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ORTHODONTICS

DT contributor Aws Alani, London, discusses the emergence and future implications of short-term orthodontics in general practice.

▸ Page 11

BISPHOSPHONATES

Theoretical reasoning and experimental data suggest that local application of the drugs is safe and effective.

▸ Page 14

TALKING TEETH

Dr Stanislav Cícha explains how tooth position and damage to individual teeth reflect emotional and health status.

▸ Page 22

Digital world meets in Singapore

Third CAD/CAM and Digital Dentistry International Conference to open at Suntec in December

By DTI

SINGAPORE: After two successful congresses, the Centre for Advanced Professional Practices (CAPP) in Singapore is inviting dental professionals to its third Asia Pacific edition of the CAD/CAM and Digital Dentistry International Conference. The event will be held from 3 to 5 December at the Suntec Singapore Convention and Exhibition Centre and present the latest developments and innovations in the field.

Organised in partnership with the Singapore Dental Association and the American Academy of Implant Dentistry, the show is aimed at providing an overview of the use of digital technology in dentistry and its integration into treatment processes and the practice workflow. The organisers have invited prominent experts from around the world to Singapore to give presentations on a wide range of topics, including computer-guided implantology, intra-oral scanning, and smile design.

Parallel sessions aimed at dental technicians and laboratory owners will also be held. Participants will be able to earn up to 28 CE points by attending the programme.

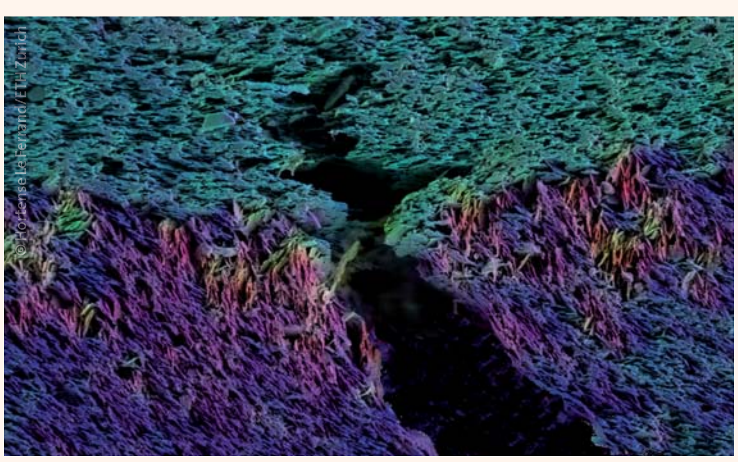
As a complement to the extensive education offering, international dental suppliers will be exhibiting all of the very latest products, technologies, materials and services in the industry. These will include Planmeca, 3Shape, Ivoclar Vivadent/Wieland, Sirona, Amann Girrbach and VITA.

▸ Page 2

GICs decoded

While they have been improved over time, glass ionomer cements (GIC) are still lacking in toughness and other requisite properties to be considered the material of choice for permanent implants, for example. This could soon change, according to scientists from England and Wales, who have recently gained new insights into how the material sets inside the tooth in real time.

Using intense beams of neutral subatomic particles from the Science and Technology Facilities Council's neutron and muon source at the Rutherford Appleton Laboratory near Oxford, they looked at the surface between the hard glass particles and surrounding polymer as the strength of the cement develops. Instead of the material hardening continuously, they found what they termed "sweet points", at which the material suddenly regains elasticity as it approaches the toughness of the tissue and then hardens indefinitely.



Layer structure of an artificial tooth developed by researchers from Switzerland under the electron microscope.

▸ WORLD NEWS Page 5

World Oral Health Day 2016

The FDI World Dental Federation and Dental Tribune International have renewed their collaboration agreement for the 2016 World Oral Health Day campaign. DTI will be serving as the official WOHD16 media partner and help promote awareness of the importance of oral health on a global scale.

Singapore Service extended

The National University of Singapore has incorporated oral health checks for the first time in its annual Public Health Service screenings. Sixty dental students from the university joined the programme in order to provide free dental screenings and oral health education to residents in need.

Cosmetic dentistry market

According to a new report published by market research firm MarketsandMarkets, the global market for cosmetic dentistry is expected to grow at a compound annual rate (CAGR) of 6.8 per cent from 2015 to 2020 to reach US$22.4 billion by 2020. Owing to the intensifying focus on technological innovations and the increasing trend of research and development investments, various new products, such as dental implants and equipment, are being launched on the cosmetic dentistry market and are expected to propel further market growth. However, a lack of reimbursement and the high cost of dental imaging systems are expected to restrain the growth of this market to a certain extent, the reports states.

Second-hand smoke increases risk of tooth decay in children

By DTI

KYOTO, Japan: Although some studies have suggested an association between second-hand smoke and caries, it is still uncertain whether reducing passive smoking among children would contribute to caries prevention. However, a Japanese study has now found that infants exposed to smoking at 4 months of age showed an increased risk of tooth decay at age 3 compared with children from a smoke-free family.

Researchers from the Graduate School of Medicine and Public Health at Kyoto University analysed data for 76,920 children born between 2004 and 2010. All of the children attended routine health check-ups at 0, 4, 9 and 18 months and at 3 years of age. Information on second-hand smoke exposure from pregnancy to 3 years of age and other lifestyle factors, such as dietary habits and oral care, was obtained through questionnaires.

The findings showed that 55.3 per cent of children in the study were exposed to second-hand smoke by family members in the household at 4 months and 6.8 per cent had evidence of tobacco smoke exposure. The latter was defined as smoking in front of the infant by the researchers. Overall, 12,729 incidents of dental caries, mostly decayed teeth, were found in the study group.

Compared with having no smoker in the family, exposure to tobacco smoke at 4 months of age was associated with an approximately two-fold increased risk of caries at age 3. The risk of caries was also increased among those children exposed to household smoking, whereas the effect of maternal smoking during pregnancy was not statistically significant.

Although these findings cannot establish causality, they support extending public health and clinical interventions to reduce second-hand smoke, the researchers concluded.

Health statistics show that the level of dental caries in primary dentition remains high in developed countries. In Japan, one-fourth of all 3-year-old children experience caries, whereas 20.5 per cent of children aged 2 to 5 are affected in the US, according to the researchers.

The study, titled "Secondhand smoke and incidence of dental caries in deciduous teeth among children in Japan: Population based retrospective cohort study", was published on 21 October in *The BMJ*.

◂ Page 1

CAPP Managing Director Dr Dobrina Mollova remarked that the growth of CAD/CAM dentistry alongside new technology, materials and equipment has seen rapid integration into dental offices and laboratories.

"Without a doubt, digital technology is becoming essential for every dental practice and laboratory," she said. "The question is: are we prepared to keep up to date with this growing industry, and are we able to implement this pool of information in our practices without the proper expertise? This will be the main challenge for us."

A spin-off of CAPP's event series in Dubai, the CAD/CAM and Digital Dentistry International Conference was first held in Singapore in 2012. Over 400 dental professionals attended the last edition, which took place at the Marina Bay Sands hotel two years ago.

Those interested in registering for the upcoming congress can still do so in advance on the official event website at *www.capp-asia.com*. Alternatively, professionals will be able to register on-site.

Discounts are available for dental students, auxiliaries and group registrations.

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New method to preserve carious teeth

By DTI

OTAGO, New Zealand: Dental decay is one of the most prevalent chronic diseases in New Zealand and the rest of the world. Now, researchers at the University of Otago have developed a new method that could help preserve caries-infected teeth and prolong the life of dental fillings in the future.

While caries-inhibiting products use silver that can cause significant discoloration of teeth, the new technology uses specifically formulated, non-staining silver particles to arrest caries and render teeth more resistant to decay. According to the researchers, the product has to be applied after caries removal but before filling. It diffuses into the tooth, where it can kill remaining bacteria that may cause further decay.

"We believe that our non-staining formula will be an important step forward for oral care and public health," said Dr Don Schwass, senior lecturer and prosthodontist at the university's Department of Oral Rehabilitation. "The result will be that recurrent caries will be significantly reduced and dental fillings will last longer, providing both economic and health benefits."

Otago Innovation, the university's technology transfer office, has recently licensed the rights to this formula to a global dental materials manufacturer for further product development.

Gagging for evidence

By DTI

MELAKA, Malaysia/MANCHESTER, UK: The use of sedatives, acupuncture or behavioural therapies are just some of the strategies recommended to dental practitioners for managing the gagging reflex that can occur in patients during treatment. A wide-scale review conducted by clinicians from the Melaka Manipal Medical College's Department of Dentistry in Melaka and published by the Cochrane Oral Health Group in Manchester has recently found no evidence that any of these strategies are in effective at preventing or managing the condition.

After a search for randomised clinical trials evaluating strategies for managing the gag reflex, the researchers only found one study, from Brazil, on the effects of acupuncture at Point P6 versus placebo acupuncture, to be eligible for the review. Of the other 256 studies they took into consideration, none qualified to be included in the paper owing to bias, irrelevance and several other reasons.

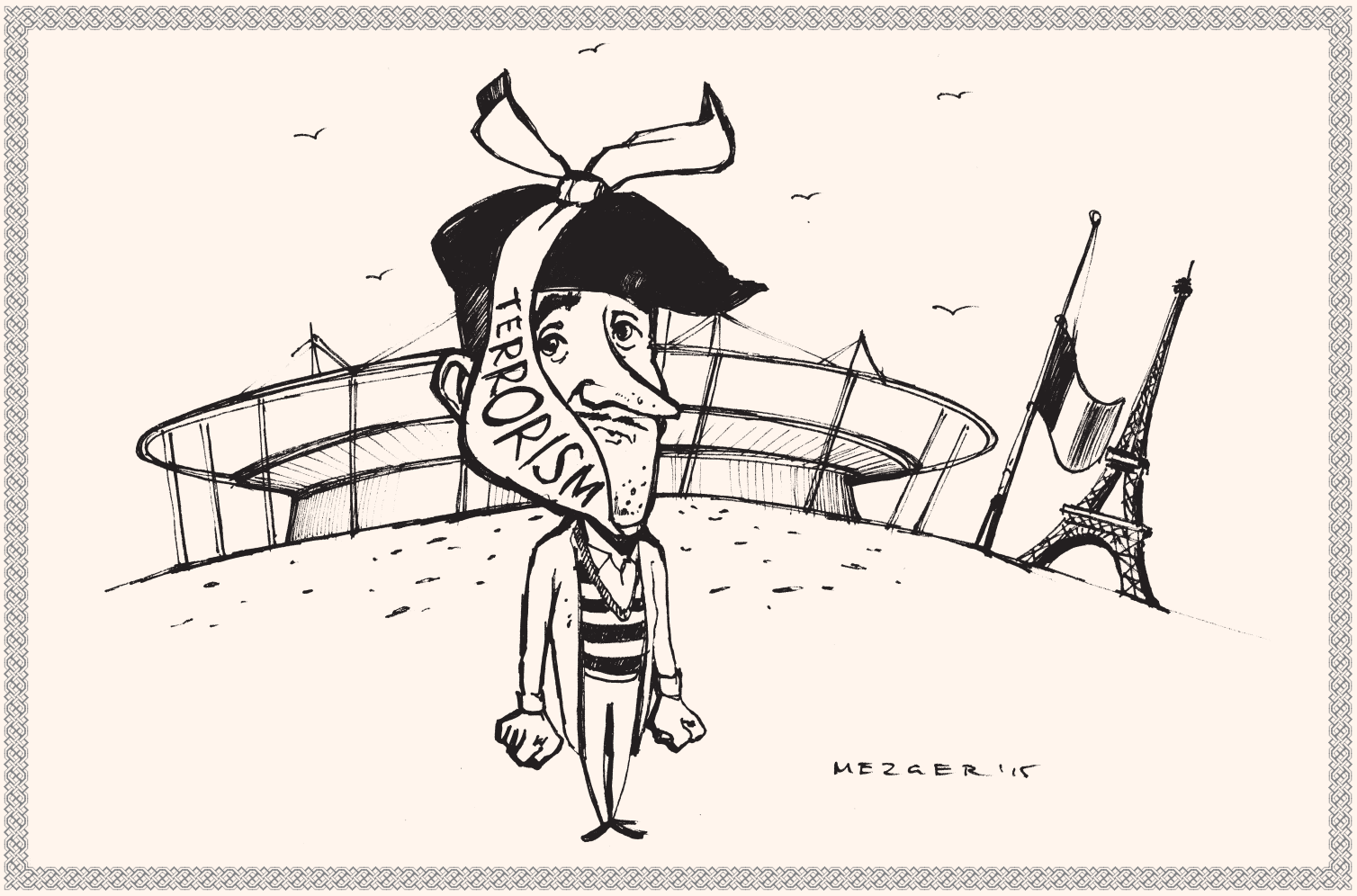
For their review, the Malay researchers consulted Cochrane's registration database and other medical search engines for clinical trials spanning from 1980 to the present day. Owing to the inconclusive results, they recommended that more studies be conducted on both pharmacological and non-pharmacological interventions, with special emphasis on behavioural modification techniques. Future research should also take into account a more varied population range and factors such as patient satisfaction, they stated.

Moreover, more comparable studies are needed in contrast to only trials involving a dummy or a placebo technique.

Although little is known about its prevalence, an exaggerated gag reflex during dental treatment is a problem encountered by many dental practitioners, often during denture try-in sessions. The response can be triggered by a variety of procedures, including third molar removal or intra-oral image taking.

Tools of the trade

By Dr Les Kalman, Canada



As I think back to my younger days, I used to love to take things apart and try to put them back together. That progressed into a hobby as a bike mechanic. Cable replacement, greasing the bearings, wheel truing...I loved it all. I had minimal tools, but I had the know-how of how to get the job done. When I got my dream job as a shop mechanic, I was amazed that there was actually a proper tool for every job. The wrenches and ratchets were literally the tools of the trade.

It occurred to me, the mechanic needed to understand what the tools were for, how to use them and especially how to care for them. I realised and appreciated the importance of the tools, but did not want them to be the limiting factor.

Dentistry is experiencing a truly remarkable period with many 'tools' of digital dentistry available to the clinician and technician. These tools are not only providing increased accuracy and improved efficiency, but are also improving the experience for the patient, clinician and technician.

Communication has also been expanded with digital dentistry, allowing for easier translation of information to the patient, the insurance company, colleagues and the laboratory. With an open-source approach, the technologies have the opportunity to be merged and shared. Add in the advances in mobile technology, the portability and the utilisation of technology becomes even more appealing. From an academic and research perspective, I can attest that I am truly a tech junkie. I love gadgets. Technology seems to improve every aspect of my day. I find the technological solution to a problem a unique driving force that harnesses limitless passion. It appears to be an exciting time!

The spectrum of digital dentistry has become quite overwhelming. There are technologies that provide numerous approaches for image acquisition, easy-to-use design packages, milling/printing solutions, implant stability assessment and even real-time guided implant surgery. The technologies seem to represent every aspect of diagnoses, treatment planning and treatment delivery. It appears to be a very exciting time!

But let's not let the excitement overwhelm us. In dentistry, we have the privilege of improving the oral health of our patients. There can be little comparison to a bike mechanic, as the human body presents a unique set of complex systems.

However, the technologies in digital dentistry represent tools. These tools have a purpose and we must be able to understand what the tools are for and how to use them. The tools cannot act as substitutes to fundamental principals.

As clinicians and technicians, we must rely on our knowledge, skills and evidence-based experience to act as our guide. From the subjective aspect of patient informed consent, to the rigorous protocols of implant surgery, let us exercise what our comprehensive training has taught us. The tools are merely there to assist us on our mission.

As we, clinicians, technicians, educators and researchers, look to advance dentistry in a modern technological world, let's keep the digital dentistry toolbox open to more tools. Let's always pose the question 'why' and try to find a solution to ongoing problems. Let us keep the aspect of accessibility in mind, with the development of open-source and affordable technologies. Lastly, let us merge our knowledge, skills and experience with the tools of digital dentistry to propel our profession as leaders in healthcare simulation.

Dr Les Kalman is an assistant professor at the Division of Restorative Dentistry and chair of the Dental Outreach and Community Service programme at the Schulich School of Medicine and Dentistry at Western University in London, Canada. He can be contacted at lkalman@uwo.ca.

Swiss researchers create artificial tooth that mimics natural microstructure

By DTI

ZURICH, Switzerland: Materials researchers from ETH Zurich (the Swiss federal institute of technology) have developed a new procedure that allows them to mimic the structure of biological composite materials, such as teeth and seashells.

Using the new technique, they produced an artificial tooth whose surface is as hard and structurally complex as a real tooth, while the layer beneath is softer, just like natural dentine.

Natural tooth in its gypsum mold, artificial tooth (sintered but not yet polymer infiltrated), finished artificial tooth embedded in a "puck" to enable polishing.

"Our technique is similar to 3-D printing, but ten times faster and much more cost-effective," said Dr Florian Bouville, a postdoctoral researcher from the ETH study group. The new method, called magnetically assisted slip casting (MASC), allows for the creation of complex composite materials that are almost perfect imitations of their natural models.

In order to demonstrate the technique's potential for future applications in dentistry, the researchers produced an artificial tooth. "The profile of hardness and toughness obtained from the artificial tooth corresponds exactly with that of a natural tooth," said lead researcher Dr André Studart, Professor of Complex Materials at ETH, pleased with the results.

In the MASC process, a plaster cast is filled with a suspension containing magnetised ceramic platelets. In order to achieve the unique structure of the natural models, in which numerous microplatelets are joined together in different layers, a magnetic field is applied during the hardening process and its orientation changed at regular intervals. The ceramic platelets align to the magnetic field, resulting in layers with differing material properties in a single object.

Although the MASC results are promising, the appearance of the material has to be significantly improved before the technique can be used for dental prostheses, Studart remarked. For the time being, the results offer proof that the natural fine structure of a tooth can be reproduced in the laboratory. Although other methods exist to imitate nacre or tooth enamel, up to now it was a challenge to create a material that mimics the complex structure of the entire seashell or tooth.

As reported on the EHT website, the magnetisation and orientation of the ceramic platelets in the MASC process has already been patented.

The study, titled "Magnetically assisted slip casting of bioinspired heterogeneous composites", was published online on 21 September in the *Nature Materials* journal.

"Age per se is not a contra-indication"

An interview with University of Bern professor Dr Martin Schimmel, Switzerland

By Daniel Zimmermann, DTI

State of health and risk factors differ distinctly among individuals, especially the elderly. In an interview with *Dental Tribune*, Prof. Martin Schimmel, Head of the Division of Gerodontology at the University of Bern, spoke about ethical and financial challenges regarding implant treatment of the elderly and the importance of offering this vulnerable population the benefits of implant therapy.

Dental Tribune: Implant manufacturers seem to be exclusively targeting younger age groups nowadays. Do you think the silver generation is being overlooked when it comes to implant therapy and, if so, what could be the reasons for this?

Prof. Martin Schimmel: I do not think that statement is true. Tooth loss is increasingly associated with elderly people. In my opinion, most manufacturers of dental implants are aware of the fact that people in the Western world are retaining their own teeth for longer owing to the successful implementation of preventive measures.

The treatment of trauma cases in younger people is rather limited. At the same time, the clientele for implant treatment is becoming increasingly older. Data from the Department of Oral Surgery and Stomatology at the University of Bern's dental clinic clearly demonstrates this. Narrow-diameter implants are also explicitly marketed as "Gero" implants nowadays.

Why do older patients benefit from implant therapy in particular?

Particularly fully edentulous patients and those with an edentulous mandible benefit the most. Stabilising mandibular complete dentures with the help of endosteal implants is one of the greatest achievements in dentistry. Scientific studies have found many positive effects, including improved quality of life, satisfaction with dentures, masticatory functionality and reduced bone atrophy.


Dr Martin Schimmel

Partially edentulous patients can benefit from fixed implant prostheses functionally, as well as structurally. Conventional removable dentures have proven to be inferior, especially in free-end situations.

During a panel discussion at the EAO congress last year in Rome, it was found unanimously that there is no age limit for implant therapy. What is the maximum age at which dental implants could reasonably be used?

Age per se is not a contra-indication. Even in palliative care, implants may still play a valid role. Excluding people from the benefits of this therapy owing to their statistically lower remaining lifespan is unethical. However, one must consider exactly the point at which implants in the mouth do more harm than good—primum non nocere [above all, do no harm]—particularly in situations where cleaning is no longer possible and implants become merely a surface to which biofilms adhere. Furthermore, the possibility of medical contra-indications does increase with old age.

What factors play a crucial role in the implant treatment of elderly patients, and what factors do clinicians need to consider compared with treatment of other age groups?

Of course, the interindividual variability between patients increases with age, meaning that the older the patient, the more personalised treatment strategies have to be. The planning and implementation need to be constantly adjusted to medical, psychological and social individualities. Minimally invasive surgical approaches and prosthetic treatment methods that take the reduced adaptability and other physiological changes due to age into account have proven successful in this respect.

In Western countries, the gap between rich and poor is ever widening. Elderly people are increasingly falling into the latter group. What measures can help to ensure their access to dental implant treatment?

The only path to broad access to these therapies for financially less well-off patients lies in private or public insurance systems. These are political issues. However, dentists, dental technicians and the industry are constantly working on industrial production structures and thereby reducing costs. Digital developments in dentistry will surely help to provide patients with otherwise expensive treatments for a much more reasonable price. Nevertheless, oversimplified production methods are often not suitable for the complex treatment needs of the elderly.

You have pointed out the benefits of digital production methods. What other measures could also facilitate access to dental implants for the elderly?

Nowadays, the bulk of the costs incurred is due to the hours of work performed by the dental team and technicians. Digital processes can help to shorten treatment times through innovative workflows. Moreover, quasi-industrial production methods can be used in less-complex cases, thus reducing costs further. It is important to note that implant manufacturers have maintained or even lowered their price levels for quite some time. However, it remains important to evaluate the economic value of using low-cost implants, because they can have a much higher failure rate, as demonstrated by a recent Swedish study *(Editorial note: Derks et al. 2015)*.

From a health policy standpoint, do you see any deficits in the subsidisation of dental implants for the elderly?

This might differ from country to country. In Switzerland, for example, the subsidisation of patients with low income is evaluated individually by local authorities. The treatment of persons who receive social security benefits or needs-based minimum benefits is subsidised if implant therapy can be performed in a simple, economical and appropriate way. Two inter-foraminal implants, for example, will be reimbursed if conventional prosthetic treatment is not able to restore a patient's chewing ability.

In the statutory health insurance system, there is an obligation to perform the therapy if the loss of teeth was due to the occurrence or treatment of a severe disease, or to an accident or birth defect. There is certainly room for other indications, but one also has to consider the burden for the social security systems. In my opinion, Switzerland has established a sufficient and balanced system.

Thank you very much for the interview.

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Over 1,650 attend Ivoclar Vivadent aesthetic symposium in Vienna

By Georg Isbaner, OEMUS MEDIA AG, Germany

VIENNA, Austria: On 13 and 14 November, Ivoclar Vivadent hosted the Competence in Esthetic (CIE) symposium, an annual international event for dentists and dental technicians that focuses on dental aesthetic solutions, including digital smile design, CAD/CAM dentistry and implant therapies. Over 1,650 participants attended the symposium, where a considerable number of distinguished international speakers updated attendees on the latest developments in dental aesthetics. Attendees also had the opportunity to earn 16 continuing education credits.

According to the company, the symposium aimed to provide first-hand expert knowledge of everyday clinical and laboratory practice. The symposium programme was enhanced by various workshops and live demonstrations of Ivoclar Vivadent products.

Martina Jakob, Head of Marketing for Austria and Eastern Europe; Gernot Schuller, Managing Director for Austria and Eastern Europe, and Armin Ospelt, Head of Global Marketing, opened the symposium on Friday morning. Jakob particularly spoke about the recently opened International Center for Dental Education (ICDE) in Vienna, which offers state-of-the-art education facilities.

Ivoclar Vivadent's perpetual success can, in particular, be attributed to their continuous product and service innovations, which meet actual demand. Therefore, it is not surprising that, even at a regional event such as the CIE that focuses on Austria and Eastern Europe, the company presented various new products. Among these product innovations were the IPS-style metal-ceramic material, which promises greater efficiency thanks to optimised shrinkage behaviour and aesthetics through brighter colours because of the integration of oxyapatite crystals. In addition, the IPS e.max CAD portfolio was also extended. Furthermore, the new MT blocks with medium translucency are suitable cases that require enhanced brightness and the IPS e.max blocks with low translucency are now also available in size A14. Their new range of stains and glazes, IPS Ivocolor is now also available for users of IPS ceramics and Wieland Zenostar. According to the manufacturer, dental technicians will only need one assortment for the individualised characterisation of laboratory-fabricated restorations. At a temperature of 1,600 °C, the new sinter furnace Programat S1 1600 produces zirconium oxide crown frameworks in 75 minutes.

Another topic that was discussed at the symposium was "digital dentures", which Ivoclar Vivadent presented in anticipation of this year's International Show. The company demonstrated that significant progress has been made in this area. The increasing digitisation of diagnostics, design and construction of dentures, as well as large automated databases for dental geometries have facilitated the manufacturing of aesthetically appealing CAD/CAD prostheses.

MIS Global Conference: Company calls for clinical case submission

By DTI

BARCELONA, Spain/BAR LEV INDUSTRIAL PARK, Israel: In anticipation of its global conference, to be held from 26 to 29 May 2016 in Barcelona in Spain, dental implants manufacturer MIS Implants Technologies has announced an opportunity for young clinicians to present clinical cases and techniques focusing on challenging situations in implantology. The best cases submitted will be presented on the first day of the conference.

Clinicians up to the age of 40 may submit their case documentation in English via e-mail by 15 February 2016. All submitted cases will be reviewed and pre-approved by the conference scientific committee and the best case presentations will be awarded.

The first-prize winner will be invited to a course by implant specialist Dr Eric Van Dooren, including flights and accommodation.

The second-prize winner will be invited to a course by Prof. Stefen Koubi (who lectures internationally on the topics of aesthetic dentistry, smile design, and wear and erosion), including flights and accommodation.

The third-prize winner will be invited to a course at the MIS headquarters, including flights and accommodation, or will receive MIS products worth US$1,000 (€920).

The 2016 MIS Global Conference, subtitled 360° Implantology, aims to expand knowledge and introduce true innovation under the theme of "VCONCEPT: Set the volume of bone and soft tissue", and will include lectures, clinical case presentations and hands-on workshops.

Experienced professionals will explore the VCONCEPT by providing a broad background on the current evidence-based therapeutic trends in implant dentistry and presenting the latest treatment modalities that fulfil MIS's philosophy of "Make it Simple", particularly the V3 implant system.

Faster scanning than ever with Planmeca FIT, now also with colour

By DTI

HELSINKI, Finland: The Planmeca FIT system for chairside CAD/CAM dentistry provides clinics with a completely digital workflow from start to finish. It seamlessly integrates intra-oral scanning, 3-D designing and on-site milling into one system. Scanning within Planmeca FIT is now faster than ever before, and colour scanning is featured for the first time.

The Planmeca FIT system is all about integrated efficiency. Consisting of the Planmeca PlanScan scanner, Planmeca PlanCAD Easy software and Planmeca PlanMill 40 milling unit, it allows clinics to produce perfectly fitting restorations in a single visit.

The system has made great strides lately in both scanning speed and accuracy—intra-oral scans can now be performed with unprecedented quickness. Colour scanning too has been newly introduced, enhancing diagnostics and making differentiating between soft and hard tissue easier. Colour scans also improve communication and increase case acceptance, as they are easier for patients to comprehend.

Planmeca FIT workflow steps are easily controlled through the Planmeca Romexis software platform. Treatment data is immediately viewable on all workstations, and the software's flexible licensing allows scanning, designing and milling to take place simultaneously. In addition, images and data can be sent from clinics to dental laboratories and other external partners.

The Planmeca Romexis Clinic Management module provides remote real-time usage information on Planmeca PlanMill 40, enabling clinics to locate resources and monitor ongoing milling processes.

Planmeca FIT is a completely integrated approach to high-quality dental care. It helps clinics utilise their resources to the full and treat more patients in less time. Instead of two appointments, patients can be treated in one visit—without temporary crowns or physical dental models.