Tooth loss may increase risk of chronic kidney disease

CHICAGO: A recent study published in the Journal of Periodontology (JO P) suggests that edentulous, or toothless, adults may be more likely to have chronic kidney disease (CKD) than dentate adults. In the study, conducted at Case Western Reserve University, USA, endodontism was found to be significantly associated with CKD, indicating that oral care may play a role in reducing the prevalence of chronic kidney disease in the US population.

One out of nine Americans suffers from CKD, and millions more are at risk, according to the US National Kidney Foundation. A debilitating disease, CKD can affect blood pressure and bone health, and can eventually lead to heart disease or kidney failure.

The study examined the kidney function and periodontal health indicators, including dentate status, of 4,051 US adults 40 years of age and older. After adjusting for recognized risk factors of CKD such as age, race/ethnicity and smoking status, the results revealed that participants who lost all their teeth were more likely to have CKD than patients who had maintained their natural dentition.

While additional research is needed to fully understand why tooth loss is associated with higher prevalence of CKD, the destructive nature of chronic inflammation may play a role. Both periodontal disease and chronic kidney disease are considered inflammatory conditions, and previous research has suggested that inflammation may be the common link between these diseases. Since untreated periodontal disease can ultimately lead to tooth loss, edentulous patients may have been exposed to chronic oral inflammation.

British patients left unprotected

LONDON: The UK is in danger of being one of the last countries in the EU to persist with an outdated system that can mean dental patients who are harmed by a negligent dentist do not get any compensation, warns The Dental Defence Union, an organisation in the UK who assists dental professionals when their clinical performance is in question.

In the large EU member states such as France and Germany, it is already a requirement that practising dentists have professional indemnity insurance in order to protect patients where they are negligently harmed. However in the UK, while there is insurance, there is also discretionary indemnity which offers only the right for a dental professional to request assistance and have the request considered.

“In this current dento-legal and economic climate, we cannot understand why the UK still allows unregulated indemnity,” Rupert Hoppenbrouwers, head of The Dental Defence Union said. “The UK has fallen far behind other EU states on this. A German patient who was treated in the UK and negligently harmed by a dentist who was reliant on discretionary indemnity might not be compensated if the indemnifier decided not to assist with the claim. Of course, a German patient who was treated and harmed at home by an insured dentist would receive insured compensation. There is now an opportunity to resolve this anomaly.”

The European Commission is currently developing a directive to safeguard patients’ rights in cross-border healthcare, including the need for appropriate “systems of professional liability insurance or a guarantee or similar arrangement…appropriate to the nature and the extent of the risk”.

Mr Hoppenbrouwers wants to see the European directive amended to ensure that indemnity must be provided only by the state or a regulated insurer. This would make discretionary indemnity unacceptable in the EU.
It is the first time in implant surgery that a fractured tooth root is substituted by a custom-made implant manufactured in sintered titanium, through the direct laser fabrication process (LST, Laser Sintered Titanium).

Prof. Manuel Silvetti has been carrying out studies on this innovative technique together with the team of the University of Insubria-Varese (managed by Prof. A. Macchi and C. Mangano) for years and now he has managed to substitute one fractured root with one perfectly matching copy, made of sintered titanium.

This manufacturing technique has been adopted by LEADER ITALIA, which has still further improved and defined by its laboratories the production of sintered titanium implants.

Starting from the patient’s CT scan, a 3D model of the root to be substituted has been designed and, basing on the 3D model virtual data, the titanium root has been produced by sintering metal powder nano-particles in a focused laser beam. Thus, immediately after the fractured tooth extraction, the sintered titanium root, precisely matching the patient’s one and the relative post-extractive alveolus, has been implanted.

This experimental operation opens new possibilities in dental surgery, allowing custom-made prosthesis, and it is a pioneer in implantology: the possibility to manufacture custom-made implants to be inserted without the trauma of the surgical operation is reality now.

*The custom made root "AdHoc" is manufactured according to the Silvetti-Combe™ manufacturing process.

Canada declares BPA toxic

TORONTO: Canada declared a chemical widely used in food packaging a toxic substance and will now move to ban plastic baby bottles containing bisphenol A. The toxic classification, issued in the Canada Gazette, makes Canada the first country to classify the chemical commonly used in the lining of food cans, eyeglass lenses and dental sealers as risky. The announcement came six months after its health ministry labeled BPA as dangerous. Health Minister Tony Clement said a report on bisphenol A has found the chemical endangers people, particularly newborns and infants, and the environment, citing concerns that the chemical in polycarbonate products and epoxy linings can migrate into food and beverages.

The new LEADING surface

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24-28 March We will be in Cologne Hall 10.2 Aisle U19
Advanced Reconstructive Program
Dentistry using Dental Implants

This Program is organized to present a three days course of Advance reconstructive Dentistry using Dental Implant. The course is a planned sequence of lectures, clinical demonstrations and extensive hands-on participation in diagnostic, surgical and prosthetic procedures.

This Program is certified from University of Berne, Switzerland, University of Geneva, Switzerland, Ajman University for Science and Technology, as well as recognize certificate will be awarded to the participants upon the completion of the course.

Content of this course:
- An overview of Implant History
- Evidence basis of bone and soft tissue integration around Implants
- Treatment concept with Oral Implants of edentulous and partially edentulous patients
- Current trends and improvements in Implant Dentistry
- Examination, Diagnoses, classifications, indications, contra indications
- Radiographic methods in implant treatment planning
- Surgical planning in dental implantology
- Prosthetic planning in dental implantology
- Single tooth replacement with implants and implant bridge reconstructions
- Implant retained over-dentures
- Implants connected to natural teeth
- Regenerative procedures, Ridge Augmentation prior to implantation by means of GTR, GBR Techniques
- The use of membranes and membrane supporting materials for Augmentation
- Immediate implantation, with and without augmentation
- Aesthetic aspects
- Advanced Surgical Procedures, Sinus lift elevation using different Techniques and different materials, Osteotomy Techniques.
- Advances in prosthetic procedures Materials and Methods.
- Occlusion aspect of oral implants
- Biomechanical and biological complications and treatment options
- Risk assessment, Complications, follow-up and maintenance protocol after implantations

Target Group:
Tailored to the practitioners interested in Implant dentistry who desire to achieve a high level of competence for daily practice applications.

The course will cover the basic aspects of scientific evidence relevant for daily patient management. Including a new concept of comprehensive treatment planning based on biological research of the last two decades.

Case presentations and discussions as well as practical exercises will be presented to help to acquire in depth the Implant application knowledge.

Goals of this course are setting up of comprehensive treatment plans and competent application of oral implant.
NEW YORK CITY: At the 2008 Greater New York Dental Meeting, the new “Live Dentistry Arena” will allow attendees to feel as if they are seated right beside the world-renowned clinicians performing procedures on patients in real-time. Also, this unique educational experience conducted on the exhibit floor is offered with no tuition costs.

As the first dental meeting offering such a unique experience, Executive Director of the Greater New York Dental Meeting Dr. Robert Edwab commented, “The chance to watch dental procedures performed live—not pre-recorded or on an inert model—affords an amazing educational opportunity. We are thrilled to showcase such a unique program right on the exhibit floor during the entire four days of the exhibition at our upcoming meeting.”

Eighteen displays 60-inches in size will be strategically placed for easy viewing around the “Live Dentistry Arena” so attendees can watch some of the most highly respected educators in the world conduct these live demonstrations. No one will want to miss these procedures, which will feature the latest materials and equipment available on the market, but the arena’s capacity is limited to 300 persons and will be filled on a “first come, first seated” basis. Due to the lack of tuition costs, interested attendees should plan to arrive early to avoid disappointment, the organiser says.

At the Greater New York Dental Meeting, practitioners will be able to learn innovative procedures from some of the world’s most highly esteemed educators and get up close and personal with the latest in dental materials and equipment. Participants will acquire the techniques to upgrade their skills and gain evidence-based knowledge of dentistry.

The annual meeting has been known for its impressive array of innovative and cutting-edge educational programmes, and this year seems to be no exception. The Meeting has organised an almost unparalleled curriculum including over 500 educational programmes such as full-day seminars, half-day seminars, essays (one-hour lectures grouped by topic), hands-on workshops and a lot of other didactic options. In addition, many of the daily seminars and workshops will also be presented in Spanish and tailored to the dentistry conducted in the Latin American countries where its speakers hail from—Brazil, Mexico, Puerto Rico, and Venezuela.