"The Henry Schein plan and strategy is to cover all the requirements for the end users in the Middle East"

By Dental Tribune MEA

Dental Tribune MEA: Dr. Ghassan, you have been active in the Middle East dental scene for the last 15 years and have had a main role in the development of the Henry Schein brand. How do you reflect back on dentistry and your involvement for the MEA region over the last few years?

Dr. Ghassan: I joined the Henry Schein team in October 2010 and immediately we established the Henry Schein private label and exclusive brands (the companies that Henry Schein own) to serve the end user. We signed an exclusive distribution agreement with the top companies to be able to supply a full chain of solutions to our customers.

What is your impression of the level of dentistry in the MEA region?

The level of dentistry in the region is growing very fast in all divisions and branches. This area is considered to be an entry point for other regions in the world and this is the main reason why Henry Schein puts wide attention and investment to support and service dentistry in the MEA region.

What impact has digital dentistry had in the MEA region?

Digital dentistry becomes a vital topic in the Middle East market and Henry Schein places it as a high priority in our profile. With this being said, Henry Schein has launched the only open complete CAD/CAM clinical and Lab system in the market from Planmeca and Zhan Dental with Zirlux complete CAD/CAM consumable solutions along with the dental management software from SOE and the cone beam system from Planmeca.

How important is Education for Henry Schein Middle East and what are your plans for the coming years?

Henry Schein is considered a leading company in the education line along with supplying most of the universities around the world with the basic and high scientific required material and equipment. We are preparing a full education program to cover the following subjects:

- Cosmetics and Prosthodontics
- Orthodontics
- Surgery and Implantology
- Endodontics
- CAD/CAM Technologies

With a certified degree supported by a well-known University in the scientific field, we are planning to announce the details of this launch during the upcoming AEEDC 2015 for the first time.

2014 was a strong year for Henry Schein and you have added new companies to your portfolio such as Planmeca and Ritter; can you explain the partnership?

The Henry Schein plan and strategy in Middle East is to cover all the requirements for the end users with the best scientific and economic solutions. This is why we keep adding to our profile the top companies to be able to serve the end user. We signed an exclusive distribution agreement in the Middle East with Ritter concepts (for their dental units and equipment) and with Air Techniques (for their air compressor and suction phosphoric plate scanners) as well as with Planmeca for their CAD/CAM clinical system and Cone Beam which we very proud of. We are planning to add more companies in the coming years.

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INDUSTRY 51

CS 8100 3D Extraoral Imaging System CBCT provides clarity of prognosis

By Mark Anthony Limosani, D.M.D., M.S., F.R.C.D.

Case Overview

A 67-year-old female taking Forteo (Teriparatide) for the treatment of osteoporosis was referred to my office by her general dentist because of her history of ongoing low grade discomfort associated with the UR quadrant and more specifically tooth #5. Her dental history revealed previous root canal therapy was completed on tooth #5. She didn’t recall when, but was confident it was greater than five years prior to presenting to my office.

Clinical examination revealed a slight buccal swelling associated with the tissue buccal to tooth #5. No sinus tract was evident. The palpatation of the temporals and masseter...
and furcal defect (blue arrow) on #3 unaddressed MB2 canal (yellow arrow).

Figure 3: Axial view with finding of an aspect of the P root of tooth #3 (red arrows) narrow bony defect associated with the MB with attenuation patterns suggestive of a crack.

Figure 4 & 5: Operating microscope intraoral photographs of the partially débridged tooth #3 with the finding of a crack extending from the mesiobuccal canal through the palatal root.

The sagittal slice demonstrated the presence of a crack or missed canal. She agreed to access the tooth, where upon a crack was discovered (Figures 4 and 5), extending from the MB canal through the palatal root.

Treatment Plan
My endodontic diagnosis for tooth #3 was a previously endodontically treated tooth with an acular alveolar abscess. The differential diagnosis associated with the etiology of bone loss was assessed as follows: 1) a crack extending from the MB root to the P root) 2) a second mesiobuccal (MB2) canal that was unaddressed during the initial therapy that was causing persistent periodontal disease.

The patient was given the option to have the tooth extracted or to re-access the pulp chamber in order to investigate the presence of a crack or missed canal. She agreed to access the tooth, where upon a crack was discovered (Figures 4 and 5), extending from the MB canal through the palatal root.

Findings
The sagittal slice demonstrated attenuation patterns suggestive of a narrow bony defect associated with the MB and P roots. The root canal filling material associated with all three roots appeared undetermined and underfilled. A decision was made to take a cone beam computed tomography (CBCT) scan in order to obtain more valuable diagnostic information.

The PA radiograph (Figure 1) demonstrated that tooth #3 had previous root canal treatment. Probable radiolucent findings were associated with the apical portion of the MB and P roots. The root canal filling material associated with all three roots appeared undetermined and underfilled. A decision was made to take a cone beam computed tomography (CBCT) scan in order to obtain more valuable diagnostic information.

1) A crack extending from the MB root to the P root.
2) A second mesiobuccal (MB2) canal that was unaddressed during the initial therapy that was causing persistent periodontal disease.

The patient was given the option to have the tooth extracted or to re-access the pulp chamber in order to investigate the presence of a crack or missed canal. She agreed to access the tooth, where upon a crack was discovered (Figures 4 and 5), extending from the MB canal through the palatal root.

With 3D imaging, we are able to evaluate cases more accurately, while at the same time providing the patient with more effective diagnostic tools that minimize additional costs, procedures and discomfort.

Dr. Limosani has lectured locally and internationally on dental traumatology, restoration of endodontically treated teeth, restoratively minded endodontics, diagnosis and treatment planning and cone beam computed tomography (CBCT) use in endodontics.

Would you like to know more? Visit us on the web at www.carestreamdental.com

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