CAPP November Dental Livestream attendance: 30,546 dental professionals from 149 countries

By Dental Tribune MEA | CAPPmea

DUBAI, UAE: CAPP November Dental Livestream, a month full of continuing dental education, featured CAPP’s two annual conferences, sub-specialty seminars and 25 multidisciplinary dental hands-on training courses. A total of 30,546 international dental professionals registered and attended the various dental CE programmes between 05th – 28th November 2020. The highlights of the month were the two annual dental conferences which gathered virtually 20,910 unique dental professionals from 149 countries. The 15th CAD/CAM & Digital Dentistry and the 12th Dental Facial Cosmetic international conferences lasted a total of 8 days and were accessible on complimentary basis due to the ongoing COVID-19 global pandemic. Additionally, 9,636 dental professionals attended the various courses and seminars made available during November 2020.

Centre for Advanced Professional Practices (CAPP) was founded in 2005 in Dubai, UAE by Dr Dobrina Mollova with the purpose of delivering excellence in CE in dentistry in the Middle East, Africa, Asia and beyond. CAPP is an American Dental Association Continuing Education Recognition Programme recognised provider.

In 2020, despite the effects of the COVID-19 global pandemic, CAPP was committed to continue organis-
In November 2020, the Dental Hygienist
Seminar, and the Dental Technicians International Meeting. Furthermore, a total of 25 multidisciplinary dental hands-on training courses were organised virtually, face-to-face or in a hybrid format at the CAPP Training Institute in Dubai, UAE. A total of 20, 910 unique dental professionals at-tended the 2 conferences from 149 countries. Both conferences included 11 hours per day lecture sessions to cater to the numerous time zones across the globe. The seminars and courses were further attended by 9,616 dental professionals.

The two conferences were successfully broadcasted as part of the CAPP November Dental Livestream, being redirected its efforts towards the organisation of two of the largest-ever virtual, scientifically accredited dental conferences, supporting dental professionals globally. When initial plans to host this year’s in-person events were disrupted, CAPP swiftly redirected its efforts towards the organisation of two of the largest-ever virtual, scientifically accredited dental conferences instead – eight days, 11 hours per day. 56 continuously education (CDE) credits, over 90 speakers from six continents. Delegates also received dedicated sponsored virtual infomercials during the breaks with the latest updates on the innovations from the dental industry.

The four-day scientific programme was chaired by Dr. Munir Silwadi, UAE and Dr. Nadim Ahouja, Prof. Ziad Salameh, Dr. Mona Sayegh Ghoussoub all from Lebanon. The conference discussed the latest advancements in digital dentistry, the digital workflow, and innovative practices, while sharing latest clinical cases, research, and best practices. Topics covered included digital workflow, digital orthodontics, CAD/ CAM chairside and in-laboratory applications, digital and conventional impressions (intra-oral, laboratory and face scanners, new materials in digital dentistry and 3-D printing), laboratory and clinical options, digital and conventional restorations, digital imaging, computer-guided implantology, clear alignment treatments, practice software, one-day restorations and CAD/CAM software. This edition of the conference once again proved that dentistry is transforming at a ground-breaking speed towards digitalisation, including advancements in digital dentistry procedures, techniques, and materials. Among these wide-ranging developments are digital dental impressions, intra-oral scanners, dental prosthodontics, imaging systems, smile design, orthodontics, treatment planning and materials for CAD/CAM systems.

12th Dental Facial Cosmetic Conference from 19th to 22nd November (28 CE credits)
The 12th edition of the annual Dental Facial Cosmetic International Conference was once again chaired by Dr. Munir Silwadi, UAE and Dr. Nadim Ahouja, Prof. Ziad Salameh both from Lebanon throughout the four days. The main aim of the conference was to provide a practical overview of the latest in aesthetic dentistry, to be a stimulus for improved technical and professional practices, while sharing latest clinical cases, research, and best practices. The conference discussed the latest advancements in aesthetic dentistry and digital dentistry, the digital workflow, and innovative practices, while sharing latest clinical cases, research, and best practices.

15th CAD/CAM & Digital Dentistry Conference from 12th to 15th November (28 CE credits)
The four-day scientific programme was chaired by Dr. Munir Silwadi, UAE and Dr. Nadim Ahouja, Prof. Ziad Salameh, Dr. Mona Sayegh Ghoussoub all from Lebanon. The conference discussed the latest advancements in digital dentistry, the digital workflow, and innovative practices, while sharing latest clinical cases, research, and best practices. Topics covered included digital workflow, digital orthodontics, CAD/CAM chairside and in-laboratory applications, digital and conventional impressions (intra-oral, laboratory and face scanners, new materials in digital dentistry and 3-D printing), laboratory and clinical options, digital and conventional restorations, digital imaging, computer-guided implantology, clear alignment treatments, practice software, one-day restorations and CAD/CAM software. This edition of the conference once again proved that dentistry is transforming at a ground-breaking speed towards digitalisation, including advancements in digital dentistry procedures, techniques, and materials. Among these wide-ranging developments are digital dental impressions, intra-oral scanners, dental prosthodontics, imaging systems, smile design, orthodontics, treatment planning and materials for CAD/CAM systems.

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Dentsply Sirona is celebrating 35 years of CEREC: Innovative technology for excellent results

By Dentsply Sirona

The market launch of CEREC in 1985 marked the beginning of digitalisation in dentistry. Dentsply Sirona was the first company in the world to recognize the revolutionary significance of CAD/CAM technology for modern dental treatment and make it widely available for dental practices. Today, CEREC makes it easy to quickly produce restorations of excellent quality. The recently revised components make the system a set-up for an entirely new chairside experience.

This year, Dentsply Sirona is celebrating the anniversary of CEREC, a digital system that has fundamentally changed dentistry. Digitalisation was just beginning in 1985, however, and was accompanied by scepticism and reservations. Dentsply Sirona believed in this idea and showed it had perseverance. In constant discussions with the inventors of CEREC, Prof. Werner Mörmann and Marco Brandestino from the University of Zürich, and with users in practices, Dentsply Sirona engineers continued to develop CEREC, setting new standards in digital dentistry. This is still succeeding in the 35th anniversary year. Nearly all components of the unique CEREC workflow were completely revised within just a short time. The new CEREC features a sophisticated set-up that enables users to continuously and predictably achieve clinically reliable results, now even faster and easier. With the CEREC Primescan, the state-of-the-art intraoral scanner, a demonstrably high level of accuracy in digital impressions can be achieved. The latest CEREC software uses artificial intelligence to support the production of restorations. It also features a high level of automation and intuitive touch functionality. It is also used to control CEREC Primemill, the grinding and milling unit that can make restorations very quickly (full zirconia crown in approx. five minutes) and extremely precisely. It is easy to operate via a touchscreen and can be used for many indications and a large variety of materials. The CEREC Speedfire, the sintering furnace for chairside treatment, completes the system.

“35 years ago, people laughed at our idea for digital dentistry, but today it has become a standard in treatment and documentation,” says CEREC inventor Prof. Dr. Dr. Werner Mörmann. “And I stand by my prediction that by the 50th anniversary of CEREC, if not sooner, every practice will have CEREC or at least an intraoral scanner.”

The new CEREC—all users benefit

The individual components of CEREC are optimally coordinated to allow the unique seamless workflow. This makes digital chairside dentistry faster, easier, and more reliable than ever before, and it continues to deliver high quality results and a perceptively more comfortable treatment experience for patients. Intuitive workflows and user-friendly operation now make it even easier for new users to explore the world of chairside dentistry. Experienced users especially appreciate the faster process speed and the exceedingly high quality of the restorations.

CEREC as a system has become firmly established in the market—the new CEREC makes it even easier for more dentists to decide to implement these modern digital technologies in their own practice quickly and cost-effectively.
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Ultradent debuts Opalescence PF Whitening for Aligners

By Ultradent Products, Inc.

Ultradent Products, Inc., a leading developer and manufacturer of high-tech dental materials, is introducing the newest member in the Opalescence whitening family, Opalescence PF Whitening for Aligners.

Opalescence PF Whitening for Aligners is ideal for use with orthodontic aligner trays and features all of the benefits of the award-winning, original Opalescence PF whitening: high water content to keep teeth hydrated, neutral pH for oral health and safety, and potassium nitrate and fluoride for patient comfort. It is available in a convenient, portable 4-syringe kit so patients can carry their whitening gel with them and whiten at their convenience.

With Opalescence tooth whitening gel, patients don’t have to worry about gel ending up where it’s not supposed to go. The PF formula is sticky and viscous—it stays where it’s placed, preventing the gel from migrating during treatment. Opalescence PF Whitening for Aligners is available in 10% concentration for day or night wear.

For more information about Opalescence PF Whitening for Aligners, contact sophia.yadi@ultradent.com.

Introducing the award-winning Axeos: Dentsply Sirona’s latest imaging solution

By Dentsply Sirona

Three principles underscore the benefits of Dentsply Sirona’s imaging solutions: clinical confidence, smart connectivity, and an excellent user and patient experience. The newly launched Axeos represents these principles with remarkable image quality for greater reliability when diagnosing, seamless integration and treatment planning, and an award-winning design.

Axeos gives the user excellent image quality and is a great addition for clinics that offer a broad spectrum of treatments. Four volume sizes are available, from a focused Field of View (Ø5 x 5.5 cm) for endodontic cases up to a large FOV (Ø17 x 13 cm) that covers the complete dentition, including both temporomandibular joints. Its Intelligent Low Dose mode helps minimise the necessary exposure to patients while still giving clinicians the ability to capture 3D information at the dose level of a 2D image.

Smart connectivity is another distinguishing feature of Axeos. It works with many other treatment planning softwares such as SICAT Implant, SICAT Air, SICAT Function and SICAT Endo PACS and RIS connectivity make it easy for Axeos to be integrated into a clinic’s own network.

Imagine the amount of time that a clinic or hospital would save if X-ray equipment could set its height for the individual patient even before they enter the X-ray room. With the Patient Positioning & Image Assistant feature “smart height adjustment”, Axeos does exactly that. Cutting edge features make the user experience excellent, while the well thought through design helps to create a relaxing and confidence-inspiring atmosphere for the patient.

When the University of Otago in New Zealand built their new facility designed around the best possible education environment and patient experience, they chose to work with Dentsply Sirona. The International Special Clinic Solutions Team provided the equipment they needed but also the consulting expertise to help make their forward-thinking concept a reality. Imaging is an essential component of diagnosing and determines the initial treatment plan for a patient. It is also critical for monitoring the treatment’s success. As the clinic continues to look towards the future, they are getting ready to receive the new Axeos. It will be the excellent addition to the clinic and the University of Otago’s patient-centered concept.

For more information about the full Dentsply Sirona portfolio, please contact your local representative.

Find out more about Axeos by visiting www.dentsplysirona.com/axeos.
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new
HuFriedyGroup introduces Harmony Ergonomic Scaler designed with TrueFit Technology

Innovative new scaler scientifically proven to relieve pressure in the hand

By HuFriedyGroup

HuFriedyGroup, the dental division of Cantel Medical Corp, and a global leader in infection prevention, dental instrument manufacturing, and instrument reprocessing workflows for the dental market, today introduced the new line of Harmony Ergonomic Scalers and Curettes designed with TrueFit Technology. This latest addition to the best-in-class instrument portfolio from HuFriedyGroup is a truly ergonomic scaling solution backed by scientific innovation.

“We set out with the goal of developing a new scaler that would provide scientifically proven ergonomic benefits for clinicians, improving their experience and that of the patient as well,” said Stacie Barth, Vice President, Global Strategic Business Unit, HuFriedyGroup. “Our rigorous, data-supported design process is a novel approach for the industry, and the results speak for themselves. More than ever, clinicians and dental hygienists need to feel comfortable with their instruments, and the new Harmony Scaler is designed precisely to improve their daily working experience.”

HuFriedyGroup relied on a broad, globe-spanning group of hygienists to participate in testing and development as part of an iterative design process. To ensure a scientific perspective and accurate representation of the data collected, HuFriedyGroup worked with a world-renowned third-party analytics firm to review and analyse the resulting 2,878,320 data points.

The result was pure harmony, a handle that reduces pinch force up to 65% compared to other leading scaler designs. This reduces the amount of pressure a clinician needs to apply when using the instrument, which may alleviate hand fatigue and injury risk due to repetitive motion.

With up to 37% less pressure against the tooth surface during scaling compared to other leading scaler handle designs, Harmony Ergonomic Scalers and Curettes can increase patient comfort and reduce clinician fatigue. Furthermore, Harmony features EverEdge 2.0 Working Ends, which are 72% sharper than the next leading competitor, which also contributes to creating a more comfortable experience for both clinician and patient.

The durable metal handle, which features a recessed double-belt texture, is designed for optimal tactile sensitivity and to reduce tactile fatigue. The comfortable silicone grip, which has been extended by 30%, provides a secure and nimble grasp with a geometric pattern specifically designed for stable grip in any direction. Clinicians can comfortably maneuver and roll the scaler due to the round shape of the handle and the smooth transition to the functional shank.

With 30 unique working end options, including Sickles, Universals, and Graceys, the Harmony Scaler is immediately available for purchase from authorized HuFriedyGroup representatives or dental distributors.

For more information, dental professionals should contact their HuFriedyGroup representative or visit https://www.hufriedy.eu/en/harmony-scaler.

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By SHOFU

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¹ Compared to other leading scaler designs. Data on file. Available upon request.

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Hu-Friedy is now a proud member of
Simplified protocol for adjacent Class II direct resin restorations

By Dr Anand Narvekar, India

Introduction
Bioactive direct composite resin materials like the next generation high strength injectables and low shrinkage packable composites, when used with advanced matrix systems, provide clinicians with an opportunity to adopt a minimally invasive patient-centric treatment approach while preserving sound tooth structure. Material selection is an important step in treatment planning for posterior restorations. The use of bioactive composites under strict isolation with rubber dam helps to achieve aesthetics and function with long-term clinical success while minimizing the risk of secondary caries.

Clinicians often find it challenging to restore multiple posterior teeth with direct resin in an efficient and predictable manner. The key to success lies in achieving a well-sealed restoration with good contact and contours. Therefore, restoration of interproximal areas on posterior teeth requires stringent preoperative isolation and meticulous preparation. Upon clinical examination, Class II cavities on tooth #46 were selected for direct resin restorations (Fig. 1). This article aims to provide a simple and predictable protocol when dealing with adjacent Class II direct resin restorations in routine clinical practice.

Restorative Approach
Prior to caries removal, proper quadrant isolation was done with placement of rubber dam and pre-wedging with Garrison small FDA approved orange rings (3D Fusion Orange Ring, FX500) (Fig. 2). For tooth #45, decay was initially removed without touching the occlusal area. Caries detection dye was applied to ensure complete removal of active decay. Old composite was removed from occlusal and buccal pit area of tooth #46. For tooth #45, decay was initially removed without touching the occlusal surface, however, as the marginal ridge area was left with very thin structure, the proximal box was extended to the occlusal surface (C-shaped preparation) to avoid excessive stress that could lead to restoration failure (Fig. 2).

After cavity preparation and caries removal, smooth enamel margins were achieved with Super Fine Diamond Bur (yellow band) and proximal walls were finished with Super-Shap disk violet, to ensure optimal bonding to the enamel, avoid detachment of unsupported enamel and potential micro leakage.

Etching & Bonding
The wedge was removed & selective etching technique was used with 35% phosphoric acid solution followed by abundant rinsing with water. It is important, to avoid over drying the dentin with strong airflow as a completely dried surface will cause collapse of collagen affecting the penetration of adhesive monomers resulting in a weaker bond.

To achieve reliable adhesion, my personal preference is to use a sixth generation bonding system (Shofu, Fuji II, Bond II) combined with selective etching as the outcome is predictable compared to current seventh generation and universal adhesive systems in the market. Even if you etch dentin, the primer is able to wet the surface without collapsing collagen and facilitate effective penetration into the demineralized area. To maintain a humid dentinal substrate, a generous amount of primer should be applied and left undisturbed for 10 seconds and air dried for 3 seconds to ensure the solvent evaporates and mild acid primes the dentin. The bonding agent should be carefully applied as an even layer on the entire restorative surface and light cured for 10 seconds or longer in case of deep cavities.

Matricing
Garrison Compoi-Tight 3D Fusion Matrix Ring Tall Orange (FX500) was selected according to the height of the cavity, in this instance we selected FX500 band for the premolar and FX175 for the molar. Both bands were placed simultaneously and secured with suitable wedges. The wedges should be placed and

Patient Case
A 21-year-old female visited the dental office with a chief complaint of food lodging and pain in tooth #46 when consuming sweet or cold food. Radiographic examination with IOPA revealed old composite restoration in tooth #46 and distal decay on #45 without involving the marginal ridge. Upon clinical examination, Class II cavities on tooth #46 & #45 were identified (Fig. 1). The most suitable treatment approach in this situation was direct restorations with bioactive composite resins.

Before & After - adjacent Class II restorations
inserted from the buccal side at an angle by holding the bands with a finger to avoid the bands from being displaced from its ideal location. Always good to double check the fit and seating of the bands, specially in the proximal box to ensure complete seal when placing the com-posite resin material (Fig. 3).

**Tips:**
- When restoring adjacent teeth, place both matrix bands at once to avoid over contour of the restora-
tion and difficult placement of sec-
ond matrix band due to tight contact.

### Composite resin layering technique

To maximise the effects of poly-merisation shrinkage, composite resin layering can be performed using different techniques: horizontal, oblique or three-sites. In this clini-
cal case, we used a combination of these techniques with soft-start curing (i.e. incremental light curing programmes), which starts at a low intensity of 100 to 250 mW/cm², al-
lowing better composite resin adap-
tion at the cavity margins before in-
creasing to a standard intensity.

Tooth #45 was restored first to help increase visibility during restoration of tooth #46. As the cavity on the premolar was a shallow proximal box, horizontal incremental layering was used with Shofu range of Bioac-
tive composites, Beautifil Injectable XSL, shade A2 (Self-leveling compos-
ites resin) injected in small quantity followed by Beautifil II LS, shade A2 (Packable composite) in snow plow technique. In the final increment the marginal ridge and distal pit area were carved to achieve a more neu-
tral occlusal morphology (Fig. 4).

The sectional matrix on premolar and ring were removed carefully with the help of airway forceps with-
out dislodging the matrix band placed on molar. The band was bur-
nished with light to medium pres-
sure to ensure proper contour and con-
tact (Fig. 5).

To restore the Class II cavity of tooth #46, a combination of vertical, hori-
zontal and oblique layering tech-
nique was adopted. A thin layer of Beautifil Injectable XSL (Self-leveling composite resin) shade A2 was first injected and spread in the proximal box area and light cured to ensure a complete seal (Fig. 6). followed by Beautifil Injectable X shade A2 with build-up of each cusp (oblique layering technique) and pe-
ripheral grooves as reference (Fig. 9).

Buccal pit on same tooth same习俗 was directly filled with Beautifil Inject-
able X – Universal Restorative, shade A2.

**Tips:**
- The ideal consistency Beautifil Injectable X enables you to inject and shape at the same time for added convenience (Fig. 10).

Brown resin stains were used on the occlusal surface to mimic the adja-
cent teeth. High points were checked with an acrylic articulating paper and removed with a small round diamond bur while following the tooth anatomy. Finishing and polishing of composite resin, even though often neglected, with posterior restora-
tions remains essential to increase longevity of the restoration.

Finishing & polishing protocol

Finishing and margination of the occlusal surface with Dura Green Stone, polishing with SHOFU Ore-
Class Midi-Points and super pol-
ishing with Superluff multifaceted diamond to achieve a high gloss for the extra enamelled like luster (Fig. 11).

**Restorative outcome**

The following graphical represen-
tation of the restorative technique used with incremental layering and the before / after images of the KODA radiographs further illustrate the simplified protocol used to re-
store adjacent Class II cavities, where natural contour and seal has been achieved with a perfect contact (Figs. 11, 12).

### Conclusion

Restoration of adjacent posterior teeth with good contour and ideal longevi-
ty of the restoration.

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About the author

Dr. Narvekar, India

Dr. Narvekar graduated in 1996 from Pune India, has immersed himself in the field of dentistry with a special focus on aesthetic dentistry. His special interest lies in treating complex full-mouth re-
habilitation and white design cases. His keen eye for aesthetics extends beyond dentistry as well as a globally acclaimed photographer with his photographs published in industry-wide publications. He is a fellow, advocate and trainer for MiCD (Minimally Invasive Cosmetic Dentistry) Global Academy, a key opinion leader for a number of companies, and conducts workshops for articulation, photography and direct resin restorations.

Dr. Anand Narvekar, India

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The future is now: Revolutionising dentistry with digital dentures

By Iveta Ramonaite, Dental Tribune International

Whereas it was previously impossible to imagine a dental laboratory adopting a fully digital workflow, digital dentistry has already redefined the previously established dental procedures and empowered dental professionals and clinicians to take the leap and immerse themselves in a digital future. The benefits of dental technology can be clearly seen in the introduction of digital dentures—not only has this facilitated denturists' and dental clinicians' work by offering more flexibility and efficiency, but it has also improved the patient experience and enabled patients to become more involved in their own care.

"I have been working with 3Shape for about five years. In the beginning, using denture software was not one of my goals, nonetheless, curiosity about the innovation and computer-aided design offered by 3Shape allowed me an opportunity to appreciate what appeared to be, for the first time, a real game-changer," Dr. Lucio La Russo, associate professor of oral disease at the University of Foggia's School of Dentistry in Italy, told Dental Tribune International. "Since then, huge developments have been made in denture software, and it can now be considered essential for those who want to exploit the benefits of innovation and the related opportunities in dental practices and laboratories," he added.

According to Russo, using digital dentures offers higher standardisation. This, in turn, manifests itself in higher quality and a greater reduction in processing time and, consequently, increases efficiency and profitability. He stated: "No more physical impressions, no more physical casts, no time-demanding procedures. Each step is precisely defined and optimised to save time and enhance effectiveness."

"A clean and enjoyable experience" Germin Versteeg, a denturist and the owner of DTL Mediana, one of the first fully digital dental laboratories, told Dental Tribune International that besides obvious advantages such as cost-efficiency, improved denture workflow and scaled-up production, working with digital dentures makes the job much cleaner.

Versteeg noted that fabricating a new denture is fairly uncomplicated, since it only involves creating a 3D picture of the patient, simulating a new smile and scanning the mouth with an intra-oral scanner, such as 3Shape's TRIOS. He went on to explain that people used to find wearing dentures quite off-putting. However, since it is a necessity rather than a choice, Versteeg believes that people should wear dentures with confidence: "So why can't we make it a sexier thing, something to be proud of?"

"Endless possibilities" For those thinking about transitioning to a fully digital production workflow, Versteeg explained that 3Shape software is highly sophisticated. Whether one wants to work with dental models, intra-oral scanners or impressions, all these and more options are already in the software. "One has the flexibility to work in your own way," Versteeg commented. Additionally, the software possesses older tools, making the transition so much smoother for more conservative dental professionals.

"Whereas it used to be a messy process, leaving fine layers of dust on the working surfaces, Versteeg compared walking into a denture shop now with walking into a wellness centre. "It feels like home and it's really clean," he said. "We have a smile design room. So when people come in for the first time we drink a cup of coffee, and we discuss their new smile."

Using digital dentures also puts more power into the hands of the patients. Versteeg said: "The patients themselves are in charge of their aesthetics, and they can discuss the aesthetics with the help of 3D simulations."

"It feels like home and it's really clean," he said. "We have a smile design room. So when people come in for the first time we drink a cup of coffee, and we discuss their new smile."

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Recent advancements in denture software have facilitated the transition to a fully digital workflow, and dental professionals are invited to embrace the benefits of digital dentistry.

Bien-Air—has always prioritised provider and patient safety by developing products that protect against cross contamination. With the COVID-19 Pandemic, these features are more important than ever.

The high-speed dental handpiece without anti-retraction valves may aspirate and expel the debris and fluids during the dental procedures. More importantly, the microbes, including bacteria and virus, ever.

Bien-Air—being conscious of cross contamination risks—has designed its electric attachments and high-speed air handpieces with anti-retracive valves which protect fluid retraction from the oral cavity into non-sterilizable dental handpiece tubing and water lines. Having an anti-retraction valve in the body of the handpiece, which can be actuated, significantly reduces the backflow of oral bacteria and viruses into the non-sterilizable dental unit hoses.

As an extra preventive measure for cross infection, Bien-Air Unifix® coupling are also equipped with an anti-retraction valve.

Bien-Air’s School of Dentistry in Italy, told Dental Tribune International. "Since the first fully digital dental laboratory was introduced in 2005, the benefits of innovation and the related opportunities in dental practices and laboratories have been considered essential for those who want to exploit the benefits of digital dentistry."

Germin Versteeg, a denturist and the owner of DTL Mediana, one of the first fully digital dental laboratories, told Dental Tribune International that besides obvious advantages such as cost-efficiency, improved denture workflow and scaled-up production, working with digital dentures makes the job much cleaner. Whereas it used to be a messy process, leaving fine layers of dust on the working surfaces, Versteeg compared walking into a denture shop now with walking into a wellness centre. "It feels like home and it’s really clean," he said. "We have a smile design room. So when people come in for the first time we drink a cup of coffee, and we discuss their new smile."

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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 characterised by loss of dental structure near the cementoenamel junction, which may extend to the coronary 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 bioerosion, 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 43-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 realised at UFF (Universidade Federal Fluminense).

For further information, please contact:
Coltène/Whaledent AG
Feldwiesenstrasse 20
9450 Altstätten SG
Switzerland

Fig. 1. Initial appearance of NCCL (frontal view).
Fig. 2. Initial appearance of NCCL (proximal view).
Fig. 3. Absolute isolation performed.
Fig. 4. Long diamond tip FF bevel on cervical enamel.
Fig. 5. Long diamond tip FF bevel on cervical enamel.
Fig. 6. Long diamond tip FF bevel on cervical enamel.
Fig. 7. Long diamond tip FF bevel on cervical enamel.
Fig. 8. Prophylaxis with pumice and water.
Fig. 9. Selective enamel acid etching (acid application for 30 seconds).
Fig. 10. Rinse with water for at least 30 seconds.
Fig. 11. Appearance of the enamel after acid etching.
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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 is selected (BRILLIANT 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 lilac spiral (DIATECH Shapeguard – COLTENE).

Fig. 26. Initial finish with lilac spiral (DIATECH Shapeguard – COLTENE).

Fig. 27. Final polishing with blue spiral (DIATECH Shapeguard COLTENE).

Fig. 28. Final polishing with blue spiral (DIATECH Shapeguard COLTENE).

Fig. 29. End result.
Study shows concerning levels of dental patient aggression

By Dental Tribune International

NEW YORK, U.S.: When it comes to dealing with behavioral issues among dental patients, the most common obstacle that practitioners seek to overcome is patient anxiety. A new study out of the U.S., however, has suggested that levels of patient aggression toward dentists may be a greater problem than previously thought, signaling an addition to the myriad problems that dental professionals face when providing treatment during the COVID-19 pandemic.

The study was conducted by a team of researchers from the New York University College of Dentistry (NYU Dentistry), and is the first study to measure dental patient aggression levels in the U.S. The researchers surveyed 98 dentists who practice in the New York City metropolitan area, each of whom completed a confidential online questionnaire concerning whether or not they had experienced any of a list of 21 specific forms of aggressive behavior by their patients. Included on this list were types of physical abuse, such as pushing and kicking; verbal abuse, such as swearing; and reputational forms of abuse and aggression, such as lawsuit threats and detrimental comments on social media.

The surveys—which were conducted prior to the pandemic—showed that 55% of dentists reported having experienced verbal aggression from patients in the past year. Of the respondents, 44% had been the victims of reputational aggression from their patients, whereas 22% had been on the receiving end of some form of physical aggression. According to the research team, these rates of aggression were comparable with those reported in other health care settings across the U.S.

“Dentistry is rife with situations that can elicit strong negative emotions, such as fear, pain, distrust, and anger,” said Dr. Kimberly Rhoades, the study’s lead author and a researcher in the Family Translational Research Group at NYU Dentistry. “Many patients also experience high levels of anxiety and vulnerability, which may increase negative responses or aggression. Establishing that aggression toward dentists is a problem and how often it occurs can help us develop interventions to prevent aggression in dental practices.”

The researchers cautioned that a larger nationwide study would be necessary to better determine the prevalence of patient aggression in dental practices across the U.S., though they also recommended that practices consider incorporating such measures as aggression de-escalation training for staff members.

Dental students also likely to be victims of aggression

In a parallel study published earlier this year in the Journal of Dental Education, an NYU research team, also lead by Rhoades, found that a staggering 86% of dental students reported having been subjected to verbal aggression at the hands of patients during their clinical training. Of the students surveyed, 28% reported at least one instance of physical aggression, whereas 36% had been victims of some form of reputational aggression.

The first study, titled “Patient aggression toward dentists,” was published in the October 2020 issue of the Journal of the American Dental Association.

The second study, titled “Patient aggression toward dental students,” was published in the May 2020 issue of the Journal of Dental Education.

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New studies confirm high performance of PrimeScan
Primescan enables highly precise digital impressions to be taken over the entire jaw, as evidenced by a 2019 University of Zurich study.

Primescan's accuracy has been further demonstrated once again by national and international studies.1-5

The study of Dutton et al. demonstrated the versatility of the acquisition technology of Primescan, as it not only records natural and prepared tooth surfaces with high precision, but also captures materials used in dentistry with a high degree of accuracy across all substrates and for complete arch scanning.2 They further tested the effect of different substrates on the trueness and precision of eight different intraoral scanners. In 11 out of 15 categories, Primescan ranked number one, and for the remaining four categories, Primescan ranked among the top three.

Primescan's impressive degree of precision in taking digital impressions over the entire jaw continues. An in-vivo study done by the University of Giessen confirms the accuracy of digital and conventional full-arch impressions in patients, and results show that among the tested scanners, only Primescan showed no significant deviations to long-span accuracies obtained with conventional impressions.3

A study by Beijing University tested the precision of Primescan and two other intraoral scanners in edentulous jaws. The precision of Primescan was significantly better than the other two scanners for maxilla.4 In trueness of the three scanners, when scanning the maxilla and mandible, there was no significant difference.5

The results of the 2020 in-vitro study by the University of Zurich showed that the preparation margin accuracy of Primescan was significantly better than the other intraoral scanning systems involved in the study in local accuracy for single-tooth preparations.6

Dentists like the fact that, with Primescan, it is possible to scan deep regions (up to 20 mm). This allows a digital impression even with subgingival or particularly deep preparations. Almost all tooth surfaces are captured, even when scanning from a very sharp angle.

By Dentsply Sirona

Dentsply Sirona presented the latest generation of its intraoral scanners, designed for different digital workflows – in practice with CBCT as well as with the dental laboratory or other partners. Using the Connect software, a digital 3D model can be transferred directly to the laboratory of choice. Using high-resolution sensors and a short-wave light, a scan of the tooth surfaces is captured, even when scanning from a very sharp angle. The studies confirm again that, with Primescan, we have provided our customers with a high-quality technology that delivers truly impressive results,” said Dr. Alexander Volker, Group Vice President CAD/CAM at Dentsply Sirona. “We continue to add and improve workflows with Primescan as we’ve convinced Primescan’s outstanding technology opens the doors for more applications in digital dentistry. Thanks to the technology of high-frequency contrast analysis, Primescan enables our customers to achieve outstanding accuracy in digital impression. And the extensive positive feedback from our respected experts and users all over the world, our most important compass, encourages us to continue to lead in this area’s development and innovation.”

“‘As a dentist, my expectation of myself is to deliver exceptional results for every one of my patients,’” said Dr. Carlos Repullo, a dentist from Seville, Spain. “And with Primescan, I can do so—the scan delivers a precision that one can scarcely imagine being improved. And this also applies to a full jaw scan, which can be prepared exceptionally quickly. This is exactly the quality we need in our practices.”

References


For more information about the full Dentsply Sirona portfolio, please contact your local representative.

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Benefits of a fully integrated digital workflow – clinical focus

How digital impressions will help you rebuild: As we all try to find ways to bounce back from COVID-19, could digital dental impressions be just the boost your practice needs?

By Dentsply Sirona

As dental professionals across the country plan a tentative path out of lockdown, many are looking for new ways to deliver dental care. New guidelines have forced practices to operate in a different way, but forward-thinking dentists are seeing these adjustments as an opportunity to bring about change for the better.

New guidelines have forced practices to operate in a different way, but forward-thinking dentists are looking for new ways to deliver dental care. As dental professionals across the country plan a tentative path out of lockdown, many are seeking these adjustments as an opportunity to bring about change for the better.

Key, amongst the long list of priorities in this new COVID-19 era, is keeping chair time to a minimum, so anything that achieves this and makes procedures more efficient, is extremely valuable. Digital impressions do both, and also deliver a substantial amount of business-building potential. So, what’s not to like?

More efficient, more hygienic, more comfortable

Digital impressions can be taken with a Prime-scan intraoral scanner in a matter of seconds. Simply use the sleek scanner wand, which comes with a choice of removable sleeves (autoclave, wipe-down and single-use), to sweep around the mouth, capturing outstanding quality digital scans in less time than it would take to prepare for and take a traditional impression.

The digital impression is saved as a high definition, 3D image within the CAD/CAM software, whilst the patient is in the chair for consider-ably less time than for conventional impres-sions, and the whole experience is far more comfortable.

How digital impressions will help you rebuild: As we all try to find ways to bounce back from COVID-19, could digital dental impressions be just the boost your practice needs?

Access all areas

Once captured, digital impressions open up ac-cess to a range of efficient, income-generating workflows that are much easier to achieve than using traditional methods.

For instance, you can offer patients clear align-er treatment through digitally enabled services such as SureSmile Aligner treatment. Clear aligner treatments such as this have soared in popularity recently and offering this service will help keep your patients loyal and ensure you are responding positively to patients’ de-mands.

Add a chairside milling unit to your workflow and you have opened the door to a whole new world of digital design and manufacture. Dentsply Sirona’s CEREC single visit restorative workflow creates fast, efficient single-tooth restorations, reducing the risk of cross-contam-ination and giving patients the safest, most comfortable experience possible, all achieved in a single visit. Additionally, it opens up new revenue streams, whilst containing costs with-in the practice.

Labs get digital

Even if you don’t want to move straight into a full digital workflow in your practice, digital impressions can still open up opportunities with other providers, one of the most impor-tant being your dental laboratory. More and more labs are now adopting digital processes and are able to receive digital impressions from dentists. The digital technologies also improve communication between clinician and techni-cian, which is achieved via instant, efficient and secure software.

In a pre-COVID world, digital impressions were slowly gaining in popularity. Now, with the need to reduce patients’ time in practice and with infection control stakes much higher, intraoral scanners are becoming an essential tool for dentists who want to not only survive, but also thrive in the new world of dentistry. And what’s even more exciting is the range of op-portunities that are at your command once you’ve made that first step.

Dentsply Sirona’s CEREC single visit restorative workflow creates fast, efficient single-tooth restorations, reducing the risk of cross-contamination and giving patients the safest, most comfortable experience possible, all achieved in a single visit. Additionally, it opens up new revenue streams, whilst containing costs within the practice.
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**Interview: Consulting the Internet should in no way replace visiting the dentist**

**By Dental Tribune International**

Everyone has done it—searching for symptoms on the Internet. Recent statistics show that searches for dental and mouth-related problems are very common in Europe. On average, Europeans generate over 200,000 searches per month for toothache alone. This benefits patients by assisting them in taking responsibility for their own health, but unfortunately self-diagnosing on the Internet can sometimes do more harm than good. Self-diagnosis can fuel anxiety and hypochondria, and some websites provide unreliable information. In an interview with Dental Tribune International, Dr Chun Tang, of Pall Mall Medical in Manchester in the UK, shared some tips for dental professionals on how to educate patients about this matter.

Dr Tang, according to the statistics released by Lenstore, dental and oral health-related searches are very common. What do you think the reasons are for so many people consulting the Internet?

Easy accessibility is just one of the many reasons why dental and oral health-related searches are common. Not everyone has access to a dentist, and the Internet has given patients the ability to find information at their own convenience, especially during a global pandemic where many feel uncomfortable going to a clinic or are unable to make an appointment. Furthermore, searching for information on symptoms allows patients to take some responsibility for their own health. They can reassure themselves by finding relevant information written by healthcare professionals on a variety of reliable websites.

What advice would you give to dentists who are dealing with patients who search for information about their symptoms online, make them aware of the websites they should avoid. Encourage them to use only reliable websites that provide helpful information, as these sites will usually tell them what the red flags are and when they should contact a healthcare professional.

Dentists can also offer patients different ways in which to contact them in order to prevent them coming in too often. Offering patients the chance to have consultations via email, text or even video call can be a great way to determine whether further action is required, and this is beneficial for both dentist and patient. It is important to remember that prevention is the key with most diseases—if something is caught early, it can be managed better. Referrals to patients that there is nothing wrong with checking their symptoms on the Internet, but this should only be done in order to assist their understanding of their condition and should in no way replace the dentist.

People will probably continue to check online for information about their symptoms despite the risks, simply because it is so tempting and convenient. How can dental healthcare professionals help guide their patients to the right resources? What should be the ultimate goal in the dentist–patient relationship?

As millions of people now own a smartphone, researching symptoms on the Internet has become second nature to so many of them. Firstly, it is important that dental healthcare professionals guide their patients to the right resources. How can dental healthcare professionals help guide their patients to the right resources? What should be the ultimate goal in the dentist–patient relationship?

Dr Tang suggests that dentists can help patients navigate the Internet by giving them a list of reliable websites that they should visit. This will help prevent patients from being overwhelmed by the amount of information available online. Additionally, it is important for patients to take responsibility for their own health and to seek help from a healthcare professional when needed.

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Mental health in the dental profession during the COVID-19 pandemic

By Monique Mehler, Dental Tribune International

Even though millions of people suffer from anxiety and depression, according to the World Health Organization, psychiatric disorders often remain under-recognized and underestimated.

The prevailing stigma around mental health issues exacerbates the problem, since those suffering feel shame and guilt on top of their existing conditions and may therefore fail to seek the appropriate help. Because of the chronic stress associated with their profession, dentists are especially prone to occupational burnout and depression, as studies have shown. Now, with the spread of SARS-CoV-2, there is an even greater physical and psychological burden among dental professionals.

The profession of dentistry has long been claimed to have a high psychological burden among dental professionals. Despite the challenges, Vergara Buenaventura is hopeful that this pandemic “will strengthen us as individuals and as a system.” In my country, Peru, this pandemic has brought out the weaknesses of the Peruvian health system and has shown that dentists have to be part of the healthcare system. Dentists must be prepared to play a more critical role and to fight against emerging life-threatening diseases,” she concluded.

The challenges so far

Dr. Andrea Vergara Buenaventura and her research team from the Universidad Cientificad Sul in Lima in Peru have provided a comprehensive review of the consequences of past epidemics for mental health and have assessed possible aspects that might be associated with mental implications for dentists owing to the COVID-19 pandemic.

In an interview with Dental Tribune International, Vergara Buenaventura shared that the idea for the article came up during a video call with colleagues who all shared similar worries and fears. “In the beginning, when we started with the literature review, we only had few references on COVID-19 and mental health and much less about mental health in dentists. We just found a lot about past pandemics, but it was precisely the same, the same feelings were reported,” she explained. Surveys conducted in India and Israel, for example, confirm the psychological distress being experienced by dental professionals in response to the COVID-19 pandemic.

Despite the challenges, Vergara Buenaventura is hopeful that this pandemic “will strengthen us as individuals and as a system.” In my country, Peru, this pandemic has brought out the weaknesses of the Peruvian health system and has shown that dentists have to be part of the healthcare system. Dentists must be prepared to play a more critical role and to fight against emerging life-threatening diseases,” she concluded.

The challenges so far

Dr. Sujata Basawaraj runs a private practice in Livensville in Texas in the US and has first-hand experience of the challenges posed by SARS-CoV-2. “Mentally, working during a pandemic has been very stressful and tiring owing to the number of additional tasks that go into creating a safe environment for myself, employees and patients in my practice. We have to treat every patient with the possibility that he or she may have contracted SARS-CoV-2,” she explained to Dental Tribune International. She continued: “I feel like a level of communication that was imperative for dentists has been removed owing to the new work we need to wear. It isn’t as easy to talk to patients, but at the end of the day, I believe that everyone’s safety should come first.”

Despite the difficulties she has encountered, Basawaraj remains positive and takes care of her mental health as well as possible: “At the moment, spending time with my family, cooking, going on walks in the park while wearing a mask and social distancing (...) have been my way of relieving some of the stress that comes from working during this pandemic. (...) All we can do at this point is hope for the best.”

Creating a healthier work environment

A study by researchers from London has investigated mental healthcare for medical staff and affiliated health care workers during the COVID-19 pandemic and how they can be supported. The authors report that “taped access to mental health services, psychiatry and counseling for frontline workers” is important, but “prevention and mitigation is far more important than cure.” Experts from several universities across the US have published a review paper in which they report that psychological flexibility and self-care are fundamental aspects of psychological health in general. Also, exercising regularly has a positive influence on overall well-being, according to researchers from Italy who specifically looked at how activity levels among the population changed during the pandemic. Owing to physical isolation and distancing, feelings of loneliness and anxiety may arise, and these should be addressed. It is key to reach out to friends and family in a safe manner, for example by keeping in touch via the phone or video calls.

In the pursuit of psychological health, it should be realised that the COVID-19 pandemic is unprecedented and each individual experiences and responds very differently. For these reasons, going at one’s own pace and taking care of oneself as well as possible are absolutely crucial.

Many dental associations offer resources, support and advice for dental professionals who are affected by work and personal stress. For instance, the British Dental Association offers COVID-19 mental health resources on its website. Another helpful tool is a platform called Confidential, which aims to provide emotional first aid for UK dentists in distress.
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WHO and dentistry: moving on from misinformation

By Jeremy Booth, Dental Tribune International

GENEVA, Switzerland: The World Health Organization (WHO) handling of the global pandemic has brought more criticism than praise, and dentists are among those who have denounced public health guidance from the UN agency. According to dental associations contacted by Dental Tribune International (DTI), WHO has been the subject of unbalanced media coverage relating to its guidance on dental practice.

Much of the criticism that has been directed at WHO during the SARS-CoV-2 pandemic has been in response to guidance about practices that are unfamiliar to the citizens of many countries, such as the wearing of masks in public and the need to reduce social contact. Dental professionals around the world mated defensively when the agency called for the delay of routine dental care in interim guidance issued on 3 August, with many fearing that further postponement of elective care would damage oral health and compound the damage that had already been done to their businesses during the first wave of the virus. Some dentists felt that it was an attack on the effectiveness of infection prevention measures within dentistry.

Florida dentist Dr Greg Prior told ABC Action News in late August that the timing of the WHO recommendation had made no sense, as dentists in the state had been allowed to resume the provision of oral care in April. Since emergency measures were put in place in the state in March, Prior had implemented even greater infection control measures at his dental practice, including the installation of air purifiers and air filters. “Dentistry is so important for people’s overall health,” Prior told the news agency. “It seems untimely to introduce such a recommendation, especially since we’re all coming back to work and we’re all following the protocols.” The American Dental Association (ADA) had said in mid-August that it “respectfully yet strongly disagrees” with the WHO guidance.

A long list of news agencies reported on the WHO recommendation, and it was also covered by publishers from the dental industry press, including DTI. In an email to dental associations on 23 August, Dr Beatrix Varene, a WHO dental officer, expressed concerns about the way that the guidance had been interpreted by the media. “Unfortunately, a number of media headlines intentionally or non-intentionally were referring to the WHO guidance, did not mention the recommendation to delay routine oral healthcare is only suggested in an intense uncontrolled community transmission scenario,” Varene wrote. He asked dental leaders to be aware of incomplete reporting, and the fact that it could heighten the concerns that many patients already had with regard to visiting their dental practice during the pandemic.

According to the British Dental Association (BDA), incomplete reporting on the WHO guidance by the media had caused confusion about the agency’s recommendations in the area of oral healthcare. A BDA spokesperson told DTI: “Contrary to media reports, the guidance did not say categorically that all non-urgent treatments should be postponed but suggested that some treatments be delayed until there has been a sufficient reduction in SARS-CoV-2 community transmission rates. It also stated that ‘adequate ventilation in oral healthcare facilities reduces the risk of transmission in closed settings.’ This principle has been taken up by the profession in order to reduce fallow time and to make it possible to see more patients.”

The spokesperson added that WHO “could not necessarily provide a one-size-fits-all solution, and it was considered inappropriate to apply this advice in the UK’s current context, where dentists already have extremely high levels of infection prevention and control in place.”

The Bundeszahnärztekammer (BZÄK) (German dental association) told DTI that it also felt that media reporting had led to the interim guidance from WHO being misunderstood. “The WHO recommendation is essentially the same as the BZÄK recommendations.” Only a postponement of dental visits in an uncontrolled transmission scenario is recommended, and otherwise the official health policy recommendations at national, regional or local level should be followed,” the association said.

adoption of the areas that have been proven and to add the integration of new technologies that benefit dental professionals in all dental disciplines. The scientific programme included topics on dental sleep medicine, bone regeneration and soft tissue management, laser dentistry, prevention and oral hygiene, surgical regenerative, periodontal defects, aesthetic and digital smile design, occlusion, material selection for high performance rehabilitation and dental facial cosmetic surgical procedures related to grafts, implants as well as non-surgical periodontal and endodontic treatments.

Dental facial cosmetic treatments remain one of the most popular treatments in the middle east region and the conference surpassed expectations through its 40+ lecture presentations.

Total of 25 multi-disciplinary hands-on training courses In addition to the two conferences and two sub-specialty seminars, over 25 multidisciplinary hybrid hands-on training courses took place, catering to dental professionals, and showcasing the latest trends in restorative, aesthetic, and digital dentistry, as well as implantology, facial aesthetics, orthodontics, endodontics, dental technologies, dental hygiene, and product innovations.

The courses were organized through online livestreaming as well as face to face interaction at the CAPP Training Institute in Dubai, UAE.

Poster presentations

The annual poster presentations were hosted virtually as part of the two conferences. The competition was open to all dental students, interns, graduate students, general dentist, or dental specialists who had submitted their entries. Each participant presented during the event and was reviewed by the scientific committee live online. CAPP and the scientific committee had the pleasure to congratulate the winners:

• 1st Place - Dr Eman Maged Foud & Dr Aya Mohamed Fawzy, Egypt who presented “Does Dynamic Navigation Represent a New Era in Digital Dentistry.”
• 2nd Place - Dr Amruth Ganesh, India who presented “Visa – The Present and Future of Periodontal Plastic Surgery: A Case Report.”
• 3rd Place - Dr Leo Kalman, Canada who presented “In Vitro Assessment of a Novel Additive Manufactured Titanium Implant Abutment.”

All participating delegates received a certificate of attendance. The awards were sponsored by Philips Sonicare, Shofu and Castle General Trading.

Thank you to all sponsors, media, and scientific partners

CAPP would like to thank all sponsors, media publishers and scientific partners for supporting the CAPP November Dental Livestream continuing dental educational programme.

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CAPP November Dental Livestream was supported by the following scientific partners: Saudi Dental Society, Singapore Dental Association, Kuwait Dental Association, Dental Courses, International Group for Oral Rehabilitation, Lebanese Dental Association, The Lebanese Orthodontic Society, Oman Dental Society, Iraqi Dental Association, Saudi Orthodontic Society, Digital Orthodontic Scientific Partner, Association of Orthodontists (Singapore), AALJ Aachen Dental Laser Center, British Academy of Restorative Dentistry (BARD), British Academy of Dental Implantology (BADI), Tipton Training, International College of Dentists, Emirates Dental Hygienist Club, FDC Academy, Q & M Dental Group and Association for Oral Health Therapists Singapore.

CAPP Dental ConfExpo 2021 to take place in November 2021

CAPP will be organising the CAPP Dental ConfExpo on 17-19 November 2021 in Dubai, UAE. During these three days, the 16th CAD/CAM Digital Dentistry and 17th Dental Facial Cosmetic International Conferences will take place in collaboration with World Expo 2020. The World Expo 2020 is a global event taking place on 1 October 2021 – 31 March 2022 and is important as the initiative promotes preserving the planet as well as sustainability, mobility, and opportunity. Expo 2020 Dubai will be a celebration of the UAE Vision 2021.
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