Super-high translucent zirconia Ceramill Zolid FX for highly aesthetic anterior and posterior restorations

By Amann Girrbach

Ceramill Zolid FX – this is the strong alternative to lithium disilicate, as the super-high translucent zirconia blanks from Amann Girrbach can now be used to fabricate highly aesthetic monolithic or anatomically reduced restorations in the anterior region and up to 5-unit bridges in the molar region without having to forego the excellent material properties of zirconia. In addition, Ceramill Zolid FX does not age, which ensures long-term strength and stability of the restoration. Ceramill Zolid FX is processed and fitted in the patient’s mouth without additional expense and also using standard luting material, as is the usual practice with zirconia restorations.

In accordance with the integrated product philosophy of Amann Girrbach, Zolid FX is not a single product but a whole system solution consisting of material and method.

A coordinated staining concept will therefore soon be available for Zolid FX Classic, which enables precise, reliable staining according to the VITA classical shade guide.

Amann Girrbach will also soon supply the super-high translucent zirconia blanks Ceramill Zolid FX Preshades for restorations, which are fabricated as efficiently as possible without a staining process.

Interview with Abdo Salem - Amann Girrbach Sales Manager MEA

By Dental Tribune MEA/CAPPhnea

Amann Girrbach started its activities in the Middle East region in 2010 and has been growing ever since. Dental Tribune MEA / CAPPhnea has the pleasure to interview Mr. Abdo Salem, Sales Manager MEA to find out more about the company in the area.

Dental Tribune MEA: Mr. Abdo Salem, congratulations on the continuous achievements at the innovative Amann Girrbach. How do you explain the constant success to innovate and serve your customers in the MEA region over the years?

Abdo Salem: Amann Girrbach started its activities in the Middle East region in 2010 and has been growing ever since. Dental Tribune MEA / CAPPhnea has the pleasure to interview Mr. Abdo Salem, Sales Manager MEA to find out more about the company in the area.

Dental Tribune MEA: Mr. Abdo Salem, congratulations on the continuous achievements at the innovative Amann Girrbach. How do you explain the constant success to innovate and serve your customers in the MEA region over the years?

Abdo Salem: Amann Girrbach started its activities in the Middle East region in 2010 and has strengthened its presence here by having a dedicated team based in Beirut offering Helpdesk support in Arabic, French and English speaking languages as well as a technical support and assistance team. Furthermore we established an AG training center based at the Antonin University where a professional instructor with dental technician educational...
The new dental care system proven to reverse the enamel erosion process

By Dental Tribune MEA/CAPPmea

By Dental Tribune MEA/CAPPmea

Dr. Fred Schaefer - Unilever expert

The second step was to study in the laboratory whether the invisible erosion damage of tooth enamel could be restored. A series of studies using small pieces of enamel were carried out according to internationally accepted protocols and procedures. The enamel samples were analysed and measured to determine the beneficial effect of the NR-5™ toothpaste and the direct application boosting serum.

The results of these studies showed:
- The combined treatment of NR-5™ toothpaste and NR-5™ boosting serum provided 82% recovery of enamel hardness after three days.
- The NR-5™ boosting serum gave a 45% benefit compared to the NR-5™ toothpaste alone.
- The combined treatment of NR-5™ toothpaste and NR-5™ boosting serum provided significantly greater recovery of enamel surface micro-hardness in comparison to a normal toothpaste.

Finally, the NR-5™ toothpaste and NR-5™ boosting serum were tested in human volunteers. The results confirmed that the combined use of the NR-5™ toothpaste and NR-5™ boosting serum provided a greater regenerative benefit to acid-damaged tooth enamel than a normal toothpaste.

What was the motivation and inspiration to produce such a formulation over ten years of research and development?

The motivation was to give the consumer an improved dental care system specifically designed to help against the challenges of modern life. The inspiration came from research into the repair of bone in which a calcium-silicate - phospho-hydroxyapatite - from which tooth enamel is made.

How has Unilever’s new NR-5™ dental care system been proven to reverse the enamel erosion process?

To answer this question we need to understand first how the NR-5™ technology works. When brushing calcium silicate and sodium phosphate combine with saliva to form hydroxyapatite. Firstly the calcium silicate particles deposit (stick) onto the surface of enamel. The calcium silicate particles then trigger the formation of crystals of hydroxyapatite on the tooth surface.

Therefore the first step in proving the NR-5™ toothpaste technology was to investigate the formation of hydroxyapatite crystals. Detailed measurement and analysis of the deposited layer – using sophisticated microscopy and x-ray technology – did indeed prove that the deposited layer is hydroxyapatite.

The new NR-5™ toothpaste and NR-5™ boosting serum combination together. Serum is for 190 AED and Toothpaste for 80 AED.

What is your view on Dentistry in the Middle East and do you think the NR-5 will be successful in this region?

The dental profession in the Middle East is highly sophisticated and of world-class standard. Likewise, the consumers in the Middle East represent a global picture of dental care needs and oral hygiene practices. As noticed in other regions, the relatively high living standard has increased the risk of dental erosion from modern diet and lifestyle, for example consumption of carbonated drinks and fresh fruit such as oranges. For these reasons, we see a clear need to give the consumer an improved product system to help maintain healthy teeth able to withstand the challenges of modern life. We are convinced that NR-5™ toothpaste and NR-5™ boosting serum will therefore have a big role to play in this and be a success also in this region.

Contact Information

For further information, please contact:
E-mail: Rola.Awad@unilever.com
Nikhita Phulwani
PR Executive, Unilever
E-mail: Nikhita.Phulwani@unilever.com

The upcoming great event will take place in Dubai at the Jumeirah Emirates Towers with international speakers:

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Dubai - December 3rd to 5th - 2015

Pre-congress December 3rd: Hands-on
Clinical case study: esthetic anterior restoration with VITA SUPRINITY

By Daniel Carmona Cando, MDt, Spain

Initial situation

The case documentation shows a 39 year old patient who presented at Dr. Diego Alexander Cardenas’ practice in Barcelona, Spain, with two aging metal-ceramic crowns and loss of soft tissue in regions 11 and 21 (Fig. 1).

Following comprehensive consultation, she opted for a new crown restoration fabricated using VITA SUPRINITY. Crucial in this respect was the unique characteristic of this new material that combines the esthetic potential of a glass ceramic with the improved strength provided by reinforcement with zirconia.

Complexity and material selection

Just how complex this case actually was only became apparent following removal of the inadequate restorations for preparation: the tooth stumps were strongly discolored and fitted with gold metal abutments. The question needed to be addressed as to whether the planned restoration could mask this sufficiently in order to achieve a satisfactory result from a visual perspective. In the LABORATORIO DENTAL FONCTAR laboratory, we met this challenge by combining the esthetic possibilities afforded by VITA SUPRINTY using the cutback technique with the low-melting fine-structured feldspar ceramic VITA VM 11.

Milling and reworking

The inLab MC XL system (Sirona Dental GmbH, Wals, Austria) was used for virtual design and milling of the crowns. Following the CAM process, reworking of the new high-performance glass ceramic should only be carried out at low pressure using fine-grained diamond-tipped milling tools as well as special polishing instruments. For cost-effective surface processing that is gentle on the material, the technical and clinical versions of the VITA SUPRINITY Polishing Set are recommended. For crystallization firing, any vacuum furnace that supports slow cooling can be used. The crowns can be placed directly on to honeycomb firing trays with platinum pins, without using firing paste.

Final result

Despite the unfavorable initial situation, VITA SUPRINITY enabled a comparatively good final esthetic result to be achieved in highly efficient fashion, restoring the patient’s natural smile. The expectations and hopes of the patient and the entire treatment team were met in full. We would like to thank master dental technician Thomas Gausmann for his enormous local support!

About the Author

Daniel Carmona Cando
A master dental technician from Barcelona, Spain, uses the following complex patient case to report on how laboratory users can achieve excellent results with VITA SUPRINITY. This article provides a step-by-step explanation of how VITA SUPRINITY and the VITA VM 11 veneering ceramic can be used to achieve esthetic results in a challenging clinical scenario.
Torsten Oemus further pointed out that one of the main implications of these trends was the growing importance of communication, working in the field of dentistry. This development offers promising opportunities for Dental Tribune International as well. The digital, educational, and event-related elements of the company’s product portfolio are becoming increasingly important in this context. In response to the growing demand for digital dentistry technologies, Dental Tribune MEA / CAPPmea intends to apply its extensive expertise in organizing CAD/CAM & Digital Dentistry International Conferences, in order to provide support to the Digital Dentistry Show (DDS) launched by DTI in Milan, Italy. Altogether, there will be six Digital Dentistry Shows in 2015 carried out in cooperation with similar major events in Athens, Moscow, Budapest, Shanghai, Istanbul, and New York.

Another fresh development that has become part of the DTI portfolio is the innovative e-commerce plug in for the dental-tribune.com website. Its layout now features selected products in the company profile and in news articles by including external links to local online retailers. In this way, the company is offering dealers and manufacturers a platform to show their products and thus generate leads and sales. The facility is already functional and being used on the dental-tribune MEA / CAPPmea on-line page for the Middle East. The hard working day finished with a delicious partner dinner where networking and discussions continued. On the second day, workshops in different topics took place helping the new partners who recently joined get up to speed.

Dental Tribune MEA / CAPPmea, covers the third largest region in the DTI Portfolio and has grown with tremendous speed over the three years. The company provides the largest dental media distribution in MEA through bi-monthly printed publications, daily on-line news and e-mailed newsletters. The Dental Tribune MEA / CAPPmea media reaches regularly over 45,000 dental professionals in the MEA region and, together with DTI, provides information services to over 800,000 dental readers worldwide.

Impressions from the IDS Week – CAPP in Cologne

As usual, Dental Tribune was the best performing Media at IDS. DTI further published five today publications – the IDS official trade show newspaper, an ultimate business guide for visitors and exhibitors.

Oemus Media Group, which is the German counterpart of Dental Tribune, broadcasted live news events with active 24/7 coverage of the International Dental Show during the whole period of 09-14 March. As part of the duty, a dedicated on-site editorial team was equipped with live studio tools and a production team operating from within the soundproof walls of the Dental Tribune Media Lounge editorial room. Dental Tribune MEA / CAPPmea, as part of the team worked closely with the organizers and dental societies to cover IDS press conferences, lectures, presentations and contests. In addition, exclusive interviews, industry reports and image galleries have been published in newspapers and on-line at www.dental-tribune.com. Subscribers to the Dental Tribune MEA / CAPPmea e-newsletters and social platforms have received exhibition highlights and news every day. Furthermore, an e-paper version of the respective daily issue was sent out through e-newsletters. All press conferences have been covered by Dental Tribune representatives and published live in over 24 languages.

Once again, the Dental Tribune Media Lounge surprised the industry with the cozy friendly atmosphere and excellent ambience for networking. From morning until evening, the lounge welcomed B2B industry “movers and shakers” and dental professionals to meet, network, plan new marketing tools and advance their business interests. Dental Tribune International further invited its partners to a number of cocktail receptions to the DTI Media Lounge. During the receptions, attendees received business updates on international markets and had the opportunity to connect with their peers and leaders from the dental industry. The feature events included a Russian Night, a CHANNEL 5 Night, a Chinese Night, and a Brazilian Night. These evenings underlined key points in the respective dental markets focusing on latest developments. The DTI Media Lounge was once again the host of the elite dental industry professionals and high-end international dentists.

CAPPmea at IDS 2015

For the third time CAPPmea experienced a very successful presence at IDS Cologne sparking up large interest within the industry through its Dental Tribune MEA Media and CAPPmea’s educational programs. CAPPmea is the only UAE based company to exhibit for the last 6 years at IDS Cologne. With its presence at IDS Cologne, CAPPmea is set to offer its extensive range of products and solutions to its existing customer base and to make inroads into the growing number of new customers in the region.

Henry Schein Dental, Dr. Ghassan Nassar Hussein, Sales and Marketing Director (Henry Schein) Middle East and North Africa, Mobile: +971 50 4813292, Tel: +971 6 5262842; Fax: +971 6 5531291
E-mail: ghassan.nasser@henschein.com

Ritter Concept GmbH, Germany, Christian Findeisen, Sales and Key Account Manager, Middle East/Africa, Ritter Concept GmbH, Mobile: +91 56 9578889
E-mail: christian.findeisen@ritterconcept.com
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Contact Information
Dr. Dobrina Mollova
Managing Director
Dental Tribune MEA / CAPPmea
dr.mollova@cappmea.com
www.cappmea.com
www.dental-tribune.me

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Have fun everyday

"In 1989 in France, we were 85 dentists having CEREC amongst 40,000 dentists at the time."

By Dr. Dominique Caron, France

I had a dream. In 1980 you still might have been a small child but I was already running my own practice for 2 years and I was facing what many of you, dentists, are facing today: I was wasting my time with temporary crowns. The Lab always took too long and was not always on time. The prosthetics were not always fitting. These were just some of the challenges.

You know what I am talking about, remember what you think about the accuracy of the shape, the shade, I cannot even mention the labs that tell you that the restoration is wrong because of your print. This annoyance happens everywhere in the world, maybe it does not bring any consolation to you, but you might feel less lonely.

I had a dream. A dream to be in sole command of my boat! A dream? You don’t need a fairy godmother for that, just keep in touch with the profession and the wise people who will give you the necessary information (Dental Tribune MEA / CAPPmea is doing the ground work for you, enjoy).

Once upon a time, 26 years ago, we already had electricity (yes we did), Sirona was still Siemens and I was told about a strange saga that started in 1985 in Switzerland. In a valley, between trolls and cows, some kind of Steve Jobs, Dr. Mormann and Brandestini were developing a system to make your prosthesis in minutes from 100% ceramic, in one session chairside. Aliens were amongst us and I did not know about it: The flying scanner was called CEREC 1. It was slow, raw, compared to the latest CEREC it was like comparing the first Macintosh 128k to the latest Macbook.

You had to believe in it; anyway, it was the rise of a new era in front of your eyes. The time to be aware was in 1989 when came the CEREC 2, first machine bringing efficiently from the lab in to your hands. A flying scanner you can actually drive. This could have been just one more tool, amongst the many new ones you see every year, except the fact that you soon understand that this particular one will change so much of your behavior, it will make you jump into another world.

As for some cutting-edge innovations, you are dealing with people who target quality, ethics, safety, improvement more than short-term business; this might be appealing to some of you.

Once using this system, you become part of some kind of club gathering colleagues who look out for the best of their patients. In this “club”, there is a kind of friendly ethics between colleagues who have the same aims, nothing to prove to each other, without the need to show off. They share information with a very open mind. No competition, rather family minded atmosphere. Is that the actual life that you have now? Does it sound too good to be true? No, it is not. It has been my actual fairy tale story for 26 years now. Beyond the nice story however, what might be your expectation?

With Sirona, you draw your own ceramic yourself with the shape, the shade, the translucency you want. Who better than you knows what you want? Regarding accuracy, the lab will not spoil your skills; you choose the width of the gap for the bonding. M伊ne have 50 micrometers (a bacterium: 5 to 10 micrometers). Never forget your best foe is bacteria.

Be accurate and get the means for it. Take some minutes of your time, imagine that you are the patient, what can be the most upsetting thing? As a patient you do not feel any pain but behind you, a hidden guy is looking in side of your mouth to say: Wow, it is awful, you need an inlay there and there but maybe you do not feel you need it. Easy to become suspicious, isn’t it? If you as a patient see step by step what your problem is, don’t you think you will understand better and feel more relaxed?

I always draw the reconstruction in front of the patients it is an entertainment for them. When you show and explain what you do, your patients will trust you even more.

Their crown, the one and only, just for them, is drawn and carved in front of their eyes, and it is magic. You are no longer just a dentist you become a magician. Your patients are happy and so are you.

You are working in the dental field, the only medical field in which you can keep the whole process under your control. You do the diagnosis, the treatment plan and the actual treatment, including the prosthetics. You must enjoy the “do it yourself” part. Enhance your skills; your patients will love to see an artist. I invite you to a little time travel again, remember the laptop (if any) that you had when you were a student, your mobile phone? You see the world is moving fast, don’t be late.

Match the expectations, with this “state-of-the-art” technology: It is a state of mind your patients will appreciate, they will ask for the treatment themselves.

CEREC may be a smart tool for you: 26 million restorations already done, metal free, no chemical, non-allergic, no biological risk. For 26 years now, after thousands of restorations, many lectures, and presentation to the French Academy, I work more and more with CEREC.

For 26 years every morning, I am happy to come to the clinic and work with the best tools.

When you know you do the best, your patients feel it, a better life for everybody. It is what is called in French “L’art Dentaire”: Dental art it is beyond technical.

In the UAE we are lucky, our outstanding colleague, Dr. Dobrina Moldova built a unique structure CAPPmea that organizes the best dental meetings, don’t miss the opportunity, come to the next CAD/CAM event and join the CEREC team.

In 1989 in France, we were 85 dentists having CEREC amongst 42,000 dentists at the time. We preserved from that time a kind of family spirit you can still feel when you visit the Sirona booth. Nowhere else, you will see colleagues coming and staying just to hear and talk about what they like. Have a look yourself next time, Everyday I make 5 or 6 CEREC restorations and after the prints are taken I say to my patients who looking at the screen: “Tea? Coffee? Now enjoy your coffee and look for some time to use my playstation.”

Join the family. Stop working and start playing.

Editorial note: Further details available from the author.

Contact Information
Versailles Dental Clinic
Al Razi Building 64, Block A, First Floor, 1016
Dubai Healthcare City
Dubai, UAE
www.versaillesdentalclinic.com
+971 4 4298288
Cosmetics is a necessity.

We then start talking about the cosmetic treatment of teeth of which Dr. Alekri said explaining: “There is a misconception about what is called teeth cosmetics that it is some sort of luxury. This is not accurate because most of these treatments are necessary.”

Dr. Ammar Alekri, Bahrain - owner of the first ISO 9001 certified dental centre

“Cosmetic Dentistry is a necessity”

The first ISO 9001 certified dental centre

By Dr. Ammar Alekri, Bahrain

Dentists to take a more preventive than therapeutic role with patients of dental clinics. He said that "The general culture in our society creates a correlation between consulting a physician and the disease. This concept is incorrect, and this pattern of thinking should be changed."

He pointed out that it is very important for the person to visit the physician to perform the necessary examination periodically. He explained: “When a person specifies a periodic schedule to visit the dentist once every 6 months, this will allow the dentist to examine the mouth and teeth, and remove lime from the gum and teeth as well as other accumulations if needed. At the same time, the dentist will be able to identify any medical conditions in an early stage and provide the appropriate treatment for them.

Dr. Ammar further mentions that many of those who are treating themselves from tooth decay or gum disease or other diseases believe that the treatment ends at the last session of the therapeutic program, thus neglecting the periodic examinations. They only resort to the dentist when they feel pain again.

He pointed out that implanting missing teeth due to a disease or a symptom is very necessary for a proper chewing process of food. He said: “From a general image prospective, losing teeth disturbs the general image of the face, and from a practical perspective, this leads to weakening the chewing process and speech in which the integrated teeth system represents the main part. Thus, it becomes necessary to implant a tooth to compensate for the lost one.

He pointed out that teeth implants are very easy and the chances of pain are little with the development of treatment. He added: “Especially that the center possesses the 5-D panoramic X-ray machine which diagnose and facilitate the planning process of the treatment with the optimum accuracy.”

Dr. Ammar further stressed that the process of implanting the artificial tooth in its place takes a period between 5-10 minutes at maximum. “Another example that illustrates the need for "cosmetic dental treatment" is obvious for any patient who underwent nerve treatment. The treated tooth becomes rigid, similar to an object made of glass and prone to break, it becomes very important to protect the tooth by cossurning it with what is commonly called "a crown".

Dr. Ammar added: “It is ironic that insurance policies cover nerve treatment as a disease, while not covering the second part of the treatment which is protecting the tooth with a "crown" from any break. The insurance policy covers removing the broken tooth, yet doesn’t cover teeth implanting considering this to be cosmetic surgery.

He pointed out the importance of validating insurance responsible and reconsidering this topic very well to define the difference between treatment and cosmetics in mouth and teeth diseases.

Modify your life style

When addressing the issue of disease prevention, Dr. Alekri said: “An individual can protect himself from a lot of teeth and gum diseases by modifying his life style, which causes a lot of health problems at the level of oral health and overall health”.

Dr. Alekri added: “Dietary habits and quality of food that we eat, generally, lack adequate servings of vegetables, fruits, milk and milk products. These food types contain a small percent-age of sugars and rich with basic components that human body needs.”

He also added: “In contrast, a food and beverages that we eat daily are rich in sugars, acids and industrial colors and the most prominent example of this are soft drinks. I have found that it is the cause behind a lot of the mouth and teeth diseases that Dr. Effet has set all Bahrainis in the age group between 12-22 years.”

Dr. Alekri said: “The habit of eating dinner late in the evenings or after feeling pain. We are aiming to not to resort to the dentist until the lost one.

Dr. Alekri also expressed his dissatisfaction with the significant spread of the habit of smoking among Bahrainis between males and females, indicating negative effects on the teeth and mouth. He hoped that the society could change the dietary patterns and trend towards healthy dietary patterns and quitting unhealthy habits as such mentioned.

Tooth Engineering

As for his objectives that made him open the Dr. Ammar Alekri Dental Centre, Dr. Alekri said: “The opening of a private clinic or medical center is considered the ambition of every doctor and the financial capability contributes to accelerating or slowing down the achievement of this dream.” He added: “Tamkeen, that supports small and medium enterprises, contributed in with my support, developing my clinic that was built on the philosophy of paying attention to the patients before the start of treatment, as it supplied the clinic with the latest high-quality devices in the field of dental treatment, which included Lasers, X-ray equipment and assistive devices in dentistry.”

He also added: “This is what makes us proud and determined to provide the best services according to the highest standards of quality, also leads us to accelerate the implementation of our future plans to obtain quality certification in other areas, especially the environment.”

He also revealed his ambition to manufacture dentures inside the clinic, he said: “Big advances in the world of medicine quoted treatment for advanced stages on both the treatment methods and the devices used.” He added: “Recently, the acquisition of the necessary devices for manufacturing dental dentures at clinics has been rare, so I have the ambition to acquire the devices used to design the dental dentures.”

He explained: “The device will also enable me to make the design of tooth dimensions which I want to plant for the patient, then it will send the data to the company specialized in the dental industry. This will save the time and will ensure that the dental implants process will be done by structures that I have done, which acquire higher quality.” He said that he seeks to fulfill his dream of establishing a specialized dental clinic which offers the best services to the highest standards.
Immediate implant placement long term success: a case report

Summary
Immediate implant placement is sometimes a risky procedure particularly when we are replacing front teeth, patients are always expecting quick aesthetic results. This case report will try to show you how this procedure can be provided with a reduced risk for the patient.

Key words
Immediate implant placement, patient selection, aesthetic results, long term success, case report

Introduction
In case of immediate implant placement, the selection of the patient and the site are of primarily importance. This selection will have to integrate anatomical and pathological factors. The following factors will have to be taken in consideration as it has been recommended by the FEI consensus (EVANS & CIHEN / 2000):
- medical status
- smoking habits
- patient’s aesthetic expectations
- lip line
- periodontal biotype
- shape of teeth crowns
- infection at implant site
- bone level at adjacent sites
- restorative status of neighbouring teeth
- width of edentulous space
- soft tissue anatomy
- bone anatomy of alveolar crest

One of the most important considerations will be the difficult detection of the patient periodontal biotype!

Soft tissue biotype was previously called gingival biotype or peri-implant biotype (OLSSON & LINDKH / 1991), but since the advent of implants, this has been renamed to encompass tissue around both teeth and implants (KAN & al / 2005). The term refers to a composite or aggregate of four features of the soft tissues and the teeth they surround that build up to a specific picture:
- gingival width (keratinised tissue width)
- gingival thickness (thick or thin)
- papilla height and proportion
- crown width and height ratio

Thin scalloped periodontal biotypes (Fig. 1 & 2) are characterised by:
- highly scalloped soft tissues and bone contours
- delicate and friable soft tissues
- narrow band of keratinized tissue
- thin bone with dehiscences and fenestrations
- long pointed teeth
- thin gingiva

Tooth type:
- 1 tooth (< 7 mm)
- 1 tooth (< 5.5 mm)
- Triangular
- 1 tooth (≥ 7 mm)
- Chronic
- 2 teeth or more
- Acute
- Virgin

HIGH
- None
- MODERATE
- Intact soft tissue
- Reduced immune system

S

Fig. 1. Thin periodontal biotype

Fig. 2. Triangular teeth, long pointy papilla in this periodontal biotype.

Fig. 3. Thick periodontal biotype

Fig. 4. Square teeth, short papilla & thick periodontal biotype

Fig. 5. Patient at first consultation

Fig. 6. Radiograph at first consultation

Fig. 7. Extracted tooth with root resection

Fig. 8. Implant and bone graft covered with collagen sponge

Case report
Patient is a man, 45 years old; he is presenting good health, he is non-smoker and his oral hygiene is good. He complained five years ago (in 2010) about the presence of a recent diastema between 11 and 21, and about a slight mobility tooth 21 (Fig. 5)

After complete examination, we detected the presence of a root resorption (Fig. 6), so it has been decided to extract this central incisor and to replace it by a dental implant. A complete aesthetic risk assessment of the patient and the site has been done and the results are presented in red inside of Table 1.

An extraction without incisions has been done using periotome in order to preserve the surrounding bone and soft tissues. A Straumann® bone level implant (length 12mm / diameter 4.1mm) has been placed inside the socket in a palatal position and the remaining gap (around 1.5mm) between the implant and the buccal bony wall has been filled with a bone graft Bio-Oss, and the top of the socket has been protected with a Collacone® without sutures (Fig. 7 & 8) (CORDERO / 2014).

Fig. 9. View with a radiograph showing the position of the implant.

Then at the end of the same appointment, the extracted tooth (full crown and 5 mm of the root) has been used as temporary restoration and fixed to the adjacent teeth using a metal grid. The presence of this previous tooth was of primary importance in order to support the surrounding soft tissues and more particularly the papilla on both sides of the implant (Fig. 9 & 10).

Before to restore the implant with a final crown we took in consideration the latest recommendations concerning cementation on dental implants (I.T.I. / 3th Consensus 2013):
- after bone level implants placement, if the depth of the mucosa margin is deeper than 1.5mm, screw-retained prosthodontics are highly recommended,
- reduce the quantity of cement used to cement prosthetic restoration,
- if the patient has been treated previously for periodontal diseases, use only temporary cement, you will have the possibility to remove the superstructure in order to treat an eventual peri-implantitis.

At the time of the final restoration, it is also very important to keep in mind predisposing factors leading to cement retention around dental implants:
- the soft tissue connection around dental implants (epi-thelial adhesion with hemidesmosomes and absence of connective tissue attachment) which is different from natural teeth (epithelial attachment and connective tissue attachment),
- the sub-gingival placement of the implant more or less than the cemento enamel junction of the natural teeth,
- the abutment selection: abutment with a fixed restorative margin 2-5 mm to the implant neck or one-piece implant with a built-in restorative margin,
- the radiographs are unable to show the presence of retained cement on buccal and palatal / lingual sides,
- the cementation issues: excessive quantity and unsuitable type of cement used,
- the maintenance controls not always respected by a majority of patients.

At the end of a period of healing of 10 weeks, we can see the very good positioning of the soft tissues (Fig. 11), the implant has been exposed (Fig. 12), the depth of the sulcus was more
Versailles dental clinic news

By Dental Tribune MEA/CAPPmea

If you say French expat community in Dubai, you say Versailles Dental Clinic.

Dr. Dominique and his wife, Veronique Caron, founders of Versailles Dental Clinic in Dubai are very present in the French expat scene in the Emirates. They sponsor many French community events including the “pinnacle” French Business Council Gala Dinner.

Along with other distinguished companies, Versailles Dental Clinic was the Silver Sponsor of the Gala Dinner this year.

“Supporting the French Community in the UAE and providing them and all residents of the UAE with outstanding dental care is one of our main priorities” confirms Veronique Caron.

Along with the founder of CAPPmea, Dr. Dohrina Mollova, the Versailles Dental Clinic team are establishing the standards for excellence in dentistry in the region.
Midline diastema closure with direct-bonding restorations

By Dr. Sushil Koirala, Thailand

Midline diastemata (MD) are spaces of varying magnitude between the crowns of fully erupted maxillary and mandibular central incisors. Keene describes MD as anterior midline spacing greater than 0.5 mm between the proximal surfaces of adjacent teeth. Incidences of maxillary and mandibular MD are 14.8 and 1.6 %, respectively.1 MD can occur in temporary, mixed or permanent dentition and may be considered normal for many children during the eruption of the permanent maxillary central incisors. When incisors first erupt, they may be separated by bone and the crowns incline distally because of the crowding of the roots. With the eruption of the laterals and permanent canines, the MD reduces or even closes completely.

Etiological factors
The etiological factors of MD are described by various researchers. Angle concludes the presence of an abnormal frenum to be the cause of MD—a view that has been supported by other researchers.2 3 4 According to Tait, the frenum is the effect and not the cause of the incidence of diastemata.5 He reports causes such as ankylosed central incisors, flared or rotated central incisors, anodontia, macroglossia, micrognathia, supernumerary teeth, peg laterals, missing lateral incisors, habits such as thumb sucking, mouth breathing and tongue thrusting.5

Therefore, the etiological factors can be summarised as follows:
1. developmental: microdontia, missing laterals, mesiodens, macroglossia, macro hypertrophic fibrous frenum;
2. pathological: midline cysts, tumors and periodontitis;
3. neuromuscular: oral habits, such as tongue thrusting during speech, swallowing or abnormal pressure during rest.

Clinicians must be prepared for patients visiting the dental office with the aim of having their diastema closed in order to fulfill their psychological (aesthetic and beauty enhancement), functional (pronunciation of 'f' and 's' sounds and cutting foods with anterior teeth) and/or health (oralhealth maintenance) problems.

Treatment options for diastema closure
Treatment modalities depend on the etiological factors and complexity of the MD. It is suggested that treatment of a MD should be delayed until the eruption of the permanent canines.1 However, the pathological causes should be ruled out and treated at an early stage, for example extraction of supernumerary teeth (mesiodens) and surgical treatment for the removal of midline cyst, tumor and periodontal pathologies. Surgical, orthodontic (comprehensive/short term), periodontal, direct bonding, and indirect restorations are the treatment modalities that can be used alone or in combination to achieve harmony in terms of a patient's aesthetics, function and health.

MICD by definition is “a holistic approach that explores the smile defects and aesthetic desires of a patient at an early stage and treats them using the least intervention options in diagnosis, treatment and maintenance technology by considering the psychology, health, function and aesthetics of the patient.” 6 The MICD concept as the professional movement that encourages all clinicians to select diagnosis, treatment and maintenance modalities that are the least invasive in order to preserve healthy oral tissues while still achieving the natural aesthetics outcome in the best interests of the patient’s health and happiness.

Following, I will demonstrate the clinical use of MICD TP (minimally invasive cosmetic dentistry treatment protocol) to close or reduce the diastema in clinical practice (Fig. 1).7 The direct-bonding procedure with the application of the Flowable Frame Technique (FFT) is presented here as a special technique.

Case presentation
A 20-year-old female patient presented with the complaint that she did not like her smile because of the large gap between her upper front teeth. The patient was very concerned about her smile aesthetics and also aware of her speech difficulties.

Phase I: Understand
In the first step of Phase I, the patient’s perception, lifestyle, personality, and desires were explored in a personal interview and through completion of the MICD self-smile evaluation form. The patient, who exhibited a high dental IQ, evaluated her smile as below satisfactory.

After the interview, the disease, force element and aesthetic defects of her smile were explored.
In the design step, a new smile was created on tooth #21. A MD of 3.5 mm between teeth attachment and the space analyzer affects. We found a high frenum grading in terms of her health, function and no para-functional tricks. Following, I would like to demonstrate a simple technique that I have applied since 2005 in various clinical scenarios and find helpful for the upgrade of clinicians' restorative skills.

The Flowable Frame Technique
The FFT is a simple restorative technique developed to speed up the placement and simplified refinement of material when restoring challenging anterior aesthetic cases such as large Class IV or Class III defects and diastema closure or reduction. As the name suggests, this technique requires flowable composite, a plastic strip, composite brush and other usual instruments for direct resin restorations.

Clinical steps in the Flowable Frame Technique
The following steps are to be taken:

Step 1
After the completion of etching, priming and bonding of the tooth surfaces, insert a simple plastic strip to the level of gingival and smooth it to a thin layer with a hand instrument or a composite brush if necessary (Fig. 4).

Step 2
Support the plastic matrix strip lingually with your index finger to create a lingual contour (Fig. 5). Identify the flowable composite shade that will replace the plastic strip (either opaque or translucent) and smooth it to a thin layer with a brush or a composite brush if necessary (Fig. 4). Light cure the flowable composite and remove the plastic strip. A flowable frame is now ready (Figs. 5, 6).

In detail, the informed consent was signed prior to proceeding to Phase II.

Phase II: Achieve
In the first step, the patient's health, function and a healthy lifestyle were established. The patient's smile was graded as Grade B. The established parameters of her oral health and function were within normal limits, the aesthetic parameters were below the accepted level and enhancement treatment was to improve her aesthetic parameters further. Hence, in this case, it was not necessary to undergo establishment treatment (like orthodontic, periodontal, occlusal adjustments, etc.) before proceeding to the aesthetic enhancement step. According to MICO TP, the desire of the patient in this case was need-based or naturo-mimetic smile enhancement.

Direct-bonding restoration
The direct-bonding restoration technique represents the preferred therapeutic option in MICO II preserves maximal tooth structure and helps to restore function and aesthetics in only dental units. In addition, the technique is economical and the possible need for so-phisticated indirect restoration can be postponed. Direct-bonding restorations demand excellent clinical skills. The clinician is required to incorporate various clinical techniques, tips and tricks. Following, I would like to demonstrate a simple technique that I have applied since 2005 in various clinical scenarios and find helpful for the upgrade of clinicians' restorative skills.

Material selection and clinical steps for diastema closure
Material selection for diastema closure should be guided by optical properties (light transmis-sion and diffusion characteristics) and tissue responses of the materials (restoration in diastema normally touches the gingival tissue and sulcus). Amongst the various materials available, gionmers are amongst the latest category of micro-hy-drogenated resins. Giomer restorative and optical properties), handling and recharge of glass ionomers and composite resins. They have the fluoride release and recharge of glass ionomers and the aesthetics (shade, polish and optical properties), handling and physical properties of composite resins. Gionmer restorative and adhesive systems have good bio-compatibility11 and have been reported not to result in long-term post operative sensitivity.12 They have also been found to possess anti-plaque formation properties.13 Hence, gionmer direct restorative materials and adhesive systems were selected to close the MD in this case.

Beautiful Flow Frame #AT with gionmer adhesive system FLBond II (SHOFU Inc.) were used in FFT to create the lingual frame. Beautifil II (SHOFU Inc.) dentine shade A1 and enamel shade shade were used to restore the defects using the bi-layered shading technique to achieve the desired aesthetics with an invisible restoration. The Direct Cosmetic Restoration Kit and the Super-Snap Rainbow Technique Kit (both SHOFU Inc.) were used to prepare the teeth, shade and polish the final restorations (Figs. 7–12).

Conclusion
Diastema closure or reduction in clinical practice requires detailed case analysis. The success of the treatment depends on etiological factors, size and extent of the diastema, and the patient’s affordability in terms of treatment time and costs involved. The MICO TP guides the clinician and the patient and helps both to understand, plan and complete the clinical case using diagnosis and treatment modalities that are the least inva-sive in order to preserve sound tooth structure and achieve natural aesthetics considering the patient's best interests.14

Editorial note:
A complete list of references and the MICO forms are available from the publisher.

Contact Information

Visiting Professor, Faculty of Dentistry Thammasat University, Thailand. President, Vedic Institute of Smile Aesthetics (VISA) President, Aesthetics Dental Academy (AAAD) Chairman, National Dental Hospital, Kathmandu, Nepal Global Coordinator: MicD Global Academy E: drushilkoirala@gmail.com
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Current guidelines for the use of nitrous oxide inhalation analgesia/anxiolysis in pediatric dentistry

By Dr. Manal Al Halabi, UAE

Abstract
Nitrous oxide/oxygen inhalation analgesia and anxiolysis as a behavioral management intervention in children has maintained an excellent safety record and is, therefore, utilized widely by pediatric dentists. As is true of any diagnostic or therapeutic dental intervention, however, its usage merits periodic review, especially when it is routinely applied. When nitrous oxide/oxygen is used in combination with other sedatives, such poly-pharmacy can produce potentially serious side effects. Bioenvironmental risks to patients and staff can be encountered if proper use of the gas and appropriate dispensation of exhaled nitrous oxide is not monitored. Using historical publications, current empirical articles, professional usage policies, and educational textbooks, the purpose of this article was to review indications and contraindications of nitrous oxide/oxygen inhalation analgesia and anxiolysis and discuss various factors that should or should not be considered about its use. Even though today’s parents may be more accepting of pharmacological approaches such as nitrous oxide, the choice to use it should always be made with the child’s best interest in mind and with adequate training and understanding.

Introduction
After the analgesic qualities of nitrous oxide were recognized in the 19th century, dental practitioners experimented with nitrous oxide anesthesia for almost a century, frequently pushing beyond physiologic limits and even then shifted to that of an analgesic and subsequently to an inhalation anesthetic. The advent of reduced dosages needed to elicit sedation rendered the drug much safer and enabled dentists to administer nitrous oxide with ever-greater frequencies. Consequently, by the dawn of the 21st century, NOH had become a routine component of dental care among many dentists.

Nitrous oxide/oxygen inhalation is considered a safe and effective technique to reduce anxiety, produce analgesia, and enhance efficient communication between a patient and health care provider. The essential need to properly diagnose and treat, as well as the safety of the patient and practitioner, should be carefully reviewed and monitored when using nitrous oxide1. In medicine, nitrous oxide has long been used as an inhalation anesthetic for both the sedation and maintenance of general anesthesia. More recently, nitrous oxide protocols have been established for pediatric patients undergoing diagnostic procedures such as computer tomography, endoscopy, electroencephalography and bone marrow biopsies. All children should be able to expect painless, high quality dental care. While anxiety and pain can be modified by behavior management psychological techniques, additional pharmacological approaches may be necessary. Analgesia/anxiolysis is defined as diminution or elimination of pain and anxiety in a conscious patient2. The pain type A (GABA9) receptors and modulatory pathways that modulate nociceptive processing at the spinal level. The anxiolytic effect involves activation of the GABAA receptor both directly and indirectly through the benzodiazepine binding sites3. Nitrous oxide demonstrates rapid uptake, it is absorbed quickly from the alveoli and held in a simple solution in the serum. It is relatively insoluble, passing down a gradient into other tis

Table 1. ASA Classification. American Society of Anesthesiologists.

Class I: No organic, physiological, biochemical or psychiatric disturbance.
Class II: Mild to moderate systemic disturbance, e.g. mild diabetes, moderate anemia, well-controlled asthma, not disabling.
Class III: Severe systemic disease, e.g. severe diabetes with vascular complications, severe pulmonary insufficiency, disabling.
Class IV: Severe systemic disorders that are already life threatening, e.g. signs of cardiac insufficiency.
Class V: The moribund patient who has little chance of survival without operative intervention.

Conclusions
The concern lies in whether pharyngeal-laryngeal reflexes remain intact. This problem can be avoided by not allowing the patient to go into an unconscious state. Nitrous oxide has been associated with bioenvironmental concerns because of its contribution to the greenhouse effect. Bacteria in soils and oceans emit nitrous oxide naturally; it is produced by humans through the burning of fossil fuels and forests and the agricultural practices of soil cultivation and nitrogen fertilization. Altogether, nitrous oxide can account for five percent to the greenhouse effect4. Only a trivial fraction of this five percent (0.5 to two percent), however, is actually the result of combined medical and dental applications of nitrous oxide gas5.

The decision to use nitrous oxide/oxygen inhalation analgesia
Nitrous oxide/oxygen inhalation analgesia should be offered to children with mild to moderate anxiety to enable them to accept dental treatment better and to facilitate coping across sequential visits. The decision to use nitrous oxide/oxygen analgesia/anxiolysis must always utilize alternative behavioral guidance modalities, the patient’s dental requirements, the effect on the quality of dental care, the patient’s emotional development, and the patient’s physical consideration. Nitrous oxide generally is acceptable to children and can be tolerated easily. Most children are enthusiastic about the administration of nitrous oxide/oxygen; many children report dreaming, floating or being on a “space-ride”6. For some patients, however, the feeling of “losing control” may be troubling and patients suffering from claustrophobia can find the nasal hood restraining and disagreeable6.

Fitness for nitrous oxide/oxygen inhalation analgesia
Review of the patient’s medical history should be performed prior to the decision to use nitrous oxide/oxygen analgesia/anxiolysis. This assessment should include:
1. Allergies and previous allergic or adverse drug reactions
2. Current medications including those to be taken home, and site of administration
3. Diseases, disorders, or physical abnormalities and pregnancy status
4. Previous hospitalization to include the date and purpose
5. Recent illnesses (e.g. cold or congestion) that may compromise the airway

The objectives of the Use of nitrous oxide/oxygen inhalation analgesia
The objectives of nitrous oxide/oxygen inhalation include:
1. Reduce or eliminate anxiety
2. Reduce untoward movement and reaction to dental treatment
3. Enhance communication and patient cooperation
4. Raise the pain response threshold
5. Increase acceptance for longer appointments
6. Aid in treatment of the mentally/physically disabled or medically compromised patient
7. Reduce gagging
8. Potentiate the effect of sedatives

Disadvantages of nitrous oxide/oxygen inhalation analgesia
Disadvantages of nitrous oxide/oxygen inhalation may include:
1. Weak potency
2. Significant dependence on psychological reassurance
3. Interference of the nasal hood with injection to anterior maxillary region
4. Patient must be able to breathe through the nose
5. Nitrous oxide pollution and potential occupational exposure health hazards

Indications for the use of nitrous oxide/oxygen inhalation analgesia
Indications for use of nitrous oxide/oxygen inhalation analgesia include:
1. A fearful, anxious, or disruptive patient
2. Certain patients with special health care needs
3. A patient whose gag reflex interferes with dental care
4. A patient for whom profound local anesthesia cannot be obtained

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PEDIATRIC TRIBUNE

DENTAL TRIBUNE Middle East & Africa Edition | May-June 2015
10 Years of Successful “Continuing Dental Education” by CAPPMea

By Dental Tribune MEA/CAPPMea

D URABIL, UAE: May 2015 will mark a significant milestone in the history of the Centre for Advanced Professional Practices (CAPPMea) in Dubai, which has come to celebrate its 10th anniversary. This event is a landmark not only for CAPPMea but also for the entire Dental Society in the Middle East, who have participated in CAPPMea’s Continuing Dental Education programmes. The dentists are those who are at the forefront, driving the industry in the right direction through valuable feedback, experience and increasing demand for high level technology and education.

Thanks to the hard work of our colleagues, sponsors, partners and supporters for the last 10 years, CAPPMea has built a frontrunner standard committed to the highest echelons of continuing dental education. A big “Thank you” is owed to all participants, followers and partners, having helped CAPPMea develop the professional training tools adjusted to the specific needs of the region.

CAPPMea has been an American Dental Association (ADA) CERP Recognized Provider for the last 5 years, specializing in CME and CPD dental programmes - conferences, hands-on courses, workshops and self-instruction events. During the past 10 years, CAPPMea facilitated over 530 CME programmes with over 32,000 international participants taking part. With the opening of CAPPMea Asia in 2012, the professional reach of CAPPMea expanded to the Asia-Pacific region and beyond. In 2012 CAPPMea also joined a global family of 96 publishers of the Centre for Advanced Professional Practices (CAPPmea) with over 52,000 international readers. The 10th CAD/CAM & Digital Dentistry International Conference will be celebrated jointly with CAPPMea’s 10-year anniversary. The journey in the last decade came along with many challenges related to the incredible pace of growth of industry and new technologies, particularly in digital dentistry. Ten years ago, one could not imagine that such opportunities existed. They are now able to change dentistry and improve dramatically the patient care. All from diagnostics, planning to the treatment in term of precision, time consuming and aesthetic treatments. What has been accomplished in the past 10 years is truly significant. CAPPMea would like to express its highest appreciation of the role of our business partners, industry, sponsors and supporters in helping CAPPMea make the success story that it is today. Thanks to all who have worked with CAPPMea, sharing the challenges and the passion that come along. Thanks to all dentists, dental technicians, dental hygienists and assistants, who followed us in this decade of fast development of dental industry and technology. We look forward to another decade of being together.

For more information please visit www.cappmea.com

CAD/CAM & Digital Dentistry significant growth in Middle East in last decade

By Dental Tribune MEA/CAPPMea

D URABIL, UAE: Behind great achievements are great people. Over the last 10 years the Centre For Advanced Professional Practices (CAPPMea) International Conferences have hosted some of the finest dentists in the dental profession. Dental Tribune MEA managed to catch their opinion on the milestone 10 year anniversary of CAPPMea prior to the 10th CAD/CAM & Digital Dentistry Int’l Conference on 08-09 May 2015.

Dental Tribune MEA/CAPPMea: Where was CAD/CAM & Digital Dentistry 10 years ago?

Dr. Julian Caplan, UK: 10 years ago CAD/CAM was being heavily used by laboratories but still had limited capabilities chairside. The limitations of the camera and the software reduced the clinical options and the interplay between CAD/CAM technology in-surgery and CAD/CAM technology in-lab. The software was “3D” but there were still few “players” in the market. There were a number of competitors beginning to enter the arena and this would be a catalyst for established companies to make radical changes to their systems. Prof. Aref Shakar, Egypt: CAD/CAM & Digital Dentistry was dealt with if it came from Mars in our region 10 years ago. Many dentists were dealing with this topic as “Not for every dental field”. But with such a specialized event like CAD/CAM & Digital Dentistry Int’l Conference in Dubai, the awareness of this highly important field of Dentistry became more and more know and developed.

Dr. Munir Silezadi, Canada: 10 years ago CAD/CAM dentistry was more or less in its infancy stage. Though chairside systems, such as the Cerec chairside system from Sirona, were well in a reasonably advanced stage, most of the dental laboratories oriented systems were just learning to crawl. Very few dental manufacturers ventured into this technology. A side from some high precision milling units, such as the Everest Milling Unit from kaVo, both hardware as well as software did not enjoy the required features to warrant predictable and precise restorations.

Dr. Mark Morin, USA: CAD/CAM was available but only provided a limited scope. The number of users was very small. There was only one company that made the machine, It could only do limited types of restorations and there were limited materials available to make the restorations.

This was mainly driven through a lack of understanding on the lab side though. I remember the Procera days, where a scanner which just could create single restorations was enough to win fans all around the world with a central manufacturing solution using Al2O3, on the other hand a DCS in-house system which was on exhibitions, grilling restorations out of hip-material. The switch came with the ZrO2 green stage material, as it allowed to mill economically ceramic materials.

Even though there was no movement for open systems, the industry made the implementation of CAD/CAM possible, due to support and training of dental technicians. Information Technology was never part of the dental world and the majority of dental technicians did not even believe that soft and hardware would change their
whole working environment. Even just a couple of years ago, lab owners told me that they are still waiting for the right system to go for, unless there was the perfect system. I believe there is still no perfect digital solution, but we are getting closer. We have to add however that hand craft was neither perfect, but we adapted perfectly to the conditions.

**Rik Jacobs, The Netherlands:** 10 years ago, the dental industry in terms of CAD/CAM was in an exploring stage, definitely in terms of economics of scale. It was the time that the first dental design software came on the market as far as I can remember. It was the time that the first dental CAD/CAM was able to produce restorations. The computer has not replaced hand craft was neither perfect - the ad-vantage of this technology, definitely in an exploring stage, was the possibility to go for, unless there was the right system. Dentists have learned how to work with these labs differently than in the past. The ability to morph the virtual planned 3D work place from a handicraft into a high tech virtual planned 3D work environment, the start of the Milling centers, the overproduction of the total number of milling centers in certain countries, the total acceptance of Zirconia for Crown & Bridge applications is getting more and more utilized.

**Lutz Ketelaar, Germany:** I am often surprised how quick the old values of manual dentistry have been altered most due to the rapid development of CAD/CAM. Probably the fields of Aesthetic, Restorative and Prosthetic Dentistry got the lion’s share. Indirect restorations are more precise and predictable when fabricated through CAD/CAM systems. Guided Implant Surgery made the field of Implantology an easier and safer procedure. CAD/CAM driven orthodontics as well is getting more and more utilized.

**Dr. Mark Morin, USA:** I feel that today the aspects of dentistry that has been altered most in our profession by CAD/CAM technology. Probably the thing that I feel the most is involved with multiple preparations. The preparation can be altered where there are deficiencies in the preparation, the altered parts removed from the original scan and only this part need be rescaned. This comes into a world of its own when a dentist is involved with multiple preparations which previously would require a completely new impression if one of the preparations did not fulfill the required criteria. CAD/CAM scanning is not only time efficient it also greatly reduces a dentist stress. The ability to do crowns in one visit helps increase the profitability of the dental office. It allows us to participate in more of these PPO type insurance plans since it helps our cost better than conventionally produced restorations. They can be manufactured in a faster and better reproducible way. CAD/CAM technology saves time, offers safer treatment methods, and makes practicing dentistry less stressful and more enjoyable.

**Dr. Julian Caplan, U.K:** There are many reasons but the main reason is perceived cost of the systems to purchase. However this is only because the practitioners have not understood the savings that they would make in materials and laboratory costs.
SIRONA LLC founded in Dubai to support a direct operation for UAE private market

By Sirona

Dubai, UAE: IHS Cologne was once again a record breaking trade-fair. Sirona presented itself to industry professionals as an experienced specialist in the field of digital technologies for dentists and dental technicians. This was borne out by spectacular innovations in the areas of photography, laser therapy as well as pioneering new developments for CEREC and treatment centers. For the Middle East region, dental professionals will be able to see these latest innovations during the anniversary upcoming 10th CAD/CAM & Digital Dentistry Int’l Conference in Dubai on 09 May 2015 – Jumeirah Beach Hotel.

As the dental market leader and a technology pioneer, all at Sirona are passionate about enhancing our products and services. We are permanently investing in research and development, as well as our global sales and service structures. Being close to our customers is essential, which is why we have 28 sites around the world where we work together to advance global dental health.

In May 2015, Sirona LLC will be founded in Dubai in order to support a direct business operation towards the private dentists market in UAE. The big success of previous years has been recorded through increasing sales and services experienced by Sirona in the region. This is an important step for Sirona in improving the delivery of professional sales, after sales and dental education to the UAE market. Sirona LLC will continue to work alongside MPC in order to fully service the needs of the Government sector which remains equally important.

With UAE being a significant hub for its businesses and education in GCC, the setting up of Sirona LLC underlines the constant commitment to research, development and better servicing of the end-user with surpassed quality to the dental industry whilst restoring the image of Sirona worldwide. This will be achieved through a fully dedicated Sirona sales and technical team and Product specialists who will work closely together to deliver premium services to the private market in the UAE.

As you can imagine we have much more to share, so Sirona encourages you to browse our website and review the highlights of 2014 and novelties of IDS 2015. You will enjoy diving into our world of innovation and reading about some of Sirona’s advancements, both within this issue of Dental Tribune MEA and on our official website as well as through all of our online channels.

Make sure you visit Platinum Sponsor Sirona at the upcoming 10th CAD/CAM & Digital Dentistry International Conference on 08-09 May 2015, Jumeirah Beach Hotel where we will present the latest trends and developments for the first time after IHS Cologne.

Contact Information
Dr. Amro Adel
Area Manager GCC & Pakistan
Country Manager Saudi Arabia
Sirona Dental GmbH
E: amro.adel@sirona.com

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Understanding how to integrate this technology into their busy practice can also be daunting. The systems are becoming in-credibly user friendly and this hurdle is becoming far easier to overcome.

Prof. Atef Shakar, Egypt: I believe, no one can still deny the importance of CAD/CAM tech-nology in every dental practice, but still the high cost of the recent CAD/CAM systems in comparison to traditional tech-nologies, have pushed some dental practices to stick to the old fashioned technologies until now. In addition, the computer-based software are considered a dilemma towards many newer dentists with limited computer skills. But my opinion is, it is the era of CAD/CAM & Digital Dentistry, so every dentist has to catch it, otherwise, the train of development will pass by leaving them in a dark and isolated spot.

Dr. Munir Silvadi, Canada: The most common reason for some dentists not being involved in CAD/CAM technology is probably lack of proper exposure. CAD/CAM dentistry is still more or less considered a feature of “elite dentistry”. The second most common reason may be that quite few dental practition-ers do not realize the full positive impact of CAD/CAM technology on their daily practices. Manufac-turers, organizations, and educators have to put more effort to bring this technology to the average dental practice.

Dr. Mark Morin, USA: The number one reason keeping practices from adopting CAD/CAM are the dentists still do not think they can justify the cost of the tech-nology. This absolutely false. By just doing one crown a day the dentist can pay for the technol-ogy in the first year. I also see dentists who are scared of us technology. Dentists find it difficult to learn how to use CAD/CAM. Over the years this technology has become easier and easier to use and it can be delegated in most areas to the assistant.

Dr. Munir Silvadi, Canada: The most common reason for further innovations in CAD/CAM is what the future you foresee to every patient, dentist, and dental laboratory technicians. As for the future of CAD/CAM technologies, I believe that the “Sky is the limit”.

Dr. Mark Morin, USA: The future is bright for CAD/CAM. I think we are going to see a complete digital platform in dental offices with full connectiv-ity to all technologies. I also see the ability of the CAD/CAM technology to help us diagnose and treatment plan our cases. By taking a picture before we start and doing a 3D analysis it can help us determine whether treatment is necessary and what procedure is best.

Lutz Ketelaar, Germany: The future will bring dentist and labs closer together for a better, faster and more economic ser-vice towards the patient. Necessary patient data and scheduled appointment can be shared be-tween both parties, manufacturing sites involved and their status shared - the workflow gets lean. The dental field of restorations is limited, but it still needs innovations and progress in finding possibilities - possible technical approaches also need to be affordable - Dental treatment is in direct competi-tion with luxury goods, vacation or even affordable standard of liv-ing. We can learn a lot from the US about marketing the beauty business of dentistry, but should not forget that we also need highly educated and trained dental technicians to achieve fu-ture success.

Rik Jacobs, The Netherlands: This is a very rapidly develop-ment field. What was a wishful thinking few years ago is now a reality. Digital intraoral and ex-traoral scanners will definitely replace conventional impres-sion techniques in the very near future. Most of Indirect Dental Restorations will be CAD/CAM produced. Dentists will be able to digitally connect with den-tal laboratory technicians. This should allow for a rapid and precise exchange of information to facilitate the production of restorations that are estheti-cally and functionally pleasing to everyone - patient, dentist, and dental laboratory technicians. As for the future of CAD/CAM tech-nologies, I believe that the “Sky is the limit”.

Lutz Ketelaar, Germany: There is no point in drawing black-and-white. The manual skills of an educated and ex-perienced dental technician using precious alloys is outstanding, if he gets the time and the pay-ment to do “this art”. There are still dentists and labs who manage to keep this offer available for people who are willing to pay for manual made quality. We can see the same for luxury goods such as watches - the majority of sold watches world-wide will be comparably cheap, but there is a group of people where people can buy manually made “art work”.

Prof. Atef Shakar, Egypt: Well, as a professional in the CAD/CAM field, I am so ambitious about what is ahead of us, we should allow for a rapid and con-trasting is coming and what will be possible in dental materials, hardware & software. This places a big weight on the shoulders of the manufacturing companies and their R&D departments and we are relying on the professional organization of “CAPPmea” to be the link between the nologies for dentists and professionals as an experienced specialist in the field of digital tech-nologies for dentists and dental technicians. This was borne out by spectacular innovations in the areas of photography, laser therapy as well as pioneering new developments for CEREC and treatment centers. For the Middle East region, dental professionals will be able to see these latest innovations during the anniversary upcoming 10th CAD/CAM & Digital Dentistry Int’l Conference in Dubai on 09 May 2015 – Jumeirah Beach Hotel.

As the dental market leader and a technology pioneer, all at Sirona are passionate about enhancing our products and services. We are permanently investing in research and development, as well as our global sales and service structures. Being close to our customers is essential, which is why we have 28 sites around the world where we work together to advance global dental health.

In May 2015, Sirona LLC will be founded in Dubai in order to support a direct business operation towards the private customer market in UAE. The big success of previous years has been recorded through increasing sales and services experienced by Sirona in the region. This is an important step for Sirona in improving the delivery of professional sales, after sales and dental education to the UAE market. Sirona LLC will continue to work alongside MPC in order to fully service the needs of the Government sector which remains equally important.

With UAE being a significant hub for its businesses and education in GCC, the setting up of Sirona LLC underlines the constant commitment to research, development and better servicing of the end-user with surpassed quality to the dental industry whilst restoring the image of Sirona worldwide. This will be achieved through a fully dedicated Sirona sales and technical team and Product specialists who will work closely together to deliver premium services to the private market in the UAE.

As you can imagine we have much more to share, so Sirona encourages you to browse our website and review the highlights of 2014 and novelties of IDS 2015. You will enjoy diving into our world of innovation and reading about some of Sirona’s advancements, both within this issue of Dental Tribune MEA and on our official website as well as through all of our online channels.

Make sure you visit Platinum Sponsor Sirona at the upcoming 10th CAD/CAM & Digital Dentistry International Conference on 08-09 May 2015, Jumeirah Beach Hotel where we will present the latest trends and developments for the first time after IHS Cologne.
FKG Dentaire launches first anatomic finisher for root canal treatments

By FKG

The latest innovation from FKG Dentaire lets practitioners treat complex root canal systems and clean once impossible-to-reach areas with minimal impact on the dentine. Made with a highly flexible Ni-Ti-based alloy, the XP-endo Finisher follows the contours of the canal with an improved reach of 6mm in diameter—or 100-fold that of a standard instrument of the same size.

“With the XP-endo Finisher, we can finally solve a common problem for dentists,” said Thierry Rouiller, CEO of FKG Dentaire, one of the world’s leading manufacturers of endodontic instruments. “They’ll now be able to reduce the risk of future infection by offering patients a deeper cleaning for a better root canal treatment.”

Studies using micro CT technologies show that standard NiTi files manage to clean just 45 to 55 per cent of the canal walls, leaving debris and bacteria to accumulate in areas left untouched. However complex the morphology of the canal, dentists can use the XP-endo Finisher following a root canal preparation starting at diameter ISO 25. A unique FKG alloy, the MaxWire (Martensite-Austenite electropolish-flEx), gives the instrument unparalleled flexibility so it can remove debris from those hard-to-reach areas, while limiting the impact on the dentine.

“This (the canal) is cleaner, perhaps two to three times compared to the conventional techniques we have today,” said Dr. Gilberto Debelian, Norway. The instrument also features a strong resistance to instrument fatigue, thanks to its zero taper design, and is simple enough for dentists to quickly learn to use.

The XP-endo Finisher joins a growing list of innovative high-precision products patented by FKG Dentaire to meet the most demanding needs of general practitioners and endodontists around the world.

Contact Information
For further information, contact the team at:
FKG Dentaire SA
Crêt-du-Locle 4
2904 La Chaux-de-Fonds
Switzerland
T +41 32 924 22 44
info@fkg.ch
www.fkg.ch

Interview with Dr. Martin Trope

By Dental Tribune MEA/CAPMea

Dental Tribune MEA has the pleasure to interview Dr. Martin Trope, past Endo program director at University of Pennsylvania, and chairman of the Endo division at Temple University Dental School and University of North Carolina Dental School. Dr. Trope was also the Director of the American Board of Endodontics.

Dental Tribune MEA: Dr. Martin Trope, you have lectured and provided training in the Middle East several times. What is your experience and feeling of the level of Endodontics in the MEA region?

Dr. Martin Trope: The level of the dentists who have attended my courses is very high. I don’t really know the general level of endodontics in each country. The variability comes in what the dentist can afford in terms of cutting edge technology. In some countries the fees charged for root canal treatment limits what the dentist can afford. This is a universal problem so not limited to the Middle East.

How important is it for a dentist to specialize, particularly in Endodontics and what is the reason you chose to do so?

There are some cases that require additional expertise. I don’t think it is important for a dentist to specialize but to recognize those cases where a specialist is needed. I like to do one thing well so endodontics suits my character although I must admit sometimes it can be very tedious.

How do you stay up to date with the latest technologies?

> Page 41
Your Generation of Bone Regeneration.

Today’s Dental Professionals Rely on NuOss Anorganic Bovine Bone.

- NuOss® is physically and chemically comparable to the mineral matrix of human bone
- NuOss® is one of the most reliable bone substitutes used by dental professionals
- Natural anorganic bovine bone matrix; available in 6 different forms to best suit your surgical needs

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Contact Your Local ACE Surgical Dealer.
By Dr. Ebah Heikal

From a fancy looking clinic to a friendly smile, first impressions are no doubt the most vital impression you will ever make in business so it is important to get it right first time.

But no, this does not just mean making sure that your feet aren’t on the desk or serving a customer or making sure there is a permanent smile imprinted on your face at all times. It is more about the other details.

First impressions are really important in any industry, but in the current economic climate they are more important than ever before. Our patients are continually faced with making so many decisions and we have to make the right impressions in their minds to make it easier for them to choose us. This is a vital part of any dentist practice management program.

Shifting away from an obsession with first impressions is vital as it can make your patients extremely well on your first ever visit. Everything you do to stay in business is dependent upon patients going ahead with our diagnosed treatment recommendations. Our clinical skill is of no consequence if we do not get the opportunity to benefit our patients with it. So, to grow our businesses we need our stories to comply with patient perceptions.

Once created, first impressions are very difficult to change or eliminate. These mindsets then affect every subsequent decision that patients make. It will either make your future dealings with the patient easy or difficult; this is why any comprehensive dental practice management strategy should consider this.

It is vital not to take any chances. Everything your patients experience as a result of doing business with you must be exceptional. Everything you and your team, say and do must match up and be the same thing. For example, if your sign and exterior of your practice looks good and you are based in a good location but your team and your services are not up to that limit of quality, then you will always reach below patient expectation.

It is important to note that your patient’s expectations are created primarily by several attributes, from past experience, to word of mouth, to the effectiveness of your marketing campaigns. If you do not at the very least meet those expectations, you will always disappoint your patients. For this reason, it is vital to deliver what you promise in your marketing. If you exceed the expectations your patients walk into your practice with, they will have developed a fan for life!

Incorporating a “WOW” customer service experience whilst your patients are with you often exceeds the good impression you create throughout the process. Taking positive steps to developing a good solid reputation is the way to gain customer confidence and this can be built by using a series of techniques.

Create A Good First Impression At Your Clinic:
- Make sure you know how you are portraying yourself to your patients. What is the message you are sending to your market.
- If you do not know your message, create one and define it.
- Make sure you know how you are portraying yourself to your patients. What is the message you are sending to your market.
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The foundation of this usually involves creating a unique selling advantage.

- Then create a good marketing strategy, which will attract the right type of patients to your practice. The kind of patients who are more likely to be interested in your specific type of dentistry or service.
- You need to get your entire team in on the action of what you are trying to do.
- Create systems within the clinic on accomplishing the unique experience for your patients, which complies with your marketing message.
- Customer service is a key element and excellent provision of your dentistry.
- Educate your patients on their conditions so that they are more involved in the process of co-discovery. This will make it easier for you to give options and advice.
- Make it easier for your patients to be able to afford the dentistry. Consider all options.
- Make sure you have a process in your clinic, which continues to provide a consistent experience for your patients. (Check my book, Quality & Standardisation section)

Contact Information
Dr. Ebah Heikal
BDS.MBA.DBA
Practice Management consultant
heikal@heikal.com

How are we doing? Getting the best from your staff

By Fiona Stuart-Wilson

It we lived in an ideal world where nothing ever went wrong, patients always took up treatment plans and arrived for their appointments on time and staff never went sick then we probably wouldn’t need to talk about managing performance. However, we might want to believe that staff know what they need to do and will get on with it to the best of their ability at all times, we all know this is unlikely to happen.

The success of your practice is in the hands of everyone within it and depends on their delivering a good service. Any weak link in the chain will have a negative effect on your practice and on your ability to deliver a good service to patients and run a successful dental business. The point of managing performance is to make sure that the performance of your team contributes to the overall practice performance, and taking action to improve things when this does not happen.

If you manage performance efficiently it will mean that everyone in your practice understands:

- what the practice is trying to achieve,
- their role in helping the practice achieve its objectives

- what they need to know and what they need to be able to do to fulfil their role
- the standards of performance required
- how they can develop their own performance and contribute to development of the practice
- how they are doing, and if there are performance problems what can be done about them.

However, good performance management looks at how people do their job as well as what they get done. So, how a person approaches their job, or the way they behave as part of a team or communicate with patients and the rest of the team is just as important as what tasks they actually accomplish. For example your receptionist might make appointments with unfailing accuracy. Their performance might be described as good. However this receptionist might be routinely unfriendly to patients. In the latter case we are highly unlikely to describe their performance as ‘good’, as we are measuring it on how they are doing (their activity) and not solely on what they do (their behaviour).

Performance management however is more than simply trying to get staff to do things which will help the practice achieve its objectives. Handled well it can encourage both the giving and receiving of feedback, and unlock ideas for improvement and innovation, clarify standards, and foster greater communication.

Clarify and communicate the aims of the practice
You want people to deliver the objectives you have set for your practice. Your staff’s performance can only be measured in terms of the practice’s performance. Things often fall down and business performance can falter because the objectives of the practice have not been clarified and established by the practice owners. Everyone needs to know what the practice objectives are, and you need to remind people of them frequently to keep them focused. As you achieve certain milestones, don’t forget to tell your staff about what they have achieved.

Clarity of people’s roles
Make sure that you have clear and detailed job descriptions and person specifications and update them when working practices change. Job descriptions describe what you expect people to do. Person specifications should outline the qualities and qualifications that your staff need to have in order to fulfil their roles effectively and focus on the ‘how’ people carry out their role.

Make sure that you have clear policies
Your policies are your ‘book of rules’, clear statements about the way your practice should operate. If you do not tell people what they should be doing you cannot complain if they do not do it.

Know how to get good performance
Make sure that you know how to help people improve through training, coaching and development opportunities to get them to the standard you want.

Provide honest and constructive feedback
Give open, honest and direct feedback regularly so that people know what they are doing well just as much as what they are not doing well, and establish a performance review system which allows for two way discussion.

We all want staff who are engaged, take pride in their job and show loyalty towards the practice. If your team can see the bigger picture and how their role contributes to the success of the practice they are more likely to do their best for you. Performance management is about continuously improving the performance of individuals and so in doing improving practice performance.

And that’s just not good for the practice – it’s good for patients too.

Contact Information
Fiona will be presenting a great seminar on the Dental Business Management Conference in Dubai – 12th June, 2015
For more information please email info@dbsmc.ae
Fiona Stuart-Wilson, Director, UMD Professional Ltd
fiona@umdprofessionalltd.co.uk

The first impression is the final impression, but…?
Look at the bigger picture

By Eniko Simon

Analyse data to understand the performance of your dental business

There are many important decisions we have to make when managing a dental clinic—we make these decisions on gut instinct or based on previous experiences or by analysing data that is available for us.

Most of the dental clinics I have been working with had some understanding of the power that data can add to their business. It is essential that you regularly track a wide range of data across your clinic to allow you to have a good understanding of your business. Nowadays there are fantastic dental software such as Software of Excellence or R4 very well known on the market. These dental software can assist dental businesses to analyse important key performance indicators gain a better understanding of their business.

Some data that you need to look at—who are your patients, how did they hear about your clinic, nationality, age group, your chair occupancy in your clinic, the hourly turnover your associates generating, how many new patients you have monthly and many more KPI’s we can look at. Undoubtedly collecting clean and reliable data and analysing it in a consistent way is part of 21st century management.

Data is the fundamental ingredient in decision making, figuring out where to focus your resources, create your targeted marketing approach.

Taking control of your data

The data on its own has no meaning, it can not provide the full picture, it does not take into account the values you stand for and the culture you trying to create in your dental business or your patients’ personal feelings they feel about your clinic.

Practice data alone can not be used to guide the success of the clinic. In order to fully utilize the facts and figures they need to be put into context. Hours spent collecting data is wasted if the bigger picture not taken into consideration.

The clinic’s short and long term goals needs to be agreed upon and once you are on your journey the collected data can demonstrate if you are on the right track to achieve your goals.

The numbers provide an effective tool to help manage and control the growth and development of your dental business but do not set the strategy you need to adopt.

Constantly analyse your data—look at how your clinic is performing. The right data at the right time will aid your decision making process regarding your finances, marketing, operations of your clinic—but be ensure that you control your data and put it into context.

Always understand the “whys” to know the way forward to the “hows”.

Contact Information

Eniko Simon
Clinic Manager/Consultant
Dr Roze & Associates Dental Clinic
eniko@dradubai.com
The winning combination – CAD/CAM work and 3D CBCT data in one software

By Planmeca

The field of digital dentistry is rapidly evolving, with new dental technologies emerging as part of a more efficient and comprehensive workflow. By pairing Planmeca CAD/CAM solutions with X-ray units in the Planmeca ProMax® 3D family, dental professionals can bring together a wide range of detailed information for treatment planning and diagnostic purposes. This seamless com-

Planmeca PlanMill

ination of CAD/CAM and 3D CBCT technology has opened new doors in creating a new standard of care for patients – offering high-quality features for different specialities, all available through one software interface.

Planmeca Romexis® is the only dental soft-

ware platform in the world to combine all imaging and the complete CAD/CAM workflow. This powerful solu-

Planmeca ProMax

tion is at the heart of the Plan-

meca ecosystem, as it provides dental professionals with the ability to acquire more detailed data sets than ever before. Plan-

meca Romexis includes ad-

vanced tools for all specialties, such implant planning and oth-

er restorative treatments. The software presents dental clinics with a superior way to increase their patient flow and improve the level of care offered.

Seeing more than ever before

Bringing together CBCT data and CAD/CAM work provides a comprehensive level of care for patients. Planmeca ProMax® 3D imag-

ing units reveal intricate infor-

mation on soft and hard tissue structures, including the man-

dibular nerve canal, while the Planmeca PlanScan® intraoral scanner captures precise data above the gum line. This com-

bination of these data ensures a complete understanding of any case and makes 3D prosthetic designing quick, accurate and easy. Clinics are able to operate more flexibly, as restorations can either be milled at a clinic with the Planmeca PlanMill® 40 milling unit, or easily sent to a dental lab in an open STL data format.

The rise of same-day dentistry A more active role in the manu-

facturing of restorations opens up avenues for dental clinics to significantly increase their patient volume and grow their business. A streamlined digital workflow ensures the full utili-

sation of resources, leading to a more efficient treatment en-

vironment. Same-day dentistry is as beneficial for patients as it is for clinics; instead of two visits, patients can be treated in one hour – with no temporary crowns or physical dental mod-

els required.

Open architecture for maximised efficiency Standardised data is the driving force behind many of the latest developments in digital dentistry, as it guarantees the interoperability of images and dental data across different hardware platforms – reducing costs, in-

creasing predictability and enhancing patient safety. Bringing Planmeca’s CBCT and CAD/CAM systems together through the Planmeca Romexis software platform makes effective chair-

side dentistry a reality and pre-

sents dentists with a streamlined opportunity to substantially grow their practice.
Contraindications for the use of nitrous oxide/oxygen inhalation anesthesia: Contraindications for use of nitrous oxide/oxygen inhalation may include:

1. Some chronic obstructive pulmonary disease
2. Common cold, tonsillitis, nasal blockage
3. Pre-cooperative children
4. Severe emotional disturbances or drug-related dependencies
5. First trimester of pregnancy
6. Treatment with bethanechol sulfate
7. Methylene tetrahydrofinate reductase deficiency
8. Cobalamin deficiency

Whenever possible, appropriate medical specialists should be consulted before administering analgesic/anxiolytic agents to patients with significant underlying medical conditions (eg, severe obstructive pulmonary disease, congestive heart failure, sickle cell disease, acute otitis media, recent tympanic membrane graft, and acute severe head injury).

Technique of nitrous oxide/oxygen administration

Only appropriately licensed and trained pediatric dentists must administer nitrous oxide/oxygen. The practitioner responsible for the treatment of the patient and/or the administration of analgesic/anxiolytic agents must be trained in the use of such agents and techniques and appropriate emergency response.

Selection of an appropriately sized nasal hood is very important. A flow rate of five to six liters per minute is appropriate for most patients. The flow rate can be adjusted after observation of the reservoir bag. The bag should pulsate gently with each breath and should not be either over- or underinflated. Introduction of 100 percent oxygen for one to two minutes followed by titration of nitrous oxide in 10 percent intervals is recommended. During nitrous oxide/oxygen analgesia/anxiolysis, the concentration of nitrous oxide should not normally exceed 50 percent. Studies have demonstrated that gas concentrations dispensed by the flow meter vary significantly from the end-expired alveolar gas concentrations; it is the latter that is responsible for the clinical effects.

To achieve sedation, care should be taken that the scavenging vacuum is not so strong as to prevent adequate ventilation of the lungs with nitrous oxide.

A review of records of pediatric patients anesthetized with nitrous oxide/oxygen inhalation sedation demonstrated that the typical patient experienced a two to four percentage point reduction in nitrous oxide to achieve ideal sedation.

Nitrous oxide constitutes a major part of the respiratory depressant effect of the inhalation agents. It produces its effect by depressing the pre- and postoperative instructions.

Informed consent must be obtained from the parent and documented in the patient’s record. When administered by the dentist, the patient’s record should include information for use of nitrous oxide/oxygen inhalation, nitrous oxide dosage (ie, percent nitrous oxide/oxygen and/or flow rate), duration of treatment, and post-treatment oxygenation procedure. The record should also include documentation of the patient’s response to the use of nitrous and the postoperative instructions. Any adverse reaction or complication must be documented.

Facilities/personnel/equipment

All newly installed facilities for delivering nitrous oxide/oxygen must be checked for proper gas delivery and a good safety function prior to use. Inhalation equipment must have the capability for delivering 100 percent oxygen, and never less than 50 percent. Oxygen concentration at a flow rate appropriate to the child’s size. Additionally, inhalation equipment must have a fail-safe system that is checked and calibrated regularly. If nitrous oxide/oxygen delivery equipment capable of delivering more than 70 percent nitrous oxide and less than 50 percent oxygen is used, an inline oxygen analyzer must be used. The equipment must have an appropriate scavenging system to minimize room air contamination and occupational risk. A thorough check of the equipment must be carried out in advance by the dental personnel any time nitrous oxide/oxygen analgesia is to be used.

The practitioner who utilizes nitrous oxide/oxygen analgesia/anxiolysis for a pediatric dental patient should possess appropriate training and skills and have available the proper amount of personnel, and equipment to manage any reasonably foreseeable emergency. Training and certification in basic life support are required for all clinical personnel. These individuals should participate in a periodic review of the office’s emergency preparedness plan and the emergency drug cart, and simulated exercises to assure proper emergency management response.

An emergency cart (kit) must be readily accessible. Emergencies requiring the use of nitrous oxide/oxygen inhalation sedation is indicated. In addition, the patient’s record should include information for use of nitrous oxide/oxygen inhalation, nitrous oxide dosage (ie, percent nitrous oxide/oxygen and/or flow rate), duration of treatment, and post-treatment oxygenation procedure. The record should also include documentation of the patient’s response to the use of nitrous and the postoperative instructions. Any adverse reaction or complication must be documented.

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The full list of references is available from the publisher.
By Dental Tribune International

COLOGNE, Germany: On 14 March, the 36th International Dental Show (IDS) in Cologne closed after five days with a record result. The organisers reported that about 136,500 visitors from 151 countries attended the most important trade fair in the dental industry, which represents an increase of nearly 11 per cent compared with the 2015 IDS.

A new record was also set with regard to the number of exhibitors and exhibition space. A total of 2,201 companies (+6.9 per cent) from 56 countries presented their latest innovations, product developments and services over 157,000 m² (+6.2 per cent). More than 70 per cent of the exhibitors came from abroad (+2 per cent). In addition, the number of visitors from Germany increased by 4.5 per cent.

“Bigger than ever: IDS 2015 reports visitor, exhibitor and area increase”

The next IDS will take place in March 2017. (Photograph: Claudia Duschek, DTI)

The 2015 IDS took place from 10 to 14 March.

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The next IDS will take place in March 2017. (Photograph: Claudia Duschek, DTI)

The 2015 IDS took place from 10 to 14 March.
DTI Media Lounge Where movers and shakers in the dental market meet

COLOGNE, Germany: Over the past week, the International Dental Show (IDS) drew thousands of people from all over the world to Cologne. As an IDS tradition, Dental Tribune International (DTI) invited its partners to a number of cocktail receptions to the DTI Media Lounge. During the receptions, attendees received business updates on international markets and had the opportunity to connect with their peers and leaders from the dental industry.

The traditional Russian Night was celebrated at the DTI booth on the first day of IDS. The event was organized in collaboration with the Russian Dental Association, the Moscow Dental University, and Dentalexpo. Ilya Brodetski, General Director of Dentalexpo, provided some insights into the Russian dental market and its importance for the global dental industry. Currently, there are 85,000 dentists and 25,000 dental technicians in Russia. The market has a yearly supply turnover of US$ 1 billion.

On the second day of IDS, DTI hosted the CHANNEL3 Night, which was organized together with Exit Strategies, for the first time. About 80 key opinion leaders from 15 countries gathered on Wednesday at DTI’s ME-DIA Lounge for their annual meeting. As part of the event, Harvard professor Myron Nevins received the first annual PI Brånemark Award. The number three in CHANNEL3 signifies the three channels of sales in the dental industry: sales by dealer, direct sales and sales resulting from the work of key opinion leaders. The group consists of leaders from all three areas.

On 12 March, industry partners of DTI gathered for the DDS WORLD and Chinese Night in Hall 4.2. In 2014, DTI launched its Digital Dentistry Show, the first exhibition to focus solely on digital products and applications for dentistry, in Milan in Italy as part of International Expodental. The show will travel around the world and be present in all major dental markets. Participants of the night were informed that the next DDS World show will take place in Athens from 22 to 24 May 2015 and will be organized in collaboration with OMNIPRESS. Further shows in 2015 are planned in Moscow, Budapest, Istanbul, Shanghai and New York. The event on Wednesday was also attended by representatives of the Chinese Stomatological Association.

The Brazilian Night on 13 March attracted many people. The event was a joint project of DTI and Associação Paulista de Cirurgiões-Dentistas (APCD), the São Paulo association of dental surgeons, with which DTI entered into an international media agreement in 2013. Under the contract, DTI’s today trade show newspaper became the official and exclusive publication at the Congresso Internacional de Odontologia de São Paulo (CIOSP), one of the leading congresses worldwide.
COLOGNE, Germany: No, this year during the IDS would be complete without the traditional SHOFU evening programme – and this was no different. The festive setting of the Cologne Hyatt Hotel served as backdrop for news about a number of important matters. These included the announcement that Martin Hesselmann will succeed Akira Kawashima as managing director of the company on 1 April 2015.

Thursday evening provided several reasons for the global Japanese company SHOFU to enjoy a special sense of satisfaction. By this time, the company’s team had not only enjoyed three successful days at the IDS, it had also seen a positive start to the year, as Akira Kawashima, Managing Director of SHOFU Dental, and Noriyuki Negoro, President of SHOFU Japan, announced during their welcoming comments while also offering a strategic outlook on the coming year.

“As in the past, some 500 guests from home and abroad, consisting of sales partners, SHOFU staff and representatives of the media, were invited to share in an evening of excellent food, pleasant conversation and a fine mannered exchange of views in a stylish atmosphere. The guests at this year’s event also included the general managers from Singapore and the US, together with their staffs, who contributed to making the evening a success through their experience and their insights into the market – presented in a spirit of friendly cooperation and professional exchange. SHOFU places considerable importance on the event as a way of showing appreciation for productive teamwork while also using the occasion to provide a look ahead to future projects,” Martin Hesselmann, responsible for Sales and Marketing at SHOFU Dental, had two reasons to be pleased. He was not only celebrating his 50th birthday, it was also announced that he had been chosen to succeed Akira Kawashima. The sincere congratulations offered by numerous guests was an indication that the company has found an ideal successor in Mr Hesselmann, who stands out not only in terms of his professional skill and market expertise but who also possesses the right human element necessary to lead this venerable company successfully into the future.

Planmeca presents real-time visualisation of jaw movement and other highlights

COLOGNE, Germany: Incomparable visualisation and measurement data of mandibular 3-D movements in real-time are possible with the new Planmeca 4D Jaw Motion system now on display by Finnish dental equipment manufacturer Planmeca in hall 11.1 at IDS in Cologne. According to Vice President of the Group, Tuomas Lokki, to whom Dental Tribune International had the opportunity to speak on Tuesday morning, the system is available for the camera feature of Planmeca’s CS 8100, for the second half of 2015.

The company introduces several novelties at this year’s IDS, one of them being the compact and intra-oral scanning system CS 7200. The new scanner offers dentists all the advantages of the digital storage phosphor imaging technology without them having to change their normal workflow. In addition, Planmeca Dental announced the release of its new imaging system CS 8100SC, an advancement of its renowned system, CS 8100, for the second half of 2015.

Connectivity and digital workflow are a particular focus of this year’s presentation, Lokki said. “We have a very good technology range. The challenge is to bring it into practice so that dentists can efficiently work and get the benefits of all that technology,” Lokki said.

Lokki added that in the future, practices will be an all-around connected system, for which the IDS is a good example. “We have seven kilometres of cable here connecting everything. Every single product here is connected, and that is the way it goes. It is all about productivity, whether it is CAD/CAM or imaging.”

Imaging expert Carestream Dental introduces latest trends at IDS

COLOGNE, Germany: Global manufacturer of imaging solutions Carestream Dental presented the latest trends in oral imaging and the CAD/CAM technologies yesterday at their stand at the International Dental Show (IDS) in Cologne. The company is one of few that offer a complete product range in the field of dental imaging.

“We have a very good technology range. The challenge is to bring it into practice so that dentists can efficiently work and get the benefits of all that technology,” Lokki said.

Lokki added that in the future, practices will be an all-around connected system, for which the IDS is a good example. “We have seven kilometres of cable here connecting everything. Every single product here is connected, and that is the way it goes. It is all about productivity, whether it is CAD/CAM or imaging.”

By Dental Tribune International

The company introduces several novelties at this year’s IDS, one of them being the compact and intra-oral scanning system CS 7200. The new scanner offers dentists all the advantages of the digital storage phosphor imaging technology without them having to change their normal workflow. In addition, Carestream Dental announced the release of its new imaging system CS 8100SC, an advancement of its renowned system, CS 8100, for the second half of 2015.

At its booth, Carestream Dental offers individual consultations for interested visitors in order for them to find out which imaging solution is the right one for them and how they can optimise their own workflow. Moreover, the manufacturer offers dentistry students the opportunity to download its 3-D diagnosis software, “3D Viewer” and “Demo-Volume,” for free during IDS.

To learn more about Carestream Dental’s products, IDS attendees can visit the company’s booth (T044/049/T045/T049) in Hall 10.2.
KaVo Kerr Group Prepares to Present 35 + New Products at the 36th IDS in Cologne

By KaVo

New products in Digital Imaging, CAD/CAM, Equipment and Consumables further cement organization’s role as global innovation leader.

KaVo Kerr Group, a global portfolio of leading dental brands, presented 55 new products at the 36th International Dental Show (IDS) in Cologne. KaVo Kerr Group delivers products and solutions to 99% of dental practices worldwide, making IDS - the world’s leading trade fair for the dental industry - the ideal stage to share the latest KaVo Kerr Group has to offer. The meeting, March 10 - 14, 2015, expected more than 125,000 attendees from 149 different countries.

The 35+ launches include brand new products, products released in North America but new to the global market, and updates designed to take legacy products to the next level. These releases will cover everything from Digital Imaging, to CAD/CAM, Operatory Units, Handpieces, and a wide range of Consumables. The breadth and depth of product development on display not only reinforces the role of KaVo Kerr Group as a leader in innovation, but will highlight the organization’s unmatched role in delivering complete workflow solutions and introduce its own sophisticated approach to digital dentistry.

Among the 35+ products introduced at IDS, highlights included:

- The KaVo Lythos Intraoral Scanner is designed to replace traditional impressions, facilitating a fully integrated workflow. Dentists can capture highly detailed images quickly, without powder, in an intuitive and flexible scanning workflow that offers the clinician maximum flexibility: easily rescan anytime during the scanning process, review data at any point during or after processing the scan, or use the touch screen to rotate the model in an infinite number of ways for heightened visibility of captured data. Dentists can proceed to complete design in-office or outsource complex design cases to KaVo’s unique Remote Design Service by wirelessly uploading scan data to the cloud.

- The KaVo MASTErNetic Series offers excellent visibility and access for speed increasing instruments, combined with maximum precision and durability. Its new design and product features - including a 20% reduction in head size — make it the ideal replacement to the 12-year leader in the Premium series, GENTLEpower.

- Kerr elementsfree: Kerr Endodontics is proud to introduce its latest innovation in endodontic obturation, the cordless elementsfree obturation system. Designed for use with the warm vertical condensation technique, the elementsfree obturation system offers both downpack and backfill capabilities in a cordless design — giving dentists and endodontic specialists the freedom of movement to perform endodontic procedures anywhere without restrictions.

- The KaVo ESTETICA E70/E80 Vision is a delivery system designed to help dental professionals get in touch with their vision for optimized chairside treatment. Product features include sensitive touch screens with a completely new user interface; hygiene center with automated cleaning programs; a modern patient communication system with integrated intraoral camera and hi-res KaVo HD screens; and unique system software CONEXIO for direct access to all relevant patient data. Its innovative suspended chair concept features new arm rests and the ability to accommodate patients up to 180 kg.

On the evening of March 10, 2015, KaVo Kerr Group hosted the “Art of Innovation” event, inviting dental professionals, dealers, and the media to see many of the new products up close. This first-class event took place at the Flora Köln, an historic former park and botanical garden located adjacent to the Cologne Zoological Garden.

“It was just over a year ago that KaVo Kerr Group formally brought together our world class dental brands under one identity, with shared values and a lasting commitment to the dental profession,” said Henk van Duin-hoven, Senior Vice President of the KaVo Kerr Group. “We have started the work of taking more than 500 years of combined experience among these market leading brands and translating that expertise into leading product innovation that improves patient care and enhances clinical workflows for dental professionals. We can’t wait to showcase our unmatched global brand on this one-of-a-kind global stage.”
By Dental Tribune Middle East & Africa Edition | May-June 2015

Sirona introduces broad digital product line-up at IDS

By Dental Tribune International

C OLOGNE, Germany: Under the motto “Proven Digital Solutions”, global dental manufacturer Sirona presented many product novelties for the modern dental practice and launches on 10 March at the International Dental Show in Cologne. Sirona’s new products aim to support the work of dentists with innovative instruments and equipment, as well as to provide efficient digital workflows and optimal comfort during treatment.

The company sees its task to be one of the main drivers of digitalisation in the dental industry. “Sirona quite simply is digital dentistry,” said Jeffrey T. Slovin, President and CEO of Sirona. To digitise and thereby simplify digital dentistry, the global manufacturer developed several integrated digital solutions for efficient workflows in implantology, endodontics, orthodontics and prosthetics that are presented at IDS 2015.

Sirona looks back at a long history of developing digital solutions to improve dental workflows. “Twenty years ago, not only did we introduce the first digital intraoral panoramic X-ray machine on the market, but as many as 50 years ago with CEREC, we made digital impressions and computer-aided dental restoration suitable for the dental community,” Slovin said. “Our path and the history of the company stand for successfully clinically tested and scientifically proven technologies that set quality standards.”

Among other things, the company aims to set standards in the field of digital imaging by introducing a completely updated product range for intraoral, 2-D and 3-D radiography as well as the novel SIDEXIS 4 software for capturing, processing and archiving X-ray images. With its innovative digital X-ray technology and the perfect interplay between hardware and software, Sirona’s imaging systems ensure a reliable diagnosis, even in complicated cases, and yield X-ray images of the highest quality and free of noise.

Sirona employs a workforce of 3,500 at 20 locations worldwide and markets its products in more than 135 countries on all continents. The company develops, manufactures and markets a complete line of dental products, including CAD/CAM restoration systems (CEREC), digital intraoral, panoramic and 3-D imaging systems, dental treatment centers and dental handpieces.

By Dental Tribune MEA/CAPPMEA

Dental Tribune MEA/CAPPMEA: Mr. Oemus, it is a rare occasion for us to have you on the other side of an interviewable. Could you tell us how you began DTI and the motivation behind it?

Mr. Torsten Oemus: It all started 20 years ago as a family business. My father was an orthodontist, my mother and my grandmother were general dentists, and therefore, dentistry and the challenges it presents to dentists were daily discussion topics in my family. While I was studying economics, I realised the importance of the dental market in the Middle Eastern region. Due to my family’s background in the dental field, the MEA market for several years, CAPPMEA became the official licence owner of Dental Tribune Middle East and Africa (MEA).

Dental Tribune MEA/CAPPMEA: Many dental magazines and journals are available today. Why did you choose to establish Dental Tribune? How has it been doing so far?

Mr. Torsten Oemus: As an entrepreneur, there needs to be a perfect balance between what you believe in and what the market requires. We had been trying to enter the MEA market for several years, but simply lacked a well-established professional partner, such as CAPPMEA. When I met and talked with Dr. Dobrina Mollova, we had an excellent rapport and she even said, “I am fairly sure that dental professionals will enjoy Dental Tribune MEA.”

We had been trying to enter the MEA market for several years, but simply lacked a well-established professional partner, such as CAPPMEA. When I met and talked with Dr. Dobrina Mollova in 2012, we immediately became convinced that this would be a perfect collaboration. Together, Mollova and her business partner, Mr. Tzvetan Deyanov, had earned an excellent reputation for creating world-class events, conferences and continuing education requirements.

What are your thoughts on the market in the Middle East and the change in activities seen over the last three years since Dental Tribune MEA began its operations?

Mr. Torsten Oemus: Despite the unfortunate political turmoil in some parts of the region, the MEA dental market has seen solid growth over the last few years and has become a focus of investment for the international dental community. All major competitors have opened regional offices, and many training centres and even new dental schools. Major international conferences and trade shows have also been organised in the region. These activities demonstrate the increased importance of the region and are the drivers of the need for modern education and educational content. Dental Tribune MEA serves these needs by hosting the Dental Tribune press conference on 10 March, 2015.

What is your impression of the rapidly developing digital market?

Mr. Torsten Oemus: This year, CAPPMEA is celebrating its 10th anniversary during the tenth CAD/CAM and Digital Dentistry International Conference. What is your impression of the rapidly developing digital market?

Firstly, I wish to congratulate CAPPMEA on reaching this important milestone! The CAD/CAM and Digital Dentistry International Conference in Dubai has become one of the largest global gathering concerning the latest developments in digital dental technologies. The conference undoubtedly paved the way for the high acceptance of the digital workflow in dental offices around the world, and digital dentistry is not simply a trend, but it will continue to change the entire workflow in dental offices and is certainly the way all service and product providers interact. Thousands of new digital products have recently been introduced at the International Dental Show. Their commercial success will depend, however, highly on the effective communication of their benefits and on the training of dental professionals on how to integrate them into their daily routines. Product innovation is not an issue; changing long-established workflows certainly is. I am fairly sure that dental professionals will adapt to competitive advantages. We might even see entirely new professions being created, combining clinical, technical and engineering skills, which are needed to operate complex CAD/CAM devices.

How will DTI continue to develop, improve and better serve its clients?

We regard these dramatic changes in the marketplace undoubtedly as an opportunity for our business to grow, as communication, information and education are key drivers of the market. We will further develop our media portfolio, together with our reach, in response to the market. Our main growth areas right now are the further expansion of our e-learning community (www.dtsstudyclub.com), the new event formats, such as the Digital Dentistry Show (www.dtsworldshow.com), and our high-end Tribune Omne programmes (www.cappmea.com). All these initiatives serve the purpose of creating strong global communities and marketplaces with a critical mass through a global reach, where dental professionals and product and service providers can effectively interact and achieve their goals.
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Over 100 countries celebrate World Oral Health Day

By Dental Tribune International

GENEVA, Switzerland: World Oral Health Day (WOHD), which takes place annually on 20 March, inspired many national dental associations, dental students and other participants around the globe this year to organise a wide range of awareness-raising activities. According to the FDI World Dental Federation, reports are only just coming in from around the world and signs are that the event has exceeded expectations.

Over 300 students gathered in Amsterdam in the Netherlands for the second edition of the ToothCamp, a theatrical informational event that seeks to educate children and adolescents about dental issues. The participants were able to try out dental tools, as well as learn more about the benefits of eating healthily and about the importance of optimal oral health through exciting chemical experiments with acid and lime or porcelain and abrasives under the supervision of biology, chemistry and physics experts.

Hong Kong’s Department of Health organised an oral health carnival, which attracted an audience of about 2,300 local citizens. Through interactive games, exhibitions on oral health information and teeth-cleaning demonstrations, the public were reminded of the importance of taking care of one’s oral health from an early age by adopting good oral self-care habits and seeking regular professional oral care.

In Costa Rica, the second edition of Lavatón was organised by the Colegio de Cirujanos Dentistas de Costa Rica, the local dental association. Dental professionals participating in this initiative visited more than 35 schools to educate students on toothbrushing, disease prevention and important oral hygiene habits. On 20 March, thousands of students across the country brushed their teeth simultaneously as part of Lavatón.

In Vietnam, over 6,000 people participated in the Run for Life WOHD 2015 race, which was sponsored by the Vietnam Odonto-Stomatology Association, Unilever and the Vietnamese Ministry of Health.

Unilever Kenya’s Closeup toothpaste brand and the Kenya Dental Association kicked off a new partnership in the town of Naivasha to support the WOHD “Smile for life” campaign with free dental check-ups and toothbrushing lessons that they will be rolling out across the country.

The “Smile for life” message was also broadcast to the world via the giant NASDAQ screen in Times Square in New York. A collage was shown of pictures that were individually created by users of a poster application specially introduced by the FDI for WOHD.

As the official media partner of WOHD 2015, Dental Tribune International provided comprehensive coverage of the FDI’s message. Among other activities, the publisher helped promote WOHD 2015 through news articles, banners and advertisements in its various international print publications and on its website, www.dental-tribune.com, including a topic page solely dedicated to WOHD 2015.

On World Oral Health Day, 20 March, the “Smile for life” campaign poster was shown via the famous NASDAQ screen in Times Square in New York. (Photograph: FDI World Dental Federation)

Children had the opportunity to try out dental tools in Amsterdam.

In Costa Rica, dentists educated students at 35 schools about brushing techniques.

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Shape and colour – factors in sectional matrices as well?

By Prof. Claus-Peter Ernst

Direct composite restorations can now be considered a universal treatment method in the posterior region [1, 3]. However, treatments can differ significantly with regard to extension and stress, and this can have a definite influence on long-term survivability. There are many factors that determine the long-term success of a composite restoration: tightly sealed edges are primarily guaranteed by the adhesive technique [2]. For dental materials, besides low shrinkage stress [4, 11], the material also has a high flexural strength [6, 10] in order to minimise the risk of the restoration undergoing a cohesive-type failure. A fractured filling is clearly a more dramatic event for the patient than a discoloured edge. For the patient, the success of direct posterior tooth treatment with composites thus depends on its stability. Besides the adhesive technique and the selection of materials for the restoration, the crucial key function of correct light polymerisation also plays a decisive role [5]. It is completely possible to double the flexural strength of one’s own composite just by using the correct light curing and light curing technique. A further possible influence on the stability of a posterior tooth composite restoration is less well-known: the correct anatomical shape of the interproximal surface. If this is shaped like a natural tooth, the interproximal contact is at the height of the tooth equator and the marginal ridge is not too eccentric. This reduces the risk of ridge fractures – both purely cohesive chipping fractures as well as more complex, mixed cohesive/adhesive failure patterns. Leitmeier et al. [9] were able to show that the stability of an interproximal composite restoration can be increased significantly by using an anatomically shaped matrix. The correct positioning of the interproximal contact also facilitates the achievement of sufficient contact strength – provided clamping rings are used correctly. Surprisingly, the interproximal contact strength is not the result of the pressure of a wooden wedge; it is primarily caused by the separation force of the sectional matrix ring [7, 9]. Autonomously – as a side effect – fewer interproximal food impactions occur as a result.

For this reason, sectional matrices are now the first choice when it comes to correcting defects, e.g. a carious groove defect or a small mesial-lovelars cavity or a deep occlusal-fracture. Circular matrices, even when they are anatomically adapted, should be used when it is not possible to fix sectional matrices in place. This is the case, for instance, for distal cavities on the last tooth in a row, as well as for teeth that are not anatomically adapted as a result of a previous preparation, e.g. for a rotated tooth. The general acceptance of sectional matrix systems is also shown by the extensive range of sectional matrices and rings, which are now available. In general, sectional matrices can be roughly divided into two groups: dead-matsheds and stable steel versions. The supporters of dead-matsheds sectional matrices like their easy mouldability and adaptability to the tooth, however, critics dislike their lack of stability and the positional contact in the area. One benefit of this matrix system is the almost black colour, which has been achieved using a special dying process (no coating!) for the metal carrier foil. This produces an outstanding contrast in the transition to the hard tooth tissue. This makes it much easier to inspect the cervical seal, as there is no ridge, a minor amount of abfraction cannot be measured. After explaining all possible treatment options to the patient, there was a consensus that the best option might be the directly placed resin composite restoration. Figure 1 depicts a proximal cavity, isolated with rubberdam and also equipped with the Lumicontrast separation ring (Polydentia, Switzerland). In contrast to case 1, the interproximal surfaces were far more open than often seen compared to case 1. For this reason, the triangular silicone sleeves were fitted to the Lumicontrast separation ring. This made it possible to better adapt the resin composite matrix foil to the sides of the preparation and thus consequently minimise the material’s friction and polishing work. Due to the silicone sleeves that can be fitted individually from case to case, e.g. only one ring foot may need to be fitted with a sleeve, the others remain free. This significantly increases flexibility in using the clamping ring system. The preparation procedure in that there is no need to prepare the ring separately. The interproximal silicone inlets have to be taken care of. Figure 9 shows the finished direct composite restoration (Optibond FL / Kerr, Venus Diamond A3/Heraeus Kulzer); figure 10 shows the situation after another year: the distal portion of the amalgam filling in the 1st lower right molar fractured – this offered the rare opportunity for a clinical-visual inspection of the interproximal surface of the 2nd molar matrix foil created one year earlier.

Clinical case 1: 1st lower right molar
The 50-year-old patient exhibited moderate non-cariological (MIH). His lower right 1st molar required restorative treatment in the region of the cervical enamel margin (Fig. 1). In the figure, the patient was agreed with the patient to perform a minimally-invasive caries treatment, it was agreed with the patient to initially undertake direct treatment in the form of a resin composite restoration. Figure 12 shows the excavated, prepared cavity equipped with the Lumicontrast sectional matrix system under rubberdam. In the present case – similar to case 1 – it was again not necessary to fit the sleeves to the Lumicontrast clamping ring. Sufficient moulding and adaptation of the sectional matrix foil was possible there. The excellent contrast between the almost black matrix and the slowly mottled, mixed interproximal -cervical tooth enamel margin can once again be seen. For this reason, the immediate restoration was again made out of the nano hybrid composite Venus Diamond A3/Heraeus Kulzer), this time in the shade A2.5 (no coating!) for the metal carrier foil. This produces an out-

> Page 4B
HEALTHIER & STRONGER TEETH* STARTING FROM DAY 1

WITH CONTINUED USE

*ON ENAMEL PLAQUE AND ENAMEL EROSION VS ORDINARY TOOTHPASTE

Toothpaste from the No.1 toothbrush brand used by dentists themselves worldwide
By Patricia Walsh, RDH, USA

While anxiously waiting for the “Downtown Abbey” television series to start up again, I got my English history fix by reading the history of Wentworth Castle. The book covered the trials and tribulations of an aristocratic family in a home three times the size of Buckingham Palace. I was taken by surprise when the author mentioned the cause of death of a high-ranking nobleman as “quinsy throat.”

In modern times, with the arrival of antibiotics, you wouldn’t hear of this — at least not in a developed nation. The more I thought about it, I don’t think I had heard the term “quinsy sore throat” for a very long time. And yet, if your throat is starting to close off, you’ve probably gotten yourself to an emergency room pronto. It’s an abscess in the periareolar area that often needs drainage.

While tonsillitis is more common in children, both kids and adults are susceptible to quinsy. One can only assume that if the breathing restrictions don’t kill you, the resulting septicaemia might. A quinsy sore throat can infect both the blood supply and individual organs.

I can recall having my tonsils out when I was a child at a local city school when I was starting to “come down with something.” A tall canister of extra long cotton swabs were one of the staples of her office.

I can’t say whether there’s any scientific proof that tonsil painting with potassium iodide is a cure for tonsillitis. But I do know that some homeopathic remedies call for gargling with a roll of potassium iodide and Betadine solution even today. I’ve also heard that eating three or four marshmallows helps to soothe a sore throat. Apparently it has something to do with the correct light polymerization — were satisfied.

References

Reflecting on oral-health’s good old iodine days

Iodine was determined by the iodine staining test used to assist in discerning attached gingiva. For those of you who still have a roll in the production of dentine, Iodine was stated in 1969 and stated that it was no more “allergy aware” than it then once were. There is probably an equal number of chil- dren with red-eye allergies who would have done no better with the modern disclosing tablets.

In spite of iodine’s unpleasant taste, I have been known to recom- mend subgingival irrigation with a Betadine solution (brand name for povidone-iodine). The key to this is the dosage. I tell the patient that if the water turns brown, they’ve added too much. There is a huge tempta- tion to use too much because most drug stores sell only very large bottles. But between the bad taste and the potential for staining, it’s easy to why less is more. Iodine kills the gram negative bacteria that live in the darker recesses of a deep periodontal pocket.

There is another clinical appli- cation for iodine in dentistry. An iodine staining test used to assist in determing plaque presence as mentioned in “Periodontics Revisited” by Shahi Batulda, MD. The clinician can paint the tongue with a GRAS (generally recognized as safe) agent and pure po- tassium iodide. The aveolar process was satisfied.

Potassium iodide). The aveolar process was satisfied.

The clinician can: “paint the gingiva and oral mucosa with Lugol’s solution (iodine/water and potassium iodide). The avascular mucosa takes on a brown color owing to its glycogen content while the glycerogen-free attached gingiva remains unstained. Measure the total width at the unstained gingiva and mucosa border to get a depth from it to deter- mine the width of the attached gingiva.”

In the Chemobyl dis- aster, some Lugols solution was used as an emergency source of iodide to block ra- diation iodine uptake, simply because it was widely available as a drinking water decon- tamination agent, and pure po- tassium iodide without iodine (the preferred agent) was not avail- able.

Mama don’t take my Mecuro- chrome away

Mecurochrome and merthiolate were also very popular in my childhood. We proudly wore our poison-label. Children might find themselves detained at customs for questioning about your toiletry kit.

While iodine creams are the form of choice for illegal drug labs, some smaller manufacturers are known to combine 3% Merthiolate with 3% hydro- peroxide. Some businesses have removed iodine from the shelves, while others are simply restricting large quantity sales — i.e., more than $100 worth. When I asked my local pharma-acist about Walgreen’s policy, he pointed to the surveillance cam- eras above the tincture of iodine shelf. Legitimate medical labo- ratories that do gram staining now have additional paperwork due to the restrictions on iodine strengths and quantities. Iodine getting harder to find

The old-time iodine bottle with the skull and crossbones sitting in the medicine cabinet has come and gone. In this new age of communication and entertainment, I wonder if a child would even be put off by the sight of the skull and crossbones. Children are exposed to cartoon pirates at such an early age. In the mid 19th century, cobalt blue bottles or raised glass lettering were used to help in the identification of poison.

While there is no federal mandate for small quantities, iodine has disappeared from a few pharmacies and department store shelves the way Sudafed did most recently. Home brew- ers take heart, these pharma- ceuticals just require that you sign a poison-control statement and list the reason for your pur- chase. For those of you who still buy your beer in the traditional manner, iodine is often used as a preservative for starch conversion in the mash.

This article was published in Hy- giene Tribune U.S. Edition, Vol. 8 No. 2, February 2015 issue.
The Ultimate Sonicare Power Toothbrush

New Philips Sonicare DiamondClean—the ultimate clean for ultimate results.

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- Our newest power toothbrush removes 45% more plaque than Sonicare FlexCare+ with ProResults brush head.
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- Clinically proven to whiten teeth in just 1 week.

[References]

Infection control in an era of emerging infectious diseases

By Eve Cuny, USA

More than three decades have passed since the emergence of human immunodeficiency virus (HIV) as a global pandemic. More than any other infection, it is possible to single out HIV as the primary threat to changing infection control practices in dentistry. Prior to the mid-1980s, it was uncommon for dentists and allied professionals to wear gloves during routine dental procedures. Many dental clinics did not use heat sterilisation, and disinfection of surfaces was limited to wiping with alcohol-soaked gauze sponge. This was despite our knowledge that HIV is highly infectious and can spread in clusters in the offices and clinics of infected dentists and that dentists were clearly at occupational risk for acquiring HBV.

Today, many take safe dental care for granted, but there is still need for vigilance in ensuring an infection-free environment for providers and patients. HIV has fortunately proven to be easily controlled in a clinical environment using the same precautions as those effective for preventing the transmission of HBV and hepatitis C virus. [1] These standard precautions include the use of personal protective equipment, in combination with surface cleaning and disinfection, instrument sterilisation, hand hygiene, infection control and other basic infection control precautions. Sporadic reports of transmission of blood-borne diseases associated with dental care continue, but are most often linked to breaches in the practice of standard precautions.

Emerging and re-emerging infectious diseases present a real challenge to all health care providers. Three of the more than 50 emerging and re-emerging infectious diseases identified by the Centers for Disease Control and Prevention and the World Health Organization (WHO) include: Ebola virus disease (EVD), pandemic influenza and severe acute respiratory syndrome. [2, 3] These previously rare or unidentified infectious diseases burst into the headlines in the past several years when they exhibited novel or uncharacteristic transmission patterns.

Concern about emerging infectious diseases arises for several reasons. When faced with a particularly deadly infectious disease such as EVD, which can be spread through contact with an ill patient’s body fluids, health care workers are naturally concerned about how to protect themselves if an ill patient presents to the dental clinic. With diseases such as pandemic influenza and severe acute respiratory syndrome, which may be spread via inhalation of aerosolised respiratory fluids when a patient coughs or sneezes, the concern is whether standard precautions will be adequate. In addition to standard precautions, treating patients with these diseases requires the use of transmission-based precautions. These encompass what are referred to as contact, droplet and airborne precautions for diseases with specific routes of transmission. Transmission-based precautions may include patient isolation, placing a surgical mask on the patient when he or she is around other people, additional protective attire for care providers, and in some cases the use of respirators and negative air pressure in a treatment room. In most cases, patients who are contagious for infectious requiring droplet or airborne precautions should not be treated in a traditional dental clinic setting.

Updating a patient’s medical history at each visit will assist dental health professionals in identifying patients who are symptomatic for infectious diseases. Patients with respiratory symptoms, including productive cough and fever, should have their dental treatment delayed until they are no longer symptomatic. Additionally, health care professionals who are symptomatic should refrain from coming to work until they have been free of fever for 24 hours, taking fever-reducing medication for 24 hours.

In most cases, a patient with symptoms as severe as those experienced with EVD will not present for dental care and therefore extra precautionary screening and protection protocols are not recommended. If a patient is suspected of having a highly contagious disease, he or she should be referred to a physician, hospital or public health clinic.

Dental professionals should take action to remain healthy by being vaccinated according to accepted public health guidelines, understanding that the recommendations may differ according to country of residence.

By Dental Tribune International

COPENHAGEN, Denmark: Researchers from the University of Copenhagen have examined the benefits of enhanced oral health promotion combined with a closely supervised toothpaste programme in schools in southern Thailand. The two-year study aimed to establish an effective model for the fight against the increasing burden of tooth decay among children in Asia.

The research project, which was based on the World Health Organization’s Health-Promoting Schools concept, focused on increasing awareness of the importance of oral health in order to foster a healthy school environment and encourage regular dental care habits in young children. (Photograph: Bork/Shutterstock)

The research project achieved a caries reduction of up to 54 per cent for all schools included in the study and a reduction in new caries lesions of up to 41 per cent for the most compliant schools. This points to the positive effect of the use of fluoridated toothpaste administered by school teachers via an enhanced school health programme. (Photograph: Bork/Shutterstock)

This project emphasises the necessity of engaging the school as well as family and schoolteachers, explained researcher Prof. Poul Erik Petersen, from the Department for Global Oral Health and Community Dentistry at the university’s School of Dentistry.

“Globally, very few school health programmes are evaluated scientifically. This research project has provided sound information and will thus contribute to the promotion of preventive measures in school oral health programmes,” Petersen concluded.

According to Petersen, the experience gained from the study could offer new insight into the global fight against poor oral health in children. Further, he expressed the hope that the research results would assist ministries of health, public health administrators and oral health planners in low- and middle-income countries in Asia in developing evidence-based school health programmes.

In Asia, the number of children suffering pain and discomfort resulting from poor oral health, in addition to missing school lessons, is increasing. High levels of tooth decay in developing countries such as Thailand are primarily related to poor living conditions, the high intake of sugars, poor oral hygiene practices, low exposure to fluoride for disease prevention, as well as limited availability of and access to acceptable preventive dental health services.

According to figures of the FDI World Dental Federation, between 60 and 90 per cent of schoolchildren worldwide have cavities but the majority of dental decay remains untreated due to inappropriate, unaffordable or unavailable oral health care services.

The study, titled “School-based intervention for improving the oral health of children in southern Thailand”, was published in the March issue of the Community Dental Health journal.
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Gently lifts stains and help prevent new stains from forming\textsuperscript{5-7}

Ultra-low abrasive formulation appropriate for your patients with exposed dentine\textsuperscript{8}

Ultra-low abrasion for your patients who need sensitivity relief and seek gentle whitening

Recommend Sensodyne – specialist expertise for patients with dentine hypersensitivity

*With twice-daily brushing

Translucent Zirconia... Can it be esthetic enough for the esthetic zone?

By Aiham Farah, CDT, Syria

The ongoing evolution of restorative materials is bringing dentists more options than ever before to achieve the most desirable mix of properties. In the field of laboratory-fabricated restorations, clinicians and their lab partners have long been seeking to balance aesthetics, strength, and ease of use. While the concepts of strength and ease of use are well understood, aesthetics are of course more subjective, yet can still be discussed in some objective terms. When we speak of aesthetics in this category, we typically mean two things: color and translucency. In order to best mimic natural tooth structure, a restoration must reflect, scatter, and absorb light similar to the way that a natural tooth does. Lithium disilicate has proven popular in recent years, thanks to its high performance in the aesthetic category.

Today, Zenostar Zirconia is one of the top ranked high esthetic Zirconia, in our current test on the material below. I used all the working techniques instructed by the material manufacturer (staining tech on one set, and cut-back tech on the other), but I implemented my own experience in order to pull out its esthetic optical properties, and display it for you in this case report, so you can be the judge whether it’s esthetic enough for the esthetic zone!

For instance, IPS emax ZirPress can be pressed onto it, or IPS emax Ceram can be veneered onto it. Or even the shade and stains (from IPS emax Ceram kit or Zenostar Art Modul) can be used to characterize a full contour restoration to their high translucency and enhanced esthetic properties.

What’s the concept behind the disks (T & MO)?

Zenostar T discs are particularly suited for the manufacturer of monolithic restorations, supplied in pre-shaded basic shades, allowing easy reproduction of all the 16 shades and 4 bleaches (Fig.2). The fact that Zenostar disks are matched to the IPS emax press input range, is important to the success of full dental rehabilitation, (for instance; IPS emax veneers on anterior teeth and Zenostar full contour bridges on posterior teeth), to guarantee the shade match. Ivoclar Vivadent made it simple by having relevant coding for the Zenostar T (Translucency) to the emax press LT (Low Translucency).

Never the less, Zenostar MO (Medium Opacity) disk is also available and particularly suitable for esthetic frameworks on discolored preparation and metal components, where a full masking even with a thin layer is guaranteed.

What is Zenostar?

Zenostar materials are partly sintered (chalk-like) zirconia disks, in both pre-shaded and non-shaded versions (Fig. 1), when sintered to full density, it demonstrates strength of more than 900 Mpa ((MO. 1200mpa), and fracture toughness of double that of the glass infiltrated ceramic. Milling is carried out with an enlargement factor of approx. 20-25%.

Zenostar offers a versatile range of processing options, providing maximum flexibility and reliability.

*With a soft brush (Micro brush), we remove the milling fades exist on the outer surface*

- With a polishing brush disk (LISKO for example), we smooth out the attachment point of the holding pins.

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is faced with a jungle of systems to fabricate its frameworks and restorations. At this point Amann Girrbach benefits from its more than 55 years of experience in CNC technology and we do not offer single products but these complete processes just mentioned. The combination of both makes us able to offer one of the most versatile and technologically adapted CAD/CAM-system in the market.

This experience values and knowledges in mechanical engineering and CAD/CAM makes it possible to produce our products with a high proportion of in-house manufacturing which includes also the in-house production of the control units as the core of the machines. Thus we can adapt our system components to the very specific requirements of the dental markets. We hope that we can remain in this leading position also in the future.

Amann Girrbach continues to grow in the region. How important is education for you and getting your newest technologies across to your customers and potential clients?

Education and knowledge transfer is essential for dental technicians in general as well as for our customers. Although our systems can be used intuitively we are talking about complex systems consisting of soft- and hardware components that can be combined with various materials and techniques to get the best results. Furthermore, our customers come from different generations and differ sometimes strongly regarding the access to modern technologies. For these reasons we offer a wide variety of educations and training either by our local training centers or online by webinars or video tutorials that can be downloaded from our homepage.

IDS 2015 once again whitened many novelties, which new systems will AG be exporting to the MEA region?

How will you educate your clients to see the benefits?

As we have seen at the IDS this year our inhouse milling machines Ceramill Motion2 and Ceramill Mikro – a new small 4-axes unit for dry millable materials – in combination with the diversity of CAD/CAM materials is of great interest to our customers in MEA region.

In addition to our presence in the CNC technology we are working on new materials such as the super-high translucent zirconia Ceramill Zolid FX that could be quite successful in MEA. It is easy to process but it is also a perfect material to achieve high aesthetic results in the anterior regions as it was previously only possible with lithium disilicate. At the same time this zirconia does not undergo ageing but maintains it strength over the long term. In accordance with the integrated product philosophy of Amann Girrbach, Ceramill Zolid FX is not a single product but a whole systems solution consisting of materials and method. A coordinated staining concept will therefore soon be available which enables precise, reliable staining according to the VITA classical shade guide. Customers who want to process this material can visit our training course or take a look in our video tutorials or step-by-step guidelines.

What are the plans for the rest of this year and 2016 for Amann Girrbach in the MEA region?

Surely we strive to strengthen our sales activities and we will continue supporting our customers in the region and provide them with the latest knowledge and updates on our novelties. This year we will be renewing our training center at the Sultan University and have a complete new setup that can match the demand and the growth of the region. This way we will be able to receive more and more of our customers. At the moment the project is already in process and we will announce it as soon as it has reached its final stage.

Additionally we are planning to have a helpdesk based in the Kingdom of Saudi Arabia to be able to assist our biggest installed base in the region in parallel with our local distributor.