By International College of Dentists

The International College of Dentists, Middle East Section held its handover ceremony on February 4th, 2020 at the Novotel World Trade Center, Dubai, UAE. The ceremony was attended by Fellow Dr Aisha Sultan, President of Emirates Dental Society in UAE, ICD fellows, general dentists, friends and other related family members.

The newly appointed board:
- President: Dr Nadim Aboujaoude
- President Elect: Dr Nasir AlHamlan
- Vice President: Dr Philip Souhaid
- Immediate Past President: Dr Youssef Talic
- Registrar: Dr Joseph Sabbagh
- Councilor: Dr Cedric Haddad
- Regent District 1: Dr Edmond Koyess
- Scientific Committee Chair: Dr Nicole Geha
- Regent District 2: Dr Eman AlNamrukani

Councilor Dr Cedric Haddad welcomed the audience with a brief speech. A word from Past ICD President Dr Youssef Talic, represented by his son Dr Fouad Talic, was stated. President Talic thanked all fellows for their support during his term, and congratulated the new elected President, Dr Nadim Aboujaoude, wishing him all the success during his presidency.

Afterwards, fellow Dr. Nabil Barakat presented the ICD golden medal to President Aboujaoude who showed his gratitude to ICD fellows for their trust and promised to put all his efforts to promote social, scientific and humanitarian activities under the ICD umbrella. The meeting was concluded by taking memorable pictures with the elected president.

On another hand, the ICD-Middle East Section (Section X) convened for its annual assembly meeting for the election of a new board of officers on February 27th, 2020 at the Lebanese Dental Association headquarters, Beirut, Lebanon. The nominated officers were unanimously approved and elected by the attending fellows for the term 2020-2022.

Annual Convocation 2020

Eight ways to keep your dental practice safer during COVID-19 crisis
>read page 32
Message to our dentists

Dear Colleagues,

In line with the recent developments related to COVID-19, we understand the need for you and your family to stay protected and that your professional life can continue as safe as possible.

Our company is built on loyalty and we appreciate that taking care of your patients and your safety is most important in these unprecedented times.

Following the precautions and regulations, we have postponed our upcoming continuing education live courses and seminars in March and April to avoid mass gatherings. We will continue to monitor the situation and keep you updated. Should there be any changes, we will contact and update you as soon as possible by email and through our website and social media channels.

CAPP has activated working from distance and I would like to invite you all to stay home and keep safe as well. This is the time to take care of your family and when you have time to continue your professional education and current updates.

Concerning the current situation and to ensure you have one less thing to be worry about, we have put in place the CAPP online platform for Self-Instructional Courses/Activities. Continuing education courses in printed and recorded format, including audio, video, and recordings that may be used over time at various locations as well as live stream conferences and webinar.

Please feel free to call us at any time if you have any questions — as always, we are only a phone call away or contact us by WhatsApp and through any of your preferred social network channels.

Facebook, Instagram, LinkedIn and Twitter.

Social distance yourself — please stay safe and in touch.

Yours sincerely,

Dr. Dobrina Mollova
CEO & Founder CAPP

CAPP Live Stream Dental Meeting
In COVID-19 Period Series

By Dental Tribune MEA/CAPPmea

CAPP (Centre for Advanced Professional Practices) organises its events online and in a digitised format. This allows dental professionals around the world to continue their engagement and education with the latest in dentistry during the challenging time of the COVID-19 outbreak.

‘One of our responsibilities is to do what we can to keep going with dental education during this challenging time and help and support the dental professionals’ says Dr Dobrina Mollova, CEO and Founder of CAPP.

On 16th of April 2020, we will be hosting yet another live stream dental meeting of four hours for dental professionals which is packed with knowledgeable speakers. The live stream event is a great way for everyone that would like to use the time staying home to learn.

CAPP would like to invite everyone to join the next series that will take place on the 16th of April 2020 from 1 PM to 5 PM GST UAE Time. The programme is as follows.

Moderator and chairperson of the meeting: Asst Prof Dr Cagdas Kislaoğlu, Turkey

13:00 – 14:00
Crisis – Survive - Future Live Interview and Q&A with Dr. Coachman – Dr. Christian Coachman, Brazil

14:00 – 14:45

15:00 – 15:45
Simplified Direct Composite Restorations - When and How? – Dr. Rafael Beolchi, Brazil

16:00 – 16:45

Visit the event page to find out more: https://cappmea.com/online-meet-live-streaming

For further information, please contact:

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With good post-graduate education acting as the cornerstone of providing excellence in patient care, the alliance between Hu-Friedy (the leading dental instruments provider in the middle east) and CAPP Training Institute (one of the largest CME providers in the area) has already proven its benefits.

According to the World Health Organisation (WHO), oral and dental diseases are some of the fastest growing global non-viral illnesses, with 60% to 90% of school children and almost 100% of adults having dental cavities. In the UAE, in 2017, the Department of Health (DoH) Abu Dhabi conducted a research study that found more than 89,000 cases of gum disease and 144,000 incidents of tooth decay amongst the adults studied.

The UAE government has since put in place plans to tackle this concern. DoH Abu Dhabi launched the DentOral programme that focuses on four main initiatives: developing awareness programmes in dental and oral health, developing oral health prevention and screening programmes, developing and launching the Dubai Dental and Oral Health Prognostic programme and developing innovative solutions for the delivery of dental services and treatments. The Dental Authority (DHA) has put in place measures to safeguard the integrity of dentists’ qualifications.

In order to increase the likelihood of reaching the targets of the local Middle Eastern Health Authorities in elevated oral health, Hu-Friedy and CAPP Training Institute engaged in an agreement in May 2019 where Hu-Friedy delivered almost 700 dental instruments to CAPP in order to support their CME hands-on training educational programmes throughout the Middle East which has dramatically increased the quality of the trainings delivered. The instruments are clustered into three different kits focusing on endodontics, implantology and restorative dentistry.

CAPP was founded in 2005 in Dubai, UAE and is one of the largest dental CME providers in the Middle East. CAPP is an American Dental Association (ADA) C.E.R.P. Recognized Provider, specializing in Continuing Medical Education (CME) and Continuing Professional Development (CPD) dental education programmes and is quality controlled by the UAE government by the Knowledge and Human Development Authority (KHDA) out of which CAPP holds a training license and receives local accreditations from DoH, DoH Abu Dhabi, Ministry of Health and Prevention – UAE, KDA (Kuwait Dental Association) and SDC (Singapore Dental Council). It works with educational institutions including, King’s College London, Dental Institute, Aachen Dental Laser Center (AACLZ), RWTH International Academy – RWTH Aachen University, Tipton Training Ltd., British Academy of Restorative Dentistry (BARES) and British Academy of Implant Dentistry (BAID) and others.

Over the past 14 years, CAPP has facilitated over 700 CME programmes educating over 105,978 international, professional and student delegates. The DentOral programme includes live-patient implant placement also shared his views: “Just by looking at the instruments from Hu-Friedy you know that they are very high quality and the moment you touch them and start working with them, you get a confirmation of this – a nice feeling of precision and quality. Quality instruments makes the life of a surgeon so much easier. The Hu-Friedy instruments are probably designed and made from only the very best materials. The design enhances the precision placement of composite resins and definitely makes the final restoration more predictable. The students at CAPP certainly notice and appreciate the difference. – Dr. Matthew Holyoak (UK) who has taught delegates using the “Restorative kit” on the Restorative and Aesthetic Diploma programme.

The partnership began over 450 delegates have been exposed to and used Hu-Friedy instruments. CAPP’s faculty leads have recommended the use of Hu-Friedy’s instruments in the hands-on training courses by saying: “The Hu-Friedy instruments are superbly designed and made from only the very best materials. The design enhances the precision placement of composite resins and definitely makes the final restoration more predictable. The students at CAPP certainly notice and appreciate the difference. – Dr. Matthew Holyoak (UK) who has taught delegates using the “Restorative kit” on the Restorative and Aesthetic Diploma programme.

By Dental Tribune MEA/CAPPmea

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Implant surgery performed by the delegates on a patient supervised by Prof Göran Urde, Sweden during the CAPP Clinical Implantology Dentistry Certificate and Diploma programme

Implant surgery performed by 24 delegates on 8 real live patients during the CAPP Clinical Implantology Dentistry Certificate and Diploma programme

Phantom head hands-on training in the CAPP Training Institute in Dubai, UAE

Education never ends
The Masterpiece Guide: Top-Tier restorations with the Uveneer Extra template system

By Daniel Lewis, USA

Michelangelo took four years to paint the Sistine Chapel and two years to complete the sculpture of David.

Masterpieces take time, which is a luxury most dentists aren’t typically afforded. Creating art within the real-world constraints of a dentist’s schedule is a daunting task—but tools exist that can turn Joe Schmo into a Renaissance savant.

“I don’t want to be recognized as an artist, because I want this to be reproduceable,” says restorative wizard, Dr. Rafael Beolchi. “If you don’t have any method, or as I call them, parameters […] then you’re wandering around in the dark. You’re trying and trying… but blindly.”

The Uveneer template system is the dentistery equivalent of tracing paper. It guides clinicians through the ‘dark’ toward consistent, predictable, symmetrical direct composite veneers, mock-ups, temporaries, and more. The Uveneer Extra template system supplements the Uveneer templates family, giving clinicians the ability to provide a more natural contoured anatomy to their composite restorations.

The Tried and True Method

A similar concept came up in a recent conversation I had with Dr. Beolchi. “I can practice the art but I don’t want to rely on that,” he says. “That’s why I like creating methods and parameters, so I can guard myself because it’s not every day I wake up feeling like a Leonardo Da Vinci or Michelangelo.”

Having consistent, high quality work walking out of your office is the first step in securing high quality reviews. With the rise of social media, it’s also imperative to remember that clinicians aren’t just creating veneers for a patient’s real world life. Their smile is also important to their digital life. Not only that, a smiling Instagram post showcasing new veneers can have exponential return for a practice. Sometimes it takes just one post to unlock an entire new audience of potential patients—and that new audience will be expecting the dentist to recreate the quality they saw in the post.

Time and Money – The Cost Savings of the Uveneer System

There’s a massive shortage plaguing the dental industry—time. There’s never enough and clinicians continually writing their calendars to extract more.

“[Dentists] have to follow a schedule. I have probably what, an hour? An hour and half? Sometimes thirty minutes to accomplish something,” says Dr. Beolchi. “So being held by method feels safer to develop your artistic sense.”

The Uveneer Extra template system unlocks extra time and saves money when you’re working with direct composite veneers. All Uveneer templates work with any preferred composite to facilitate a beautiful tooth shape on individual or multiple teeth. While the Uveneer system has templates for upper and lower anterior teeth, the Uveneer Extra system offers additional designs for the upper anterior teeth. They’re modeled off real tooth anatomy, eliminating the potential for errors that can extend a procedure and destroy the day’s schedule.

Uveneer Extra templates take the guesswork out of this consistency:

“I don’t want my patients to rely on my artistic abilities because what happens if they fail me?” says Beolchi. “As in, if it’s a day I’m not feeling good or I’ve received bad news […] I don’t want to rely on myself as an artist.”

Clinicians across the globe count on the Uveneer Extra template systems to create top-tier composite restorations and the benefits of this system are profound:

“[Dentists] are natural scientists. Some are artists. Others are natural scientists. Some are artists. Some are definitely more complicated than fixing a tooth, but I have 40 years of experience learning how to do that.” Beolchi chuckles. “Some patients might need more effort in order to accomplish something […] by having method and by training, we get there, and by getting there, we feel secure enough to develop those artistic feelings.”

The Uveneer and Uveneer Extra template systems allow clinicians to create consistent, schedule-friendly, natural-looking veneers—and they’ll turn you into the Michelangelos of composite restorations.

The simplicity of Uveneer is absolutely remarkable. Why didn’t I think of this?” – Dr. John C. Comisi, DDS, MAGD.

“Uveneer makes the practice of anterior esthetic dentistry easier, faster, and better.” – Dr. George Freedman, DDS.

Beauty Through Predictability

Some people are born artists, some are natural scientists. Some are neither and have to work tirelessly to develop skills on both sides of the brain. “I wasn’t born a dentist. When I was born I didn’t even know how to tie my shoes, but now I do. And that’s definitely more complicated than fixing a tooth, but I have 40 years of experience learning how to do that.” Beolchi chuckles. “Some patients might need more effort in order to accomplish something […] by having method and by training, we get there, and by getting there, we feel secure enough to develop those artistic feelings.”

The Uveneer and Uveneer Extra template systems allow clinicians to create consistent, schedule-friendly, natural-looking veneers—and they’ll turn you into the Michelangelos of composite restorations.
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When it comes to impression making, you don’t have to choose between precision and ease of use. The impression procedure from 3M gives you both. It integrates products that function simply, to give you control at every step. And VPS and polyether material choices are designed to enhance your success with everyday procedures and more challenging cases. It’s simply a better way to make better impressions.

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Vries’s affection for dentistry is one that runs in the family. “My dad was a dentist and my older sister is also a dental hygienist. When I was in high school, I visited her school and thought it was very interesting. I saw that I could help people,” she states.

“I’m very happy with our Planmeca Compact i Touch dental unit. As a left-handed user, it is very easy for me to adjust the unit and work with it. There is also a lot of space for my legs under the patient chair,” she says.

“Every patient says, ‘I don’t want to get up, I just want to lie here!’—the chair is so soft and comfortable,” Vries says, laughing.

Planned has been a very tight-knit, small team. There are three of us. It’s really enjoyable! I like people and having people around me,” says Vries.

“Not only can I help their teeth, but I can also help them be relaxed and more comfortable during treatments. When patients do not feel anxious during treatments, they keep coming back,” Vries adds.

Thinking back to old days, Vries says with a laugh: “The patient chair is so soft and comfortable, I just want to lie here!—the chair is so soft and comfortable.”

“The operating light is an important working tool for the dentist, since a great part of dental work is based on visual perception,” explained Planmeca’s senior industrial designer, Timo Silvonen. “Taking photos of the patient’s teeth is also an everyday task at a dental clinic. We decided to combine the patient light and camera into one product, which makes the clinical workflow much smoother. Receiving the Red Dot is a great recognition and really confirms that our focus on innovative design that improves the everyday life of dental professionals is the right approach.”

“Many people have asked me why we choose to design products with a left-handed user in mind. The reason is simple: most people are right-handed,” says Vries. “We have a very tight-knit, small team. There are three of us. It’s really enjoyable! I like people and having people around me,” says Vries.
01 ASSESS
Probe and screen every clinical case
- Healthy teeth, caries, gingivitis, periodontitis
- Healthy implants, mucositis, peri-implantitis
- Start by rinsing with BacterX® Pro mouthwash

02 DISCLOSE
Make biofilm visible
- Highlight to patients that disclosed biofilm and their problematic areas
- Use EMS Biofilm Discloser
- The color will guide biofilm removal
- Once biofilm is removed, calculus is easier to detect

03 MOTIVATE
Raise awareness and teach
- Emphasize prevention
- Instruct your patients in oral hygiene
- EMS recommends Philips Sonicare toothbrushes, interdental brushes and Airfloss Ultra

04 AIRFLOW®
Remove biofilm, stains and early calculus
- Use AIRFLOW® for natural teeth, restorations and implants
- Remove biofilm supragingivally and subgingivally up to 4 mm using AIRFLOW® PLUS 14 grit Powder
- Also remove biofilm from gingiva, tongue and palate
- Remove remaining stains on enamel using AIRFLOW® CLASSIC Comfort Powder

05 PERIOFLOW®
Remove biofilm in supragingival and subgingival pockets
- Use PERIOFLOW® on natural teeth in deep pockets and root furcations and on implants
- Use new and slimmer PERIOFLOW® Nozzle

06 PIEZON® PS
Remove remaining calculus
- Use the minimally invasive EMS PIEZON® PS Instrument supragingivally and subgingivally up to 10 mm
- Clean > 10 mm pockets with mini curettes
- Use EMS PIEZON® PI Instrument around implants up to 8 mm subgingivally and on restorations

07 CHECK
Make your patient smile
- Do a final check for remaining biofilm
- Ensure calculus is fully removed
- Accurately diagnose caries
- Protect with fluoride

08 RECALL
Healthy patient = happy patient
- Schedule recall frequency according to risk assessment
- Ask your patient if he or she liked the treatment
Beverly Hills Formula
set for excellence once more

By Beverly Hills Formula

Beverly Hills Formula are not afraid to think outside the box, and their success is attributed to the fact that they can bring their bold ideas to life, resulting in highly innovative and effective teeth whitening products that any competitor is yet to match.

Fans of the iconic Perfect White Range will be delighted to know that the brand are set to expand to this, with a number of must-have products set to hit shelves later on in the year. The Perfect White Range has become synonymous with excellence, innovation and top-quality.

LAUNCHING 2021, THE RANGE BECAME AN Overnight success thanks to a number of never-before-seen formulations. The brand was first to market with Activated Charcoal - known for its properties of whiteness, Perfect White Black quickly became the brand’s hero product thanks to its effectiveness at removing stains.

The brand’s most luxurious product yet - Perfect White Gold, containing Real Gold Particles. Gold is known for its antibacterial properties and the brand were the first to use this in a toothpaste - resulting in a top-class whitening product which aims to soothe and care for gums, help tissue regeneration as well as giving consumers the all-important Hollywood smile.

NEW Perfect White Extreme White, containing Hydrated Silica, Advanced Pyrophosphates & Cetraria Islandica Extract is designed to provide natural whitening and plaque protection, perfect stain removal whilst ensuring it’s free from all the bad including parabens and other ingredients that cause abrasion in teeth and gums. The brand has worked tirelessly to perfect the formula, and are confident that this is one of their best tooth whitening formulas yet.

The Perfect White Range strives to have a product to suit all tastes, with Perfect White Black Sensitive, designed to whiten teeth and to ensure rapid sensitivity action, and Perfect White Optic Blue, which gives immediate optic whitening results, also to be found in the range. The brand will be releasing the much anticipated goop! Toothbrush, containing five times more filaments for extra stain removal. This high-quality brush is gentle to gums and enamel whilst ensuring a deep clean every time.

Our Perfect White Black and Perfect White Gold Mouthwash, Shake to Activate formulations, products ensure fresh breath after every use whilst providing excellent stain removal.

The Perfect White Range recently expanded to include two brand new teeth whitening kits – The Perfect White Black Kit, containing Activated Charcoal, and the Perfect White 1% kit, which contains real hydrogen peroxide.

It is not difficult to see why Beverly Hills Formula have become known as the experts in oral care. Thanks to their ability to develop first-class whitening products, and a dedication to researching the most cutting-edge methods available, the brand has set themselves apart from their competitors and has worked hard to become the go-to oral care company in the Middle East.

For more information contact:
Beverly Hills Formula
Unit 73, PU North Ring Business Park
Swords Road
Dublin, D12, Ireland
Web: www.beverlyhillsformula.com
E-mail: info@beverlyhillsformula.com
Tel: +353 1 842 6647
Fax: +353 1 842 6667

Align Technology launches iTero Element 2 intraoral scanner in the Middle East

The introduction of the iTero Element 2 scanner showcases Align’s commitment to advancing digital dentistry in the Middle East

By Align Technology, Inc.

Align Technology, Inc. (NASDAQ: ALGN), a global medical device company engaged in the design, manufacture and marketing of the Invisalign system, the most advanced clear aligner system in the world, and the iTero Intraoral scanning systems and services, has announced the launch its iTero Element 2 intraoral scanner in the Middle East market.

Offering a fully optimized workflow, the iTero Element 2 scanner and the Invisalign system complement each other to help dental practices grow by offering Invisalign and orthodontic treatment.

The iTero Element 2 scanner was engineered for greater performance with 2X faster start-up* and 25% faster scan processing, compared to the iTero Element scanner**. The scanner provides doctors with the high-definition colour imaging precision, sensitive charade visualization and patient communication tools that enable efficient workflows for a full range of case assessment, restorative and orthodontic treatment.

Markus Sebastian, Align Technology Senior Vice President, Managing Director EMEA, said: “As doctors continue grow their practices in the Middle East, we are excited to launch the iTero Element 2 scanner in the region. The iTero Element 2 scanner is the perfect tool for dental professionals looking to enhance their digital workflow and streamline their orthodontic practice. With its superior image quality and ease of use, the iTero Element 2 scanner offers an unrivalled patient experience, helping doctors deliver the best possible outcome for their patients. We are confident that this state-of-the-art scanner will become a game-changer for Invisalign doctors across the Middle East.”

Thanks to increased digital capabilities and convenience, the iTero family of scanners are more than digital impression-taking devices. With unique features, such as the iTero TimeLapse Technology, doctors can track and show patients how their teeth have moved over time, how gingival recession is progressing and more importantly - do so in real-time. This allows them to provide their patients with a holistic understanding of their dentition, visualise their treatment outcome, make real-time adjustments to simulations and easily project corrections and extractions.

The iTero Element 2 scanner is the perfect tool for dental professionals looking to enhance their digital workflow and streamline their orthodontic practice. With its superior image quality and ease of use, the iTero Element 2 scanner offers an unrivalled patient experience, helping doctors deliver the best possible outcome for their patients. We are confident that this state-of-the-art scanner will become a game-changer for Invisalign doctors across the Middle East.

‘Based on comparison of 40 start up times between each: iTero Element and iTero Element 2.

‘**Based on comparison of 40 Invisalign scans and 40 restorative scans with 3 prep teeth processed by each: iTero Element and iTero Element 2.

For additional information about the Invisalign system or to find an Invisalign provider in your area, please visit www.invisalign.com. For additional information about the iTero digital scanning system, please visit www.itero.com.
Healthier gums. Gently does it.

Helps reduce gingivitis up to 2X better than a manual toothbrush

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UV sanitizer helps disinfects brush heads.
Hu-Friedy Black Line surgical collection: a growing passion for innovation

By Hu-Friedy

More than six years have passed since the initial launch of the innovative Hu-Friedy Black Line Surgical Collection. Its black coated instrument design and meticulously handcrafted to meet the always increasing clinicians’ needs, have provided an option of value and originality across the globe a new and reliable solution to enhance their performance in surgical procedures, by offering a variety of unique points of performance and clinical benefits.

Always with a future-oriented vision and approach towards innovation, Hu-Friedy is proud to continue investing in the request of precision control and handling, always with the focus on the patient satisfaction, by extending and enriching its Black Line Surgical portfolio.

New solutions for the ever advancing clinical needs

The Hu-Friedy Surgical Black Line aide into providing efficiency and performance across a wider range of clinical applications - implant and periodontal surgery, microsurgery,atraumatic extractions and tunneling techniques.

The inclusion of a wider line of products utilizing the performance engineered coating as crucial in bringing a greater advantage to the professional and enhancing their work" - shares Francesco Merletti, EMA Surgical Product Manager. “We were asked about possible additions to the line in the future, which clearly meant that the value and advantages offered through the Black Line concept were deemed successful and beneficial by our audience. We are now happy and proud to share that the family is growing.”

The original portfolio included selection of periodontals, periodontal knives, periosteums, cutting elevators, surgical curettes, bone chisels, sinus lift instruments and Soper Cut scissors, and has now expanded and added additional categories, like Luxating, Hybrids, syndromotomes and retractors, all improved by the innovative performance engineered coating.

Moreover, due to the special surface performance engineered coating, the working tips remain hard and smooth for optimized edge retention. Try our expanded collection and experience a higher level in surgical treatments.

What KOL think about it

Huni-Friedy is enthusiastic and proud to share how much the quality, features and the clinical advantages of the Black Line instruments are appreciated and recognized among our Key Opinion Leaders, who have been enjoying working with them since their initial launch and who are providing us a precious support in delivering a genuine message of value. "I love the Black Line instruments - share Dr Ivano Urban, whose famous "Mini Me" is now also available in the black version - and in addition to their perfect quality they are super cool.”

Prof Christian Makary is also a big supporter of the Hu-Friedy Black Line. "The black, mute and non-re- effective working ends ensure better visual acuity and reduce vision discomfort making surgeries less challenging. Black Line instruments are also very efficient and well designed, their engineered coating allow better control and precision through their prolonged edge retention and enhanced lubricity, giving the surgeon a "new instrument feeling" at every surgery."[1]

To learn more about Black Line, visit www.hu-friedy.eu or contact our local distributors.

CFRCEC software wins Red Dot Design Award for outstanding user experience

By Dentply Sirona

The redesigned user interface of the CEREC software from Dentply Sirona won a coveted Red Dot Award for Brands and Communication Design in November. The software is the cornerstone of CEREC, a leading CAD/CAM system that enables dentists to complete restorations – from digital impressions to the finished crown – in just a single session. The new digital user interface, enhanced help functions, and the intuitive Touch Pad make it easier than ever before.

The "Rebrush CEREC Software" project from Dentply Sirona and Ergosign was awarded a coveted Red Dot: Brands & Communication Design Award in the "Interface and User Experience Design" category in Berlin. From the 865 applicants, the jury chose the high design quality and intuitive user interface of this project.

Teams from Dentply Sirona and Ergosign accepted the award ceremony. "This is recognition of the outstanding work and remarkable creativity that our teams have put into the providing efficiency and performance across a wider range of clinical applications - implant and periodontal surgery, microsurgery,atraumatic extractions and tunneling techniques. "The inclusion of a wider line of products utilizing the performance engineered coating as crucial in bringing a greater advantage to the professional and enhancing their work" - shares Francesco Merletti, EMA Surgical Product Manager. “We were asked about possible additions to the line in the future, which clearly meant that the value and advantages offered through the Black Line concept were deemed successful and beneficial by our audience. We are now happy and proud to share that the family is growing.”

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A wide range of benefits to perform at your best and in the best conditions

Why are Hu-Friedy Black Line instruments your perfect choice? The matte finish handle reduces glare when the oral cavity is brightly illuminated and the performance engineered coating guarantees an excellent contrast against the gingiva tissue and can be distinguished clearly at all times, enhancing control and precision during the tunneling and microsurgical techniques of intervention.

This, in addition to functional advantages, the working tips remain hard and smooth for optimized edge retention. Try our expanded collection and experience a higher level in surgical treatments.

What KOL think about it

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To learn more about Black Line, visit www.hu-friedy.eu or contact our local distributors.

The CEREC team from Dentply Sirona and Ergosign at the presentation of the Red Dot Awards in Berlin. Left to right: Christian Mauer (Brands & Communication Design), Achim Hartmann (Global Product Management CEREC SW, Dentply Sirona), David Gutierrez (Head of Site Berlin, Ergosign), Baad Alnor (Software Developer HMI, Dentply Sirona), Rebecca Coeling (Global Product Management CEREC SW, Dentply Sirona), Isabelle Geri (UX Designer, Ergosign), Daniella Hery (Senior UX Designer, Ergosign), Federica Lignoni (Project Manager, Ergosign).

The Red Dot Award is one of the most creative projects of designers, agencies, and companies in the categories “Brands” and “Communication Design.” Around 1,400 international guests celebrated the winners at the Red Dot Gala on November 1 in the Konzerthaus Berlin. After the awards were presented, winners and guests had the opportunity to experience the winning projects up close at the Designer’s Night in “ewerk.”

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Scan this QR code to watch Dr. Isabella Rocchetta and Francesca Merletti talking about Black Line.

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The University Center for Dentistry in Basel

One of the most modern dental clinics in Europe, is Dentsply Sirona’s first major university project in Switzerland

By Dentsply Sirona

For the very first time the International Special Clinic Solutions (ISCS) team at Dentsply Sirona brought to life a major project at a Swiss university. The university dental clinics, the school dental clinic and public dental clinic of the University Center for Dentistry in Basel (UZB) have been brought together in the new building, allowing patient treatments, teaching and research to be closely interlinked under a single roof.

Since 2019 dentists, dental and prophylactic assistants and hygienists have been performing more than 80,000 treatments a year in the new five-story UZB building. By merging the previously separate sites, the goal is to offer personnel, patients and students the best possible technical infrastructure for working, a complete range of treatments and an innovative learning environment that satisfies the state of the art. Dentsply Sirona International Special Clinic Solutions was selected as the project partner after a public tender and accompanied this pioneering turnkey solution from the groundbreaking ceremony through to the handover of the keys in August 2019.

Everything under a single roof
The UZB provides dental care at cantonal, regional and national level and, as a Basel-based center of expertise for dentistry, offers both primary care and specialist treatments for demanding cases in addition to university research and teaching. Thanks to the organizational, procedural and spatial pooling of expertise and strengths, the UZB promises to ensure more efficient interdisciplinary exchanges, less bureaucracy and enhanced teaching and research. To achieve this goal, the UZB opted for 84 Dentsply Sirona Sinius treatment centers with additional state-of-the-art endodontics and implantology functions as well as a further 5 Intego Pro Turn treatment centers, which enable ergonomic working for both right- and left-handed users. Moreover, the 57 intraoral Heliodent Plus X-ray units can be used in a variety of ways in all areas of the UZB. During pre-clinical training at the UZB, future dentists and dental technicians have 33 simulation units at their disposal.

With this large-scale project, Dentsply Sirona is underpinning its position as a global market and technology leader in the field of digital dentistry. Students and teachers are supported during pre-clinical training by a multimedia teaching system. The clinical equipment management software solution Vionex offers safe and configurable hygiene management and is a valuable tool for all Dentsply Sirona treatment centers and simulation units. With this, the hygiene and technical status can be quickly monitored from anywhere in the clinic. Furthermore, the tracking of all instruments in the center ensures smooth work processes, the highest possible hygiene standards and comprehensive work documentation.

With commissioning now complete, Andreas Stutz, CEO of the UZB, draws a positive conclusion: “The University Center for Dentistry in Basel, UZB, chose Dentsply Sirona within the scope of a public tender as its offering best satisfied the criteria. In addition to the price and functional requirements, we also set store by reference projects and services and support. The delivery, installation and commissioning of the 89 treatment centers and the 32 simulation units in the phantom hall went without a hitch, something which certainly cannot be taken for granted. Just a few months after commissioning, we can confirm that, based on user feedback, the decision for Dentsply Sirona was spot on.”

First visitors and further projects
The first delegations of foreign university deans, professors and dental specialists have already visited the new building and were able to see for themselves the impressive realization of this project against the backdrop of day-to-day university life.

Following the success seen in Basel, the next major Swiss project for ISCS is pending. In opting for 78 Sinius treatment centers and 14 Heliodent Plus X-ray units, the Center of Dental Medicine in Zurich has also chosen in favor of solutions from Dentsply Sirona.

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The recently extended line adds new products to the already robust portfolio of surgical instruments, to aid in implant and periodontal surgeries, atraumatic extractions, tunneling techniques and periodontal surgeries.
By Dentsply Sirona

Even faster milling and grinding processes on a wide variety of materials with predictable, excellent results. With CEREC Primemill, Dentsply Sirona takes the CEREC system to a new level of excellence compared to previous solutions. Dr. Alexander Velicker, Group Vice President CAD/CAM & Orthodontics at Dentsply Sirona, explains how these changes will positively impact the chairside CAD/CAM experience.

1. With CEREC Primemill you have renewed the next component in the CEREC workflow after the intraoral scanner and the software. What considerations led up to this?

Today, digital technologies are a matter of course in dental practices. CEREC plays a leading role in this context. To date more than 40,000 CEREC units of the current generation have been installed worldwide. This was by no means self-evident when we started. We had to overcome significant hurdles during the continuing development of CEREC. But we have never lost sight of the goal. We have always believed that digital technologies are essential to modern dentistry. That’s why we never stop evolving our products and workflows further. In the last 12 months we have completely renewed virtually all components of the unique CEREC workflow. We are convinced that with CEREC Primemill we can now offer our customers a setup that really leaves nothing to be desired. Now is the time to go chairside.

2. You already have an established chairside concept. Why does it need a new milling machine?

It is always our ambition to make the good even better by developing completely new components or significantly improving state-of-the-art solutions - always with a view to what our customers need, what they want, what they expect from us. CEREC Primemill is the result of such considerations. The operation of the milling machine via the touch interface is based on the everyday experience of dentists and assistants - therefore it is very thought-through. The process is very simple and can easily be delegated to an assistant. With CEREC Primemill, restorations can now be fabricated even faster, resulting in noticeable time and efficiency gains.

The milling of a zirconia crown now takes approximately 5 minutes in the new Super Fast mode. Additionally, we have improved processing times for grinding. There is a wide variety in terms of materials and processing modes including wet and dry milling as well as wet grinding. As a user, you experience exceptional quality of restorations with high marginal stability, perfect fit and a very smooth surface due to improvements of the technology used in the new unit. Additionally, users can select a new milling option which utilizes a new very fine tool with a 0.5mm diameter for extra fine fissures and embrasures on bridges.

3. Competition in the field of digital technologies, especially CAD/CAM applications, is very intense. Digital impression taking and fabrication of restorations directly in the practice is becoming more and more popular, various manufacturers are taking up this trend. Where does CEREC Primemill fit in with CAD/CAM workflows?

Our CEREC system enables dentists to treat patients chairside in just a single visit. This only works if they have equipment that can be used to manufacture restorations in a very short time from materials that can safely and permanently remain in the patient’s mouth and meet the highest esthetic standards. Speed is crucial for the treatment. It is clear that patients wish to stay in the practice no longer than necessary, and dentists want to be able to help as many patients as possible in their workday in an efficient way with an easy-to-use workflow.

Chairside CAD/CAM, however, means much more than single visit dentistry. The variety of potential applications which CEREC brings to the clinic is immense. Think, for example, of crowns, long-span bridges, but above all the possibilities in implantology: fabrication of surgical guides, abutments and crowns, also for screw retained fixation.

In this respect, CEREC Primemill plays an outstanding role within the entire chairside workflow, which, along with the CEREC Primescan, the CEREC Software Generation 5 and the CEREC SpeedFire, offers added value as a completely new setup. The initial feedback from users who were able to test CEREC Primemill in advance showed us that they are fascinated and enthusiastic about it.

4. The CEREC system already included milling machines. How can users who already have a CEREC system benefit from the new features of CEREC Primemill?

We are very proud that so many dentists today are enthusiastic CEREC users. They are also the ones who help us to advance thanks to their feedback and ideas. Our latest innovations, such as CEREC Primescan and CEREC Primemill, are our responses. CEREC Primemill offers exceptional quality of the restorations, which you will recognize from the very fine marginal integrity, the extremely smooth surface and the fine fissures. In addition, as already mentioned, there is significant time saving in processing zirconia and very simple operation and CEREC Primemill can be easily integrated into an existing practice setup with just a few adjustments. Another advantage, evident in daily use, is that CEREC Primemill is easy to care for. The touch interface guides the user through the entire workflow, the service protocol Maintenance can therefore be carried out quickly and easily.

In larger practices, we are observing the trend towards multi-treatment practices – working with more than one milling machine has proven successful. So, all components including CEREC Primescan, the CEREC Software and the CEREC SpeedFire, ensure an outstanding solution that is now available. Ultimately, the system enables the use of state-of-the-art digital technology on a daily basis to make dental practices even more efficient and to achieve the most important goal of all: the ability to treat patients every day consistently with excellent results.

I am convinced that CEREC users as well as new customers alike will be enthusiastic about CEREC Primemill, especially once they have experienced it in action.

CEREC Primemill for a superior chairside CAD/CAM experience

By Dentsply Sirona

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What is the new generation of all-ceramics capable of doing?

By Federico Narducci, Accoli Piceno, Gennaro Narducci, Italy

Like many other laboratories and practices, we have begun to use zirconium oxide for a large share of our all-ceramic restorations, as this class of materials offers now both high strength and attractive esthetics. Material manufacturers have tried to develop zirconia materials that incorporate varying degrees of translucency already in the past. So far, however, more translucency has always been associated with less strength. Building up blanks in different layers of shades presents an interesting approach, but ultimately does not correspond to the structure of the natural tooth. With the introduction of IPS e.max ZirCAD Prime from Ivoclar Vivadent, we asked ourselves whether the development of this material would provide a solution to the problem – combination of strength and esthetics we had encountered in the past.

Fig. 1a-c: The restoration showed a natural continuous progression of shade immediately after the sintering procedure, without any additional processing.

First patient: This patient presented with pain to our practice: A metal-ceramic restoration on tooth 45 to 47 was fractured. Replacement with an all-ceramic monolithic restoration appeared to be a valid alternative in this case. The basic advantage of all-ceramic restorations is that they help minimize/prevent ceramic chipping. Figures 1a to g show the restorative procedure with a crown made of IPS e.max ZirCAD Prime.

Second patient: This patient presented with a fracture (up to the cervical third) of the mandibular lateral incisor on the right. The tooth structure at the site of tooth no. 12 had already weakened as the result of a previous endodontic treatment and composite filling. In view of the limited space available for the new restoration and the functional dynamics of the patient, we decided to use a monolithic zirconium oxide restoration in spite of the tooth being in an exposed zone. Figures 1a to g show the restorative procedure with a crown made of IPS e.max ZirCAD Prime.

Our findings:
- Given the high strength of IPS e.max ZirCAD Prime, we felt assured that we could use this material with peace of mind for the load-bearing region and for a case involving unfa-vourable functional dynamics. The material is also suited for long-span bridges.
- With its decreasing chroma and increasing translucency in the incisal area, the material reproduces the tooth structure in a seamless flowing pattern, similar to the natural dentition.
- As the material provides a higher accuracy of fit, it can keep the promise that the manufacturer made in theory about its Gradient Technology. Since every-day applications in prosthetic dentistry mostly involve single-tooth crowns and three-unit bridges, the new material would be tested in one of each of these two clinical cases.

What's new:
We decided to have a go at the new IPS e.max ZirCAD Prime from Ivoclar Vivadent. According to the manufacturer, this material combines high strength with the superior esthetic qualities expected from high-quality ceramic materials. The key feature distinguishing IPS e.max ZirCAD Prime is its unique “gradient technology” (GT). This process technology provides a number of advantages that are particularly relevant for use in dental applications:

1. High-translucent 5Y-TZP zirconia (650 MPa) for the incisal area AND high-strength 3Y-TZP zirconia (1200 MPa) for the replacement of dentin (combined in just one disc).
2. Continuous seamless progression of shade and translucency within the material due to a specially designed filler technology.
3. The microstructure achieved by “Cold Isostatic Pressing” (CIP) additionally optimizes the material’s translucency and ensures a very high accuracy of fit.

On the test bench:
Fully dedicated to digital dentistry, our practice is equipped with DVT equipment, CAD/CAM milling machine and other digital tools. To offer our patients the best possible care, we are open towards new, promising treatment methods and materials and always try to be up to date with the latest possibilities. We are especially passionate about providing highly esthetic metal-free restorations. So, we decided to test drive IPS e.max ZirCAD Prime in two initial applications to see if, in everyday use, it can keep the promise that the manufacturer made in theory about its Gradient Technology: Since everyday applications in prosthetic dentistry mostly involve single-tooth crowns and three-unit bridges, the new material would be tested in one of each of these two clinical cases.
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opportunity to consider treatment options on the desired treatment type.

- In addition to the monolithic technique, veneering and cut-back techniques can be used to process the material in lab fabricated restorations. Customized and highly esthetic results can also be achieved by characterizing the surfaces of the restorations using the staining technique and IPS Ivocolor. The staining technique is ideal for cases in which function-related ceramic chipping cannot be ruled out or veneering is not possible due to a lack of space.

- Speed sintering and efficient finishing procedures enabled the laboratory to deliver the restorations on the day. In addition, the high accuracy of fit minimized the need for subsequent adjustments by grinding.

Conclusion
As anesthetic as lithium disilicate and as strong as zirconium oxide - IPS e.max ZirCAD is a material that combines the best of two materials in one. The material stands out from comparable products on the market due to its innovative process technology (GTI) and seemingly small but decisive details. The material passed its acid test with flying colours - this progressive all-ceramic solution matches our high expectations perfectly.

Combi touch: The all in one in prophylaxis

By Mectron S.P.A.

The combi touch combines ultrasound and air-polishing in one unit to provide a complete prophylaxis treatment from removal of supragingival and subgingival calculus to gentle removal of stain and biofilm and even implant cleaning.

Thanks to the ergonomic touch panel, allows to control every function as fast and intuitive as never before and at the same time clean and disinfect the device in literally no time.

The ultrasound unit, thanks to its “SOFT MODE” function, allows for ultra-gentle scaling which reduces the insert’s oscillation amplitude, rendering its motion compatible with even the most sensitive of patients. While also guaranteeing optimal performance with prosthetics and extractions treatments thanks to the “pulse mode” function transforming the ultrasound oscillation to a new profile. The air-polishing unit allows for the use of different types of powder (supra or subgingival), depending on the desired treatment type.

The greatest advantage is the ability to manage the use of both powders on the same patient with a simple click. Furthermore, it is not necessary to change the air-polishing handpiece. Instead, simply insert any one of the 3 available spray nozzles with different orientation (iso, PERIO and the optional 90°), combi touch technology made it possible for the operator to decontaminate the oral cavity in an effective manner, with the advantage of being able to work reaching all necessary sites.

The greatest advantage for the operator, therefore, is that the technology provides a complete set of tools for effective, fast and minimally invasive Non Surgical Periodontal Therapy, even in periodontal pockets deeper than 5 mm, thanks to the dedicated subgingival perio tips simply attached to the perio nozzle. Soft, flexible, and anatomically adjustable to the periodontal pocket, this tip gently removes bacterial biofilms from the periodontal and peri-implant pockets.

This combined technique allows the operator to obtain an excellent clinical result, with an advantage in the timing of the procedure much appreciated by patients.

Device maintenance is fast and simple, thanks to containers that can be removed without having to switch off the device, and an exclusive anti-clogging system for the powder. What’s more, it can either be hooked up to the office’s regular water system or used with a 500 ml external bottle.

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Fig. 2f: Self adhesive cementation can be achieved with materials such as SpeedCEM Plus.

Fig. 2g: Full contour and stained, the IPS e.max ZirCAD Prime crown delivered an impressive result.

INDUSTRY

References
1. Typical mean value of biaxial flexural strength, RR&D Hoechst Vivadent AG, Schaan, Liechtenstein

For more information contact:

Ivoclar Vivadent AG
Benderstrasse 2
9494 Schaan/Liechtenstein
Tel.: +43 233 35 70
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Introduction

Restorative dentistry has entered a phase of deep conceptual rupture, demarcating two camps, the traditional one, pursuing the convention of humans-conceived and fabricated restorations, and the modern one, celebrating new technologies in all aspects and steps of a restorative treatment and limiting tremendously the manual contribution of the dentist. However, even the most enthusiastic, modern professionals recognize that no technology can equate to the excellence and perfection of a powerful brain and agile hands acting in synergy, while the most conservative ones also admit that digital dentistry has the potential to elevate the level of mass dentistry. What is the most reasonable attitude? Probably a position in between the extremes. Freehand direct bonding can then be looked at from different perspectives as well: it will soon be abandoned and replaced by either CAD/CAM and 3-D printed restorations, or on the contrary, even further developed, using some new digital technologies to improve its outcome and practicality, fueled worldwide by a slowing economy and the quest for an ultraconservative treatment approach. The latter vision is from the most realistic one, as many restorations cannot be approached simply by new technology owing to the fundamental geometry or restorative geometries and the irritational complexity, preparation impracticalities or the pattern immutability of CAD/CAM and 3-D printing systems if applied unrestrictedly.

This report aims then to discuss and illustrate current and future indications and application protocols of direct bonding, as a way to bridge classical and modern dentistry.

Overall considerations and indications for direct bonding

The use of composites is likely to continue, probably even develop, in the forthcoming decade. Actually, no foreseen new technology seems able to allow soon the intraoral fabrication of highly aesthetic and strong restorations in a simple, efficient and cost-effective way. In the case of extracoronal fabrication, tapered cavities or at least different cavity designs are required, generating as well undesired complications and costs. Keeping this in mind, direct composite application has some advantages in the following precise indications (Figs. 2a-e): Class II restorations, form corrections, esthetic enhancements in young patients, diastema and black triangle closing, – venetian of anterior and lateral teeth in limited/functional space – interceptive approach to tooth wear.

“An optimal result in terms of esthetic integration is feasible today, although it will rarely be achieved without proper material choice and an appropriate layering approach and application, which are largely product-specific.”

The advantages of a direct approach are multidiff, including tissue conservation, use in young patients (aiming for treatment reversibility), reduced execution time and lower cost (as opposed to indirect or CAD/CAM restorations), providing also less surgery regarding optical properties for dentin are a main source of inspiration. It resulted from a comprehensive study of natural dentin and enamel optical properties, recognizing the variations in tissue quality related to tooth age and functional maturity. Related findings have logically drawn the lines of this new concept (Fig. 3).

In summary, in an NLC composition, an opalescence among the three aforementioned basic enamel types. Various levels of translucency complete the different tints, forming then a multi-tint/multi-translucency system that emulates most natural enamel variations.

Effect shades

For teeth with riper color composition (strong opalescent halo, noticeable dentin mamoons, enamel opacities, etc.), special effect shades produced in a flowable consistency are available in some NLS systems to surpass esthetic boundaries (typical brand inspir).
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The preparation of surfaces was limited to sandblasting, after rubber dam placement, as a unique procedure prior to adhesive procedures. Sectional matrices were used to close the diastemas (Adapt system, KerrHawe), the curvatures of which help in increasing the natural convexity of proximal surfaces. The NLC of a bilaminar buildup approach was applied (Figs. 29-m) with one dentin (Body i2, inspiro) and one enamel (SkinWhite, inspiro) shade. Small additional increments of effect shades (Azur and Ice, inspiro) were applied to emulate chromatic details and enhance the opalescence halo at the incisal edge. Finishing and polishing were performed using conventional discs and fine diamond burs (40 μ) for primary anatomy and a combination of two silicone instruments for polishing and high gloss (Identoflex Minipoint and HiLuster, KerrHawe, Figs. 2n–p).

Conclusion

As said, the freehand application of composite is to remain and even likely to further develop, and we do not foresee new techniques challenging the simplicity and efficiency of direct composites. Actually, on one hand, 3D intraoral printing of composite restorations with a high filler load seems unlikely to happen soon owing to the viscosity of such material, while on the other hand, extracorporeal fabrication would require a tapered cavity design with a significant, nonconservative alteration.

In short, there is not any technology that can replace direct composites yet. Having said that, achieving optimal forms, smile configuration and color is not so simple, and improved clinical protocols are needed to obtain highly esthetic results with direct bonding in a predictable manner. This is where existing technologies can make a significant contribution in the form of digital workflows (digital smile design) and 3D printed mock-ups to support treatment planning, constrain clinical difficulties and, therefore expand successful use of direct bonding. The next milestones in treatment reliability is the use of a highly effective and simple layering approach such as the NLC. The last two improvements in direct bonding application are keys to success for the modern practitioner.

Figs. 2a & b: Pretreatment smile showing major esthetic discrepancies. The space distribution was insufficient to allow for satisfactory forms and proportions to be obtained with restorations.

Figs. 2c–f: Intraoral status confirming that existing tooth positions and dimensions were incorrect. Former orthodontic treatment had failed to provide the necessary conditions for the final restorative phase.

Figs. 2g, h: A 2-D template (balanced tooth form and smile configuration) was used to confirm the desired smile configuration. This simple digital simulation helps both the patient and practitioner to confirm the extent and outcome of planned restorations.

Figs. 2j–m: Form corrections and change in tooth dimensions and proportions was performed with no preparation approach, using composite bonded directly on enamel after sandblasting as the only pretreatment for optimal adhesion.

Figs. 2n–p: The selected composite masses are shown: Bi2 = dentin shade; SW = Skin White enamel; A = Azur effect shade: blue opalescent; I = Ice effect shade: whitish, opaque (all shades from the inspiro system).

About the author

Dr. Didier Dietschi, Switzerland

Dr. Didier Dietschi received his DMD in 1984, his MD in 1989, his PhD in 2003 and his habilitation qualification (post-doctoral) in 2004, all from the University of Geneva, Switzerland. He is currently a senior lecturer at the university and an associate professor at Case Western Reserve University in Cleveland, Ohio, U.S.. Dr. Dietschi is in charge of anterior adhesive restorations and periodontal and implant surgery at the Geneva Smile Center.

Editorial note

A list of references is available from the publisher.

This article was first published in the Clinical Masters™ Magazine, Volume 5, Issue 2019.
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Clinical conduct for restoration of non-carious cervical lesions – Case report

By Dr. Raphael Monte Alto, Dra. Madelaine Torres da Silva, Dra. Amanda Vaz dos Reis, Dr. Gustavo Oliveira dos Santos, Portugal

Non-carious cervical lesions (NCCL) are characterized by loss of dental structure near the cementoenamel junction, which may extend to the coronal and radicular portion, and by an association with dentin hypersensitivity and gingival recession. NCCLs are not related to caries and their etiology is multifactorial, including both endogenous and exogenous factors related to the processes of biocorrosion, tension and friction. NCCLs mainly affect the vestibular surface of the molars and premolars and are frequently observed in clinical practice. This report aims to describe the case of a 45-year-old male patient identified as ALMM and treated in the integrated clinic of the Faculty of Dentistry of Universidade Federal Fluminense with a main complaint of dental wear.

Clinical examination revealed NCCL and gingival recession in elements 11, 12, 13, 14, 15, 16, 33, 34 and 35, with no complaint of dentin hypersensitivity. Rehabilitation treatment through NCCL restorations using composite resin was proposed, starting with anterior teeth, then rehabilitation with removable partial dentures was performed. The patient will be followed up and there will be a thorough investigation to control the etiological factors involved, thus enabling treatment success.

This case was realized at UFF (Universidade Federal Fluminense) with the following Team:

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Fig. 12: Active application of ONE COAT 7 UNIVERSAL adhesive on dentin and enamel

Fig. 13: Active application of ONE COAT 7 UNIVERSAL adhesive on dentin and enamel

Fig. 14: Active application of ONE COAT 7 UNIVERSAL adhesive on dentin and enamel

Fig. 15: Photopolymerization of the adhesive

Fig. 16: Measuring the depth of the lesion. Lesions up to 2 mm deep can be restored with a single increment

Fig. 17: Composite resin selected (BRILLANT EverGlow – COLTENE)

Fig. 18: Application of composite resin

Fig. 19: Application of composite resin

Fig. 20: Application of composite resin

Fig. 21: Application of composite resin

Fig. 22: Removal of excess material using No. 12 scalpel blade

Fig. 23: Appearance after removal of absolute isolation

Fig. 24: Polishing of the cervical margin using flame tips (DIATECH System – COLTENE)

Fig. 25: Initial finish with No. 2 spiral (DIATECH Shapeguard – COLTENE)

Fig. 26: Initial finish with No. 2 spiral (DIATECH Shapeguard – COLTENE)

Fig. 27: Final polishing with blue spiral (DIATECH Shapeguard COLTENE)
By Dr Miguel Stanley

For the longest time, I have been talking about how important it is to practise Slow Dentistry. Never before has it made more sense to take the appropriate amount of time to correctly disinfect your hands and properly disinfect the treatment room in between patients. In my practice, this has been standard protocol for over 20 years. What it really means behind the scenes is that, as a rule, we never see more than one patient per hour per dental chair and we properly disinfect the treatment room in between patients.

To be clear, I am not saying a dentist cannot see 20 patients a day; you can see as many patients a day as you can. If you can perform your treatment with quality quickly and safely, that is fine. What cannot happen is a fast turnaround time in between patients. All clinics must invest a minimum of 30 minutes in between appointments to properly disinfect all surfaces.

Now if you are managing a practice, it is legitimate to accept that one of your primary objectives is financial profit. It is normal and healthy in any business. The problem is where do you draw the line between risking your health and the health of those around you in order to make a profit?

We are all now paying far more attention to the importance of properly disinfecting all surfaces. Like recently reported in an article, the recent global pandemic due to the SARS-CoV-2 virus has raised awareness of the problem of cross-contamination by viral particles on surfaces and fabrics and how these pathogens can stay active for a long period.

Obviously my medical training at university taught me the importance of properly disinfecting all surfaces. We are all now facing a situation where we have to do no harm. We need to think about the safety of our patients, our colleagues and our families.

A few months ago in London, we held the very first Slow Dentistry meeting. A major concern raised by some of the attendees was the average appointment time on the National Health Service was 15 minutes. In my opinion, this is a health risk and certainly not conducive to high-quality dentistry. Dentists are faced with the difficult dilemma of managing our practice and investing correctly in gold standard disinfection protocols, even if that meant less in the register at the end of a workday. Obviously I chose the latter, and it has been standard practice in my universe for my entire career. This means that at the end of the year, my financial figures might not be as positive as a potential investor would like to see, but I am almost certain that if there was some kind of reward for reducing drastically the risk of cross-contamination between patients we would be at the top of the candidate list. If only we could bank ethics!

Only now are we understanding the importance of these little details, which actually cost my company quite a lot to perform. The time invested behind the scenes is never rewarded and nobody ever asks for it. We simply do it because of the ethical understanding that it is our duty to do no harm.

Patients too have a role to play here. They will call the practice and ask about the price of teeth cleaning, for example. They will not ask how the procedure is performed, how many people will come in, or even what technology is used. They very rarely will ask about the disinfection protocols employed. They simply ask for price.

Obviously, if patients keep on asking that question long enough, they will eventually create a marketplace that is solely focused on giving people what they appear to want: cheap dentistry.

We must start taking this very seriously!

A recent article in the New York Times showed how dentists are among the professionals that are at the highest risk of contracting SARS-CoV-2. This also means we can spread to patients. So why should we be taking any further risks in the future with public health? It is time to go slow.

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Eight ways to keep your dental practice safer during COVID-19 crisis

By CURADEN

KREINS, Switzerland: During the ongoing COVID-19 crisis, the dental profession forms one of the most threatened groups. Close contact with patients, exposure to bodily fluids and the handling of sharp instruments all increase the risk of infection. So what can you do to keep yourself, your dental practice and your patients safe? We have compiled a list of procedures that you can implement in order to contribute to fighting any epidemic, not only the COVID-19 one, in your dental office.

While thorough handwashing and social distancing may be sufficient for the general populace, for dental practitioners, it is necessary to take far more complex precautions. This is because of the three principal modes of virus spread, all of which are relevant to the dental practice:

– airborne spread—owing to exposure to bodily fluids and generated droplets and aerosol;

– contact spread—owing to contact with bodily fluids, patient materials, contaminated dental instruments and environmental surfaces; and

– contaminated surface spread—since coronaviruses can persist on various surfaces for a prolonged time and could contaminate your whole dental office.

A recent study published in the International Journal of Oral Science has investigated the ways in which you can contribute to preventing infection in your dental practice and protect yourself, your staff and your patients from unnecessary viral contamination. These are the most important tips.

Evaluate your patients

The first step is identifying suspected cases of COVID-19 in order to avoid extended contact with a potentially infected patient. Screening your patients using a prepared questionnaire and taking adequate steps based on the results and the patient’s body temperature can go a long way. First of all, the body temperature of the patient should be measured. It is strongly recommended that a contact-free forehead thermometer is used for this.

The following set of screening questions can help identify potential infection:

1. Do you have a fever or have you experienced a fever within the past 14 days?
2. Have you experienced a recent onset of respiratory problems, such as a cough or difficulty in breathing, within the past 14 days?
3. Have you, within the past 14 days, travelled to areas with documented 2019-nCoV transmission?
4. Have you come into contact with a patient with confirmed 2019-nCoV infection within the past 14 days?
5. Have you come into contact with people who come from areas with recent documented fever or respiratory problems within the past 14 days?
6. Are there at least two people with documented experience of fever or respiratory problems within the last 14 days, having had close contact with you?
7. Have you recently participated in any gathering, meeting, or had close contact with many unquarantined people?

After the screening questionnaire:

– If the patient replies yes to any of the screening questions, and his or her body temperature is below 37.5°C, you can postpone the treatment until 14 days after the exposure event;

– If the patient replies yes to any of the screening questions, and his or her body temperature is 37.5°C or higher, the patient should be immediately quarantined, and you should report the case to the infection control department of the hospital or the local health department;

– If the patient replies no to all the screening questions, and his or her body temperature is below 37.5°C, you can treat the patient with extra protection measures and do your best to avoid spatter or aerosol generating procedures. Finally, if the patient replies no to all the screening questions, but his or her body temperature is 37.5°C or higher, the patient should be directed to the fever clinic or special COVID-19 clinic for further medical care.

Reinforce your hand hygiene

Although appropriate hand hygiene should already be a routine requirement, further reinforcement can help mitigate the risk of viral spread.

The study recommends following the two-before and three-after hand hygiene guidelines for dental professionals:

– before patient examination;

– before dental procedures;

– after touching the patient;

– after touching the surroundings and equipment that have not been disinfected; and

– after touching the oral mucosa, damaged skin or a wound, blood, bodily fluid, secretion or excreta.

Moreover, all staff should take extra care to avoid touching their own eyes, mouths and noses.

Take personal protective measures

Since airborne droplets are considered to be the main route of infection, three-level protective measures are recommended.

– Standard protection for staff in clinic settings: Disposable work caps, surgical masks and working clothes (white coat), protective goggles or face shields, and disposable latex or nitrile gloves.

– Advanced protection for dental professionals: Additional disposable isolation clothing or surgical clothes over working clothes in addition to standard protection.

– Strengthened protection for being in contact with patients with suspected or confirmed COVID-19. If this does occur, and you cannot avoid close contact, special protective outerwear is needed if not available, working clothes with extra disposal protective clothing over them and impermeable shoe covers should be added to what has already been listed.

Consider a mouth rinse before dental procedures

Since SARS-CoV-2 is vulnerable to oxidation, preprocedural mouthwash containing oxidant agents such as 7% hydrogen peroxide or 0.2% povidone-iodine is recommended for the purpose of reducing the salivary load of oral microbes, including potential SARS-CoV-2 carriage. (Note that chlorhexidine, most commonly used as mouthrinse, may not be effective at killing SARS-CoV-2.)

Furthermore, recent studies show that cyclodextrins—broad-spectrum antivirals—show promise for combating viruses. A preprocedural mouthwash would therefore be most useful in cases when a dental dam cannot be used.

Use dental dam isolation when possible

The use of dental dams can significantly minimise the production of salivary and blood-contaminated aerosol or spatter, particularly when high-speed handpieces and dental ultrasonic devices are used. The use of a dental dam could reduce airborne particles by 70% within a 1 m radius of the operational field. This benefit is especially valuable now.

When a dental dam is applied, additional high-volume suction should be used (for aerosol and spatter) during the procedures along with regular suction. If dental dam isolation is not possible, manual devices, such as Carlowsky and a hand scraper, are recommended for caries removal and periodontal scaling, in order to minimise the generation of aerosol as much as possible.

Employ anti-retraction handpieces

A high-speed dental handpiece with no anti-retraction valves may suck in and expel debris and fluids. Microbes may further contaminate the air and water tubes within the dental unit and thus potentially cause cross-infection as well.

Compared with that, anti-retraction high-speed dental handpieces can significantly reduce the backflow of oral bacteria and viruses into the tubes of the dental unit. As a result, it is strongly recommended that dental handpieces without an anti-retraction function should not be used at this time and that, as an extra preventive measure, only anti-retraction dental handpieces should be used.

Disinfect the clinic environment

While you might be doing your best within your dental clinic, others might not. Therefore, you should take effective and strict disinfection measures in both your clinic settings and public areas. The clinic should be cleaned and disinfected regularly in accordance with available safety protocols, as should the public areas and appliances, including door handles, chairs, desks and lifts.

Manage your medical waste properly

Remember to dispose of your medical waste, including disposable protective equipment, properly. Mark the surface of the bags and handle them according to the requirements for the management of medical waste. Also keep in mind that the waste generated by the treatment of patients with suspected or confirmed COVID-19 is regarded as infectious medical waste.

Reusable instruments and items should be properly pretreated, cleaned, sterilised and stored in accordance with your local protocols.

While none of these precautions can prevent or resolve COVID-19 on its own, all of them can contribute to keeping your dental practice and staff and patients safer and healthier—whether there is an ongoing viral epidemic or not.
Expert reports on COVID-19 situation in dental clinic in Wuhan

WUHAN, China: As dean of the School and Hospital of Stomatology of Wuhan University, Prof. Zhuan Bian has had first-hand experience of the working situation of dentists and dental staff in the city of Wuhan, the capital of Hubei province, where SARS-CoV-2 reportedly first broke out. In an online webinar, organised by the German Association of Oral Implantology, he described how the COVID-19 pandemic had changed the daily workflow of his team, and he shared insights about the infection control procedures which he regarded as most important for dental professionals.

According to Bian’s presentation, the first patient carrying the new virus, officially named SARS-CoV-2 by the World Health Organization (WHO) at the beginning of January, was hospitalised in mid-December 2019. Owing to the rapidly increasing numbers of infected patients, the National Health Commission of the People’s Republic of China assigned COVID-19 to the category of infectious diseases Group B on 20 January, which meant that heighten ed prevention measures were required for all health workers. Three days later, the lockdown of Wuhan city, which has more than 11 million inhabitants, started, followed by the institution of a policy that only dental emergency treatments were allowed to be performed. Private dental practices throughout China were closed in accordance with the epidemiological situation in each area. However, private practices outside of Hubei province have now gradually resumed their work.

Protective measures against COVID-19 for dental professionals

As reported by Bian, 3,000 healthcare workers, including dentists, were infected in China by 15 February. He explained that dentists and dental staff have a high risk of contracting SARS-CoV-2 owing to close contact with their patients, possible spatter of patients’ secretions, saliva or blood, aerosols generated by high-speed handpieces and ultrasonic devices, and pathogenic microorganisms attached to the various dental instruments.

To protect employees, the precautionary measures in Bian’s clinic were increased. During treatments, dental staff wore extensive protective clothing such as medical masks, caps, gloves, goggles, or face shields, shoe covers up to the knee and surgical gowns. Procedures which generated spatter or aerosols had to be avoided or at least minimised. In case of the necessity for such a procedure arising, Bian recommended the use of dental dams and high-volume saliva ejectors. Since intra-oral radiography stimulates saliva secretion and coughing, he said it should be replaced by extra-oral radiography.

“Our dental community is especially worried about aerosols. Aerosols containing the virus would be very dangerous. So far, I have not found any evidence in the literature that aerosols containing the virus have affected people. Of course, I have no evidence to deny that, either. So, this makes it very complex. In case aerosols contained the virus, we put off our air conditioner so that it did not spread air from one room to another, and in our emergency department, we sterilised the air twice a day,” said Bian in the discussion after the presentation.

In answering the question of whether any specific mouthwash might be more effective in killing off SARS-CoV-2 than another, Bian replied: “So far, we do not have any data about which rinse is better, but I think a rinse will dilute the possible concentration of the virus in the oral cavity. So, it may be helpful, and we provide our doctors with it.”

By Franziska Beier, DTI
Frequent evaluation of dental staff and patients
The medical staff of the School and Hospital of Stomatology of Wuhan University are regularly examined for COVID-19 symptoms and their temperatures are measured. Anyone who shows respiratory symptoms is taken off the work shift for the time being. The same applies if family members of employees show such symptoms. In addition, an emergency care log of treatments has been established in order to be able to trace the transmission path in the event of a SARS-CoV-2 infection.

Effective from 22 January, the Wuhan government released an official statement which obliges management teams of all public places to require all customers to wear masks before entering. Therefore, patients are instructed to wear mouth protection before their treatment and afterwards. In addition, their temperatures are taken and their general condition checked.

“It is almost impossible to distinguish between asymptomatic and non-contagious patients. So protective equipment is very important,” emphasised Bian.

Major dental events postponed or cancelled
Just like in many other countries, important dental shows have been cancelled or postponed in China owing to the COVID-19 pandemic. As reported by Dental Tribune International, the World Dental Congress, which was scheduled to take place in Shanghai from 1 to 4 September and which is organised by FDI World Dental Federation, has been called off.

The Dental South China International Expo 2020, which is celebrating its 25th anniversary this year, has been postponed to a later date. It was originally planned to take place from 2 to 5 March in Guangzhou.

Online education has never been more important
Dr Michael Yu, editor-in-chief of Dental Tribune China, told Dental Tribune International that, even though dental practices in more than 20 provinces had gradually resumed their work in mid-March, many Chinese dentists had suffered financial losses because they had been unable to generate much income during February and March.

He reported that online training through Weibo, a social media platform, had become very popular among dentists during their home quarantine. A great deal of information had been provided by various suppliers in training webinars. He said that there had been more than ten webinars on at the busiest time every day, seven days a week.

By 6 April, there had been 83,005 reported cases of COVID-19 in China and 3,340 associated deaths, according to the WHO.
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By Dentsply Sirona

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In 2020, Dentsply Sirona is happy to celebrate the 10th anniversary of SDR® materials — the global market leader for bulk fill of posterior restorations.

The challenge of posterior restorations

Posterior Class II restorations account for 45 percent of all direct restorations.1

While esthetically less demanding, posterior restorations are often challenging due to restricted access, limited visibility, and in many cases the large size of the cavity. Placing a standard composite in these conditions can be difficult, as the material must be adapted manually and layered in several increments to control shrinkage stress.

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SDR® Plus material has quickly become the most widely used bulk fill flowable. It is also the most researched and proven one, as shown by several long-term clinical studies, flourishing support throughout the dental community, and more than 62 million clinical applications worldwide.

In a six-year study, SDR® technology used in a bulk fill technique in conjunction with a Dentsply Sirona universal composite showed long-term survival rates equal to restorations that used a conventional layering technique. Investigators compared 38 Class II and 43 Class I restorations using the SDR® material bulk fill technique against the same number of restorations using a layering technique. They concluded that the bulk fill technique is clinically safe and exceptionally durable, with equivalent failure rates in both groups (three Class II failures in each group).1

The standard of care

Dentsply Sirona made bulk fill flowable composite possible, establishing the bulk fill technique as a standard of care for direct posterior restorations. For 10 years, SDR® has exemplified our mission of creating better, faster, and safer dental care. We look forward to another 10 years of continued and growing clinical success.

1. Data on file

German Design Award 2020 for the SmartLite Pro

Outstanding design, unique functionality

By Dentsply Sirona

Esthetics meet high-tech: The SmartLite Pro, the new curing light from Dentsply Sirona, won the German Design Award 2020 for outstanding design quality. The prize is awarded in the category Excellent Product Design—Medical, Rehabilitation and Health Care.

Dentsply Sirona set new standards with its SmartLite Pro, an innovation in light curing. The curing light, which combines elegant design and maximum efficiency, also impressed the jury of the German Design Award 2020.

“We are very pleased to have won this prestigious award. It acknowledges our goal of always focusing on our customers’ needs for maximum functionality and esthetics when developing new products,” says Michael Kleinhues, Senior Global Brand Manager.

Platform solution grows with future technological innovations

The SmartLite Pro’s lightweight and finely balanced pen-style design makes it unique. As a future-oriented platform solution, the curing light grows with technological innovations. It can be upgraded at any time with further attachments so that dentists can continue to offer their patients the best possible treatment in the future.

Functionality is tailored in detail to the requirements of daily practice routines. A single button enables easy and intuitive use of the SmartLite Pro Four high-performance LEDs ensure homogeneous light distribution over the entire 10 mm active curing area, even completely covering fillings with a large horizontal extension. The additional Transillumination Tip detects interproximal caries or fractures with a focused white light. It also illuminates endodontic access cavities. The stainless steel and anodized aluminum housing provide robustness and durability.

The award ceremony took place in Frankfurt on February 7, 2020. The German Design Award is one of the most prestigious design competitions across the globe and has an excellent reputation far beyond professional circles.

Dentsply Sirona
23rd Floor, The Big Gate Tower
Business Bay, Al Sa’ada Street
Dubai, United Arab Emirates
Tel: +971 (0)4 523 0600
Web: www.dentsplysirona.com/en
E-mail: MIA-Marketing@dentsplysirona.com

Dental Tribune Middle East & Africa Edition  |  2/2020

For more information about the full Dentsply Sirona portfolio please contact your local representative.
Like soap for the patient’s mouth – cyclodextrins are important for future of oral care

By Dental Tribune International

During viral epidemics, dental offices face significant challenges. There are requirements for meticulous hygiene and virus spread prevention, and cyclodextrins in oral care products could help dentists do their jobs while keeping everyone healthy and safe. While cyclodextrins are not primarily meant for the prevention or cure of viral infections, in the same way as soap does, they destroy the membranes of viruses and make them weaker.

In times of viral epidemics, the dental profession ranks as one of the most vulnerable professions when it comes to risk of viral infection. As a result, dental offices need to take exceptional precautions in order to prevent virus transmission and ensure the health and safety of both patients and staff. Oral care products should contribute to these efforts and make dental practices a healthier place altogether.

Using cyclodextrins as a broad-spectrum antiviral is one of the ways oral care products can help with the prevention and treatment of viral infections in dental offices. Although it is not at all common today, more and more oral care products could include cyclodextrins in the future in order to take advantage of their virus-fighting properties, as well as their other attributes.

What are cyclodextrins?

Cyclodextrins are substances commonly used in drug delivery as solubilisers, that is, media that help deliver drugs to where they are needed. This includes, for example, antiviral drugs that need to reach the mucous membranes where viruses tend to settle in and spread.

More importantly though, modified cyclodextrins act as effective broad-spectrum antivirals. According to a recent study published in Science Advances, a cyclodextrin developed by researchers “exhibits a broad-spectrum virucidal, irreversible mechanism of action, presents a high degree of viral resistance, and is biocompatible”.

How does it work?

Cyclodextrins fight viruses through sequestering the cholesterol from viral particles, causing lipid raft disruption. In other words, cyclodextrins disrupt the lipid membrane of the virus, effectively defusing its activity and spread. Cyclodextrins can also sequester cholesterol from host cell membranes, rendering them less susceptible to viral infection.

Applying cyclodextrins to the mucous membranes of the mouth can therefore help prevent infection and the spread of viruses in the mouth, nose and throat. Prophylactic nasal and throat sprays can be developed to prevent viral transmission via the respiratory route.

What does it mean for the future of oral care?

At present, there are very few oral care products on the market that contain cyclodextrins. In order to actively fight the spread of viral infections, cyclodextrins should be included in future mouthwash and rinse solutions as active agents.

This will not only help dental offices maintain higher standards of viral safety, but also enable each and every one of us to actively treat and prevent infections through everyday gargles that are easy to use and beneficial for the general health of the mouth, throat and nose and thus effectively the whole body.

What else can I do to help prevent infection in my dental office?

While cyclodextrins can help improve the health of mucous membranes, they are not a primary means of prevention or treatment of viruses. Using cyclodextrin-containing mouthwashes is just a part of a larger effort.

There are many useful manuals that describe what to do to protect yourself and your patients during viral epidemics.
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