Study confirms Asians are at greater risk of periodontal disease

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

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

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

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

A more significant cut-back in the upcoming months. With a projected production volume of 1.1 million units per year, the facility in Niigata is hoped to become Kuraray Noritake’s largest production site in Japan, the company said.

Bacteria harbour on bib clips

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

Low tax compliance among dentists

The Filipinos government has reached out to the Philippine Dental Association and other organisations to urge their members to return their files before the 2012 tax return deadline. Tax returns from non-paying self-employed professionals are currently estimated at P500 billion (US$8,7 billion).

Kuraray Noritake expands production

The Japanese dental market leader Kuraray Noritake has announced a third production site. The new plant in Tainai City in the Niigata Prefecture was recently put into operation in the presence of company president Sadaaki Matsuyama and executive officer Osamu Yamada.

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

People of Asian ethnicity like this woman could be more prone to attachment loss. (DTI/Photo Gang Liu)

Major welfare fraud exposed

City police in New Zealand’s largest city Auckland have recently uncovered a major welfare scam involving a bogus dental clinic. Two suspects running the facility in the Papatoetoe suburb were arrested for having claimed benefits worth NZ$350,000 ($1,8209,000) for emergency treatment that was never administered from the Ministry of Social Development since 2011.

The latest arrest is considered a major success of the ministry’s recently launched Welfare Fraud Collaborative Action Programme, a nationwide partnership between different agencies to combat welfare fraud. Among other goals, the initiative aims to enhance the sharing of information between all agencies involved in providing welfare in order to detect irregularities sooner.

According to ministry figures, false benefits worth more than NZ$40 million (US$34 million) were claimed by individuals in New Zealand last year.
Participants will learn:

- Management of the patient with oral precancer & cancer.
- This course offers a description of the evaluation and treatment concepts were given by Dr. James L. Gotman, Jr., Prof. Gianluca Gambardini and Drs. Politino/Glande, all Italy, as well as other internationally renowned speakers in the field of endodontics.

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

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

The organising committee posing with members of this year’s faculty (GIV/Photo: D. Kim, South Korea).

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

Since APEC was founded in 1985, 13 national endodontic societies have become members of the confederation, including professional bodies in Australia, Japan, Korea, Hong Kong, Singapore, Taiwan, Malaysia, Indonesia, India, and the Philippines. Iran, Jordan and the US are current members from outside the region. APEC’s scientific congresses take place every two years, with smaller meetings or events held at larger international endodontic congresses in the intervening period. According to Kim, the next general meeting will take place in Jordan in early 2015.
South Korean receives ITI research award
Dr. Jung-Chul Park honoured for study on stromal cells

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

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

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

Park is only the third researcher from Asia to have received this award after Chinese researchers Xiaolong Zhu in 2005 and Yuelian Liu in 2003. ITI has awarded the prize dedicated to its founder and Swiss dental implant pioneer Prof. André Schroeder annually since 1992. Last year saw German researcher Cornelius von Wilmovsky come out tops with his research on the effect of diabetes mellitus on peri-implant bone formation.

According to its figures, the international dental implantology organisation, which is based in Basel, Switzerland, currently boasts more than 15,000 members from around the world.
If the recent International Dental Show in Cologne has shown us one thing than that the dental industry is doing surprisingly well and that dentists, at least in Europe, are still willing to invest largely into new equipment.

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

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

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

Yours sincerely,
Daniel Zimmermann
Group Editor
Dental Tribune International

Crisis in endodontics

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

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

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

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

Prof. Beena Rani Goel
Academy for Rotary Endodontics
President of the International Academy for Rotary Endodontics

To the Editor

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

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

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

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

Prof. Jaime Lazo,
11 November 2012

Dental Tribune welcomes comments, suggestions and complaints at feedback@dental-tribune.com
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New platform for better oral health in Europe

BRUSSELS, Belgium: The Platform for Better Oral Health in Europe has put forth targets for improved oral health and the launch of a Europe-wide consultation on priorities for achieving better oral health by 2020. At a recent roundtable discussion during a meeting of the European Parliament, the targets were presented to EU policymakers and to a representative panel of public health stakeholders and professional associations.

The platform was established in response to the call to action submitted by members of the European Parliament to the then European health commissioner John Dalli in 2010. It promotes a common European approach towards education, prevention and access to better oral health care in the continent.

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

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

Agreed-upon targets will be announced in 2014.

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

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

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

Oral health-related costs still on the rise

Less than a year ago, the “State of Oral Health in Europe” report, commissioned by the Platform for Better Oral Health in Europe, revealed that oral health-related costs are still on the rise even though caries and its complications are highly preventable through a healthy, balanced diet and routine oral hygiene practices. The report estimated spending on dental treatment in the EU 27 to be close to €79 billion in 2012, a figure set to reach €87 billion by 2020 if adequate action is not taken immediately. The consultation is open to all interested individuals and organisations: www.oralhealthplatform.eu
Market in Europe increases with more sales achieved online

Claudia Jahn
OEMUS MEDIA AG

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

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

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

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

(IDS 2013 surpasses expectations)

DTI

COLOGNE, Germany: According to the latest statistics, an estimated 125,000 visitors from 140 countries and 2,058 exhibitors from 56 countries attended the world’s largest dental show in Germany in March. The organisers noted growth in the number of international participants in particular. About 68 per cent of exhibitors and 48 per cent of visitors came from outside Germany. Overall, they reported a 6 per cent increase compared with the event two years ago.

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

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

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

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

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

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KaVo challenges market with lines of ESTETICA E30 treatment units

SINGAPORE: With its two lines of ESTETICA E30 treatment units, the German dental equipment manufacturer KaVo is offering the company’s proven quality, reliability and efficacy at an entry-level price. From March 2013, units in the Essential Line can be equipped with the integrated PIEZOsoft ultrasonic scaler, which, according to the company, boasts intelligent technology for optimal treatment results. The line is complemented by the E30 halogen lamp and the new MAIA LED lamp.

Dentists can also benefit from the future-proof ESTETICA E30 Evolution Line, which comes with the light and optimally balanced INTRA LUX KL 705 motor featuring an optional ends function for fatigue-free work.

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

According to KaVo, the dentist element of the ESTETICA E30 can be individually configured with five cartridges. All functions of the chair and the instrument can be controlled intuitively through direct buttons and the KaVo colour scheme. ESTETICA E30’s soft cushion and the double-jointed headrest are intended to provide greater comfort for the patient, while the adjustable height of the patient chair (between 550 and 850 mm) allows clinicians to work in a relaxed posture in any treatment position.

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

Special show at Sino-Dental

German industry announces research station for Beijing

BEIJING, China: In addition to supplier presentations, the German dental industry will be staging a special show at this year’s Sino-Dental exhibition and scientific conference. The organisers said that the latest innovations and research results in dental medicine and technology in Germany will be presented at the German pavilion, which will be transformed into a research station for the show.

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

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

The show is being organised in collaboration with the German Federal Ministry of Economics and Technology, the Association of German Trade Fair Industry and the Association of German Dental Manufacturers.
“At some point in time, the dentist is going to want an all-Sirona office”

An interview with the new Sirona CEO Jeffrey T. Slovin

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

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

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

Today we serve more than 50,000 CEREC customers all over the world. I think that we are very well positioned to further drive digital dentistry.

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

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

This digital workflow development is comparable to the transition of film to digital cameras. Today almost all cameras are digital. In dentistry, it is primarily a matter of where practitioners are located. In some areas, it takes longer for adoption, but the reality is that digital dentistry is in the future. We see it here today at IDS and it is not a matter of if but when a dental practice will adopt digital.

Heraeus sells dental business

Multi-million dollar transaction subject to regulatory approval

Heraeus Holding for US$587.3 million

Heraeus sells its dental business

Heraeus, the precious metal and technology group, has decided to exit its dental division. After the announcement of a multi-million dollar transaction, the company stated. With its acquisition of Heraeus Dental from Heraeus, the company will acquire all shares and assets of Heraeus Dental from U587.3 million. The general management, however, will remain unchanged.

Heraeus has been involved in the dental market very well, and has a strong presence on the Japanese domestic market, the company stated. With its acquisition of Heraeus Dental, the group seeks to expand onto the global market and to drive future growth in the overseas dental materials market.
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Impression and registration for full-arch implant dentures

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

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

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

Following multiple extraction of a non-salvageable rest dentition and the placement of six dental implants in positions #4, #5, #6, #11, #12, #13, a full denture dental implants in positions #4, #6, #11, #12, #13, a full denture was fabricated. After the extraction sites had healed and denture sores were eliminated, the function and esthetics of the denture was optimized. If necessary, angulations, shape and color of the denture teeth and the shape of the denture base were corrected (Fig. 1a). The resulting denture was used by the patient until the final restoration was delivered. For the final restoration of the maxilla, an implant-retained denture with telescopic crowns as attachments was planned. After the implant was uncovered, the denture was modified to allow sufficient space for the healing abutments. A duplicate of the denture (DentDu) was made out of clear resin (Paladur, Heraeus, Germany, Fig. 1b). A trial of the DentDu was performed and minor occlusal discrepancies were corrected (Fig. 1c).

The titanium impression posts were connected with the implant analogues and with the plastic impression sleeves (Dentegris), which were embedded in the impression material (Fig. 1b). A master cast was then fabricated and articulated with the help of the bite records (Fig. 1c, Figs. 6a & b).

The customized abutments (Dentegris) were taken to fabricate the implant abutments. Paralleling, angulation, position and shape of the implant abutments were determined using a silicone key fabricated from a matrix of C-silicone (Zealab, Zhermack, SpA, Badia Polesine, Italy, Fig. 5). The dentist and the dental technician relied on two alternatives for customized abutments selection:

1) UCLA customized abutments (UCLA, Dentegris) for casting with a gold alloy (for example, Portadur F4, Au 99.9 per cent, Wieland, Germany, Fig. 6a) or 2) platinum-iridium customizable abutments (PTIR, Dentegris) for casting with a chromium cobalt (CrCo) alloy (for example, Askoll, Anka Guss, Germany, Fig. 6b).

After casting, the customized implant abutments were grinded, polished and served as the basis for the fabrication of electroformed pure-gold copings with a thickness of 0.25 mm (AGC Galvanoplast, Au > 99.9 per cent, Wieland, Fig. 6c). The framework was then constructed via CAD/CAM. To ensure proper functioning of the framework, a plastic mock-up and a temporary fixed denture (TFD) were milled (ZENO-PMMA, Wieland). The customized implant abutments, the electroformed copings, the mock-up and the TFD were delivered by the dental laboratory for the next clinical session.

- UD page 14
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Booths: 2181, 2180, 2174, 2175

For more information, visit www.kavo.com
The abutments were transferred, positioned on the implants and torqued to 55 Nm using a resin temporary key, placed and were left in place after mounting. From this point on, the customized abutments remained fixed in order to avoid any possible inaccuracies. The electroformed copings were placed on the implant abutments (Fig. 7c). The mock-up was placed over the electroformed copings and the occlusion was checked with the bite records (Figs. 8a & b). A final impression was taken with a polyether impression material (Impregum, 3M ESPE) was taken with electroformed copings and/or caps, which may also have advantages, in conjunction with the interocclusal relationship, e.g. wax-up, etc., at the time of the fabrication of the final restoration. If an open-tray impression is preferred, only minor changes to the procedure are necessary. This method is based on a previous publication. In cases such as this, it is advisable to fabricate two DentDus. The impression can be taken by the first DentDu, the second DentDu is used for the remaining steps. Customized abutments are applied instead of a bar. Galvano-forming can allow for the exact transfer of the implant abutment with a gap of only 12 to 50 µm. The gold electroformed crown copings saves space and is made of high-quality material. Using gold copings for the impression allows for the exact transfer of the form, angulations and position of the inserted customized implant abutments.

With the help of the milled mock-up, the future fit of the CAD/CAM fabricated framework can be evaluated and necessary changes in the shape of the restoration and occlusion can be made. Making these changes on the mock-up was easier and less time consuming than making them on the metal framework itself, and it was then possible to transfer them directly to the final framework. Furthermore, the mock-up almost “soldated” the electroformed gold copings during the impression, allowing for the exact transfer of the abutment position. The vertical height and interocclusal relationship were recorded. The delivery of a milled temporary restoration permitted a slow and non-progressive loading of the implants, which then leads to bone remodeling. Abutments were left in place after mounting. Combined with the fabrication of a new cast, this further decreased the risk of inaccuracies during the transfer process.

Conclusion
The method described here can be used for full-arch restorations with both fixed and removable implant supported dentures. Accurate impressions can be accomplished and occlusion, vertical dimensions, as well as implant positions can be transferred while facilitating the final abutment restoration process. In addition, this technique resulted in a reduction of the required chair time.

Disadvantages of this technique lie in the fact that the quality of laboratory technician’s work meets higher demands than usual, and that the clinician also needs to acquire some additional skills. Further disadvantages of this method include the need for a highly qualified technical lab and higher technical costs relative to those associated with prefabricated titan implant abutments.

To date, this method has not been applied in conjunction with immediate implant loading. However, dentists and patients have come to expect this level of rehabilitative accuracy, precision, long-term success and aesthetics.

Fig. 9a–d: Final telescopic crown retained implant denture, palatal; (a), anterior teeth (b), left side (c), left side (d).

A case of fixed implant retained denture for the maxilla full-arch rehabilitation: trial of the mock-up (a) and the milled temporary fixed denture is placed on the abutments (b). Placement of the electroformed copings into the frame.— Fig. 10: Placement of the electroformed copings served as secondary telescopes in cases where a removable denture with telescopic crowns was used as the attachment. Electroformed gold copings are associated with several advantages, in conjunction with both removable and fixed restorations. The galvano-forming and electroforming process yielded a precisely-fitted secondary coping for the implant abutment with a gap of only 12 to 50 µm. The gold electroformed coping saves space and is made of high-quality material. Using gold copings for the impression allows for the exact transfer of the form, angulations and position of the inserted customized implant copings.

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

Aesthetics.—Figs. 11–13: the bonding surface, the treatment method.

Fig. 1: Pre-op situation, intra-oral view. After the orthodontic treatment, the anterior region showed an inharmonious appearance with large diastemas. The relative position between the dental arches had been optimally observed (orthodontic treatment by Dr. Jean Koch).—Fig. 2: The wax-up as modelled by the dental technician. This wax-up was used for the planning of the gingival modifications.—Figs. 4–7: Controlled preparation through the aesthetic mock-up is a prerequisite to ensuring that the permanent restoration is only cemented on dentine. This improves the quality of the cementation and gives the restoration a more aesthetic appearance in the long term compared with restorations cemented only on dentine.—Fig. 5: The patient’s view was shown to the patient. Both the patient and the dentist were satisfied with the defined shape of the lateral incisors.

The depth-marking grooves through the composite masks were made (Fig. 4) to ensure that as much dental enamel as possible was preserved, as this is also conducive to the quality of the bond that is achieved. These grooves served as reference points throughout the preparation process. Minor gingival modifications were also made during the same appointment in order to achieve a harmonious and aesthetic emergence profile (Fig. 7). After a healing phase of one week, the impressions for the fabrication of the master model and the final restorations were taken. The final technicians produced two veneers made from IPS e.max Press material in the A1 shade. In terms of size and shape, the wax-up served as a reference (Fig. 8).

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

In this case, the VarioLink II dual-curing composite system and the ExciteF. DSC adhesive (Ivolcar Vivadent) for the cementation of the veneers was chosen. Excess cementation material was largely removed after polymerisation for three seconds in the Soft mode of the curing light, and the fine excess was removed after final polymerisation in the High mode (Fig. 9).

After one week, the patient returned to the practice for another appointment. All involvement in the procedure were fully satisfied with the outcome (Figs. 10–13).

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

Dr Olivier Etienne & Dominique Watkik
France

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

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

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

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

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

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

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

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

In this case, the VarioLink II dual-curing composite system and the ExciteF. DSC adhesive (Ivolcar Vivadent) for the cementation of the veneers was chosen. Excess cementation material was largely removed after polymerisation for three seconds in the Soft mode of the curing light, and the fine excess was removed after final polymerisation in the High mode (Fig. 9).

After one week, the patient returned to the practice for another appointment. All involvement in the procedure were fully satisfied with the outcome (Figs. 10–13).
Some time ago, the creation of direct composite restorations was a dream still to be achieved. Back then, composites lacked even some basic optical properties of tooth. By the end of the 1990s, this scenario changed as manufacturers of composite resins began to improve the materials' optical properties. Composite resins started to be manufactured in a greater range of shades both for enamel and dentine and with enhanced optical properties.\(^1\)

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

The veneering of anterior teeth was first proposed in 1937.\(^3\) Almost 40 years later, the technique was revisited, unsuccessfully, owing to the materials' limitations (methylmethacrylate matrix and large glass fillers), which led to rapid loss of surface gloss and surface degradation.\(^3\) With the advent of hundreds of porcelain veneers, which also have the advantage of an individual fabrication process, the concept of prefabricated veneers was practically abandoned until now.

New materials and advances in technology (dentine bonding, increased resin-filler ratio, and light curing, to name a few) allowed a re-birth of the concept of prefabricated veneering for the anterior teeth.\(^2\) The aim of this article is to present a case in which six anterior prefabricated composite veneers were placed to achieve optimum aesthetic results.

Case report

A 56-year-old male patient with several aesthetic discordancess in his anterior teeth presented for treatment for aesthetic purposes. Figure 1 depicts the situation before the treatment, showing large restorations with loss of natural tooth anatomy and colour, and a non-vital, discoloured tooth (maxillary left central incisor) owing to an endodontic procedure years ago.

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

After various treatment options had been discussed, veneering the anterior teeth with a novel prefabricated composite veneer called Edelweiss (Ultradent) was selected. This system offers the clinician a one-visit alternative to directly placed composite veneers and is a good option compared with ceramic veneers, which were rejected by the patient for financial reasons.

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

First, the gingival tissues were displaced with a cord (Ultrapak #0, Ultradent). Then, the preparation was done, first with diamond burs, at high speed and cooling. The final preparation was also done using diamond burs, but with a multiplier contra-angle (Kavo). Figure 2 shows the prepared teeth. As the veneers are relatively thin compared to indirect composite, they can be quick and simple to learn to use, for temporaries. It also proved to be quick and simple to learn to use the system. New materials and advances in technology now allow for a resistant, vitreous, inorganic glossy surface that handles almost identically to composite. When it comes to veneering the anterior teeth, this solution offers both dentists and patients a new and promising alternative.\(^4\)

Conclusion

The rebirth of the prefabricated veneer concept now offers the clinician a one-visit, cost-effective alternative to directly placed composite veneers and is a good option compared with ceramic veneers. It is a reparable solution, and relatively economical and fast because there are no laboratory fees and no need for temporaries. It also proved to be quick and simple to learn to use the system. New materials and advances in technology now allow for a resistant, vitreous, inorganic glossy surface that handles almost identically to composite. When it comes to veneering the anterior teeth, this solution offers both dentists and patients a new and promising alternative.\(^5\)

Dental Tribune
Asia Pacific Edition

Prefabricated veneers: A hybrid technique for easier (and more affordable) aesthetic results

Drs Rafael Beolchi & Wilton Forti
Brazil

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Contact Info
Drs Rafael Beolchi & Wilton Forti both maintain private dental practices in São Paulo in Brazil. Dr Beolchi can be contacted at rafael.beolchi@usp.br.
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Malaysia to host 35th Asia Pacific Dental Congress

Regional forum to present latest concepts and developments in dentistry

For the third time, the Malaysian Dental Association will welcome dental professionals from the APAC region to the annual Asia Pacific Dental Congress (APDC). Held on behalf of the Asia Pacific Dental Federation (APDF) and Asian Pacific Regional Organisation (APRO), a branch of the FDI World Dental Association, the six-day event is aimed at updating dental professionals from all over the region on the latest developments in dental methods and technologies.

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

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

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

According to 2011 statistics from the Ministry of Health, the country has 51 registered dental clinics.

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

The APDF hosts its general congress in different locations each year. The past two meetings were held in Indonesia and Taiwan. The 2013 congress in Kuala Lumpur will take place from 7 to 12 May. According to the organisers, those interested in attending who have not yet registered can still do so at the congress.

Useful information

Admission (Local delegates)
- Dentist (MDA member): RM800
- Dentist (Non-MDA member): RM1,000
- Undergraduate student (MDA member): RM450
- Undergraduate student (Non-MDA member): RM400
- Dental technician, nurse or hygienist: RM400
- Accompanying person: RM400

Admission (Foreign delegates)
- Dentist (APDF member): US$450
- Dentist (Non-APDF member): US$500
- Dental technician, nurse or hygienist: US$200
- Dental student (Undergraduate): US$200
- Accompanying person: US$200

Food & beverages
The Food Court offering a wide range of dining options is located on the Concourse Level at the Centre Core. There is also the Parkview Deck Café and the West Wing Café overlooking the FIDONAS Twin Towers as well as KLCC Park.

Gala Night diner
The diner will be held on Saturday, 11 May, 2013, 6.30–11.00 p.m. in the Grand Ballroom of the Mandarin Oriental Hotel. Tickets are priced at US$100 or RM310.

Internet
Free wireless internet is available via Wi-Fi hotspots throughout the KLCC. In addition, there are several complimentary internet stations around the facility.

Banking
AtMs accepting Visa, Mastercard, American Express, JCB, Cibus and Maestro cards are available at the Centre Core of the Concourse level. The nearest banks are located at the Suria KLCC shopping centre.

Emergency numbers:
- Ambulance/Police: 999
- Fire Brigade: 994
SHOFU’s universal direct aesthetic restorative Beautifil Injectable was developed with a unique resin micro-structure that is said to offer mechanical properties for remarkable performance even in load bearing areas. According to the Japanese manufacturer, the paste has ideal viscosity and a non-tacky, non-droopy consistency for restorations that can be easily shaped as clinicians extrude the material from the syringe. Having optimised the filler-matrix complex, Beautifil Injectable controls light diffusion within in order to mimic the optical characteristics of natural teeth.

A member of the Giomer family of restoratives, Beautifil Injectable also contains S-PRG fillers to provide continuous fluoride protection and unique anti-plaque effect. It is available in 2.2 gram syringes that have disposable needle tips for cross-infection control.

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

Zirconomer is available in a complete set with 12 gm powder and 5 ml liquid.

A whole new range of professional whitening products intended to provide dentists with fast, effective and gentle treatment strategies for chairside as well as for take-home whitening is now available from Acteon. According to the French manufacturer, the MeToo brand comprises complete whitening kits that include powerful whitening lamps, as well as innovative disposable retractors, an integrated suction system and new colour changing dental dams. Everything is clearly presented and easy-to-use to make application much more simple, the company said.

MeToo comes with a whitening simulation software, available both as full and trial version, that is supposed to help practitioners to demonstrate to patients how they would look after treatment. A specially branded website is also providing demonstration videos, clinical cases and product specifications.

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