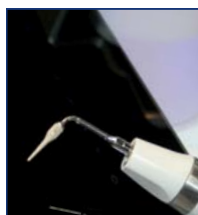


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Multipiezo pro

mectron's André Siegrist about the device and the ways in which it has been improved compared with its predecessor

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Science & Practice

Congress presenter Dr Cristiano Tomasi, Sweden, reveals insights into aggressive vs. chronic periodontitis

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Dental products in focus

Europerio 7 will be an excellent opportunity to see state of the art technologies and achievements in the field of periodontology and dental implants.

»Pages 12–14

Experts from Europe “show their colours” at Europerio 7

■ The prevention of oral diseases, including periodontitis, is crucial for the general health and well-being of patients, experts have agreed at the Europerio congress in Vienna. They said that owing to both known and recently discovered associations between periodontal inflammation and systematic diseases like pancreatic cancer, the specialty should be considered part of the preventative framework in medicine.

Europerio 7 was officially opened on Wednesday in the presence of representatives of 26 member associations of the European Federation of Periodontology, who presented on stage with their respective flags during the welcome ceremony. Among others, delegates were addressed by EFP General Secretary Stefan Renvert (Sweden) and Chairman of the Europerio 7 Organising

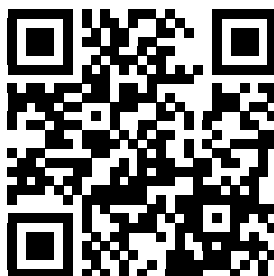
Committee Dr Gernot Wimmer (Austria), who also paid tribute to several members of the Vienna School and pioneers in oral biology, including Rudolf Kronfeld and Bernhard Gottlieb, after whom the Medical University of Vienna's dental school was named.

“Thanks to the work of many, we have a fantastic congress ahead of us,” Renvert said.

From 6 to 9 June 2012, at the Reed Exhibitions Congress Center in Vienna, Europerio 7 will be offering attendees the latest research and technology in the field of periodontology and dental implantology. Over 60 lectures and workshops by 100 internationally renowned speakers will be presented from Wednesday to Saturday. Today's topics include the management

of risk factors for periodontitis and periodontal maintenance treatment in the dental practice. In addition, a large number of sessions and forums on dental implantology and dental hygiene will be held.

For more news from this year's Europerio in Vienna, please scan the QR code or visit www.dental-tribune.com/europerio7.



Representatives of all EFP member associations presenting on stage during the Europerio 7 Welcome Ceremony. (DTI/Photo Annemarie Fischer)

Diamond sponsor Acteon boosts presence at Europerio

■ Acteon is one of the most innovative and active companies on the global dental market. Being aware of the high quality of the scientific programme and the excellent standing of the Europerio congresses in the dental community, the company, which is involved in preventative and conservative dentistry, chose to be a diamond sponsor at this year's conference.

At Europerio 7, Acteon will be launching SoproCARE, a new intra-oral camera for evaluating

plaque status and soft-tissue inflammation. It was developed to assist the dental professional during prophylaxis and periodontal treatment in the dental office. Thanks to SoproCARE, dental professionals can now achieve complete prophylactic treatment with one device, the company said.

Besides launching new products, Acteon has also organised sponsored, hands-on sessions and lectures at Europerio 7. Its first session was held yesterday

by Dr Bennani and Prof. Grimm, who gave an extremely interesting hands-on lecture entitled “Advanced methods of conservative treatment of periodontitis and peri-implantitis”. Today, Dr Vidot and Prof. Louise will be presenting a novel comprehensive prophylactic treatment procedure, and Dr Dibart will be holding a lecture on the Piezotome 2 in the main auditorium on Saturday.

More details about new products and sessions are available at booth 37 in the exhibition hall.



Gilles Pierson, CEO of the Acteon Group, posing with his team.



Prof. Grimm during his hands-on lecture on advanced methods of conservative treatment of periodontitis and peri-implantitis.

AD

IMPLANT CLEANING

MECTRON INSERT ICS

mectron

“We will continue to use this high-tech interface in future products”

An interview with André Siegrist, Marketing and Sales Manager at mectron

■ The Italian dental manufacturer mectron is currently showcasing its new multipiezo pro device at the Europerio conference in Vienna. *today international* spoke with the company's Marketing and Sales Manager, André Siegrist, about the device and the ways in which it has been improved compared with its predecessor.

today international: Your new multipiezo pro seems to offer more flexibility than its predecessor. What new indications are covered by the device?

André Siegrist: This new product indeed stands for ergonomics and flexibility. Its two LED-equipped ultrasonic handpieces make treatment that requires frequent tip changes very easy. In addition, its two large liquid bottles allow the operator to choose between commonly used rinsing liquids at any time. Multipiezo pro, however, is also available with an additional tap-water connection.

The range of indications starts with classical scaling and root planing, continues with ortho- and retrograde endodontic treatments and extends to a variety of restorative indications. The

newly developed electronics of this device drive exclusive mectron tips, like those dedicated to crown-margin finishing or the revolutionary cavity prep tips with a patented diamond-like surface coating, which offers far better performance and wear resistance than traditional diamond coatings.

The device has the same interface as the recently launched PIEZO-SURGERY touch. Is this becoming the new standard?

A year after the market launch, it is fair to say that customer response to this product has exceeded our expectations. While the design of the device is very appealing, ease of use and excellent hygiene conditions convince even the most demanding of surgeons. We will continue to use this high-tech interface in future products. This technology, however, is costly and, therefore, we will not be seeing these kinds of touch screens on low-cost products very soon.

What advantages does the de-

vice offer for periodontal treatment?

Even with the device's standard setting, the sophisticated electronics provide an excellent

pain-sensitive patients, which is of course beneficial for the clinician too. Furthermore, mectron's large range of periodontal inserts offers the ideal tip shape in all sit-



(DTI/Photo Annemarie Fischer)

basis for an efficient yet also gentle periodontal treatment. These qualities are intensified with the brand-new soft mode. This unique feature provides excellent patient comfort while maintaining the same level of performance. The soft mode has received very good feedback from

uations. The use of the popular left- or right-curved periodontal tips, in particular, is made very easy and efficient owing to the device's standard equipment with two handpieces.

The cleaning of implants remains a clinical challenge.

How is the device intended to help in this regard?

mectron will be launching an innovative insert for ultrasonic implant cleaning during Europerio. It resonates particularly well with multipiezo pro's ultrasonic generator. It goes without saying that the new soft mode is of clear benefit here as well. The main advantages of this new insert are its excellent anatomical access, its safety, owing to the full PEEK design without a metal core, as well as its favourable price-performance ratio.

You are showcasing this device to specialists for the first time in Vienna. When and where will it be available?

Multipiezo pro will be available in all European markets from September 2012. Non-European markets will follow a few months later, which is due to various country-specific product-registration procedures.

Thank you very much for this interview.

Enormous need for knowledge and skills in reconstructive periodontal plastic surgery

■ Yesterday at Europerio 7 in Vienna, Giovanni Zucchelli, Professor of Periodontology at the University of Bologna, Italy, led a highly topical and packed workshop entitled “Reconstructive periodontal plastic surgery in the aesthetic zone”. Forty dental professionals from 14 different countries and with varying levels of experience, ranging from young dentists to experienced academics, participated in this event, which was sponsored by Straumann. The objective was to demonstrate the surgical procedure, both in theory and in practice, using swine mandibles as a model.

In his discussion preceding the demonstration, Zucchelli explained the standard protocol of periodontal plastic surgery procedures. He also explained the added benefit of using Straumann's enamel matrix derivative Emdogain in the treatment of bony defects and gingival recession. “The most important thing,” noted Zuc-

chelli, “is to follow the current surgical protocol strictly. Adherence to the guidelines in

combination with the use of Emdogain will result in very good clinical outcomes.”

Zucchelli then demonstrated the surgical procedure and the use of Emdogain in a swine

mandible model. Participants had the opportunity to practise the procedure and agreed that the combination of theory with hands-on practice was very helpful and should be offered more frequently.

Straumann introduced its new Emdogain 015 yesterday at Europerio. Since surgery with the material is demanding, once surgeons have attended the requisite course, they should begin with easy clinical cases and advance step by step, adhering closely to the protocol, the company recommended. Any changes to the protocol or the omission of steps will compromise the probability of success.

Emdogain has been proven to improve attachment between the gingiva and the root, contributing to complete root coverage and the long-term outcome. The product is a vital component of the protocol and its long-term benefits have been demonstrated in clinical studies.



(DTI/Photo PR Schwegler, Switzerland)

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An indispensable implantology system

Bien-Air's Vice-President of Product Management Marco Gallina on the company's new iChiropro application

■ The iChiropro from Bien-Air is a new implantology system equipped with an iPad user interface and high-performance instruments. According to the Swiss manufacturer, this device belongs to a new generation of

medical instruments, which could significantly simplify the workload in dental practices and clinics worldwide. *today international* had the opportunity to speak with Marco Gallina, vice-president of Bien-Air Den-

tal's product management, about this new device.

today international: What was your intention with the development of the iChiropro?

Marco Gallina: First of all,

we wanted practitioners to interact with their physio-dispenser in a completely new and user-friendly way. After developing several systems designed for fitting implants, we wanted to push the boundaries of inno-



• Marco Gallina

vation with a revolutionary concept.

With the iChiropro, we are clearly distinguishing ourselves from the competition with a system that offers incomparable performance levels.

Many companies already offer iPad-based solutions. What is the main innovation of the system?

In terms of its functionality, the application allows multiple users to customise and store their own sequences. The iChiropro is also the only device that allows users to save, export and print all operation parameters whilst documenting patient data and the implants used. It includes a database featuring the main implant brands on the market, as well as their predefined settings, making it a quick and high-performance tool.

The iChiropro has been approved as a medical device. The iPad has a user interface function, while the motor, its various peripherals and safety devices are controlled by the system's electronics. It is also possible to apply a sterile film to the touch-screen display.

How has the device been received by users so far?

Practitioners all over the world have collectively expressed their interest and were very enthusiastic when the prototypes of this new implantology system were presented. Many of them described it as "indispensable".

Users operate and adjust the settings on the iChiropro using the iPad's touch-screen display and our attractive and ergonomically designed bespoke application. If necessary, the operation parameters can be preprogrammed outside the practice and used several times, saving a great deal of time. The option of saving operation data enables practitioners to keep a full history of each operation performed and can be vital in case of a legal dispute.

What can dental practitioners expect from the system in the future?

Bien-Air Dental will be updating the iChiropro application regularly, so it will be packed full of new innovative and practical functions.

Thank you for this interview.

AD



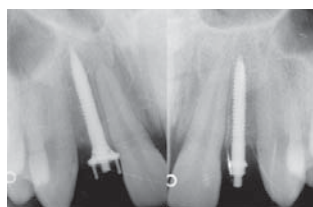
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Visit the Philips booth at Europerio 7 (hall A, G 34) for more information about the Sonicare AirFloss.

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Conical internal connections will fuel growth in dental implant market

By Dr Kamran Zamanian & Ian van den Dolder, iData Research Inc.

■ The dental implant and bone graft substitute market is the most rapidly advancing segment of dental technology, and leading competitors in this market must consistently develop new products supported by research from scientific and academic organisations to remain competitive. Recent cases have demonstrated that when companies lose a segment of support from the scientific community, their market shares tend to suffer significantly.

The European dental implant and bone graft substitute market has been further challenged by recent economic instability and the eurozone crisis, which has created a consistent demand for lower-cost dental implant products. As a result, many lower-priced competitors have begun to seize larger market shares in almost every European market. In many segments, these competitors are either regional or sourced from overseas markets such as Brazil, Korea and Israel. Regenerative products and barrier membranes have been particularly affected by consumer austerity, as these products are discretionary in many cases. However, a growing number of consumers continue to demand high-quality products, guarantees of service and scientific improvements, which only premium manufacturers are equipped to offer. Conical internal connections is one such recent innovation, and currently constitute the fastest-growing connection type in the dental implant industry.

Many dental implant and bone graft substitute companies have looked to expand their product portfolio or create new markets while they create package deals to offset competition from rapidly emerging lower-priced competitors. Significantly, many European and US companies involved in this market have begun to invest in rapidly emerging periphery markets such as Turkey.

Increasing prevalence of conical internal connections

Dental implants are connected to final abutments in one of three ways: internal connections, external connections or single-unit devices in which the implant and abutment are already attached. Furthermore, internal connections have two sub-segments: butt-joint internal connections and conical internal connections.

Research has shown that a lack of intimate fit of the implant



• View of Istanbul at sunset. Turkey is expected to become one of the major growth markets for dental implants in Europe. (DTI/Photo Tatiana Popova)

in the abutment or movement of the implant can provide an area for bacterial growth. Conventional butt-joint connections provide a connection that can result in micro-movement between the implant and the abutment, creating a pump effect for bacteria into the connection area. When bacteria are present in the micro-gap, they can cause inflammation, tissue recession and bone loss. Recent clinical studies have demonstrated that, on average, conical connections offer a smaller micro-gap than butt-joint connections, in addition to a greater mechanical level of stability. As a result, conical connection types have become hugely successful in the dental implant market, and the majority of leading dental implant manufacturers have introduced conical internal connection products. Conical connection types will continue to represent one of the fastest-growing segments of the dental implant market.

Turkey one of the fastest growing dental implant and final abutment markets in the world

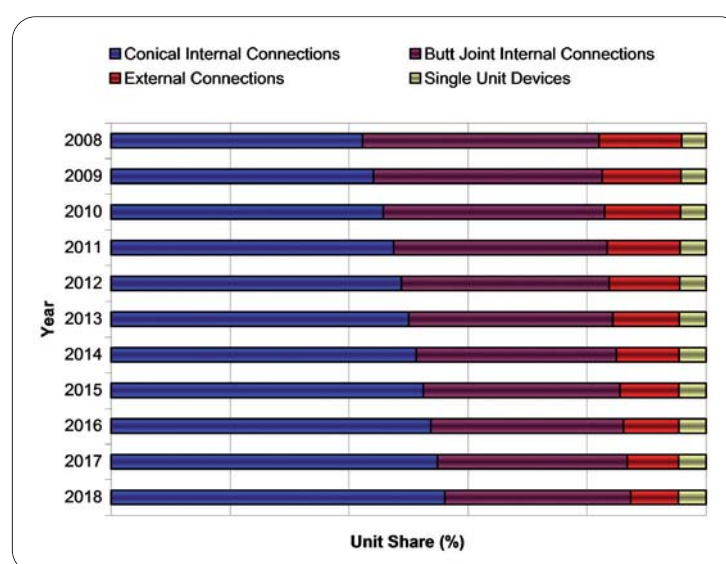
Turkey is one of the fastest-growing dental implant markets, congruent with strong economic growth that weathered the recession far better than the US and nearly any region in Europe. The technology of dental implants in this country has advanced rapidly, as most of the major players in the European market moved quickly to gain a strong market share in Turkey. Additionally, this market benefits from low labour costs, which adds to the incentive for implant companies to establish domestic subsidiaries or local distribution partners,

fuelling options for consumers. Turkey is also a popular destination for dental tourism, especially among patients from more expensive European markets. From 2008 to 2018, the Turkish dental implant, final abutment and computer-guided surgery market is expected to grow at a compound annual growth rate of 20.4%.

In May 2011, AGS Medikal Ürünleri, the first major Turkish

EU medical tourism directive will strongly impact the European dental implant market

The EU directive on cross-border healthcare that comes into force in 2013 will have a strong impact on the European dental implant market. This directive will target the medical tourism market, which is significant, as dental treatment procedures account for nearly half of medical tourism in most major markets.



• Fig. 1: Unit share by connection type, Dental Implant Market, Europe, 2008 to 2018 (Source iData Research Inc.)

company to produce dental implants, commenced operations in the province of Trabzon, on the coast of the Black Sea. The company was established with an initial 5 million Turkish lira investment. Market experts predict that the company will soon be joined by other Turkish dental implant manufacturers that will offer lower-priced products to compete domestically and later internationally with larger implant companies.

The directive gives patients the right to be reimbursed for treatment they receive in other EU countries. This could lead to more Western Europeans traveling to Eastern Europe, including Poland and Bulgaria, which are rapidly developing the quality of the medical services they offer.

The UK features one of the highest rates of outbound dental tourism, as patients are unaccustomed to large out-of-pocket costs

for procedures, owing to the legacy of the National Health Service. Whereas rich patients from developing countries used to come to prestigious hospitals in the UK and elsewhere for treatment, outbound medical travel from the UK has been growing far faster than inbound over the past decade, as UK patients are increasingly traveling abroad for lower-cost care. Figures suggest more than 50,000 citizens of the UK go abroad for treatment annually. The number of outbound medical tourists from the UK rose by 170% from 2002 to 2009.

Dental implant companies follow success of conical internal connection

Internal connection types as a whole are becoming increasingly dominant in the dental implant market. Conical internal connections and butt-joint internal connections represented 83.4% of implants with an internal connection in 2011. Conical internal connections is the fastest-growing segment of the market and expected to increase at a compound annual growth rate of 10.1% by 2018. NobelActive (Nobel Biocare) was one of the foremost early successes of conical connection types, and was rapidly adopted by consumers owing to clinical results demonstrating its greater stability and smaller micro-gap between implant and abutment. The majority of large companies now offer a conical connection, as this market is expected to overshadow butt-joint internal connections increasingly owing to the greater stability and perceived smaller-diameter micro-gap offered by conical internal connections. Many companies are combining these connection types with tapered shape and surface treatments as the current generation of premium products.

The information contained in this article was taken from two detailed and comprehensive reports published by iData Research (www.idataresearch.net), entitled "European Markets for Dental Implants, Final Abutments and Computer Guided Surgery" and "European Markets for Dental Bone Graft Substitutes, Dental Membranes and Tissue Engineering." iData Research is an international market research and consulting firm focused on providing market intelligence for the medical device, dental and pharmaceutical industries.

For more information and a free synopsis of the above report, please contact iData Research at dental@idataresearch.net.



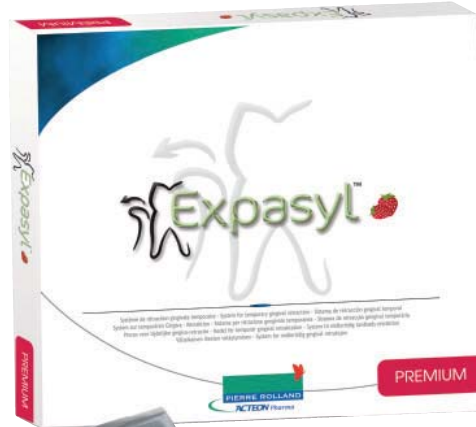
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“Evidence for risk factors related to a specific form is still weak”

An interview with Europerio presenter Dr Cristiano Tomasi, Sweden

Aggressive and chronic periodontitis share many clinical features yet are also different in terms of development and progression. At Europerio 7, Dr Cristiano Tomasi from the University of Gothenburg in Sweden spoke with *today international* about the importance of early identification and why the identification of risk factors associated with both forms of periodontal disease remains difficult.

today international: Both chronic and aggressive periodontitis are complex infections. What is the basic microbiology underlying this disease?

Dr Cristiano Tomasi: Proba-

bly the most important microbiological feature is the establishment of a sub-gingival biofilm. The evidence suggests that periodontal disease is not related to a specific micro-organism but rather to a complex environment of many different species that live in symbiosis. In a susceptible subject, the biofilm challenge will prompt a host response that will lead to the destruction of periodontal support.

It is estimated that between ten and 15 per cent of adults in developed countries suffer from chronic periodontitis. Are there any figures available for the aggressive form?

This question is not easy to an-

swer. In fact, even for chronic periodontitis, prevalence differs significantly, depending on disease definition and the population studied. Furthermore, most epidemiological studies have only addressed the prevalence of periodontitis, with no distinction between the aggressive and chronic forms.

The range in prevalence when mild cases are included may reach 40 per cent in a population. The prevalence of the aggressive form, according to one study, was four per cent for localised forms and two per cent for generalised forms in a population ranging between the ages of 18 and 30. Other studies have suggested

prevalence of severe cases in a young population of up to eight per cent.

Generally speaking, we still lack epidemiological data from studies that directly address this question.

One of the main differences between both forms appears to be the age group in which they commonly occur.

Age remains an important parameter for distinguishing the two forms. While severe cases at age 20 are commonly recognised as aggressive, those at 60 are mainly diagnosed as chronic. The diagnosis of both forms, however, is clinical and basically follows the same steps.

A problem is that in many cases it is not actually possible to identify the age at which the periodontal disease started, so it is not easy to draw conclusions on clinical features related to age of onset.

What are the main challenges in differentiating between both forms?

I really think that the most important thing is to diagnose and intercept periodontitis as early as possible. A screening probing can reveal initial periodontal destruction and signs of inflammation quite easily, allowing for an early and effective intervention.

Marking the fine distinction between aggressive and chronic forms could be another step, but the implications of these studies would be more interesting for researchers than for clinicians. If we are successful in our treatment, is it really important what we call the disease? And if we are not successful, do we blame the name of the disease?

One clinical consideration may be that the systemic use of antibiotics as adjunctive treatment is supported by studies on aggressive cases, but I think that with regard to the problem of microbial resistance induced by excessive use of antimicrobials, this approach should never be the choice for initial treatment, but be considered after re-evaluation to accompany mechanical retreatment of the remaining diseased sites. This view, however, is not shared by some periodontologists, who view the first treatment attempt as the important one.

Both forms of periodontitis share risk factors. What are the most common?



Periodontal disease is clearly the result of an unbalanced host response to the microbial challenge. It is therefore obvious that the genetic set-up of the host and the microbial composition of the biofilm are recognised as risk factors for the development of the disease. Environmental factors like smoking and stress have also been correlated with the progression of the disease and its most severe forms.

It is a more difficult task to determine risk factors that are clearly associated with one of the two forms of the disease. A few studies have shown specific bacteria to be associated with aggressive forms, but others have also reported aggressive forms without the presence of those bacteria. The same thing happened with specific genetic polymorphisms. New insights are expected to come from epigenetic studies, in which the activation of specific genes is related to local environmental factors.

How important would these be considered to be?

Unfortunately, it is still not clear. Some risk factors are related to the establishment of the disease, while others are related to the progression rate. As I said before, the evidence for risk factors related to a specific form is still weak and the evidence not as strong as we would like it to be.

You will be presenting at the Europerio congress today. What can participants expect to take home from the presentation?

I hope to clarify the similarities and differences between the two forms of periodontitis. We will go through the most recent published results on those issues and try to sort things out as much as possible. I see this as a real challenge. I will share my thoughts and my doubts on some questions that every clinician has to face on a daily basis.

Thank you very much.

AD

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