Inauguration of Carestream Dental Training Centre for Knowledge and Care in Ajman UAE

By Dental Tribune Middle East

Ajman, UAE: Carestream Dental hosted the official opening of the Ajman University Dental Centre for Care in UAE on 30th of October 2013. Dr. Aisha Sultan, Director of Dental Services, MOH, UAE was the Guest of Honor alongside more than 60 attendees.

The event was opened with a warm welcome by Dr. Mohd. Kashif Shafiey of Ajman University Dental College who introduced Dr. Aisha Sultan Alsuwaidi, Director of Dental Services at the Ministry of Health in UAE alongside several VIPs including Deans of Health in UAE alongside Alsuwaidi, Director of Dental Services, MOH, UAE was the Guest of Honor alongside more than 60 attendees.

Carestream has partnered up with Ajman University to combine academia and business through the opening of the new Carestream Dental Training Centre resulting in a win-win situation across the board. According to Fritz Dittman, Regional Sales and Service Director Northern Europe, Middle East, Russia and Africa, “Next to the fact that the University has a great team, being able to take X-Rays and constantly have our equipment in use are the main reasons behind this partnership. The benefits are clear, this is a unique opportunity which will lead to great things. We can train our customers, their technicians, dealer engineers and in the future application training for dentists and clinicians as the equipment evolves. Customers from the Middle East no longer have to travel to USA or Europe to be trained how to use our technologies.”

The Ajman University Dental College is one of the pioneers in oral and dental healthcare education in the country with well-structured and accredited programs. With over 150 dental units and a very experienced and highly qualified faculty, the college is one of the largest in the middle-east providing free dental services to dental patients. Under the leadership of Prof. Salem Abu Fanas, Dean of Ajman University of Science & Technology the college has produced 12 batches of quality dental graduates who are already very well received by the dental industry. Mr. Osama Saeed Abdulla Salman, Vice President of Ajman University of Science & Technology commented in his opening speech, “Ajman University of Sciences & Technology has become a hub for higher education in the entire region. We are now working hard on becoming the hub leader in Research & Development. R&D is what makes Carestream and the University what we are, it is our dream, our ambition and our vision.”

Prof. Salem Abu Fanas, Dean of Ajman University Dental College further explained “Our vision at the Ajman University Dental College is clear, we are catering for 150 clinics and until today we have treated over 40,000 patients coming to Ajman from all over the UAE. There is a great demand for education. Last year alone we received more than 510 applications from students wishing to join our university, double of what we can cope with.” Prof. Abu Fanas further commented on the partnership with Carestream as “a new landmark for the college”. The University is very pleased with these new facilities, “I would like to express my sincere gratitude to those who made it possible. Thank you to Carestream for enabling this project to take place as well as Mr. Fritz Dittman and Montessar Ben Tili together with their fantastic team who all went far beyond their core of duty to see the success of it” were the closing words of Prof. Salem Abu Fanas.

After the ceremony, the delegates were taken for a tour of the new facilities witnessing the ribbon-cutting of the new Training Centre. Make sure you visit Carestream at AEEDC Dubai 2014.

“Carestream, Innovation made Simple”

By Dental Tribune Middle East

Ajman, UAE: Dental Tribune Middle East & Africa covered the Inauguration of the Carestream Dental Training Centre for Knowledge and Care in Ajman, UAE. During the event we caught up with Dave F. Pullen, General Manager Dental Business Europe, Middle East, Russia and Africa covered the Inauguration of the Carestream Dental Training Centre for Knowledge and Care in Ajman, UAE. During the event we caught up with Dave F. Pullen, General Manager Dental Business Europe, Middle East, Russia and Africa. Covered the Inauguration of the Carestream Dental Training Centre for Knowledge and Care in Ajman, UAE. During the event we caught up with Dave F. Pullen, General Manager Dental Business Europe, Middle East, Russia and Africa. Covered the Inauguration of the Carestream Dental Training Centre for Knowledge and Care in Ajman, UAE. During the event we caught up with Dave F. Pullen, General Manager Dental Business Europe, Middle East, Russia and Africa.

Dave Pullen: Carestream originated from Eastman Kodak. All the heritage, trust and quality in Eastman Kodak was inherited by Carestream. Then a company called Onex (equity company) helped to extract the medical and dental business from Kodak and invested in Carestream which became a 2.5 billion corporation. Prior to the rebranding of Carestream, Kodak bought Trophy, known for innovating the sensor and...
A new CAD CAM system from Carestream Dental extremely flexible and very easy to use

By Ernesto Jaconelli

This year’s AEEDC 2014 will see Carestream Dental launch its own CAD CAM on site restoration system to the Middle East Dental Trade. (Stand No 256)

The complete system is gathered under the banner title of CS Solutions and brings to the market a system that allows the Dentist to perform everyday restorations in considerably less time as well as in the comfort of their own practice. In fact a single tooth restoration can be completed in as little as one hour.

Most CAD CAM systems that are currently available are actually, “closed” systems that lock the user into using only the equipment and software provided from that manufacturer. However, CS Solutions is an “open” system – giving the dentist the flexibility to choose from a comprehensive integrated system or a series of standalone solutions that can be adapted to their preferred workflow and practice layout. This means that the dentist can do scans either from their hand held scanner, the CS 3500, or they can scan an impression on a CBCT system such as the CS 9000 3D. They then have the option of designing the crown themselves on CS Restore and completing the milling on site on the CS 3000 or they can send the data via the internet to their lab, which can produce the crown on their system. All the options are there for the Dentists to choose what works best for them.

CS Solution products are extremely easy to use and are compatible with many third-party CAD systems or restorative design programs, and are covered by warranty to guarantee their long-lasting top performance.

So make sure you visit the Carestream Dental Stand at AEEDC 2014 and acquaint yourself with this amazing new opportunity.

Fritz Dittmann: During my presentation here today I showed a very significant power point slide showcasing the 800 million images which are taken on our products yearly. Now this is a huge number.

Dave Pullen: Carestream makes very good products, we are very end-user focused, providing innovative technology made simple. As a dentist, if you would like to get a diagnostic image, you can use film, phosphor plates or direct radiology and we supply all three. We have a product range which helps imaging like the intraoral cameras a treatment acceptance units with a focus on diagnostic imaging. For example we do not provide dental chairs which a lot of our competitors do – it is a different business. We are very focused on getting the diagnostic image for the doctor and we have appointed outstanding distributors. If I were a doctor who wants to buy a good brand called Carestream, I would want to have support and training as a whole package and that is exactly what we
NEW: Philips Sonicare FlexCare Platinum

For outstanding cleaning, even deep between the teeth

Philips has the right sonic toothbrush for every cleaning need. The latest innovation is called Philips Sonicare FlexCare Platinum. Its innovative pressure sensor gives immediate feedback in a simple manner if too much pressure on the brush head minimizes the vibrations. This makes the Philips Sonicare FlexCare Platinum ideal for those of your patients who are worried about using too much pressure when cleaning with an electronic toothbrush. Nine individual settings and intensity levels thereby make adaptation to the individual cleaning requirements possible.

Pressure sensor
This innovative sensor gives simple and intuitive feedback if the brush head is pressed down too hard.

3 cleaning settings
• Clean – ensures optimal plaque removal (standard)
• White – removes discoloration of the tooth surface in 2 minutes, and the front teeth are whitened and polished in a further 30 seconds.
• GumCare – combines 2 minutes in the Clean setting with 1 minute of gentle gum massage for healthy gums.

3 intensity levels
Maximum comfort with the 3 adjustable intensity levels: low (for sensitive areas), medium and high. Each of the 3 intensity levels can be combined with each of the 3 cleaning settings.

Philips Sonicare InterCare brush head
Extra long filaments reach deep into the spaces between teeth and ensure an excellent plaque removal there compared to a manual toothbrush. For better tooth and gum health.

UV-Sanitizer
With the UV light technology from Philips, up to 99% of the bacteria and viruses on the brush head are rendered harmless – in only 10 minutes.

3 Weeks
Lithium-ion rechargeable battery
With 3-week working life

1 E. coli, S. mutans and HSV, HA
New Philips Zoom WhiteSpeed Light-Activated Whitening System.
A better experience for your patients and your practice.

Philips Zoom In-Office Whitening kit makes treatments easier
Packed in procedural order, you get everything you need for each treatment, including Philips Zoom at-home whitening gel for follow up and maintenance complete in a single package. The Philips Zoom Kit also includes simplified visual instructions.

Unique products for your sensitive patients
Each treatment comes with a Patient Post Care and Maintenance kit that includes the Relief ACP Oral Care Gel. This unique formula combines potassium nitrate for sensitivity relief along with Amorphous Calcium Phosphate (ACP) that helps create healthier smiles through advanced enamel protection. To ensure a more comfortable experience all around, instruct patients to use it for 10-30 minutes after treatment.

New Philips Zoom WhiteSpeed Whitening LED Accelerator
The advanced Philips blue LED technology provides approximately 50,000 hours of use—reducing operating costs, downtime and is 40% more energy efficient. The light also emits 100% greater light intensity* with no compromise to safety. Redesigned to be easier to position and more ergonomic, your patients and your treatment will be better than ever.

New support for your practice
Philips Zoom is funding a worldwide public relations campaign to drive patients to dental professionals, and new programs to help you quickly and easily integrate Zoom into your practice.

“With this new light the patient’s sensitivity is minimal, making the procedure much more pleasurable.”
—Juban Dental Care - Baton Rouge, LA

Reveal your patients’ most healthy, radiant smile with Philips Zoom WhiteSpeed
Give your patients the immediate white smile they want and the healthy white teeth they need, with the new Philips Zoom WhiteSpeed. The number one patient-requested professional teeth whitening brand† is clinically proven to deliver superior whitening results in just one office visit. WhiteSpeed is shown to whiten teeth up to 8 shades in 45 minutes; that’s 40% better than a comparable non-light activated system.‡

The new Whitening LED Accelerator’s variable intensity settings allow you to customize the output to ensure each patient receives a more comfortable treatment. 91% of patients experienced little to no sensitivity with Zoom WhiteSpeed.¶

Now better than ever — Philips Zoom WhiteSpeed.

* In the U.S.
† Compared to Philips Dash
‡ Results based on 500 person study Data on file.
Saliva and Oral Health

By Michael Edgar, Colin Dawes & Denis O’Mullane and contributed to by Helen Whelton

Excerpt from Saliva and Oral Health - An Essential Overview for the Healthcare Professional, 2012

The presence of saliva is vital to the maintenance of healthy hard (teeth) and soft (mucosa) oral tissues. Severe reduction of salivary output not only results in a rapid deterioration in oral health but also has a detrimental impact on the quality of life for the sufferer.

The anatomy and physiology of salivary glands

Patients suffering from dry mouth can experience difficulty with eating, swallowing, speech, the wearing of dentures, trauma to and ulceration of the oral mucosa, taste alteration, poor oral hygiene, a burning sensation of the mucosa, oral infections including Candida and rapidly progressing dental caries. The sensation of dry mouth or xerostomia is becoming increasingly common in developed countries where adults are living longer. In addition, polypharmacy is very common among the older adult population and many commonly prescribed drugs cause a reduction in salivary flow. Xerostomia also occurs in Sjögren's syndrome, which is not an uncommon condition.

In addition to specific diseases of the salivary glands, salivary flow is usually severely impaired following radiotherapy in the head and neck area for cancer treatment in both children and adults of all ages. Clearly oral dryness is a problem which faces an increasingly large proportion of the population. An understanding of saliva and its role in oral health will help to promote awareness among health care workers of the problems arising when the quantity or quality of saliva is decreased; this awareness and understanding is important to the prevention, early diagnosis and treatment of the condition.

There is an extensive body of research on saliva as a diagnostic fluid. It has been used to indicate an individual’s caries susceptibility; it has also been used to reflect systemic physiological and pathological changes which are mirrored in saliva. One of the major benefits of saliva is that it is easily available for non-invasive collection and analysis. It can be used to monitor the presence and levels of hormones, drugs, antibodies, microorganisms and ions.

The following information provides an overview of the functions of saliva, the anatomy and histology of salivary glands, the physiology of saliva formation, the constituents of saliva and the use of saliva as a diagnostic fluid, including its role in cancer risk assessment.

Functions of Saliva

The complexity of this oral fluid is perhaps best appreciated by the consideration of its many and varied functions. The functions of saliva are largely protective; however, it also has other functions, including:

Fluid/Lubricant – Coats hard and soft tissue which helps to protect against mechanical, thermal and chemical irritation and tooth wear. Assists smooth air flow, speech and swallowing.

Ion Reservoir – Solution supersaturated with respect to tooth mineral facilitates remineralisation of the teeth.

Buffer – Helps to neutralise plaque pH after eating, thus reducing time for demineralisation.

Cleansing – Clears food and aids swallowing.

Antimicrobial actions – Specific (e.g. slgA) and non-specific (e.g. Lysozyme, Lactoferrin and Myeloperoxidase) antimicrobial mechanisms help to control the oral microflora.

Agglutination – Agglutinins in saliva aggregate bacteria, resulting in accelerated clearance of bacterial cells. Examples are mucins and parotid saliva glycoproteins.

Pellicle formation – Thin (0.5 μm) protective diffusion barrier formed on enamel from salivary and other proteins.

Digestion – The enzyme -amylase is the most abundant salivary enzyme; it splits starches foods into maltose, maltotriose and dextrins.

Taste – Saliva acts as a solvent, thus allowing interaction of foodstuffs with taste buds to facilitate taste.

Water balance – Under conditions of dehydration, salivary flow is reduced, dryness of the mouth and information from osmoreceptors are translated into decreased urine production and increased drinking.

Changes in plaque pH following sucrose ingestion and buffering capacity in the presence of saliva.
Following a sucrose rinse the plaque pH is reduced from an approxi-
manitely 6.7 to less than 5.0 within a few minutes. Demin-
eralisation of the enamel takes place below the critical pH of
about 5.5. Plaque pH stays be-
low the critical pH for approxi-
mately 15-20 minutes and does not return to normal un-
til about 40 minutes after the
ingestion of the sucrose rinse.
Once plaque pH recovers to a
level above the critical pH, the
enamel may be remineralised
in the presence of saliva and oral fluids which are super-
saturated with respect to hy-
droxypatite and fluorapatite.

Anatomy and histology

The type of salivary secretion
varies according to gland. Se-
creations from the parotid gland
are watery in consistency, those from the submandibu-
lar and sublingual glands, and
particularly the minor mucous glands, are much more vis-
cous, due to their glycoprotein content. The histology of the
gland therefore varies accord-
ing to gland type.

All of the salivary glands de-
velop in a similar way. An
in-growth of epithelium from the
stomodeum extends deeply into the ektomesenchyme and
branches profusely to form all the
working parts of the gland. The surrounding ektome-
enchyme then differentiates to form the connective tissue
component of the gland i.e. the capsule and fibrous septa that
divide the major glands into
lobes. These developments take place between 4 and 12
weeks of embryonic life, the
parotid being the first and the
sublingual and the minor
salivary glands being the last
to develop. The minor salivary
glands are not surrounded by
a capsule but are embedded within the connective tissue.

Formation of saliva

The fluid formation in salivary
glands occurs in the end piec-
es (acini) where serous cells
produce a watery seromucous
secretion and mucous cells
produce a viscous mucin-rich
secretion. These secretions arise by the formation of inter-
stitial fluid from blood in capil-
laries, which is then modified by the end piece cells. This
modified interstitial fluid is secreted into the lumen. From
the lumen it passes through the ductal system where it is
further modified. Most of the modification occurs in the stri-
aled ducts where ion exchange takes place and the secretion is
changed from an isotonic solu-
ton to a hypertonic one. The
composition of saliva is further
modified in the excretory ducts before it is finally secreted into
the mouth.

Physiology of saliva forma-
tion

Composition and flow rate

The composition of saliva var-
ies according to many factors
including the gland type from
which it is secreted. Salivary
flow rate exhibits circadian
variation and peaks in the late
afternoon. Normal salivary
flow rates are in the region
0.5-0.4 ml/min when unstimu-
lated and 1.5-2.0 ml/min when
stimulated. Approximately 0.5
– 0.6 litres of saliva is secreted
day. Many drugs used for
the treatment of common con-
ditions such as hypertension,
depression and allergies (to
mention but a few), also in-
fluence salivary flow rate and
composition.

Saliva as a diagnostic fluid

Caries risk assessment

A number of caries risk as-
sessment tests based on mea-
surements in saliva have been
developed, for example tests
which measure salivary mu-
trans streptococci and lec-
 bacilli and salivary buffering
capacity. High levels of mutans strep-
tococci (>105 CFUs per ml saliva)
are found amongst individuals
with frequent carbohydrate
consumption and are also as-
sociated with an increased risk
of caries.

Buffering capacity – Higher
buffering capacity indicates
better ability to neutralise acid
and therefore more resistance
to demineralisation.

In addition to showing promise
for the prediction of periodont-
al disease progression and
caries levels, analysis of saliva
has been employed in phar-
macogenomics, as well as the
evaluation and assessment of
diabetes.

Saliva not only plays a pivotal
role in the maintenance of a
healthy homeostatic condition
in the oral cavity, but contrib-
utes to one’s overall health and
wellbeing. Components from
saliva interact in differ-
ent ways with the dentition
to protect the teeth. Patients
who lack sufficient saliva suf-
f er from many oral diseases, of
which caries is only one. To al-
leviate discomfort they are ad-
vised to use saliva stimulants
and substitutes which have the
function of lubricating the
oral surfaces. Chewing gum is
increasingly being viewed as
a delivery system for active
agents that could potentially
provide direct oral care ben-
cfits, as it promotes a strong
flow of stimulated saliva.

The fourth edition of Saliva
and Oral Health is available in
hard copy or e-book format at
www.shancocksltd.com. A full
list of references is included in
the book.

*Underwriting costs for this
Saliva and Oral Health edition
were provided by Dr. Michael
Dodds and The Wrigley Com-
pany.

Dr. Dina Debaybo

“Pediatric dental
community has evolved”

By Dental Tribune Middle East

Dubai, UAE: Recently the
Emirates Pediatric Dental
Club was formed spearheaded
by elected President (with the
support of Crest & Oral-B) Dr.
Dina Debaybo – Assistant Clinical Professor of

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ORAL HEALTH
Contact Information

Dr. Dina Debaybo
+971 50 625 5146
dinadebaybo@yahoo.com

Drs. Nicolas and Asp Dental Center
(Jumeirah 1 Pediatric Branch)
P.O. Box 53382
Dubai, U.A.E.

www.idem-singapore.com

Pediatric Dentistry at the Faculty of European University College. We interview Dr. Dina Debaybo to find out the plans for the coming year of the newly found EPDC.

DTME: Dr. Dina, Congratulations on your presidency position and the great achievement of forming the Emirates Pediatric Dental Club. Could you introduce yourself shortly?

Dr. Dina Debaybo: I trained as a dentist at Saint Joseph University in Beirut Lebanon then moved to Paris in France where I was awarded a Certificate of Advanced Graduate Studies (CAGS) and a Masters’ (MSc) in pediatric dentistry. Upon graduation I moved to Dubai in 1991 where I held different positions in Dubai Health Authority and the Ministry of Health for 16 years. An experience that really shaped me as a professional in skills, ethics and values. I met exceptional leaders such as Dr Tariq Khoory (Head Dental Services, Dubai Health Authority (DHA) and Dr. Aisha Sultan (Head of Dental Chapter Emirates Medical Association EMA and Head of Dental Services, Ministry of Health in Northern Emirates). I then got involved in establishing the Dubai campus of the Boston University School of Graduate Dentistry project in Dubai Health Care City. It was an eye opener on academics in post graduate education. In 2010 I joined the first Pediatric Dental Center in the UAE, established by Dr Elhami Nicolas as part of the Nicolas and Asp Dental Centers, where preventive and comprehensive services are offered within the scope of practice of the American Academy of Pediatric Dentistry (Guidelines of the APD).

Please elaborate on the process behind the formation of the EPDC and its members?

The pediatric dentistry community has evolved and blossomed to reach more than 100 professionals within the last 4 years with the establishment of the post graduate pediatric dentistry programs in the UAE and with the influx of specialists from overseas. Joining efforts with the mission to provide quality care to younger ones can better be realized by gathering all efforts and joining in the path of excellence. Each child in the UAE has a fundamental right to his complete oral health care. The Emirates Pediatric Dental Club has a dutiful obligation to ensure that all children living in UAE receive high quality and accessible oral health care.

What are the plans for the coming year 2014 for you and the EPDC?

The plan for our members is to provide advanced specialized continuing dental education for pediatric dentists. We are looking forward to working closely with The European University College for their hosting of the European Academy of Pediatric Dentistry (EAPD/MENA Middle East chapter and North Africa) chapter from 27th until the 29th of March 2014. We are also planning to have collaborative sessions during the Asia Pacific Dental Congress (APDC) from 14th until 17th June 2014. Also on the agenda is a side event to AEEDC from 5th until 7th of February 2014. On a larger scale we will be trying to establish a close netted cooperation with the already established GCC Pediatric Dentistry Associations since we do face the same prevalence and incidences of oral health diseases in children.

What are some of the biggest challenges for Prevention and Oral Health awareness in the Emirates?

Evidence based research has provided us with data relevant to the caries index in the UAE. The index of caries in 6 year old children is 8 to 9. More explicitly, it reveals 8 to 9 serious primary teeth in the oral cavity of a 6 year old. The basic need of chewing is jeopardized leaving children victim to soft diet. Multiple episodes of emergencies due to dental pain are witnessed, whereby children miss school and experience severe episodes of spontaneous pain at night. Speech problems arise since the phonetics of letters rely on the palatal surfaces of upper and lower anterior teeth. Esthetic issues aggravate already challenges of bullying at school with missing front teeth or unaesthetic image of large cavities anterior dark lesions. At last but not least, loss of space due to premature extraction of primary teeth and loss of mesio-distal diameter have seen an influx of rise in orthodontics needs.

How does the EPDC plan to elevate the level of dental hygiene awareness and promote preventive oral health measures across UAE?

We know that changing habits is very challenging. In order for it to be successful it has to follow the bio-psycho social model where the habit is treated as a community based initiative where we work closely with government entities (Dubai Health Authority and Ministry of Health) to help in their already established extensive oral health programs starting with pregnant mothers, moving to pediatrics during infants vaccine visits, involving nurses and working closely with school health programs. It will also involve including preventive treatment programs for permanent teeth as soon as they erupt (Fissure sealants). We will attempt to help out in the different levels of this chain reaction. Close cooperation has already been established with large oral health private players on the market who plan to help us out as part of their citizen responsibility initiative of giving back to the community (Procter & Gamble, Johnson and Johnson and Glaxo Smith Kline corporations).

Would you like to share additional information with the readers?

The establishment of the Pediatric Dentistry Chapter of the Emirates Medical Association is aimed at making a difference in children’s lives, all children, healthy and less healthy children. The community is faced with new challenges with Children with Special Needs. Behavior problems under the larger umbrella of Autism Spectrum Disorder is adding more difficulties to families. Working closely with all community groups is our daily endeavor. We will keep trying and learning in the long journey towards a caries free community. Sincerest thanks for your close interest in Pediatric Dentistry.

DTME: When can we expect the first Pediatric Dentistry forum to take place?

A first Pediatric Dentistry Conference is planned in 2014 with the launch of the EPDC. It will also involve including preventive treatment programs for permanent teeth as soon as they erupt (Fissure sealants). We will attempt to help out in the different levels of this chain reaction. Close cooperation has already been established with large oral health private players on the market who plan to help us out as part of their citizen responsibility initiative of giving back to the community (Procter & Gamble, Johnson and Johnson and Glaxo Smith Kline corporations). Would you like to share additional information with the readers?

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European University College

By European University College

European University College (EUC) is the first dental postgraduate institute in the Middle East to provide dental postgraduate education reflecting “Euro Western” standards of dental education and patient care. The College was founded on November 1st, 2006 and licensed as Nicolas & Asp Postgraduate Institute. The Institute underwent considerable growth and change and in 2009 was approved to operate the Abu Dhabi Emirate by the Abu Dhabi Education Council (ADEC). Further expansion resulted in Ministry of Higher Education and Scientific Research approved relicensing as Nicolas & Asp University College on August 23, 2009 and then European University College in 2011. EUC continues to expand and plans to add two more colleges and satellite teaching clinics in the near future.

EUC operates from a 17,000 sq. ft state-of-art facility in Dubai Healthcare City (DHCC) and is comprised of 32 dental chairs, 7 seminar and lecture halls, a pre-clinical laboratory, and a general anesthesia facility; in addition, EUC maintains a lecturing facility in the Emirate of Abu Dhabi.

EUC offers the following programs:
- 3-year Master degree program in Orthodontics
- 3-year Master degree program in Pediatric Dentistry
- 3-year Master degree program in Endodontics
- 3-year Master degree program in Restorative & Prosthodontics
- 2-year program in Advanced Education in General Dentistry
- 1-year modular Oral Implantology Diploma
- 2-year Associate Degree in Dental Assisting program

Since EUC began postgraduate educational programs in 2007, 115 dentists have been admitted in various programs and, to date, 52 have graduated.

The student body is comprised of individuals from 25 countries and is represented by many cultures; the country with the largest representation is the United Arab Emirates (35%).

Qualident is standing in the 1st line to improve the communication between Dentist & Dental Lab in the region

By Qualident Dental Laboratory

As communication between the lab and clinic is important, and organizing the lab work between clinic and lab is delicate, Qualident Dental Laboratory is glad to announce the launch of the new web-based online ordering system, which will provide easy access, follow up and less time consuming to each dental case sent to Qualident lab. This new software is easy to use and understand, thus allowing the dentists to submit new cases, track existing cases, and view their billing information.

As now, it is easier and faster for dentists to communicate with the lab by the Dentist Messaging tool, regarding a Case or General message they would like to send, and receive with shorter time.

In addition, financial access will allow accountants or den-
FKG Dentaire has inaugurated its Dubai based ME-A Office and Training Center

Managing Director of Dubai Medical Equipment, Dr. Omar Shuja'a, added: "The training in the dental business is extremely important as education is a key factor of achievement. We must help dental professionals to know how to use the products in the right way and have an excellent success rate with FKG Dentaire Products. Dubai is becoming central in the dental industry and having FKG Dentaire products is a great opportunity for use."  

FKG Dentaire Training Center in Dubai is open to anyone who wants either to get trained in endodontics or just want to discover FKG Dentaire top quality instruments.

New top endo products to be presented by FKG Dentaire during the AEEDC

By FKG

DUBAI, UAE: Following the opening of its high end ME-A Office and Training center in Dubai UAE, FKG Dentaire is increasing its activity in the region to spread through Workshops, lectures, congress and close work with universities, its unique technologies:

- Unique rounded safety tip
- Alternated and sharp cutting edges to avoid screwing-in effect
- Exclusive electrochemical polishing to increase resistance to torsion and cyclic fatigue of NiTi
- SafetyMemoDisc (SMD) reliable monitoring of metal fatigue and number of uses.

Holding a booth for the 2014 AEEDC (Booth 610, hall 8) FKG is also inviting two international endodontists renowned for the High quality of their work to share their FKG Dentaire experience.

By FKG

DUBAI, United Arab Emirates: Couple of months after announcing a stronger presence in the Middle East and Africa region, FKG Dentaire has officially opened its Dubai UAE based ME-A Office and Training Center: FKG Dentaire JLT.

The official opening ceremony has gathered some of the most important dental professionals in UAE and Middle East. Among them Pr. Roger Rebeiz, lecturer (Dental College, Lebanon), Dr. Safi Al-Dabbagh (Sharjah, UAE) for a workshop.

The Consul General of Switzerland, Mr Deplazes, was also present and explained how Switzerland is so specialized in high tech and precision mechanisms.

According to ME-A Director, Alexandre Mulhauser: “FKG is moving Endodontic standards forward thanks to a new generation of high quality products made by and for dentists and endodontists. In its process of development of instruments our team always focus on perfection of the instrument, quality of treatment for the patient and comfort for the dentist. Having a high end training center in the core of Middle East is a great opportunity for local and international dental professionals to be ready to shift to new standards of endodontic treatments”.

Dr. Gilberto Debellian Oslo, Norway will lecture on FKG Dentaire experience.

And Prof. Roger Rebeiz Beirut, Lebanon, founder of the "Dental College" will give a lecture on “The clinical approach of the root canal shaping with nickel-titanium rotary instruments”.

Some Hands on and workshops will be done on both FKG Dentaire stand during the AEEDC and at FKG Dubai Training Center.

Contact Information

For more information on the Dubai training center: info@fkg.ch or get in touch with your local FKG Dentaire distributor, for all other enquiries: FKG Dentaire SA Crêt-du-Locle 4 2304 La Chaux-de-Fonds Switzerland T +41 32 924 22 44 info@fkg.ch / www.fkg.ch

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University of Sharjah College of Dentistry signs MOU with Crest & Oral-B

By Dental Tribune Middle East

Salary, UAE: In line with the University of Sharjah's interest in the development of students' academic excellence, and its belief in the importance of oral health education and promotion, the College of Dentistry, signed a memorandum of understanding (MOU) with Crest & Oral-B.

This event took place on October 27th, 2013 during a ceremony at the Medical & Health Sciences Campus, University of Sharjah. The agreement was signed by Dr. Guy Goffin, Director of Professional and Scientific Relations EMEA, Procter & Gamble, and Professor Hossam Hamdy, Vice Chancellor for the Medical & Health Sciences Colleges. The signing was witnessed by Professor Richard Simonsen, Dean of the College of Dentistry, and Dr. Ashhad Kazi, Professional & Academic Relations Consultant (AP) for Crest & Oral-B. The MOU includes an agreement to hold continuing educational courses, participate in research at the newly established Oral Health Center, University of Sharjah as well as supporting the undergraduate students' education program at the College of Dentistry.

Prof. Eng. Samy A. Mahmoud, Chancellor of University of Sharjah, delivered his address by extending his congratulations to both parties emphasizing that this agreement reflects the great need for education and training in the field of preventive dentistry in the region. Prof. Hossam Hamdy added that this collaboration with Crest & Oral-B is in line with the goals and objectives of the Center of Oral Health that will take the lead in oral health education and research in the area of preventive dentistry.

In his speech, Dr. Guy Goffin added: “The vision of Procter & Gamble Oral Care is to improve oral health of more people in more parts of the world more completely”. He also remarked that “Thanks to a strong emphasis on research and development, Crest & Oral-B became a global leader in oral health products like dentifrices, brushes, floss and mouthwash. Within Procter & Gamble (the parent company), we deliver education on the science of preventive dentistry and oral care products for dental students and populations at large. That is why this agreement with Sharjah University is so important for both partners.”

Professor Richard Simonsen, Dean of the College of Dentistry, University of Sharjah expressed his enthusiasm regarding the collaboration between the College of Dentistry and Crest & Oral-B, indicating that one of the important missions of the College of Dentistry is to serve the community and reduce the burden of oral disease in the UAE population and that this agreement will support this mission towards better oral health for the community.

The signing ceremony took place in the presence of Prof. Rani Samsudin, Professor of Oral and Maxillo-Facial Surgery and former Dean of College of Dentistry, Dr. Manal Awad, Associate Professor of Community Dentistry and Director of the Center for Oral Health and Dr. Hatem El-Dananhouri, Chair of Continuing Dental Education and Professional development, College of Dentistry.

DTMEA was present to cover the event.
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Everyday, day after day, your patient’s denture will have to support thousands of tasks. So it’s little wonder that even people with well-fitting dentures will have problems with trapped food, fears their denture will dislodge or a concern about bad breath.

This is where a Daily Denture Care Regime from Corega fits in

Corega adhesive
- Proven to improve bite force by 38% in well fitting dentures,¹ which improves your patient’s ability to eat difficult foods
- Provides all day hold and helps seal out 74% more food particles compared to no adhesive,² helping to reduce the irritation and pain they cause

Corega cleanser
- Proven to manage denture hygiene effectively³
- Reduces plaque build-up with proven¹ bactericidal⁴ and antifungal activity⁴

1 denture care regime

By recommending a Daily Denture Care Regime to your patients with dentures, you can be assured that you are helping to improve their comfort and confidence every day, day after day

Vertex Dental worked out in cooperation with ACTA University and Fontys University the BMS Project for Development of alternative denture base materials: Rapid Prototyping, i.e. stereolithographic (STL), milling (CNC) and laser sintering (SLS); Thermoplastic products and techniques, i.e. PA, COC en SAN.

ThermoSens is the innovative, virtually unbreakable, new monomer-free rigid denture base material (Flexural modulus & strength, Charpy impact strength notched, Toughness test, Hysteresis, Polish).

The development aimed ThermoSens to be:
- Low allergen denture base material with reliable performance and acceptable cost price
- Used for partial and full dentures
- Used in combination with current techniques
- Less shrinkage
- Biocompatible and complying to ISO standards and CE mark
Post in-surgery whitening: What next?

Chris Dodd
Managing Director of Purity Laboratories, discusses how to maintain the new, white smile after professional in-surgery whitening.

New research by the British Dental Health Foundation (1) found that one in five people now spend more money per month on oral care products, compared with hair products, skincare, fragrances and cosmetics. And, having seen a huge increase in the demand of teeth whitening over the past decade, it’s clear that the quest for a “Hollywood smile” is unlikely to end any time soon!

In the past, patients who wanted a brighter shade through treatment would have sought out strips or laser treatment. 

However, whilst we spend our time educating and encouraging patients to stop smoking after whitening treatment, reduce the intake of coffee and staining foods, brush teeth twice daily and cut down on sugary snacks, the truth is that once the patient leaves the practice the maintenance of their new, white smile becomes their own responsibility.

The lows...

Patients are keen to minimise the effect of “bounce back”; a process whereby the teeth rehydrate and slightly darken a day or two after treatment. Enamel is naturally subject to abrasion but even more so after in-surgery treatment; because Hydrogen Peroxide and Carbamide Peroxide reduce the hardness of the enamel. Therefore, it is even more important that patients avoid highly abrasive whitening toothpastes as they can damage the teeth and gums, removing the lustre of the teeth and dulling a beautiful smile. By recommending a low-abrasion whitening toothpaste, you can ensure your patients protect and restore the enamel calcification lost as a result of the bleaching process, helping maintain their white smile for longer.

The abrasiveness of toothpaste is measured according to the BDA (relative dentin abrasivity) value, and any value over 100 is considered to be “abrasive”; something which is unfortunately often not included in the marketing or promotional information supplied with toothpaste products, thus masking a common problem.

Interestingly, a USA-based independent testing laboratory (July 2012) tested the abrasion levels of 15 toothpastes. The results confirmed that Beverly Hills Formula’s whitening toothpaste is less abrasive than other leading brands of both whitening and regular toothpastes. In fact, Beverly Hills Formula Perfect White scored as low as 95 on the Abrasivity Index Table, whilst some leading competitors displayed levels as high as 158.

And the highs...

To support these abrasion results, an invited laboratory study found that Beverly Hills Formula whitening toothpastes remove stains in just one minute. Beverly Hills Formula Perfect White (coded as “PLMO/1x1158 Stain Removal” in the study) toothpaste proved effective at removing stains with almost 90% of stains. Meanwhile, other leading brands of whitening toothpastes scored as low as 41%, a remarkably low percentage, considering water alone removes 48% of staining (2).

These results signal a break-through in oral care and aesthetics, as this new generation of whitening toothpaste offers a tooth-friendly solution post-in-surgery treatment, helping patients restore their teeth to a natural white colour for longer.

Whitening - no longer a sensitive issue

After in-surgery tooth whitening treatment patients can experience sensitivity, this can be anything from a mild twinge to having severe dis-comfort that can last for several hours, or even days. For these patients, why not recommend the use of a toothpaste that contains Potassium Citrate. This desensitising agent relieves tooth sensitivity by effectively blocking the transmission of pain sensation between the nerve cells that enable cold and hot sensations to reach the tooth’s nerves.

Those who require extra sensitivity relief alongside an extra whitening boost will appreciate the benefits toothpastes like Perfect White offer.

Combining the advanced Hydrated Silica for high performance whitening with Potassium Citrate for rapid sensitivity, patients can start to enjoy acidic foods and drinks once again whilst leaving teeth looking and feeling brighter. Regular use will also help to prevent tartar build-up and relieve tooth sensitivity, effectively protecting and whitening teeth whilst allowing patients to maintain good oral care.

The bright side of whitening

As patient safety, protection and awareness of tooth whitening remains a prime concern for you and your team, it’s essential to promote a consistent oral health message. Communicating the importance of good at-home oral care routines, through the use of whitening toothpastes after in-surgery whitening treatments, will help patients maintain a white smile and a healthy mouth for longer.

References

1. Research conducted on behalf of the British Dental Health Foundation by Atomik Research, February 2015. Sample size: 2,084.


Contact Information

Tel: +353 1842 6611
info@beverlyhillsformula.com
www.beverlyhillsformula.com
offer working very closely with our Dealers and why doctors choose our company.

Starting with the inauguration of the Carestream Training Centre at Ajman University, can you elaborate on the plans for the Middle East?

Fritz Dittmann: The main plan is obviously growth. You have to grow to sales and services side by side. With our huge install base in the Middle East we are represented in most countries in the region so our distribution channel is set, running and effectively working. We are working on constantly helping our dealers to facilitate better training and provide easier access to training to the end customer. That was the purpose of setting up the training centre here at Ajman University. The future looks fantastic, we have a product pipeline which is really exciting. Next year we are launching three new products of which one is very exciting. Next year we are launching three new products of which one is very exciting. Our new scanner can make a crown. Recently our Research & Development team just passed the CSS500 which is the powder free scanner allowing dentists to scan the teeth without taking impressions. The future is very exciting. The Carestream is about restorative dentistry, taking digital dentistry and expanding it as we all know the future is digital. Making restorations and crowns is a big future for us.

We are excited to be able to take an existing product like the CBT image and turn it into an image from which you can make a crown. Recently our Research & Development team just passed the CSS500 which is the powder free scanner allowing dentists to scan the teeth without taking impressions. The future is very exciting. The Carestream is about restorative dentistry, taking digital dentistry and expanding it as we all know the future is digital. Making restorations and crowns is a big future for us.

Why did you choose Ajman University as your partner?

Fritz Dittmann: We had three options, either use our office at Safa Park, Dubai, Renting a new facility or work with a university. Considering our options we had to think about investing in the expensive equipment, have easy access for our customers and we needed to have a leaded room with legislation to be able to take x-rays. Ajman University was the perfect choice and once we knocked on the door it happened immediately. Ajman is very close to Dubai, a thirty minute drive and once we met the people and visited the location we were convinced this was the place for our Centre.

The university also was planning to further enhance their Research & Development so the vision is a good fit for both parties. What we certainly did not want to have were our units just standing around in a room, invest a lot of money and just use them during training courses. This is a great joint venture and the university gets very high technological equipment which they can use as and when they need it. At the same time we can showcase it to potential customers and doctors to answer some of the clinical questions of our existing clients.

By Dental Tribune Middle East

DUBAI, UAE: The 1st Ormco MENA Symposium took place at the Emirates Towers in Dubai, UAE, Dental Tribune Middle East covered the historic event and caught up with Xavier Cherbavaz, Director for France and Emerging Markets, Ormco.

By Dental Tribune Middle East

Ormco is the main products used in orthodontics to the high end such as the new Scansmart, which is a system approach but at the same time there is an example of non-humanized technology. We only use bits of it. We have our technology and we adapt to use the full spectrum and understand what the benefits are when using it to the maximum.

How do you make sure the orthodontists pick your system with the highly competitive industry in the region?

Innovation is one of the major parts, for example DAMON not a bracket but a system, an association of different appliances, brackets, wires, tubes and more which shows our system approach but at the same time we deliver not only products but total solutions. Our aim is to provide products and solutions that help doctors to achieve better clinical outcomes for the patient and to improve their professional life in the office. Our vision and our mission is “Your Practice is Our Priority” which covers not only our products but also education. One of the core advantages of Ormco is our education program and we are showing it here today, more than 250 people with over 100 doctors and more than 10 speakers from 5 different continents.

What support do you provide to your clients?

Education is the main driver. This symposium is a snapshot of what we have been doing over the years and achieved and achieved. We have a large number of workshops starting with three levels including study clubs. The idea is to teach and assist the clients to continue to learn. At our workshops in these three days we were showing presentations with stats pointing out to our current DAMON users how they can leverage the technology and system to hig-

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