Annual conference in Edinburgh
BACD calls for excellence in cosmetic, appoints Chandrapal as president

“Dentists who were doing cosmetic procedures used to be looked down upon by the profession,” he stated. “Now the focus has changed to aesthetics, so much so that it is now an integral part of what we do on a daily basis.”

Over 500 members of the BACD attended the three-day event, which was held from 10 to 11 November at the Edinburgh International Conference Centre. In addition to presentations by a number of internationally and locally prominent experts, including Dr Horst Cofar from Romania, Dr (ford) Manauta from Spain and Gary Takacs from the US, the scientific programme was complemented by a hands-on session and a trade exhibition, supported by industry heavyweights, including DMG, Enlighten, Ivoclar Vivadent and Henry Schein. Business topics were also covered and so too where some pertinent issues for dental technicians.

“Our education committee has once again assembled top educators from around the world, to present you with cutting-edge education that will enable you to play together in the true spirit of the BACD,” commented Dr Andrew Chandrapal, who was appointed as the organisation’s new president in Edinburgh. “Following the example of my predecessors, I will continue to reinforce the exceptional quality the profession has come to expect from the BACD.”

“I want the BACD to become one of the most dynamic, inviting and open Academies in the UK,” commented Dr Andrew Chandrapal, who was appointed as the organisation’s new president in Edinburgh. “Following the example of my predecessors, I will continue to reinforce the exceptional quality the profession has come to expect from the BACD.”

“More than that, I want the BACD to become the champion of cosmetic dentistry—a strong, academic base for the profession that is based upon high quality, good education and inexorable ethos.

“As President, I will welcome input from our devoted members. Without their vital feedback, the BACD would not be the exceptional institution it is today—and nor would it be able to develop further. As such, I do not want my year of leadership to be one of dictate—I want this to be a year of leadership through teamwork.”

Chandrapal, who works as a cosmetic prosthodontist in London, will serve as BACD president for the next two years.

For dental professionals who missed out on this year’s conference, there will be another chance in 2017, when the next edition will be held in the capital from 9 to 11 November. The topic of the fourteenth annual conference of the BACD will be “FAB: Function, Aesthetics, Biology.” More information are available on the organisation’s website at www.bacd.com.

Appearance survey shows UK men concerned about their teeth

By DTI

LONDON, UK: The look of their teeth is of great importance to British men. More than a quarter would choose to have their teeth straightened if they could, according to a new survey that asked men about the one thing they would like to change about their appearance.

A significant 65 per cent of men would investigate means of treatment to have their teeth aligned if they had concerns in this regard, it also found.

The results are from a survey conducted by media intelligence provider Gorkana on behalf of clear aligner manufacturer Align Technology on men’s confidence in their appearance and the likelihood of them seeking treatments to address physical imperfections.

According to the survey, almost one in two men have had great concern about their appearance in the past and these occasionally prevented them from dating.

While men from Scotland, the North East and London were found to be the most content with their appearance and teeth, men surveyed in the South West and West Midlands were less likely to consider themselves happy with how they looked.

Although men between the ages of 18 and 24 felt it was wrong for men to take steps to change their appearance, they were also the age group most likely to have looked into treatments to alter their appearance.

Londoners were most likely to look for ways to change how they look. One in three admitted that they were considering treatment for their imperfections, such as straightening their teeth.

The survey was conducted among all age and socio-economic groups, as well as geographical regions, in the UK.
“Make everything about tooth whitening predictable”

An interview with Dr Payman Langroudi, head of Enlighten Smiles

Enlighten Smiles is one of the UK’s most trusted tooth whitening brands. With guaranteed results and a strong marketing system, as well as its own laboratory that helps develop consistent products and its exclusive Centres of Excellence programme, the company aims to be the ideal partner for every dental business wishing to expand its portfolio. Dental Tribune spoke to Enlighten Smiles head Dr Payman Langroudi him briefly about changing perceptions with regard to tooth whitening and where his concept fits in.

Dental Tribune: Dr Payman, how would you describe the philosophy behind the Enlighten system?

Dr Payman Langroudi: It is not only the product we are presenting, but also the marketing service that we are offering to increase performance of every individual practice. Consider that, in the Western world, 80 per cent of people desire a whiter smile, but the average dentist only performs one whitening per month. There is a complete disconnect. Dentists do not want to be seen as chasing sales or being pushy and therefore it is necessary to change the mindset completely. If one goes to McDonald’s, for example, the staff ask whether one wants fries with one’s order and it is considered a normal thing. So, what we would like to see is it becoming usual to ask every patient about the colour of his or her teeth. Changing the mindset of both the public and dental professionals is what we are working on with this system.

Does this philosophy apply to education too?

Tooth whitening is still not taught in any of the universities in the UK and often what students learn in dental schools is out of date anyway. In a way, this is a problem, but also offers opportunities for us to educate dental professionals. By ensuring that the entire dental team knows how the product works and the side-effects that patients might experience, one can provide a well-rounded service to patients when they come into the practice with questions, for example.

Cosmetic dentistry now seems—and the President of the British Academy of Cosmetic Dentistry spoke about this development this morning—to be an integral part of general dentistry. Where does tooth whitening fit into this picture, in your opinion?

Tooth whitening is still not taught in any of the universities in the UK and often what students learn in dental schools is out of date anyway. In a way, this is a problem, but also offers opportunities for us to educate dental professionals. By ensuring that the entire dental team knows how the product works and the side-effects that patients might experience, one can provide a well-rounded service to patients when they come into the practice with questions, for example.

Thank you very much for the interview.
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Conservative smile design for the general dentist

By Dr Rami Chayah, Lebanon

Abstract

This article discusses the advantages of short-term anterior tooth alignment using the Inman Aligner system, particularly for general dentists. The article will give a brief description of the Inman Aligner appliance and its use in orthodontics, and it will answer three major questions: can the patient's teeth be treated, can the treatment proceed, and should look for any skeletal discrepancies. Compromises must be signed off.

Introduction

General dentists face the daily challenge of performing instant veneers for patients with misaligned anterior teeth who refuse orthodontic treatment, many of whom regard fixed orthodontic treatment as too long a commitment for achieving their desired aesthetic results. In today's fast-paced life, some patients are not prepared to wait or to go through long treatment. One of the greatest benefits of short-term anterior alignment is that many people who would refuse comprehensive orthodontic treatment may accept short-term removable alignment techniques such as the Inman Aligner system.

The Inman Aligner is a simple removable appliance, a modification of the removable spring retainer. It uses super-elastic coil springs to apply highly efficient light and consistent forces on both the labial and lingual surfaces of the anterior teeth (Figs. 1 & 2). The appliance is fabricated on a cast on which, based on a surgical model, the anterior teeth need correction have been removed and reset in the ideal position in wax on the working cast (Fig. 3). When the patient wears the appliance, the built-in forces generated by the spring coils will correct the misaligned anterior teeth (Fig. 4).

What distinguishes the Inman Aligner appliance from other short-term orthodontic systems such as Invisalign (Align Technology) and Six Month Smiles is its low cost, low risk and short learning curve for general practitioners. Only one appliance is used from the start to the end of the treatment. Sometimes, several clearaligners may be used to rotate resistant canines. The system is well received by patients because it is fast and relatively cheap. It also accommodates today’s active lifestyle. Usually, most cases take from six to 16 weeks. Patients can take the appliance out during meals or work meetings.

As with any other treatment technique, the Inman Aligner has its limitations. Hence, case selection is imperative, as the Inman Aligner is not suitable for posterior orthodontic treatment or Class II or III treatment. Only certain types of movements are possible and some patients will still need conventional orthodontic treatment or indirect restorations. Certain criteria should be met before treatment proceeds. At consultation, other orthodontic alternatives should be offered. The dentist must quote for the long-term retention maintenance and should look for any skeletal discrepancies. Compromises must be signed off.

Dentists need to consider three questions: can the patient’s teeth be treated, can the treatment proceed, and should look for any skeletal discrepancies. Compromises must be signed off.

Treatment concept and case presentation

Fig. 1: Inman Aligner appliance. — Fig. 2: Illustration of the Inman Aligner showing the appliance components. — Fig. 3: Inman Aligner appliance in the mouth. Case 1—Fig. 4: Frontal view with the teeth in occlusion before treatment. — Fig. 5: Frontal view with slightly open bite showing the status of the teeth before treatment. — Fig. 6: Frontal view with the teeth in occlusion after alignment and bleaching. — Fig. 7: Close-up frontal view of the maxillary teeth after ABB. — Fig. 8: Right side view of the maxillary teeth before ABB. — Fig. 9: Right side view of the maxillary teeth after ABB. — Fig. 10: Left side view of the maxillary teeth before ABB. — Fig. 11: Left side view of the maxillary teeth after alignment and bleaching. — Fig. 12: Frontal view showing the patient’s natural smile before treatment. — Fig. 13: Frontal view showing the patient’s natural smile after treatment. — Fig. 14: Full face before treatment. — Fig. 15: Full face after treatment. — Fig. 16: Full face showing the patient’s natural smile before treatment. — Fig. 17: Full face showing the patient’s natural smile after treatment. — Fig. 18: Occlusal view showing the maxillary arch before treatment. — Fig. 19: Occlusal view showing the maxillary arch after treatment.
fixed without orthodontic treatment in a very short period. In order for the general dentist to answer this question, he or she should first establish whether the patient does not wish to pursue orthodontic treatment because of the time commitment and cost. Would he or she also refuse short-term anterior tooth alignment? Would the occlusion be improved even though a Class I molar or Class I canine relationship may not be achieved? Patients may prefer short-term alignment techniques because of the shorter treatment time and the lower cost.

Case 1

The first case presented is a good example of a scenario relevant to the question above. The patient was a young woman at college who presented at my office requesting a full smile makeover of 20 veneers; she desired a “Hollywood smile” as expressed in her own words. Her complaint was the retracted maxillary right and left central incisors, the incisal edge wear on the maxillary central incisors and mandibular anterior teeth, the poiney shape of the maxillary and mandibular canines, and the yellow colour of her teeth overall (Figs. 1 & 2). It could be argued that it would be highly unethical to prepare the sound enamel, transforming her ten maxillary teeth into stubs, for the rest of her life, especially at this young age. After long discussion and explanation of the disadvantages of the shortcut route of preparing her teeth for ceramic veneers, this option was excluded. Several other options were available and discussed with her, but because she wanted a smile enhancement in a short period of time, conventional fixed orthodontic treatment was also excluded. After checking her bite, it was observed that there was insufficient interocclusal space to shift the maxillary central incisors forwards without opening the bite. However, the patient accepted the Inman Aligner system to its short treatment time and flexibility regarding being able to take the appliance off during the day while eating.

The treatment plan was to follow the ARB protocol (alignment, bleaching and bonding). This concept still constitutes a smile makeover but in a very conservative manner. Taking into consideration her age and her sound enamel tissue, this was agreed to be the most progressive means of carrying out her smile enhancement. First, her maxillary teeth were aligned using the Inman system. Aligning with an expander for nine weeks. Two extra-clear aligners were used in the last two weeks of treatment to de-rotate the maxillary left lateral. Once the maxillary teeth had been aligned and separated to two weeks of treatment, the teeth were bleached with custom-fitted super-sealed trays (Fig. 6). Now this patient would have been smiling and whitened, the patient became more aware of the differential wear on the incisal edges of her anterior maxillary and mandibular teeth. Incisal edge bonding using composite was decided upon and used as a direct technique. The patient was very happy with the final result (Figs. 7–9).

Case 2

The second question to be considered regarding treatment: would some of the teeth be aggressively prepared or end up with root canal treatment if treated with restorative dentistry without alignment and would the overall outcome be better with alignment rather than without? This question addresses the ethical dilemma general dentists face every day. We often have cases with overlapping anterior central incisors in our office.

The patient presented in this case was bothered by the look of his overlapping maxillary central incisors (Figs. 20 & 21). His mandibular teeth were also crowded, but for some reason, his concern was only with his maxillary teeth. He had started to hide his smile in front of his friends, feeling embarrassed to show his maxillary teeth. After the full orthodontic examination and discussion about all of the treatment options, including comprehensive orthodontic treatment, the patient chose the removable Inman Aligner system owing to its flexibility in that the wearer is able to remove the appliance for several hours a day and because of its short treatment time. The maxillary central incisor would have been aggressively prepared had it been treated restoratively. By using a simple anterior alignment technique, the treatment took only eight weeks to straighten the teeth and a great deal of sound enamel tissue was preserved by conservatively resolving the unesthetic appearance of the maxillary teeth (Figs. 22 & 23).

The treatment plan was to align the teeth first and then to reassess the restorative work needed (Fig. 26). The appliance was used for 12 weeks and only worn for 8 to 10 hours a day. During the last three weeks of alignment, the patient began to bleach his teeth. By week 12, the teeth were straight and the dentine of the incisal edges (Fig. 25). The patient initially requested restorative veneers to resolve his smile problem, but after mocking up the design directly in his mouth, he was discouraged from pursuing this option owing to the amount of tissue that would be lost. The aggressive preparation of the sound enamel transformed his smile makeover to a smile that was achieved in three dimensions—occlusal, facial, and incisal. The aesthetic preparation of the incisal tissue was expanded to extend to the incisal edge of his maxillary teeth. After an extensive orthodontic examination and discussion of the options, the patient refused fixed orthodontic treatment, as well as clear aligners. He refused the first option because he did not want anything fixed in his mouth, and he refused the second option because of the proposed time involved. The Inman Aligner system was introduced to the patient, and he quickly accepted this option owing to the short treatment time and removability.

Conclusion

The goal of this article is to encourage general dentists to reflect on the importance of considering short-term tooth alignment alone or in conjunction with restorative dentistry when treating patients. Hopefully, these three questions and cases will prompt readers in thinking through the process of this treatment modality.

Disclosure: Dr Chayah is the trainer for Inman Aligner Training in the Middle East. He provides hands-on, full-day certificate courses to general practitioners.

Acknowledgement: I wish to thank Dr Tef Qureshi, the founder and Director of Inman Aligner Training in Lebanon, for his mentorship and sharing the last case in this article.

Editorial note: A complete list of references is available from the publisher.