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 demeulated 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 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 30x40mm. 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 is made at the mucogingival junction. The fixation of the matrix was made by some simple 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 the incision follows the sulcus and a mucosal flap (without lateral incisions) is performed (2b). A MucoMatrixX in fitting shape is brought in. After coronal repositioning of the flap, it is fixed with vertical matrass 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 reconstruction 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 5b.

Case four. Closure of the socket during an immediate implant placement procedure.
By Dental Tribune Middle East

Dubai, UAE: During the Bicon Short Implant Forum 2015 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, you 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.

Dr. Michael Ziegler: Well I have been here for over 27 years but I just was not quite ready to embrace for a long time but I just was not ready to embrace another system. 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 two are 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 lifts allowing predictability and easy on the patient.

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 two are 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 lifts allowing predictability and easy on the patient.

Experience with Bicon.

The Scientific Session at Atlantis Dubai, UAE

The Bicon Short Implant Event held in Dubai

Dubai, UAE: The Bicon Short implant event 2015 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 Implantologists Dr. Kahihm Hinudani and Dr. Michael Ziegler spoke about their experiences with Bicon. Dr. Haider Khader and Dr. Joji Markose 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 Taban 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 lab 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 plates, sloping shoulders and a bacteriologically, and 1.5 locking taper implant to abutment connection. With the plate design, cortical like bone forms around and between each plate. This Haversian 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-metallic aesthetic gingival margin.

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

By Dental Tribune Middle East


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 lock taper Implant Abutment Connection (1.5) which creates a completely hermetic sealed free from any bacterial infiltration which means no future bone pocket or bone resorption, so we can place the implant 2mm subcrestally to obtain best long life Esthetic outcome.

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 Abutment 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 advise 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
Mob: +971 50 4621479
PO.Box 69676
Sharjah, UAE

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EXPO SINGAPORE, 4-6 April, Level 4 - Booth 4H31

www.inbsa.com
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 Shalawi (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)
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’, the Dubai Dental Lab, Noble Medical Equipment, Rockey Mountain Tissue Bank, ADL Laboratories, Fahnos Int'l, Inman Aligner, Dentegrin, High Technology, Dubai Medical Equipment, Anyong Zongyang Dental Materials Co, Qualident and Prodent. The conference welcomed 1255 participants and 105 representatives from the industry. There were 20 different countries represented within the two day conference.

The international team of speakers Dr. Andreas Kurkbusch, Germany; Dr. Maria Hardman, UK; Prof. Dr. Claus-Peter Ernst, Germany; Dr. Paul Weiss, Germany; Dr. James Russell, UK; Dr. Gary Wadhwa, USA/AED; Col. Murray UK; Prof. Khaled Balto, KSA; Dr. Ramesh Sabhlok, GCC & Pakistan; Dr. Andreas Kurkbusch, Germany; Dr. Paul Weiss, Germany; Dr. James Russell, UK; Dr. Gary Wadhwa, USA/AED; Col. Murray UK; Prof. Khaled Balto, KSA; Dr. Ramesh Sabhlok, GCC & Pakistan will discuss together the latest research in esthetic and Implantology. The agenda featured valuable examples of how the latest developments are being put to work in the service of learners regardless of their location or level of technology. The two day conference once again included the Dental Technicians Parallel Session on the second day with two courses given by Ahlam Farahi, CDT, UAE and Qatari. The courses were presented by Dr. Muam Sharawi, CDT, UAE and Dr. Ayam Buneja.

Recognized as a pioneer within the region, the program remained committed to achieving simplicity through innovation and offering us the tools to provide patients with a wide range of premium dentistry solutions.

Sirona has always been the leader in producing surpassed innovative products

By Dental Tribune Middle East

DUBAI UAE: DTMEA 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 to get his views on dentistry in the region.

DTMEA: Another big year behind us, how does Sirona Dubai Middle East reflect back on its successes in 2015?

Dr. Amro Adel: We did have a real successful year in 2015, we do thank all our customers for their trust and this will encourage us more to keep the same level in 2016 and always.

Last year CEREC Omnicam was voted – most innovative product in dentistry at the Clinical Innovations Conference in London. UK. How does a company like Sirona manage to stay at the top producing top level products?

Sirona booth presentation, Platinum Sponsor at the 5th DFCIC 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 it is known to all our customers worldwide, Sirona Focus on the educational part of sales believing that our products are not just a dental equipment but also an innovative technology that we need all our customers to make the benefit out of it, so our 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 play in your portfolio?

Well a question could 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 invest 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 Saudi, 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.

Would you all a happy New Year 2014.
AEEDC Dubai 2014

By AEEDC

Dubai, UAE: The 18th edition of the UAE International Dental Conference & Arab Dental Exhibition - AEEDC Dubai 2014 will take place at the state-of-the-art Dubai International Convention & Exhibition Centre (DWTC) from 4 - 6 February 2014. AEEDC Dubai is ranked first in MENASA Region and the Second Largest Worldwide. Every year, AEEDC Dubai provides the best platform for dental professionals and industry experts from the MENA region and other parts of the world to update knowledge, network, interact and generate business partnerships.

AEEDC Dubai 2014 conference will present a very comprehensive scientific program with more than 130 international and regional speakers highlighting the latest topics and clinical cases in the field of dentistry. Several continuing dental programs will be hosted at AEEDC Dubai 2014 focusing on the most up-to-date scientific information and advanced dental solutions. In addition, AEEDC pre-conference courses named as the Dubai World Dental Meeting - DWDM will run 3 days prior (1 – 3 February 2014) to the conference offering a variety of highly specialised courses.

AEEDC Dubai 2014 exhibition is the gateway to the emerging and far-reaching dental market in the MENA region. A wide-ranging dental products, equipment and services will be displayed. A number of practical and interactive activities will run alongside the exhibition halls.

More than 30,000 Dental Professionals, Healthcare Providers and Industry Leaders are expected to attend AEEDC Dubai this year. It also represents an outstanding opportunity for all dentists and decision makers from the private and public sectors, to explore and test equipment and devices displayed by more than 1,000 exhibiting companies. Moreover, AEEDC Exhibition will feature 19 national pavilions primarily from: Brazil, China, Finland, France, Germany, Hungary, Italy, Japan, Korea, Portugal, Slovenia, Spain, Sweden, Switzerland, Taiwan, Turkey, United Arab Emirates, United Kingdom, and United States of America. This year’s edition of AEEDC Dubai has four conference halls with the best speakers the profession has to offer. The lectures start with many established keynote speakers who have been educating and innovating for more than 20 years and new speakers offering, with enthusiasm, fresh topics and new concepts.

The pre-conference courses of Dubai World Dental Meeting, which will be conducted from 1 – 3 February 2014, have topics ranging from Endodontics, Orthodontics, Implantology, Periodontology, Restorative and Infection Control. Each course selectively designed to offer the latest advancements in their field.

The 18th Edition is held in strategic partnership with the Ministry of Interior Naturalization and Residency Administration, Dubai, United Arab Emirates and has gained the esteemed support from Arab Dental Federation, Global Scientific Dental Alliance, Executive Board of the Health Ministers Council for Gulf Cooperation Council States, GCC Oral Health Committee, Riyadh Colleges of Dentistry and Pharmacy, Arab Academy for Continuing Dental Education, and International Association for Orthodontics-IAO.

AEEDC Dubai is held under the patronage of His Highness Sheikh Hamdan Bin Rashid Al Maktoum, Deputy Ruler of Dubai, Minister of Finance, President of the Dubai Health Authority in co-operation with the Dubai Health Authority.

Inibsa dental: the specialists in dental anaesthesia

By Inibsa Dental

Inibsa Dental is a pharmaceutical company with over 65 years’ experience in the R&D and production of dental anaesthetics.

With a production capacity of over 150 million cartridges a year, Inibsa Dental is positioned in its own right amongst the world’s leading manufacturers.

Inibsa Dental has the right anaesthetic to suit every patient. In their daily practice, dentists face a wide range of pathologies and patients. It is important to choose the appropriate anaesthetic for each treatment and patient considering factors such as the need for postoperative pain control, the required hemostasis, the risk of postoperative self-inflicted injuries and any existing contraindications to the selected local anaesthetic. Inibsa Dental provides a complete range of drugs to deliver safe, convenient and effective anaesthesia for every type of dental procedure and patient.

Inibsa Dental’s local anaesthetics are aesthetically manufactured, silicone-coated and have latex-free rubber components to ensure a smooth and painless injection.
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1. RETRACT

RETACT up to 50% faster than using retraction cord with 3M™ ESPE™ Astringent Retraction Paste and experience long-lasting hemostasis.

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Make highly precise IMPRESSIONS using 3M™ ESPE™ (Soft) Monophase Polylether Material and rely on proven quality from the inventor of polylether. Benefit from self-free mixtures out of the Panavia™ Automatic Mixing System.

3. TEMPORIZE

Create reliably strong TEMPORARIES with natural aesthetics using Protemp™ 4 Temporization Material.

4. CEMENT

CEMENT the final restoration with Relyx™ Ultimate Clicker™ Ultimate Adhesive Resin Cement and get industry-leading bond strength with only two components.

Optimize your time. Simplify your procedure.
implant tribune

Since 2010 we used 122 collagen matrices in 115 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.

Conclusion

Since 2010 we used 122 collagen matrices in 115 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.

A discussion of applied laser physics was used to explain how to safely and efficiently use a laser for the benefit of the patients. 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.

According to Rosenberg, 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 (dental 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.

Highlights in exhibit hall

The Greater New York Dental Meeting has long been a favorite venue for companies to
Jerry Herman, DDS introduced its GALAXY BioMill, which the company developed and designed in conjunction with the German company i-mes-icore. It’s an open-architecture CAD/CAM system for scanning, designing, milling and finishing crowns, inlays and veneers in the dental office in a single appointment. It uses the 3Shape Trios intraoral scanner to capture high-resolution 3-D digital images of the teeth and crown-preparation site, all of which are then processed through a CAD/CAM software program to design the restoration. The design is then transferred to the GALAXY BioMill to mill the crown using the latest in esthetically pleasing, biologically compatible and durable tooth-colored materials. Isolate was demonstrating its new Isovac Dental Isolation Adapter, the latest addition to its dental isolation product line. The Isovac uses dual vacuum controls so you can focus continuous hands-free suction in either the upper or lower quadrants 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 products 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.

New customers who visited CareCredit and signed up for the patient-payment-plan credit service — or requested an evaluation to see how CareCredit might best serve their practice — got to leave with a highly coveted Penguin Pillow Pal.

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.

For dental hygienists, DentiCat had all sorts of tricks up its sleeves to help make treating patients easier and more fun. Of particular interest was Zooby fluoride foams and varnish, which are gluten-free and sweetened with sucralose and xylitol. The ProphecyPal, also available from Dentico, is a low-speed hygiene handpiece with an extended nosecone designed to provide extra stability.

A new product for consumers is Nature’s Charm braided dental floss, available from GPP Group. The floss consists of braided strands of materials with three-dimensional surface structure, and it comes in different sizes, colors and flavors. Also on display at GPP was a fossilized mammoth’s tooth.

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.

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.