Soft Tissue Engineering With Native Collagen Matrixes

By Dr. Hueskens

Mucogingival surgery can be divided into four objectives:
- Increase of keratinized tissue around teeth and implants
- Cover denuded root surfaces
- Augmentation of papillae
- Regeneration procedures as ridge augmentation.

All these indications have been treated in the past with free gingival or connected tissue grafts harvested from the patients palate.[1] The fact that a second surgical site is necessary and that due to complications as bleeding or pain - the procedure is not very comfortable for the patient it is often refused. The amount of harvested soft tissue material is very limited too.[2] Therefore the use of xenogenous materials can be an very interesting alternative and was well investigated in the past.[3]

Since 2010 we have now three years of experience with collagen matrixes from native origin (MucoMatrixX, Dentegris Germany). These matrixes are 1.2 to 1.7 in thickness and are available in the dimensions 15X20 mm, 20X30 mm and 30X40 mm. As they come in a dry state they have to be rehydrated before use. Therefore the MucoMatrixX is hydrated with sterile, physiological saline solution for about ten minutes. It is bendable, sutureable and it can be shaped, both with scalpel or scissors. The matrix has two sides, one that shows little cuts is the bottom side, the upper side shows little pores. The time of resorption is six to twelve month.

In the following cases we show how the collagen matrix works as a perfect substitute for both, free gingival and connected tissue graft.

Case one: Increase of keratinized tissue around teeth.
In the sequence is shown how a matrix is sutured on a recipient site in region 45 to 47 (1a). Therefore a horizontal incision at the mucogingival junction is placed followed by a mucosal flap preparation (1b). The fixation of the matrix was made by some single sutures that can be removed after four days post operation because of the fast revascularization of the graft (1c). The next pictures show the site after two weeks (1d) and six month post operation (1e). A perfect result of enlarging the keratinized tissue could be achieved.

Case two. Root coverage.
In this sequence is shown how the matrix is used to substitute a connected tissue graft to serve in a root coverage procedure in region 33 to 36 (2a). In this case after coronal repositioning of the flap, it is fixed with vertical mattress sutures (2c). Picture 2d showing healing after three weeks, 2e after two years. Region 33 showing starting keratinization.

Case three. Soft tissue ridge augmentation including reinforcement of the distal and mesial papilla.
This sequence shows the re- construction of the resorbed ridge after an extraction of tooth 12, due to a bridge 13 to 11 and 21 (3a). In this case after a palatal incision a mucosal flap is prepared and enlarged direction labia (3b). Two layers of the matrix are positioned under the flap and the sutures fixing the flap (3c). The provisional shows the good primary success in reconstruction of the defect (3d/3e). The documentation of the following healing period showing a perfect long term treatment success. Remarkable is the gain of the papilla from picture 3g to picture 3h.

Case four. Closure of the socket during an immediate implant placement proce-
“Using short implants you are much more conservative”

By Dental Tribune Middle East

UBAI, UAE: During the Bicon Short Implant Forum 2013 in Dubai, UAE we caught up with Dr. Michael Ziegler, Clinical Director of the American Dental Clinic in Dubai to understand his experience with Bicon.

DTME: Dr. Michael Ziegler, have you been here a long time in the Middle East and we are eager to learn more from you.

Dr. Michael Ziegler: Well I have been here for over 27 years, actually I opened my clinic when Emirates Airlines opened their office who grew a little faster than I did but I have always loved the region and had a great time here.

How long have you been using Bicon?

For about 5 years now how-ever I have known about Bicon for a long time but I just was not quite ready to embrace and take the jump into Bicon mainly due to the fact that I did not know enough about it and everybody was talking against the usage of short implants and I believed that too but a lot has changed since. What changed was that I am looking for something conservative and something that is consistent which works. These two points work for me and for my patient. Bicon is conservative because in my hands I had a lot of problems before to make bone. By using short implants you are much more conservative and it is a lot easier for the patient and with less time involved, risk with a consistent outcome. You can top these points and Bicon offers all of these.

Would you advise your dental col leagues to use Bicon? How is the learning curve?

When I started using Bicon I was on my own over here. There is a learning curve but once you understand it, it becomes simple and you have more control compared with other systems. The is a learning curve because there is a different way of thinking. One system is a screw and one you tap in so these are two different total concepts, two different healing concepts and the healing process of Bicon is one of the greatest reasons why it is a wonderful implant. The Bicon implant provides room to form a clot or a callus with quick support whereas a screw in implant is very closely associated to the bone so it is a total different type of healing. I have put Bicon in a patient where after drilling the site there was no blood after having lost two implants and absolutely no bleeding and to put a regular implant in there would have been a very scary thing to do. Two years I had put it in and recently the X-rays showed it is working and it is fine. Furthermore, it is suitable for many situations such as periodontal situations and one of the greatest benefits is for sinus lift allowing predictability and easy on the patient.

More or less you have enough experience to share today during your lecture at the Forum?

My lecture will explain a bit about my philosophy and I have been asked to show some of my cases and being amongst the pioneers to use it in the area I will share my experiences with Bicon in areas which it is difficult to use other implants. My presence here today is not to teach the participants but to share my experiences and to show that using the Bicon system works for me and has led to many successful results. Bicon has been good for me.

THE REAL CHOICE for pediatric dentistry

Bicon Short Implant Event held in Dubai

By Bicon

UBAI, UAE: The Bicon Short implant event 2013 has been held on November 14th and 15th at Atlantis the Palm resort in Dubai, UAE. The main speakers were Dr. Vincent Morgan, President of Bicon LLC/Boston; Prof. Dr. Mauro Marincola, Clinical Director Bicon/Italy; Dr. Laura Murcko, Bicon consultant/ Boston; Mr. Paolo Perpetuini, Italy, Bicon International Technician. Additionally two local Implantologist Dr. Kadhim Hindani and Dr. Michael Ziegler spoke about their experiences with Bicon. Dr. Haider Klaider and Dr. Joji Markos assisted the hands on course which also took place.

The 2 day program was organized in Dubai for a delegation of 70 Iranian dentists and was co-organized with the help of the Iranian distributor of Bicon – Mehr Taham Co. In addition, dentist from UAE, Kingdom of Saudi Arabia, Oman, Iraq, Qatar and India formed the group of 112 dentist who attended the theoretical course on the first day with 75 dentist taking part in the hands-on course on the second day. In addition 18 technicians from UAE and Iran attended for education.

Bicon presented proven clinical studies on the 4.0 x 5.0 SHORT implant, TRINIA the metal Free CAD/CAM Solution and Metal Free Fixed Restorations on short implants. Bicon presented guided surgery techniques for the first time to the Middle East dentists. The course attendees received 17 CE credit hours. At the end of the course the attendees received good exposure advantages of the only unchanged implant system since 29 years.

During the hands-on course on Bicon Surgical, Prosthetic, Guided Surgery and TRINIA, dentist took advantage and learned about the product in a practical way. Based on the success of the Bicon Short Implant Forum 2015 in Dubai, Bicon would like to conduct more hands-on courses from coming year 2014 to dentists from the Middle-East region.

Since 1985, the Bicon Dental Implant System has offered dentists a proven solution for missing dentition. The Bicon implant design comprises platform, sloping shoulders and a bacterially-sealed, and 1.5° locking taper implant to abutment connection. With the platform design, cortical like bone forms around and between each plateau. This Hassovian bone allows for the routine use of 5.0mm short implants. The sloping shoulder provides the necessary room for bone to support interdental papillae that are gingival aesthetic. Bicon’s 360° of universal abutment positioning provides for the revolutionary cement less and screw less integrated Abutment Crown™, which consistently provides for a non-metalic aesthetic gingival margin.

Bicon}
“So many features in Bicon make it a unique implant”

By Dental Tribune Middle East

Dubai, UAE: Dr. Himdani, PhD., M.Sc., B.D.S.

Since 1980, Dr. Al Himdani started practicing as Oral Implantologist in one of the most famous hospitals in Paris "Cochin Hospital", he was one of the founders of the first University Diploma "Msc. Oral Implantology" in France & Europe. In 2002, Dr. Al Himdani arrived in the Emirates as a Consultant Implantologist & Maxillo-Facial Surgeon in Al Zahrah Private Hospital and in 2003 he established his own clinic "French Center for Dental Implant" where actually practiced exclusively his speciality as Oral Implantologist.

DTME: When was the first time you started using Bicon?

Prof. K. Al-Himdani: About 6 years ago when my friend a Dr. M. Al Jabbawi from U.K. "whom I would like to thank him" introduced it to me and from that time Bicon solved approximately 90% of problems that I faced with all other implant system which I have used during my 30 years in this field.

What makes Bicon different from other implant systems?

So many features in Bicon make it a unique implant starting from:
1. Implant macro geometry;
   * Its platform switch & Sloping shoulder which enhances hard & soft tissue growth improving the quality of biological width and so the final Esthetic outcome.
   * Its plateau design which increases its surface area to 30% & improving the quality of bone regeneration around the implant, so behind these 2 features we find the huge success of its short implant & in Immediate placement after tooth extraction with Compro- mise bone to avoid the traumatic & caustic bone grafting procedures.

2. Surgical Kit which gives the ability for Manual Bone Manipulation "Splitting & Expanding" and the collection of precious Autogenous Bone, maneuvers which help to overcome "to a certain limit" ridge deficiency avoiding so bone grafting procedures. Beside that the 50 rpm of motorized surgical procedure decreases, if not eliminate the chance of bone damage during host preparation.

3. Prosthetic restoration with its unique implant connection especially with the absence of internal screw has advantage regarding crown's reparations without traumatizing the implant and oral tissues. On top of that, the ability of the use of Integrated Abutment Crown to overcome the aesthetic result of the use of screw retained crown restoration in case of palatal oriented implant placement.

What is your advice for Dental Colleges?

Implant practice is very exciting field from all points of view “Functional, Esthetic, Healthy, ...” and it seems to be easily achieved, but to obtain a durable successful result needs a proper implant selection with good understanding of patient risk factors which are susceptible to compromise our final result.

Contact Information
Prof. Kadhim Al-Himdani
Ph.D., M.Sc, B.D.S.
Maxillofacial Surgeon & Oral Implantologist Paris VII, France
Tel: +971 6 5722555
Fax: +971 6 5746886
Mobile: +971 50 462 1479
PO.Box 69676
Sharjah, UAE
5th DFCIC and AAID 2nd Global Conference hosted 1,358 world experts in Aesthetics and Implantology at Jumeirah Beach Hotel Dubai, UAE

By Dental Tribune Middle East

Dubai, UAE: DFCIC and AAID together welcomed over 1,358 world experts in Aesthetics and Implantology from 50 countries on 09th - 10th November 2013 at Jumeirah Beach Hotel, Dubai. With the excellent ambiance and cozy atmosphere the conference again provided warm exceptional networking opportunities, connecting the leaders in the field of Aesthetic Dentistry & Implantology – practitioners, researchers and industry players. The organizers, CAPP, AAID and Emirates Dental Society with the support of Saudi Dental Society and Lebanese Dental Association achieved one more time a great record of attendance and established a reputation as the industry’s leading international conference.

Bringing together industrial leaders and professional practitioners, the conference not only delivered extensive scientific knowledge but gave way for an excellent opportunity to present the latest advancements and developments within Aesthetics and Implantology.

The sponsors included Sirona, Ivoclar Vivadent, 3M ESPE, Crest & Oral-B, GSK, Phillips

Dr. Munir Shwadi (left) and Dr. Andreas Kurbad (right) discussing questions

Excellent ambiance and cozy atmosphere at Jumeirah Beach Hotel Dubai, UAE

Dr. Mohammad Al-Obaida (President SDS) shakes hands with Dr. Elie Maalouf (President LDA) at 5th DFCIC

Demonstrations at the product display area by Dr. AbdelAziz Yehia, Sirona Middle East - Business Development Manager CADCAM

CAPP - Silver Sponsor at the 5th DFCIC

Dental Tribune Middle East Nov-Dec edition presented to Dr. Elie Maalouf (President LDA)
Mouth cancer awareness month

By Victoria Wilson, Dental Hygiene Therapist

DUBAI, UAE: For the month of November ‘Mouth Cancer Awareness Month’ runs throughout the UK. In support of ‘Mouth Cancer Awareness Month’ Dr Roze & Associates Dental Clinic, wanted to play our part in contributing to making our patients and colleagues more aware of the risks, signs and symptoms of mouth cancer in the UAE, by offering complimentary oral cancer screening in November. Dr Nigel L Carter OBE BDS LDS (RCS) Chief Executive of the British Dental Health Foundation, kindly agreed to support us in our work.

Monday 16th December marked our partnership with CPS Clinical Pathology Laboratory in Dubai, for an evening of lectures. Victoria Wilson, Dental Hygiene Therapist at Dr Roze & Associates Dental Clinic, began the evening with a lecture on ‘Mouth Cancer Awareness’, followed by Dr Peter Cruse from CPS, who lectured on ‘The Pathology of Oral Cancer’.

In reference to publications from the British Dental Health Foundation 400,000 cases of mouth are diagnosed world-wide every year. In the UK research reveals there has been a 50% increase in Oral Cancer since 1990. The prevalence in youngsters is increasing, Early diagnosis is key, and can increase survival rate by 90%.

The key message is ‘If in doubt, get checked out’. Any ulcers, white patches, red patches, lump, swellings that don’t go within 2-3 weeks, visit your doctor or dentist. Create awareness of the main risk factors associated with mouth cancer. The main risks are smoking, alcohol, poor diet, HPV (Human papillomavirus), smokeless tobacco (betel nut, naswara, paan, gutka, areca nut). Due to recreational

Dental Hygiene

Dr. Roze & Associates Dental Clinic
smokeless tobacco use in India it is the number one form of cancer.

Everyone knows about the pink ribbon for breast cancer awareness, and now it is time for everyone to know about the blue ribbon for mouth cancer awareness. ■

Sirona has always been the leader in producing surpassed innovative products

By Dental Tribune Middle East

DUBAI UAE: DTME A readers and e-followers are being updated with the brilliant PR which is behind Sirona. Constant updates, tweets and facebook likes reveal the latest Research & Development of The Dental Company from Germany. We interview Dr. Amro Adel – Area Sales Manager GCC & Pakistan Country Manager Saudi Arabia – Private Sector

Dr. Amro Adel, Area Sales Manager GCC & Pakistan Country Manager Saudi Arabia - Private Sector

Sirona Dental GmbH

Country Manager Saudi Arabia – Private Sector

Sirona has always been the leader in producing surpassed innovative products through the whole product portfolio, thanks for the dedicated management and dedicated R&D department that are keen on keeping the same level by investing a huge budget for this purpose which for sure ends up with products like CEREC Omnican and we always say it is just a start!!

How do you rate the level of dentistry in the Middle East, GCC & Pakistan in particular?

Well in 2015, the level of Dentistry in the GCC took a real downturn towards quality products and services and such detour believing that our products are not just a dental equipment but yet an innovative technology that we need all our customers to make the benefit out of it, so product Knowledge, continuous educational programs are goals everyone in Sirona would deliver anytime anywhere.

What is your impression of the dental industry in Middle East?

Looking at the dental industry in the ME in the past 10 years, I can only have one impression…HERE is Future!!

Sirona is amongst the largest providers of dental products and solutions on the market. What role does digital dentistry

Sirona booth presentation, Platinum Sponsor at the 5th DFC in Dubai will surely reflects on Sirona as one of the leading companies when it comes to quality and I see a bright future in the GCC markets towards Dentistry. As for Pakistan I believe the market is a growing market with a very knowledgeable dental society.

How important is educating the dentist and technician to Sirona?

As a market leader or we say The Market leader in digital dentistry, Sirona portfolio will always cherish such products and we will always be keen that Sirona role in digital dentistry will reflect the power of the company in this sector and thus we will be retain for years and years.

What is the impact Sirona and Digital Dentistry have had on dentists and dental technicians in the Middle East?

Good question can be asked to the customers and I will be so happy to hear their feedback!! But anyhow in general we invest in our products, invest in our customers (allow me to call them Friends) either dentists or Technicians, They in us and I assume the profit both ways is Trustable.

Recently you have launched CEREC Connect in the Middle East, could you emphasize on this new system?

Adding to what we mentioned earlier, Sirona will always invest to reach each and every customer, CEREC connect will be one of such tools, a CEREC software that will allow all dentists and Technicians to communicate and get their digital impressions sent via email generating a new era of Dental office / Dental Lab communication.

Successfully launched in Kuwait two months ago, with a real positive results and customer satisfaction, soon in Saud, UAE and Qatar.

Would you like to share anything else with the readers?

Just to conclude, our commitment in Sirona is trust and we are there to gain it and we will work hard to maintain it as well.

Wish you all a happy New Year 2014.

Contact Information

Dr. Amro Adel

Area Manager GCC & Pakistan Country Manager Saudi Arabia – Private Sector

Sirona Dental GmbH

Country Manager Saudi Arabia – Private Sector

Dr. Roze & Associates Dental Clinic

Dental Hygiene

Dr. Roze & Associates Dental Clinic

Sonicare, Carestream, Invisisalign, Westminster (Oral Health Program) and VITA. Other Industry Players taking part include Middle East Dental Lab, Noble Medical Equipment, Rockey Mountain Tissue Bank, A疗, LLL, Laboratories, Fahmos Intl’, Inman Aligner, Dentegeis, High Technology, Dubai Medical Equipment, Anyong Zongyang Dental Materials Co, Qualident and Pident. The conference welcomed 1255 participants and 169 representatives from the invited countries. There were 20 different countries represented within the two day conference.

The international team of speakers, Dr. Andrea Kuribii, Germany; Dr. Maria Hard, Germany; Dr. James Russell, UK; Dr. Gary Wadhwa, USA/AAD, Dr. Carol Murray UK; Dr. Khaled Balto, KSA; Dr. Ramesh Sabhlok, UAE; Dr. Peter Cruse from CPS, who will talk about ‘Mouth Cancer Awareness’. Dr. Shankar Iyer USA/AAID; Dr. Tedie Lynn Hudson, KSA; Harald Hueskens, Germany; Dr. Luca Cardaro, Italy; Dr. Na-
Inibsa Dental: the specialists in dental anaesthesia

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Contact Information

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EXPEDITORAL, Madrid, Spain 15-17 March, Hall 7 – Booth D06-10

IBRM Singapore, 4-6 April 2014, Level 4 – Booth 418-51

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Implant tribune

After extraction of a first upper molar on the left, an internal sinusfloor elevation is performed and a Soft-Bone implant is placed. The alveoli are augmented (4a-4c) with a bovine bone substitution materials (CompactBone B, Dentegris). Than the collagen matrix covers the extraction site and the gingiva is adapted with some sutures (4d). There is no primary closure of the wound. During the next two weeks a complete closure could be achieved (4e), so at second stage after four months there are perfect soft and hard tissue conditions around the implant (4f).

Conclusion

Since 2010 we used 122 collagen matrices in 15 patients to substitute free gingival or connected tissue grafts in mucogingival surgeries. The results were similar to what we are used to in tissues harvested from the palate. The main advantage in comparison to the autogenous grafts is that there are almost no complications as there is no need for donor site at the palate. The second is the unlimited amount of tissue that can be used. So by that patients are very comfortable with the use of collagen matrices instead of tissue from the palate.

Literature


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Twain Harte, Calif., helped attendees “See and Compare the Newest Lasers in Dentistry.” Gianni is the CEO of Kainos Dental Technologies and the co-founder of Zan Laser. Dr. Robert W. Carter, past president of the Second District Dental Society, presided over the lecture series.

A discussion of applied laser physics was used to explain how to safely and efficiently use a laser for the benefit of the patient. Both hard- and soft-tissue procedures, many of which can be used by general dentists, were discussed and illustrated. The seminar concluded with a brief discussion of current laser research and the criteria for the “ideal laser.”

An all-day “Botox and Facial Fillers: A Clinical Workshop and Demonstration” seminar/workshop was conducted. Dr. Steven Clark of Miramar, Fla., led the full-day course, which focused on the art of esthetic use of botox and facial fillers. The morning session provided an introduction to neuromodulators (botox, disport and Xeomin) and various facial fillers, while the afternoon provided a live demonstration. Clark offered “clinical pearls,” which he developed during the last 20 years, to assure proper technique and safety while also achieving excellent cosmetic results.

Living in a digital era, it’s no surprise the dental field has made many technological advancements in the past couple decades — one of the most beneficial being CAD/CAM. Precise and increasingly user-friendly, today’s CAD/CAM technology allows the average dentist a number of options in high-speed design and manufacturing, more significantly in regards to implant prostheses, crowns, orthodontic aligners and cosmetic digital imaging.

Referenced frequently throughout Rosenberg’s presentation, Dentiva and Invisalign (denture and aligner manufacturers) founded their products through CAD/CAM technology by careful analysis and research. Both companies boast a two- to three-visit schedule per patient to fully complete the design and manufacturing of their products, eliminating chairside time and increasing profitability. The two to three visits incorporate impression creation, a second patient visit less than a week later and an optional patient follow-up.

Speakers Dr. Cristina Teixeira and Dr. David B. Musich spoke on orthodontic topics, including “Misconceptions in Orthodontic Early Treatment” and “Early Class II Treatment: A Minimally Invasive Treatment Approach.”

The International Congress of Oral Implantologists’ seminars featured Dr. Michael Tischler, Dr. Alvaro Ordonez, Dr. Gordon Christensen and Xana Winans. Topics ranged from “The Zirconia Screw-Betamed Implant Bridge” to digital dentistry to social media marketing.

In the Dental Assistants Panel, Shannon Face Brinker, CDA, spoke on “Becoming a Whitening Specialist in Your Practice,” which focused on practical techniques for in-office and take-home whitening.

Highlights in exhibit hall

The Greater New York Dental Meeting has long been a favorite venue for companies to
highlight new and improved products and services, and this year was no exception. The exhibit hall’s miles of aisles beckoned with fliers and signs announcing advancements in virtually every sector of dentistry — and new deals on the proven state-of-the-art products.

Jerry Herman, DDS introduced for the first time at the GNYDM the MouthWatch, an intraoral camera system for patients to use at home. It lets patients send high-resolution images of their mouth directly to their dentists via a HIPPA-compliant online platform. The idea is to tighten the connection between patient and practice, boost recall rates for cleanings and improve overall patient compliance — in part by enabling them to examine their own mouths in privacy and see just how bad their teeth and gums might be looking.

Herman’s goal was a system for the same price as a powered toothbrush, which, at $150, he hit. Consumers can buy the scanner and then find a MouthWatch dentist through an online referral site — or ask their dentist to use the system. Or, they can buy the wand and then find a MouthWatch through an online platform. The idea is to help increase awareness of the new Isovic Dental Isolation Adapter, the latest addition to its dental isolation product line. The Isovic uses dual vacuum controls so you can focus continuous hands-free suction in either the upper or lower quadrant and improve control of moisture and oral humidity.

In the DEXIS booth, attendees could test out the DEXIS photo app, which the company unveiled at the GNYDM. The app enables practitioners to wirelessly send photos directly into the DEXIS Imaging Suite via newer-model iPhones or iPod touches. DEXIS also announced expansion of its imaging services to natively support Apple hardware and the OS X operating system — coming in the second quarter of 2014. In the IQ Dental Services booth, attendees could see some of the newest imaging technology by checking out the Soredex Cranex 3D dental imaging system with panoramic, optional cephalometric and cone-beam 3-D imaging programs.

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The experts at HealthFirst were staffing “Compliance Help” information stands, where attendees could find out about environmental recovery, infection control, practice quality, emergency preparedness and radiation minimization.

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Also on the exhibit hall floor, many attendees bumped into Floyd, who was on hand to help increase awareness of the new Aquasil Ultra tissue managing impression system, available from DENTSPLY Caulk. The Isovac uses dual vacuum controls so you can focus continuous hands-free suction in either the upper or lower quadrant and improve control of moisture and oral humidity.

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Speaking of enticing booth attractions, DC Dental Supplies had a bartender on hand, dispensing Brooklyn Lager, in honor of the company’s first anniversary in Brooklyn. You could also get a caricature of yourself drawn at the booth.

Austin Powers was back at this year’s Greater New York Dental Meeting, at the Millennium Dental Technologies booth, to help increase awareness of how lasers can be used in dental treatment.

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