DTMEA introduces 'Ortho Tribune' section

By Dr. Khaled Abouseada, BDS, MS, Orthod. cert.

A smile is a primal instinct which we acquire when we are born. A beautiful genuine smile has tremendous psychological and emotional benefits specifically brightening the mood of both your own and of those around you. Orthodontics is truly a blessing as it is the dental practice that shapes a perfect attractive smile on people’s faces and straightens not just the human teeth but also the whole being throwing light on the importance of their chance to live contently. It is with immense contentment and anticipation that in this edition of Dental Tribune Middle East and Africa, I announce the creation of the remarkably vital section, Dental Orthodontic, which is part of the Dental Tribune International Publishing Group, composed of the leading dental trade publishers around the world. Its combined portfolio includes more than 100 trade publications that reach over 650,000 dentists in more than 90 countries in 25 languages.

The orthodontist is the artist who with his great knowledge, creates an outstanding balance and harmony between the teeth and face structure. People who suffer from dental flaws such as improper bite, crooked teeth, protruding teeth, misaligned teeth and spaces between teeth, tend to lose their confidence which result in frustration and avoidance of criticism and socializing. The recognizably golden role of the orthodontist helps to restore self-esteem and enhance their being. Our section’s focal objective will be encapsulating the accumulated information into an easily digestible manner. The real change in the approach of using information as a tool will be the mission we set for ourselves to give doctors access to the data they need most in the way they expect to find it. In broader sense, our team will be providing a common platform and a melting pot for ideas from diverse areas, updates about new product launches, orthodontic events, ethics in orthodontic principles of medical practices, resident journal review, original articles, clinical corner, techno bites, book reviews, continuing education and interviews with the pioneer doctors in the world. All the above features will be intended to explain and lay open current problems of common interest to all orthodontists involved. The section will also potentially present interactive and exceptionally well-documentated case reports pertinent to the goals and readership of the journal along with concise reviews of the important features of each reported condition.

We expect such an approach to stimulate further research on orthodontic matters. We intend to publish special issues on selected topics providing adequate scope for presentation and discussion of controversial ideas, well-founded conjectures and comments on published work. High scientific standards will be the top priority of this section of the journal to increase the awareness of the readers to important issues in emerging fields and materials processed by orthodontists. The basic foundation has been laid to make readers more interactive, encourage productive debates enabling us to add more aspects so that this section can best serve you. We would appreciate receiving surveys on your opinions on activities, researches you value as well as thoughts on compelling subjects. We would thus develop our orthodontic section as a direct result of your input.

We also have tremendous work to do beyond today’s launch which revolves around offering an open-access academic and scientific forum for all the doctors facing difficult cases and also assisting general practitioners to solve simple and moderate orthodontic cases. To this end, and to ensure rapid publication of significant results, every effort will be taken to ensure efficient communication between authors, editors and readers and continuous improvement of this section will be our definite preference and its growth will be our distinct mission which we hope it would be envisaged to meet your needs.

Yours faithfully,
Dr. Khaled Abouseada
Consultant Orthodontist
khaled.abouseada@yahoo.com

Non-extraction treatment of adult skeletal Class III malocclusion

By Dr. Khaled Abouseada

This case report describes the nonsurgical, non-extraction treatment of a 24 years-old male with a skeletal Class III malocclusion, a prognathic mandible and retrusive maxilla. He was initially classified as needing orthognathic surgery, but he and his parents wanted to avoid that. The Class III malocclusion was corrected by non-extraction orthodontic treatment with fixed appliance only. Class I molar and canine relationships were achieved, and the facial profile improved substantially.

Class III malocclusions are usually growth-related discrepancies that often become more severe until growth is complete.1 Facial changes can influence a patient’s self-confidence and interpersonal relationships.2-5 In adults orthognathic surgery is the most effective treatment.6 Correction of Class III without surgery can be challenging.7 Therefore the purpose of this article was to describe the nonsurgical treatment of a patient with Class III dental and skeletal relationship.

Diagnosis and etiology

The patient was male, aged 24 years and 5 months, whose chief complaint was the overlapped upper anterior teeth. He had class III canine and molar relationships on both sides, 3 mm negative overjet, 5 mm negative overbite, bilateral cross bite with both maxillary and mandibular midline coincident to the mid sagittal plane, unilateral posterior cross bite at the area of the right premolars, upper dental arch had about 5 mm crowding and lower dental arch had 3 mm spacing (Fig 1). Cephalometrically, there was a Class III jaw relationship and increase vertical facial height (Fig 2). He was in good health and his medical history showed no contraindications to orthodontic therapy.

Treatment objectives

Treatment objectives included correction of the posterior and anterior crossbites, improvement of dentoalveolar and maxillo-mandibular relationships, improvement of facial aesthetics and establishment of a stable occlusion and better smile.

Treatment alternatives

Three treatment options were suggested to the patient. The first alternative consisted of combined surgical and orthodontic treatment with a high LeFort procedure and mandibular osteotomy to improve skeletal and facial appearance. The second consisted of maxillary expansion and extraction of the mandibular first premolars with the maxillary second premolars. This would correct the Class III dental relationship, but it also involves retraction of mandibular incisors without protraction of the maxillary incisors; this was thought to be unsatisfactory for this patient’s retruded maxilla.

The other treatment alternative was a non-extraction orthodontic approach with maxillary expansion and protraction of upper anterior segment. The patient did not want orthognathic surgery or teeth extractions. Therefore, he chose this non-extraction orthodontic treatment.

Treatment progress

Treatment began with placement of fixed posterior composite bite plane at the area of second molars both sides, fixed pre-adjusted appliances (0.022 in slots) were placed on maxillary teeth, leveling and alignment progressed up to rectangular 0.19x0.025 stainless steel arch wire with posterior stops for the wire and extension a head from anterior teeth then ligated to them, this initial phase of treatment lasted for 5 months (Fig 3). After, fixed appliances were placed on mandibular teeth and Class III elastics were used for 3 months to aid in correcting the anterior cross bite (Fig 4). The second molars were not included in bracketing to prevent molar extrusion; this could have caused more downward mandibular rotation. After correction of the crossbite and creation of a class I occlusion, detailing and finishing were undertaken. The total active treatment time was 11 months. Pa-
Orthodontics has evolved dramatically during the past ten years

We are in for a real treat today. I have the honor to introduce our guest who has been the driving force behind Orthodontic practice for many years. He is the person who knows the whole history of how we got to where we are today: the stories, the challenges and the little known secrets. Not only that but he’s a remarkably professional lecturer, a Visiting Professor who has extensively profuded in giving lectures and courses all over the world specifically in the United States, Europe, Middle East and North Africa. Based on his knowledge and enthusiasm, he is eminently qualified to speak to us today about himself and his scientific experience. Please join me in giving a very warm welcome to Professor Joseph Bousheral.

Dr. Joseph Bousheral is Professor in the Department of Orthodontics at Saint-Joseph University and maintains a private orthodontic practice in Beirut. He was former Head and Director of the Program (1995-2010) and President of the Lebanese and Arab Orthodontic Societies. Actually, he is a Research Associate at the University of Toulouse, a Member of the Executive Committee of the World Federation of Orthodontists, an Affiliate Member of the Angle Society of Orthodontics, East Component and a Fellow of the Tweed Foundation for Orthodontic Education and Research.

He earned a Doctor in Dental Surgery Degree from Saint-Joseph University, a Master Degree in Orthodontics from the University of Louvain, a Continuing Education Diploma in Orthodontics from the University of Southern California, a Diploma of Specialit in Lingual Orthodontics from the University of Toulouse. He is a PhD candidate at the University of Li ge in Belgium.

I am also delighted to mention that in addition to all the above-mentioned achievements, he also published articles in local and international journals and successfully conducted many research projects leading to a master or PhD degrees. His main interests are Vertical Dimension Control, Treatment of Asymmetries, Adult Orthodontics, Transverse Dimension, Mini-implants and 3D Imaging.

You chose orthodontics as your first preference, how did you make such a decision? When I was at my 4th year in the dental school at Saint-Joseph University, we began our undergraduate orthodontic teaching with Professor Peter Riscallah, founder of the department and the Lebanese Orthodontic Society, who was a highly cultivated man, eager to teach and multitalented, and later on with Professor Far s Abou Obeid who was so communicative, humble and kind-hearted. Both teachers get me to know this discipline and to be attached to it. How far would you expect yourself to continue in this profession? In general, a contribution could be in an academic direction through clinical teaching and research or in a professional one by integrating local, regional or international orthodontic organizations. My contribu-
t was more academic at the beginning and than I integrated the professional channel due to the increase of the amount of work in both directions, I was obliged to become more selective in my teaching and more research oriented. I tried to limit my professional contribution to my position as a full member of the Executive Committee of the World Federation of Orthodontists representing the Middle East and Africa. You are asking me "How far?" You know in line. This evolution had traced a border between orthodontists before 2000 who haven’t followed it and orthodontists after 2000 who have got the possibility to do it. "We can’t treat our patients in 2012 with an orthodontics before 2000".

As future expectations, we may have more development in diagnosis toward the "virtual face" by getting all our data, as x-rays and models and photos, under a digital form and then make the virtual reconstruction of the face including hard tissues as bone and teeth by scanning as well as soft tissue through the use of three-dimensional photography. We will have the possibility to navigate into the virtual face, acquire not simply linear and angular measurements as advocated once in two dimensions but more based on volumetric calculations. Treatment planning will be done in three dimensions using new software with prediction of treatment outcome, which can be modified by the practitioner to adapt it to the individual need. Orthodontic appliances will evolve by using more and more the CAD-CAM technology and try to be less and less practitioner and patient dependent.

Every person faces profitable productive moments. Would you talk to us about the most rewarding incident you had and the biggest accomplishment you have reached?

I consider that the most rewarding incident that I had was my election as a member of the Executive Committee of the World Federation of Orthodontists (WFO) where we can serve our profession at the highest level and possible acquire another vision by looking to the big picture of our discipline. I have been in charge of the department as Head and/or Program Director. Would you describe your knowledge of current technology and procedures?

I finished my orthodontic specialty in 1986 and learned the main different techniques at that time. This was useful in mentariarum helped me to treat my patients till 2001 when new technologies emerged and obliged me to develop myself in different new areas: I followed too early courses about mini-implants and obtained a diploma in Lingual Orthodontics from Paris VII University, a diploma in Dental Clinical Research and another one in Imaging from Toulouse University. These scientific acquisitions helped me to level myself with all new technologies and procedures and to develop my clinical expertise to evidence based research. At this occasion, I would like to mention my old friend and colleague Professor Ziad Sahab, well-known researcher, exceptional communicator and team motivator, who have been lately the motor for creating our Orthodontic Research Group in Beirut.

In what way your fruitful knowledge and rich experience will assist you in handling your responsibilities?

Actually, I have the professional responsibility within the WFO where I can be useful helping to the advancement of our speciality through the establishment of a regional orthodontic board or motivating orthodontists to get through other orthodontic boards, by integrating different orthodontic societies in the WFO and by facilitating their communication together. I am handling my teaching responsibility through lecturing in major scientific events and giving courses in more and more countries mainly on a new "Individualized orthodontic philosophy". I am expanding my research responsibility by co-creating the Orthodontic Research Group, already mentioned above, as well as being a part of another multidisciplinary research team including researchers from different Lebanese universities or others abroad.

Can you tell us about your experience with the business and administrative side of running an orthodontic practice?

I have had the opportunity to establish the postgraduate program and run the orthodontic department inside an academic institution. At Saint-Joseph University, in the meantime, I developed my private practice, which comprises today six orthodontic boards, giving courses in more and more countries mainly on a new "Individualized orthodontic philosophy". I am expanding my research responsibility by co-creating the Orthodontic Research Group, already mentioned above, as well as being a part of another multidisciplinary research team including researchers from different Lebanese universities or others abroad.

Do you prefer to work independently or with a team?

I prefer to work definitely with a team. In our study group, we are doing a brainstorming, which is beneficial for everybody. The input from all of us will lead to a more logical and better decisions and results. Communication is enriching and being open-minded is a must for self-development. What motivates you and are you a self-motivator?

In general, I am more a self-motivator because I got the chance to have my profession as my hobby. If you are ambitious, you will create indefinitely and more new objectives to attain in your life, you will look after new challenges, which keeps you motivated. Everybody has his own moments of weakness, being a part of a CONFIDENT team is essential to overcome these moments; everybody becomes supportive to the other. A tight family link constitutes a solid base, which motivates us to go further and further. I would like to express my profound gratitude to my wife Liliane, my daughter Léa and my son Philippe who sacrifices and support gave me this energy and motivation to face new challenges and overpass all obstacles in my life.

To this end, I deeply appreciate the immense generosity in providing us with valuable richly deserved information and enlightened professional experience shown by Dr Joseph Bouserhal. Your careful research and instrumental input played an important role in our field and impressed everyone present with us today. Meeting distinguished influential professors like Dr Joseph certainly is our distinct mission hoping to meet your needs. Wishing you all the best in your future accomplishments.

DENTAL ORTHO TRIBUNE

DENTAL TRIBUNE Middle East & Africa Edition | Jan-Feb 2013
The "Apple" of the implant market

The Swiss company, TRI Dental Implants Int. AG, was founded in 2010. The IDS 2011 marked its first "public appearance". So what do these three letters stand for, what similarities are there to Apple and what can the dental market expect from TRI Dental Implants? The company's CEO, Tobias Richter, provided us with interesting answers to these and other questions.

D 1. Mr. Richter, which product did you present to start off with? Tobias Richter: At the heart of the product portfolio is the TRI Performance Concept, with its independent product properties Zirconia Blast Media implant surface (ZBM), TRI BoneAdapt implant design, TRI Friction implant connection and TRI Soft Tissue concept. We are convinced that, with this, we have successfully fulfilled the fundamental modern demands made of implantology today in a holistic implant system. This technology is integrated in the product lines TRI® Vent Dental Implant System (with the diameters 3.7 / 4.1 / 4.7 mm) and TRI® Narrow Dental Implant System (3.3 mm). In addition, we also offer a very streamlined and innovative surgical kit with an intelligent drill stop system. These core systems are complemented with add-ons such as prosthetics (angled screw-retained abutments for all-on-four restorations) as well as navigation lines (angled screw-retained abutments for all-on-four restorations) as well as navigated surgery.

For us, it was essential that we created the most efficient and flexible implant system possible, the "Apple of the implant industry" so to speak. Our implant system comprises a total of just 180 implant components which represents a more than 50% reduction in components compared to conventional surgical kits. These core systems are handled by experienced and professional distribution partners in Europe, Asia and South America. The complete corporate structure is subject to a modern corporate planning system (ERP) which coherently links processes without the need for overlap or redundancy – from registration of the order through accounting to delivery of the products.

DI: What renowned practitioners and clinics were involved in the development of your products?

TRI: We developed the Performance Concept and the TRI® Dental Implant System in close cooperation with a group of leading experts, whereby Dr. Marius Steigmann (Institut Steigmann) was the decisive driving force. When developing the implant system, the main focus was on launching a user-friendly solution onto the market. Other international experts and study partners of the TRI Dental Implant System include Dr. Paolo Tresi (Italy), Dr. Wolff-Ulrich Mehne (Germany), Dr. Giulio Raspini (Italy), Dr. Hom-Lay Wang (USA) as well as Dr. Alberto Rebaudi and Dr. Marco Esposito (Italy).

DI: What does TRI stand for: Tobias Richter Implant or rather, "Through Research Innovative"?

TRI: The identical abbreviation is a pleasure coincidence. "TRI" actually stands for "Through Research Innovative", a slogan that was developed by a group of leading experts with one common objective, namely the merging of the latest clinical findings and know-how from implant research to develop a performance-oriented and easy-to-use implantology concept. Our scientific consultant, Dr. Marius Steigmann, phrases this as follows: "The TRI project goal was to combine practical experience with the latest implant research to produce an enhanced performance-oriented implant concept. A concept that respects both the hard and soft tissue parameters and which also ensures maximum primary and secondary stability."

DI: You are not an unknown entity on the implant scene. How much of Tobias Richter is there in TRI?

TRI: As a founding member, I have inevitably been involved in shaping the company’s profile. Yet at the heart of our success is the radical product philosophy of producing an extremely streamlined dental implant system, at the same time, flexible implant system which is able to satisfy the latest findings from implant research. In this regard, thanks must be given to the developers and pioneering opinion leaders.

DI: What is the target group for your system – newcomers or experienced practitioners?

TRI: Given our size, we are currently not able to comprehensively support newcomers entering this market. We focus on experienced implant practitioners who, in addition to the current "premium" implant system, are looking for a substantial system in the low price segment in order to accommodate the needs of more price-conscious patient groups. It is important that practitioners can indeed sense the pricing pressure on the market but, at present, can only find very few sustainable alternatives priced at less than € 150 per implant.

DI: With each year the implant market is becoming increasingly more competitive. What is the key difference between TRI and your competitors?

TRI: I completely agree with you that there appears to be a surplus of implant companies. However, we have examined the market carefully and established that the companies are either positioned in the premium segment or in the low budget segment where the emphasis is on price. We are committed to striking a balance between these two extremes: We set great store by sustainability, quality and service and, at the same time, still offer attractive prices. This policy can be summed up as: "Peak performance at the right price". This is possible thanks to our very slim corporate structure with one person responsible for several interfaces – from registration of the order through accounting to delivery of the products.

TRI: What is the target group for your system – newcomers or experienced practitioners?

TRI: Our customers are able to purchase our most efficient and flexible implant system at the same time, still offer attractive prices. This mix is possible thanks to our very slim corporate structure with one person responsible for several interfaces – from registration of the order through accounting to delivery of the products. We can also be contacted directly whose numbers we are successively decreasing. TRI Dental Implants services lifetime warranty. All unopened products can be returned up to a 100 days after being purchased. Free shipping for orders in excess of € 1,000. Free shipping with standard delivery for all single orders in excess of € 1,000. 24-hour express delivery. 24-hour express delivery to the address of your choice within Germany as an alternative to standard delivery for € 7.50. Free expert hotline. For further expert support provided by experienced expert dental technicians on all technical issues. Online order at www.tri-implants.com. 24-hour service with optional direct payment by credit card and Askme collection.