stripe stands for hope, the middle white stripe represents purity, and the right red stripe represents the blood of the Mexican people.

How to discover Mexico before, during and after the congress?

It would truly be a shame to travel to Mexico and not take advantage of the wealth of cultural and leisure opportunities on offer. Mexico’s rich history through the legacies of the many cultures, including the Maya and Aztec, provides numerous opportunities to travel through time and discover the lifestyles of these fascinating ethnicities. Not surprising that Mexico City has more museums than any other place in the world! In under an hour you can leave town and explore the beautifully preserved Teotihuacan pyramids, but can even challenge yourself to a steep climb to the top. “Conquistadores” (Spanish conquistadors) ruled Mexico for 3 centuries before independence was proclaimed 18 September 1810. This date, known as “Grito”, is celebrated in a colorful and festive way throughout the country and we are fortunate the Annual congress will be in Mexico on this occasion.

Annual World Dental Congress in Mexico 2011

Important dates
Registration to the 2011 FDI Annual World Dental Congress in Mexico City, September 14-17 2011 is now open. Early registrants enjoy lower registration fees and will have a wider choice of available hotels to choose from. Please note that low cost early registrations are available only until May 29 2011.

Your contribution to furthering dental science
All members are invited to submit results of their work in oral health, whether in prevention, research or treatment. Our user-friendly online abstract submission system is gathering a large number of topics including: Cariology, Dental Education, Endodontics, Epidemiology, Implantology, Occlusion, Oral Surgery, Orthodontics, Paediatric Dentistry, Periodontology, etc....in order to see the results of this collective effort and discover all the benefits and values that FDI can bring to your daily practice.

I am looking forward meeting with you all soon. Should you have any comments or suggestions, please do not hesitate to contact me at: jkroelse@fdiworlddental.org.
Japanese takes over European operations of SHOFU

Daniel Zimmermann
DTI

HONG KONG/LEIPZIG, Germany: The Japanese dental company SHOFU Inc. is changing its management offshore. During the International Dental Show in Cologne, the company officially announced that Akira Kawashima of the European subsidiary in Germany from April 2011 will take over the management of the European subsidiary in Germany from April 2011.

Wolfgang van Hall, the current Managing Director of SHOFU Dental GmbH, will step down but hold a consulting position for another year. He has been with the company for more than 50 years.

Kawashima announced his intention to expand the company’s product line for dentists and intensify sales activities in European markets. Prior to his appointment as General Manager of SHOFU GmbH, he worked in the International Department of SHOFU Inc. in Kyoto in Japan, where he was responsible for several product launches, including Vintage and the zirconium silicate Geramade. He also spent one year as a trainee in the SHOFU Dental Show in Cologne have confirmed the upward trend in the dental industry. According to the latest numbers released by the organiser Koelnmesse in March, 9 percent more visitors attended the world’s largest dental trade show than in 2009. With more than 1,500 exhibitors, the show also saw a 7 percent increase in industry participation.

The promising figures are in line with the latest reports from the dental industry, particularly in Germany. There, the market has gained new momentum following a slight drop in sales in 2009. The latest figures from the Association of German Dental Manufacturers (VDDI) suggest that revenues grew from € 5.5 billion in 2009 to € 6.4 billion last year and further growth is expected in 2011. Held every two years in Cologne in Germany, IDS is one of the most important international platforms for launching and marketing new products for the dental industry. This year, dentists were able to see a large number of new technologies in the fields of prevention and diagnostics on display.

Digitalisation of dental treatment processes is also increasingly entering the general dental practice, with improved intra-oral scanners, imaging systems and CAD/CAM technologies. VDDI Chairman Dr Martin Rieckert said that the show demonstrated that digital processes and technologies have become increasingly popular, as they offer greater quality and effectiveness of treatment.

Even though there was a definite digital trend, new simplified endodontic file systems, as well as improved filling materials and dental instruments were also launched.

In view of a successful IDS, German Dental Association President Dr Peter Engel called on policy-makers to conduct overdue revision of regulations on licences and fees for dentists in the country. “The dental market is providing Germany with economic drive,” Dr Engel commented. “Policy-makers have to create health policy frameworks so that these innovations can be put into practice.” Interest groups and dentists have sought a revision of the current dental fee system for years, which they say penalises patients and limits the financial autonomy of dentists.

The next IDS will be held from 12 to 16 March 2015 at the Koelnmesse fairground in Cologne.

Demand for dental gold declines

Yvonne Bachmann
DTI

LONDON, UK/LEIPZIG, Germany: The demand for gold used in dental applications has reached a new record low in the last quarter of last year. According to the latest report by the World Gold Council, UK, dental applications made of the precious metal recorded a year-on-year decline of 8 percent in the last three months of 2010. The annual worldwide demand declined by 5 percent compared to 2009 to 49.8 tons worth US$ 2 billion.

The negative trend may have been accelerated by the 24 percent year-on-year rise in the dollar gold price over a period, suggests the World Gold Council’s Gold Demand Trend, a leading industry resource for data and opinion on worldwide gold demand.

“The segment has been steadily declining in recent years due to a migration to more affordable applications and the elevated gold prices during the quarter served only to accelerate the rate of attrition,” it states in the Demand Trend. Substantial falls were recorded in almost every market. Most significant changes in volume terms were recorded in Germany and the United States.

Goldquadrat, a German manufacturer of dental alloys, approves the latest statistics. “The demand for gold used for dental applications has noticeably declined since 2005,” chief executive officer Wilhelm Mühlenberg told Dental Tribune Asia Pacific. Owing to rising prices, gold has become very attractive to investors but very unattractive to patients, he said.

According to Mühlenberg, this trend is irreversible, even though there is still a demand for gold as it is a reliable dental material and has been used successfully for a very long time.

In contrast with this decline, the worldwide gold demand for all industries, including dentistry, surged to 5,812.2 tons in 2010, reaching a ten-year high and a 9 percent rise compared with 2009, as per the World Gold Council. The major reason for this positive trend was the demand for jewelry, which saw a rise of 17 percent.

DTI

DENTAL TRIBUNE Asia Pacific Edition

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IPS e.max Press and the Straumann Anatomic IPS e.max Abutment

Rehabilitation with implant-borne anterior reconstructions

August Bruguera & Dr Pedro Couto Viana
Spain & Portugal

Replacing a single missing central incisor is quite challenging, particularly if implants are used. The precise reproduction of the anterior region usually demands the use of high biocompatible materials and their high biocompatibility to be achieved. The remaining dentition, consequently, I prefer to use shades of the remaining dentition. Consequently, I use IPS e.max Press HT ingots in the restoration of posterior teeth, since they offer a well-balanced mix of translucency and chroma. As far as brightness is concerned, I prefer to use shades that are one or two tones lighter than the natural tooth, as well as the reproduction of its characteristic layers, is not an easy task. Complementary information provided by the attending dentist is therefore very important.

The patient in this case presented with a missing upper central incisor, which she had lost in an accident. She was dissatisfied with her smile and wished for her upper anterior teeth to be realigned in order to re-establish a natural overall appearance. Following orthodontic treatment, a Straumann Bone Level Implant (BC 4.1 mm SLActive) was placed in the optimal 3-1 position (Figs. 1 & 2).

With a bit of practice and dexterity, the anatomy of a single anterior tooth can be reproduced with relative ease, provided that the model gives a detailed rendering of the adjacent teeth and thus provides all the relevant information. In contrast, the determination and reproduction of the tooth shadings is a complex and difficult issue. Even small deviations may have a major detrimental effect on the success of the case. There are two reliable ways for dentists to communicate shade-related information to the dental laboratory:

1. either the attending dentist provides detailed shade information by means of digital photographs; or
2. the patient pays a visit to the laboratory so that the dental technician can establish a layering scheme. However, it is important to note that a good layering protocol is only the first step in the creation of an aesthetic restoration, which does not guarantee its “perfect” implementation.

Digital photographs simplify the identification of the differently shaded areas of natural teeth. Precise shade matching can only be achieved if the patient visits the dental laboratory. In the present case, the necessity of a patient visit to the laboratory was discussed with Dr Couto Viana, the attending dentist. The patient fully understood our request and was prepared to pay our laboratory a visit despite the distance between Porto and Barcelona.

Zirconium oxide (ZrO₂) abutments are amongst the most disputed products in implantology: their fracture strength, the interval and external connections, the interaction between retention screw and abutment—all these issues are raised repeatedly. However, there appears to be agreement that ZrO₂ abutments lead to highly predictable results, especially in the restoration of anterior teeth.

Another aspect that speaks in favour of ZrO₂ abutments is the material’s high biocompatibility. Soft-tissue management using consistent emergence profiles requires the given emergence profiles to be maintained clearly discernible in Figs. 3 & 4). A comparison of ZrO₂ and lithium disilicate (LS₂) crown materials shows that the latter can be etched and silanised and thus be optimally prepared for adhesive cementation. Especially if you’re dealing with an abutment in order to create an etchable surface on the Straumann Anatomic IPS e.max Abutment, the bonding surface may be covered with a thin layer of veneering ceramic prior to the modelling of the crown. For this purpose, IPS e.max Ceram ZrLiner is applied first. Then a layer of IPS e.max Ceram Deep Dentin in the desired shade is applied. As a result, the dentine shade will be trimmed from within the restoration and the slight excess was smeared from the surface of the crown.

Why use IPS e.max Press to fabricate the crown?

LS₂ is the material of choice in our opinion for the fabrication of single crowns (Fig. 3). Owing to its high flexural strength and aesthetic properties, this material offers the best options. However, a clear distinction must be made between anterior and posterior teeth. The occlusal load on an anterior crown has to withstand the stress a posterior crown is exposed to. If a posterior tooth is restored with a crown, IPS e.max Press allows a reliable solution to be achieved (monolithic restoration), independent of whether the restoration is tooth or implant supported.

IPS e.max Press can be used in the staining technique, the cut-back technique or the layering technique. Layered crowns have the advantage that they allow custom shade matching. However, if a simple layering scheme is applied, the choice of stains available provides sufficient options for matching the shade of the crown to that of the remaining dentition. Consequently, I use IPS e.max Press HT ingots in the restoration of posterior teeth, since they offer a well-balanced mix of translucency and chroma. As far as brightness is concerned, I prefer to use shades that are one or two tones lighter than the natural tooth.
than the final tooth shade. This allows me to better control the brightness value. Colour saturation can be adjusted by means of Shades. In the anterior region, the requirements are completely different. While high flexural strength is not an issue, a more complex layering scheme is essential. I usually work with medium-opacity (MO) ingots, which are one tone lighter than the final shade planned. In the case presented in this article, an MO1 ingot was pressed.

Fine tuning and adjusting the fit of the restoration

The final adjustment of the shade of the restoration in the mouth of the patient plays an important role in the treatment success—any mistakes can be corrected at once. First, the IPS e.max Dentin and Incisal shades are applied together with individual characterisations, based on the layering scheme, and fired. The surface layer, which imparts translucency to the IPS e.max restoration, is not applied yet. This allows possible colour deficiencies to be adjusted directly in the mouth and inadequately shaded ceramic portions to be removed if necessary. The brightness of the first layer should not be too low, as this will make the restoration appear greyish. As indicated above, this can be avoided by using a somewhat lighter press ingot.

In the case presented, the patient visited the laboratory personally. This made it easy to establish the right level of colour saturation and brightness. Once the ceramic build-up had been optimally adjusted in terms of shade, the translucent portions could be added. At the same time, the anatomy and surface texture were completed. This was relatively easy to accomplish, as the natural counterpart reproduced in plaster provided excellent guidelines. The final stain firing cycle is important, as with the ceramic layering technique alone restorations cannot be characterised as required and the optimum dentine shade cannot be achieved. With Shades and Essences, the intensity of the different shade areas can be perfectly adjusted. The combination of the Straumann Anatomic IPS e.max Abutment and IPS e.max Press enables restorations to be achieved that perfectly match the neighbouring teeth (Figs. 6–8).

A detailed account of the surgical procedure was published in issue 03/2010 of the Straumann STARGET magazine.

Fig. 6: A happy patient—LS enables the demands of patients to be fulfilled in an optimal way.

Fig. 7: A nearly perfect copy of the natural counterpart was achieved with LS (IPS e.max Press). Implant-supported reconstruction of tooth #21.

Fig. 8: A nearly perfect copy of the natural counterpart was achieved with LS (IPS e.max Press). Implant-supported reconstruction of tooth #21.

Contact Info

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"Seaweed can be found in many fluoridated toothpastes"

An interview with dentist and toothpaste collector Dr Val Kolpakov

Dentist Dr Val Kolpakov has an unusual hobby: He collects toothpaste. His collection is currently recognised as the largest in the world by the Guinness World Records Committee. Born in Russia, Dr Kolpakov moved to the US in 1985 to work as a researcher at the University of Michigan. For the past nine years he has been in practice at his own dental offices in Saginaw (Michigan) and Alpharetta (Georgia). Dr Kolpakov spoke to Yvonne Bachmann, DTF, about his collecting passion, radioactive collectibles and seaweed in our toothpaste.

Yvonne Bachmann: When did you get the idea to start collecting toothpaste?

Dr Val Kolpakov: It was 2002 and I was browsing the Internet. This was when I found some information on Carsten Gutzut, a man from Germany who collected toothpaste. His collection stood at roughly 500 tubes. This was when I realised what a wonderful hobby collecting toothpaste would be for a dental professional. Imagine the opportunities it offers to learn about other variations of your profession. With this in mind, I decided to start my own collection of toothpaste.

Dr Kolpakov has collected 2,000 samples of toothpaste. (DTF Photo Dr. Kolpakov)

The most difficult part of collecting toothpaste is keeping track of all the samples I get. I estimate that I have 2,000 samples. However, I cannot tell you the exact number at this time. I have more than 1,700 tubes counted and entered into my database, but there are several big boxes with more samples waiting for their turn.

What do you estimate the value of your collection to be?

I have spent on my collection over the last nine years, I would consider the oldest toothpaste. I have is dated 1908 and made by Colgate. My favourite kinds of toothpaste are alcohol flavoured. These range from whiskey, like scotch, rye, bourbon, to red wine, amaretto, champagne and many more. Another passion of mine is chocolate-flavoured toothpaste. I have a set of pure chocolate cream packaged in a toothpaste tube with a toothbrush for chocolate lovers. This is more of a gag-gift, considering that it is not intended for brushing teeth regularly. However, there are several real tubes of toothpaste with chocolate flavouring as well. Speaking of unusual flavours, the Breath Palette Company tops them all. They came up with 51 flavours, including some of the oddest kinds such as Green Tea, Pumpkin Pudding, and Indian Curry.

The main ingredients of all toothpastes are basically the same. However, there are local differences in flavour and some ingredients. Oriental toothpastes often contain ingredients like bamboo salt or ginseng. Japan is well-known for its "high-tech" toothpastes that rebuild enamel, re-mineralise teeth and halt the development of caries.

Do you collect any other unusual items?

I have a small collection of denture containers—holders of different shapes in which edentulous people place their dentures for the night. I also have a collection of dental movie props, including some fake teeth that actors put over their own teeth to look like vampires, or homeless people with rotten teeth.

Have you submitted your collection for a Guinness World Record?

I've considered applying to the Guinness World Records for a long time, but just can't seem to find the time. Recently, I was contacted by an English journalist who interviewed me and wrote a story about my collection for an English newspaper. Someone at the Guinness World Records Committee came across the article and e-mailed me suggesting I apply for a record. I submitted my application, but as there was no current record involving toothpaste tubes, they had to review whether they could open a new category. Finally, it was approved.

Now I have to submit evidence that I possess all this toothpaste. The evidence must include pictures, a detailed list of all my toothpastes, publications, and statements from witnesses, I do not actually hold this record yet, as was mistakenly reported in the media, but I hope to in the near future.

Thank you very much for this interview.

"My favourite kinds of toothpaste are alcohol flavoured."
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