

ENDO TRIBUNE

XP-endo® Shaper Plus 'sequence

►A1-8

LAB TRIBUNE

Familiar and yet completely different

►B1-4

HYGIENE TRIBUNE

Emirates Dental Hygienist Club welcomes over 40 dental ...

►C1-4

IMPLANT TRIBUNE

Augmentation and implant treatment

►D1-4

ORTHO TRIBUNE

Virtual reality and orthodontics: A new patient experience

►E1-8

Stabilized Stannous Fluoride dentifrices are toothpastes of choice: Middle East dental consensus

By Dental Tribune MEA / CAPPmea

DUBAI, UAE: On 02-03 November 2017, a selected panel of ME elite dental academicians gathered for a two-day scientific consensus to discuss recommendations for best choice of toothpaste. This unique assembly took place at The Address Hotel, Dubai Marina, UAE. The results were presented live on stage at the 9th Dental Facial Cosmetic International Conference which took place at ICH in Dubai Festival City on 03-04 November 2017.

The consensus was led by Professor Hien Chi Ngo, Dean of College of Dental Medicine of the University of Sharjah and Dr. Elias Berdouses, Board Member of Emirates Pediatric Dental Club. The consensus was achieved by the Delphi methodology (A structured survey approach conducted in multiple rounds of questionnaires and answers. It is regarded as a systematic, interactive forecasting method relying on a group panel of experts¹), resulting in an unbiased evidence based conclusion on the best type of toothpaste available. The panel of experts included:

Introduction

An ideal toothpaste should protect gums, teeth and the oral environment with minimal side effects and environmental impacts. In addition to the body of evidence supporting fluoride effectiveness, evidence suggests that Stabilized Stannous Fluoride, with verified bio-availability, has additional benefits. In

association with sustained patient compliance (daily use) and effective mechanical debridement; this group recommends the following:

Gum Health

There is emerging scientific evidence supporting the anti-inflammatory action of Stabilized Stannous Fluoride. In Patients with gingivitis, which can predispose to periodontitis, there is evidence that a toothpaste with Stabilized Stannous Fluoride has distinctive advantages in restoring and maintaining gingival health by reducing plaque and calculus deposition.

Tooth Health

There is strong evidence to support that Stabilized Stannous Fluoride is superior to other forms of fluorides in anti-bacterial efficacy and the reduction in acidogenicity of plaque. Stabilized Stannous Fluoride based toothpaste has been found to be effective in managing dental caries. A Stabilized Stannous Fluoride based toothpaste, in addition to addressing all etiological factors helps reduce progression of erosive tooth wear. There is strong evidence to support that the use of Stabilised Stannous Fluoride toothpaste is effective in reducing dentine hypersensitivity.

General

Based on the recommendation of the European Academy of Paediatric Dentistry (2009), the dosage for toothpaste for children is twice daily: Up to 2 years of age: a pea size of 500ppm, 2 to 6 years of age: a pea



Consensus Group; Standing from left to right Dr. Eleftherios Kaklamanos, Prof. Khaled Balto, Dr. Elias Berdouses, Prof. Crawford Bain, Prof. Hien Chi Ngo, Dr. Ajay Juneja, Dr. Montaser Al-Qutub. Sitting from left to right: Dr. Samira Al-Osailan, Prof. Nada Naaman, Prof. Arwa Al-Sayed, Dr. Naif Al-Moosa

size 1000ppm and 6 years and above 1450ppm fluoride: 1-2cm. Where higher concentrations of Fluoride toothpastes are not available, larger amounts and longer exposure to toothpaste may be recommended based on individual needs. It is recognized that patients with fixed orthodontic appliances may have an increased risk of gingival inflammation and dental caries. We recommend further scientific studies in the areas of peri-implantitis, root caries and dentine erosion. To increase compliance, oral health care providers should consider the effectiveness of products and patient specific needs regarding age, medical conditions, taste and texture. In conclusion, based on current literature we recommend that a Stabilized Stannous Fluoride based toothpaste is the toothpaste of choice.²

Over the two days, the consensus culminated in the above recommendations which are agreed and signed off by the expert panel:
 Prof. Hien Chi Ngo – Moderator, Dean of College of Dental Medicine, University of Sharjah, UAE
 Dr. Elias Berdouses – Moderator, Board Member Emirates Pediatric Dental Club, UAE
 Prof. Crawford Bain – Chairman Periodontics Department, Hamdan Bin Mohammed College of Dental Medicine, UAE
 Dr. Arwa Al-Sayed – Chairman of the Saudi Fellowship Program in Implant Dentistry, Saudi Commission for Health Sciences, KSA
 Dr. Eleftherios Kaklamanos – Assistant Professor of Orthodontics, Hamdan Bin Mohammed College of Dental Medicine, UAE
 Dr. Naif Al-Mosa – Chairman Depart-

ment of Pediatric Dentistry and Orthodontics, King Saud University, KSA
 Dr. Montaser Al-Qutub – Head, Division of Periodontics and Postgraduate Program Director in Periodontics, King Saud University, KSA
 Dr. Ajay Juneja – Specialist Prosthodontist, Dental Studio, UAE
 Prof. Khaled Balto – Director of Postgraduate Endodontic Programs, King Abdulaziz University, KSA
 Dr. Samira Al-Sailan - Oral & Maxillofacial Surgery Consultant, King Abdulaziz University, KSA
 Prof. Nada Naaman – Honorary Dean, Professor Department of Periodontology, Saint-Joseph University, Lebanon

Reference

1. Bernice B. Brown (1968). "Delphi Process: A Methodology Used for the Elicitation of Opinions of Experts.". An earlier paper published by RAND (Document No: P-3925, 1968, 15 pages)
2. Further information on the evidence, references and methodologies used can be obtained from Prof. Hien Chi Ngo – Moderator of the Consensus. Please email dtmea@dental-tribune.me with your enquiry. **DT**



The consensus moderators. Left: Prof. Hien Chi Ngo, Right: Dr. Elias Berdouses



The consensus was achieved by the Delphi methodology

Could crowdfunding foster next dental revolution? Dental Tribune investigates

By DTI

LEIPZIG, Germany: Modern dentistry is moving in various different directions in a variety of fields—from toothbrush start-ups to online crowdfunding campaigns that are raising thousands of dollars for new ideas, such as a floating dental clinic in Cambodia. With so many interesting and inspiring concepts out there, Dental Tribune Online has decided to dedicate a series specifically focusing on the world of crowdfunding within dentistry and investigate which ideas look promising in 2018.

The idea of crowdfunding, as it is known today, originated in 2006 and has since grown into a multibillion-dollar industry.

The concept is simple. Everyday people who sometimes have extraordinary ideas can set out to bypass the usual mainstream funding avenues and reach out directly to individuals who might be inspired by the idea and want to support it. People with new ideas can upload pictures, videos and descriptions to any number of online platforms that manage donations, allowing direct contact

between the curator and the supporter—with a number of rewards offered to those who donate money towards the project. Across all these sites, the impetus is always the same. Someone has an idea and that person needs funding to bring it to life.

This relatively new idea towards achieving goals and introduce innovative products to the wider public has seen some bedroom ideas be transformed into worldwide hits. It has also seen artists of all kinds introduce their work to the world, even allowing established musicians like

Public Enemy to raise \$75,000 for their new album.

The success of crowdfunding has also landed within the dental industry and there is no shortage of crowdfunding ideas—some better than others and some more successful than others. Over the next few weeks, Dental Tribune Online will be sharing a few of the best and worst ideas out there, to see just where the world of oral health might be heading in the New Year, and who could be leading the way. [DTI](#)

IMPRINT

GROUP EDITOR
Daniel ZIMMERMANN
newsroom@dental-tribune.com
Tel.: +44 161 223 1830

CLINICAL EDITORS
Magda WOJTKIEWICZ
Nathalie SCHÜLLER

EDITORS
Kristin HÜBNER
Yvonne BACHMANN

EDITOR & SOCIAL MEDIA MANAGER
Monique MEHLER

MANAGING EDITOR & HEAD OF DTI COMMUNICATION SERVICES
Marc CHALUPSKY

COPY EDITOR
Sabrina RAAFF

PUBLISHER/PRESIDENT/CEO
Torsten R. OEMUS

CHIEF FINANCIAL OFFICER
Dan WUNDERLICH

CHIEF TECHNOLOGY OFFICER
Serban VERES

BUSINESS DEVELOPMENT MANAGER
Claudia SALWICZEK-MAJONEK

PROJECT MANAGER ONLINE
Tom CARVALHO

JUNIOR PROJECT MANAGER ONLINE
Hannes KUSCHICK

E-LEARNING MANAGER
Lars HOFFMANN

EDUCATION DIRECTOR TRIBUNE CME
Christiane FERRET

EVENT SERVICES/PROJECT MANAGER TRIBUNE CME & CROIXTURE
Sarah SCHUBERT

TEAM ASSISTANT
Julia MACIEJEK

MARKETING SERVICES
Nadine DEHMEL

SALES SERVICES
Nicole ANDRA

ACCOUNTING SERVICES
Anja MAYWALD
Karen HAMATSCHEK
Manuela HUNGER

MEDIA SALES MANAGERS
Antje KAHNT (International)
Barbora SOLAROVA (Eastern Europe)
Hélène CARPENTIER (Europe)
Maria KAISER (North America)
Matthias DIESSNER (Key Accounts)
Melissa BROWN (International)
Peter WITTECZEK (Asia Pacific)
Weridiana MAGESWKI (Latin America)

EXECUTIVE PRODUCER
Gernot MEYER

ADVERTISING DISPOSITION
Marius MEZGER

DENTAL TRIBUNE INTERNATIONAL
Holbeinstr. 29, 04229 Leipzig, Germany
Tel.: +49 341 48 474 302
Fax: +49 341 48 474 173
www.dental-tribune.com
info@dental-tribune.com

DENTAL TRIBUNE ASIA PACIFIC LTD.
Room A, 20/F
Harvard Commercial Building
105-111 Thomson Road, Wanchai, HK
Tel.: +852 3113 6177
Fax: +852 3113 6199

THE AMERICA, LLC
116 West 23rd Street, Ste. 500, New York
N.Y. 10011, USA
Tel.: +1 212 244 7181
Fax: +1 212 244 7185

DENTAL TRIBUNE MEA EDITION EDITORIAL BOARD
Prof. Khaled BALTO, KSA
Prof. Paul TIPTON, UK
Dr. Aisha SULTAN ALSUWAIDI, UAE
Dr. Ninette BANDAY, UAE
Dr. Nabeel HUMOOD ALSABEEHA, UAE
Dr. Mohammad AL-OBAIDA, KSA
Dr. Meshari F. ALQTAIBI, KSA
Dr. Jasim M. AL-SAEEDI, Oman
Dr. Mohammed AL-DARWISH, Qatar
Dr. Dobrina MOLLOVA, UAE
Dr. Ahmed KAZI, UAE
Dr. Munir SILWADI, UAE
Dr. Khaled ABOUSEADA, KSA
Dr. Rabih ABI NADER, UAE
Dr. Ehab RASHED, UAE
Aiham FARRAH, CDT, UAE
Retty M. MATTHEW, UAE

PARTNERS
Saudi Dental Society
Lebanese Dental Association
Qatar Dental Society
Oman Dental Society

DIRECTOR OF mCME
Dr. Dobrina MOLLOVA
mollova@dental-tribune.me
Tel.: +971 50 42 43072

DIRECTOR
Tzvetan DEYANOV
deyanov@dental-tribune.me
Tel.: +971 55 11 28 581

DESIGNER
Kinga ROMIK
k.romik@dental-tribune.me

PRINTING HOUSE & DISTRIBUTION
Al Nisr Printing
P. O. Box 6519, Dubai, UAE
800 4585/04-4067170

www.idem-singapore.com



13-15 APRIL 2018
SUNTEC SINGAPORE

THE LEADING DENTAL EXHIBITION
AND CONFERENCE IN ASIA PACIFIC

10th
Edition

MEET THE 2018 CONFERENCE SPEAKERS



Galip
Gurel



Magda
Feres



Christopher
Ho



Simone
Grandini



Lawrence
Lau



Magda
Mensi



Angelo
Mariotti



Marcus
Dagnelid



Andreas
Kurbad

INTERNATIONAL GUEST PERKS



International Participants to IDEM 2018 will receive a \$20 voucher at Changi Airport. Simply register for IDEM to qualify.
(Terms and conditions apply.)

UBER

Promotional fares are available for travel to and from Suntec Singapore during show days.



Attractive airfare deals for selected flights are available when booked using IDEM 2018 preferred code.

EARLY BIRD REGISTRATION CLOSES ON 31 JANUARY 2018!

Registration
Koelnmesse Pte Ltd
Ms. Cindy Tantarica
T: +65 6500 6700
E: idem-reg@koelnmesse.com.sg

Connect with us
f IDEM Singapore
in IDEM Singapore
idem.sg

Endorsed by



Supported by



Held in



Organised by



koelnmesse
we energize your business | since 1924

Solutions for better, safer, faster dental care



Dentsply and Sirona have joined forces to become the world's largest provider of professional dental solutions. Our trusted brands have empowered dental professionals to provide better, safer and faster care in all fields of dentistry for over 100 years. However, as advanced as dentistry is today, together we are committed to making it even better. Everything we do is about helping you deliver the best possible dental care, for the benefit of your patients and practice.

Find out more on
dentsplysirona.com

Clinical Procedures

- Preventive
- Restorative
- Orthodontics
- Endodontics
- Implants
- Prosthetics

Platform Technologies

- CAD/CAM
- Imaging Systems
- Treatment Centers
- Instruments

THE DENTAL
SOLUTIONS
COMPANY™

 **Dentsply
Sirona**

Following a simpler path from prep to crown

By Dr Carlos Eduardo Sabrosa, Brazil

Indirect restorative procedures can be time-consuming and complicated: many different processes from impression taking to cementation are carried out in the dental office, and in each of them, different strategies may lead to success.

However, some of the available materials and techniques will involve a lot of effort, while others enable users to proceed quickly and simplify the complete procedure. A simplified workflow from prep to crown that really makes life easier for the dental practitioner is described below.



Fig. 1: Initial situation. The failed composite restoration covering a large part of the left mandibular first molar's occlusal surface needs to be replaced.



Fig. 2: Due to the size of the restoration, the amount of remaining tooth structure might not be sufficient to ensure the required stability for a direct composite restoration.



Fig. 3: Upon removal of the old filling, it becomes clear that a crown is needed to ensure the required stability. The tooth is built up with 3M™ Filtek™ Bulk Fill Posterior Restorative, which may be placed in conjunction with 3M™ Single Bond Universal Adhesive and in increments of up to 5 mm.



Fig. 4: Following tooth preparation, a temporary crown is produced chairside with 3M™ Protemp™ 4 Temporization Material. This material exhibits a high strength and a natural gloss without polishing.



Fig. 5: One week after the preparation procedure, healthy soft tissue conditions are obtained. They lay the foundation for a high-quality precision impression.



Fig. 6: In order to allow for a detailed capture of the preparation margin, the gingival tissues are retracted using the double-cord technique. Alternatively, a single cord may be applied in combination with 3M™ Astringent Retraction Paste.

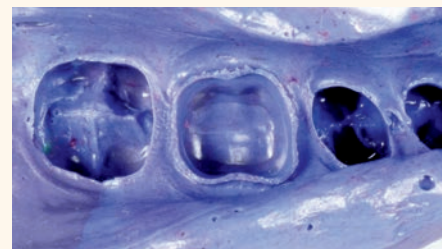


Fig. 7: Monophase impression taken with 3M™ Impregum™ Penta™ Soft Polyether Impression Material. A very detailed representation of the preparation margin is obtained with this simple technique.



Fig. 8: Situation at intraoral try-in of the crown. It is made of a 3M™ Lava™ Zirconia coping and an IPS e.max® Ceram (Ivoclar Vivadent) porcelain layer. Ideal intraoral conditions (smooth margins, healthy tissues) are visible.



Fig. 9: Sandblasting of the crown's intaglio surface to create a microretentive surface structure that is beneficial for cementation. This procedure is recommended for oxide ceramic materials.



Fig. 10: Application of self-adhesive resin cement* into the crown. This proven product offers a simplified procedure since it eliminates the need for separate etching, priming and bonding.



Fig. 11: Situation after crown placement, removal of the excess cement and thorough cleaning. The crown blends nicely with the surrounding tooth structure.



Fig. 12: At the check-up several days after crown placement, a great overall picture is obtained. The patient is happy with the final restoration in terms of aesthetics and function.

Comments

The described patient case shows that it is possible to significantly reduce the number of working steps in an indirect restorative procedure. In this way, potential sources of error are eliminated and chair-time is decreased. Key to success is the use of innovative, high-quality materials that offer ease of use and lead to increased efficiency in the dental office. These include the above-mentioned monophase impression material, the bulk fill composite, the temporization material that does not require polishing and the self-adhesive resin cement all offered by a single manufacturer.

*Relyx™ U200 self-adhesive resin cement in the MEA Region



Dr Carlos Eduardo Sabrosa, Rio de Janeiro, Brazil

Dr. Sabrosa is an Associate Professor at the State University of Rio de Janeiro Dental School. He received his DDS in 1992 from the State University of Rio de Janeiro Dental School and the Clinical Advanced Graduate Studies (CAGS) in Prosthodontics from Boston University Goldman School of Dental Medicine in 1996. He earned the Steven Gordon Research/Clinical Award in 1995 and 1996 and the Tylman Research Grant Award in 1993 from the American College of Prosthodontics. Dr. Sabrosa also received his MSD and DScD in Prosthodontics/Biomaterials from Boston University Goldman School of Dental Medicine in 1997 and 1999 consecutively. He has a private practice, focused in Oral Rehabilitation and Implantology, in Leblon, Rio de Janeiro, Brazil.

3M Oral Care at SDS

By 3M

3M Oral Care participated in the Saudi International Dental Conference from 9-11 Jan 2017 held at the Riyadh International Convention and Exhibition Center.

3M's presence at the Conference & Exhibition was through a specially designed booth with designated areas for customer hospitality, product displays and 3D holograms.

It was the first time that the "Virtual Reality Experience" was introduced in any Dental Conference in the Kingdom. The experience took the customer inside a virtual Oral Cavity where he could see a Class II restorative procedure being done using 3M™ Filtek™ Bulk Fill Posterior Restorative, Single Bond Universal Adhesive and Sof-Lex™ Diamond Polishing system.

3M Oral Care displayed the complete

range of products which is loved by millions of customers worldwide. These specifically included products such as Filtek™ Z350 XT Universal Restorative, Filtek™ Bulk Fill Posterior, Ketac™ Molar Glassionomer, Relyx™ U200 Self-Adhesive Cement, Relyx™ Fiber Post 3D, Clarity™ Advanced brackets, and APC™ Flash Free systems to name a few.

3M core products like Single Bond Universal, Relyx™ Cement portfo-

lio, Penta™ Impression portfolio, Temporization portfolio including Protemp™ 4, Stainless Steel Crowns, Pedo Strip Crowns and the Orthodontic portfolio including Victory™ Series Brackets, TADS and Incognito™ were also on display at the booth.

3M also invited renowned speaker Dr. Federico Ferraris from Italy to give a lecture and workshop during the SIDC. The lecture, titled 'Compos-

ite vs Ceramic' attracted a large number of visitors during the conference. The workshop was conducted on the premises of King Saud University and was attended by 28 eager learners. [D11](#)

3M Saudi Arabia

Zone C2, Bldg. 24-25
Business Gate, Airport Road Riyadh 11485
Kingdom of Saudi Arabia
Tel: +966 1 4650052



3M Science.
Applied to Life.™

3M™ RelyX™ U200 Self-Adhesive
Resin Cement



Cements:
Self Adhesive

Long-Term
Performer:
Cement

All-around reliability.



The world's most clinically proven self-adhesive resin cement

For simplicity, convenience and reliability, 3M™ RelyX™ U200 Self-Adhesive Resin Cement is your “go-to” product for a wide range of indications. Thanks to the dual-cure, self-adhesive chemistry, U200 cement delivers high adhesion, resistance to discoloration, long-term stability and more.

Ideal for:

General cementation, oxide ceramic restorations, posts and bridges

www.3MGulf.com/espe

HeraCeram® Zirkonia 750



The "cool" solution for LiSi and zirconia

By Kulzer

Why use two ceramics when all you need is one?

HeraCeram Zirkonia 750. One ceramic for every type of zirconia and lithium disilicate restoration. HC Zirkonia 750 stands out with its unique and revolutionary adhesive, ultrafine particle size, highly extended gingival range, and increased shade selection. And it's now more antagonist-friendly due to increased density, ensuring long-lasting and unrivalled natural looking restorations.

There are no limits!

HeraCeram Zirkonia 750 has all the aesthetic and professional resources you need to recreate nature on all-ceramic frames. It offers an impressive new range of chroma dentines, our unique Adhesive 750 with increased wettability, and the largest range of gingiva shades currently available. You now have the resources to deliver simple everyday restorations, as well as finely detailed and high-end individualised restorations of supreme quality – with a single ce-

ramic for all ceramic frames (CTE of 10.2 to 10.5 µm/mK).

For more information take a look at our HeraCeram® Zirkonia 750 Productinformation in the Download-page.

The advantages at a glance:

- One ceramic for all types of zirconia and lithium disilicate
- Adhesive 750. Our unique single bonding strategy.
- Ultrafine particle size. Elevated surface smoothness and density.
- Impressive range of chroma dentines ensuring shade accuracy
- Low temperature firing. No chance of warpage or discoloration **DT**

Aboubakr Eliwa

Area Manager Middle East
P: +97 (1) 4 294 35 62 (Office)
F: +97 (1) 4 294 35 63
M: +97 (1) 56506 89 76
E: aboubakr.elywa@kulzer-dental.com
W: www.kulzer.com

HeraCeram® Zirkonia 750
The "cool" solution for LiSi and zirconia.

Giving a hand to oral health.

Class II DO on Second Bicuspoid. Case Study

By Dr. Enrico Cogo, Italy

3D rings are the real topic of Garrison's systems. The "v" shape of a ring that fits in the interproximal area allows a good fit between the cavity margins and the matrix in the buccal and palatal walls. This results in easier positioning of the composite masses close to the cavity margins, and final remodeling (usually necessary at the time of removal of the matrix) will be very minimal.

The rings also permit a divergence of the interproximal dental elements, which causes a great point of contact.

Garrison systems make second class restorations more simple and more predictable and also reduce the operating time of the finishes when the matrix is taken off. **DT**



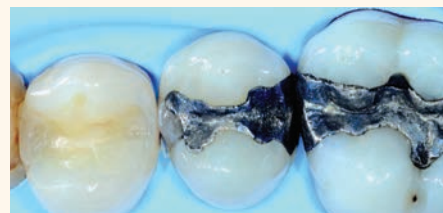
Dr Enrico Cogo DDS

Dr. Cogo graduated from the University of Ferrara, Italy with a degree in Dentistry in 2005. Since 2006, he has been a visiting professor at the Dental School of the University of Ferrara. Dr. Cogo is also a frequent

speaker at courses and conferences on dental bleaching and esthetics, as well as direct and indirect adhesive restorations. He is the author of several scientific articles in national and international journals, and with his associates, Pietro Sibilla and Roberto Turrini, wrote the book "Sbiancamento dentale: metodi per il successo," edited by Quintessenza Edizioni and translated into German. Dr Cogo also has private practices in Legnago (Verona), Ferrara, Goito (Mantova) and San Giuseppe (Ferrara).



Pre-op situation. Patient needs to replace an old amalgam restoration on 1.5.



Dental elements are isolated with rubber dam to avoid contamination of the area and improve visibility.



Picture of the cavity after removing the amalgam restoration and after performing the cleaning of cavity.



After finishing of the cavity, a sectional matrix Composit-Tight 4.6 mm, a wooden wedge and 3D XR ring are placed. The ring is placed on the wedge and causes a slight divergence which will result in an excellent point of contact at the end of the restoration.



Situation after removing ring, matrix and wedge. Good position of the matrix and the use of an adequate ring allows minimum interproximal finishing at the end of the stratification.



Post-op view after polishing and check occlusion. A good contact area is performed between elements 1.5 and 1.6.

we're providing with a passionate commitment
esteemed medical solutions
to health care professionals

3D Fusion composit-tight
Garrison
Dental Solutions

VIP Posterior - OLIDENT

Loupes - UNIVET

22nd UAE International
Dental Conference & Arab
Dental Exhibition
AEEEDC DUBAI

06 - 08
February, 2018
Dubai International
Convention & Exhibition
Centre

Visit SWAN at AEEEDC Hall 3, Booth 3A14

SWAN | Dubai - United Arab Emirates
www.swanmedsupply.com | info@swanmedsupply.com
+971-5285-38713 | +971-43-699059

EYE OPENING

Stellaris 3D

Superior CBCT for every indication

- Ready for Every Diagnosis
- Compact and Modern
- Power of Touch



Find out more on
www.fonadental.com

**FONA**
CLOSER TO YOU

SDR® Plus – The only bulk-fill material with multiple years of clinical success

By Dentsply Sirona

In 2009, SDR® was the first technology that allowed 4mm bulk placement in flowable consistency, providing an unmatched combination of consistency, excellent cavity adaptation, unique self-leveling and minimal shrinkage stress. Now, with the introduction of SDR® Plus, all the benefits of the SDR® technology remains plus expanded indications, more shades, improved wear resistance and increased radiopacity. While making Class I and Class II restorations faster and easier, the SDR® technology in SDR® Plus material still provides excellent long-term reliability in several 5- and 6-year clinical studies. In fact, the long-term survival rates of bulk fill restorations with SDR® technology proved to be equivalent to those of restorations done in the conventional layering technique, highlighting SDR® Plus as a quality and durable filling material.

Split mouth studies by J.W.V van Dijken and U. Pallesen^{1,2}

During the 6-year follow-up, a total of 98 Class I and Class II restorations were evaluated at recall. 49 using SDR® and ceram.x® SphereTEC™ in the bulk-fill technique against the same number using just ceram.



SDR® Plus

x® SphereTEC™ composite in the layering technique. The observers concluded that SDR® was clinically safe, gave highly acceptable clinical durability, and noted that the clinical performance and failure rate was equivalent to conventional layering (3 failures in both test and control group).

During the 5-year follow-up, a total of 183 Class I and Class II restorations were evaluated at recall. 92 using SDR® and ceram.x® SphereTEC™

in the bulk-fill technique against 91 using just ceram.x® SphereTEC™ composite in the layering technique. The observers concluded that both restorative techniques showed good surface, marginal stability and colour stability. They also mentioned that there was no statistically different annual failure rates between the bulk-fill and layering technique, and all restorations successfully resulted in no post-operative sensitivities.

“The use of a 4mm incremental technique with the flowable bulk-fill resin composite showed during the 5-year follow up slightly better, but not statistically significant, compared to the conventional 2mm layering technique in posterior resin composite restorations.”²

36 month clinical trial results by J. Burgess and C. Munoz³

The initial study entailed 170 restorations where SDR® was bulk filled in increments of 4mm and then capped using Dentsply Sirona's now discontinued composite material Esthet-X® HD. Since the beginning of the trial the restorations have been individually evaluated at 12, 24 and 36 months. At each evaluation the parameters for assessment were fracture and surface defect, proximal contact, recurrent caries, sensitivity and gingival index. We are pleased to announce that the key findings of the clinical evaluation were as follows:

- There were no failures attributable to SDR®.
- Acceptable performance with respect to safety and efficacy after 3 years.
- No post-operations have been re-

ported related to SDR®.

- No recurrent caries associated with SDR®.
- No reports of adverse events.
- No adverse effects on the gingiva in contact with SDR®.

“There were no observations of recurrent caries associated with the low stress resin and no reports of adverse events throughout the duration of the trial.”³

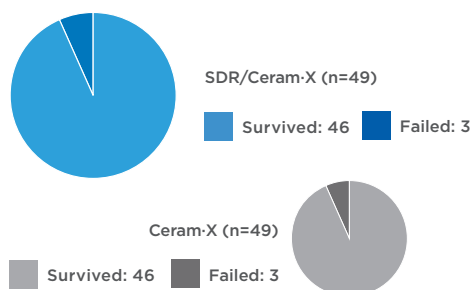
Conclusion

With more than 50 million applications since its introduction in 2009 and superior performance in clinical studies, it comes as no surprise that SDR® Plus has become the bulk fill technology of choice for the creation of reliable direct restorations. [DT](#)

For more information or to request a demo, please contact your local Dentsply Sirona representative.

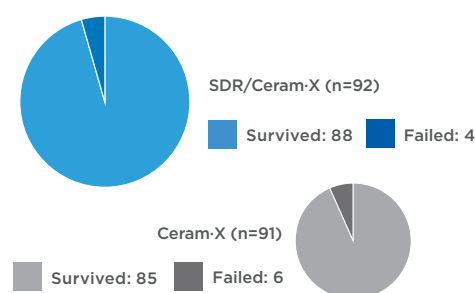
References

1. van Dijken JWV, Pallesen U, 2017: Bulk-filled posterior resin restorations based on stress-decreasing resin technology: a randomized, controlled 6-year evaluation.; Eur J Oral Sci. 2017 Aug;125(4):303-309.
2. van Dijken JWV, Pallesen U, 2016: Posterior bulk-filled resin composite restorations: A 5-year randomized controlled clinical study; J Dent 2016 Aug;51:29-35
3. Internal report #765-540 (2012-02-17); Data on file



“During the six year follow up, the bulk fill technique was proven to be a clinically safe technique; highly acceptable; clinically durable.”

Fig. 1: 6-Year Clinical data



“The use of a 4mm incremental technique with the flowable bulk-fill resin composite showed during the 5-year follow up slightly better, but not statistical significant, durability compared to the conventional 2mm layering technique in posterior resin composite restorations.”¹¹

Fig. 2: 5-Year Clinical data

Polly Rutt
Regional Marketing Leader
Regional Commercial Organisation – EOC – MEA
+971 56996 6052 (UAE)
+44 7792 156740 (UK)
polly.rutt@dentsplysirona.com
www.dentsplysirona.com

AEEDC 2018
06.- 08. 02. 2018
Dubai/ UAE
Booth: 7F10

PROMEDICA

Highest quality made in Germany

Medicem
Glass ionomer luting cement

- High level of adhesion
- Highly biocompatible, low acidity
- Continuous fluoride release
- Precision due to micro- fine film thickness
- Translucency for an aesthetic result

Medifil
Glass Ionomer Filling Cement

- For fillings of classe I, III and IV
- Excellent biocompatibility and low acidity
- High compressive strength
- No temperature rise during setting
- Enamel-like translucency
- Excellent radiopacity
- Stable and abrasion resistant

Composan LCM
Light-curing micro-hybrid composite

- Applicable for various indications and all cavity classes
- High translucency and a perfect colour adaption
- Polishable to a high gloss
- Excellent physical properties for durable fillings
- High filler content
- Packable consistency (also available as Composan LCM flow)

PROMEDICA
Dental Material GmbH
24537 Neumünster / Germany
Tel. +49 43 21 / 5 41 73
Fax +49 43 21 / 5 19 08
eMail info@promedica.de
Internet www.promedica.de

Visit www.promedica.de to see all our products

ACCEPTING APPLICATIONS NOW

HAMDAN BIN MOHAMMED COLLEGE OF DENTAL MEDICINE



MASTER OF SCIENCE in:
ORTHODONTICS
PEDIATRIC DENTISTRY
PROSTHODONTICS
ENDODONTICS

CURRICULUM



Didactic
25%



Clinical
60%



Research
15%

- Graduates recognized as specialists in the UAE
- Digital learning lab
- International academic faculty
- Dedicated medical library
- Fully equipped research labs
- Residents eligible to take the membership exam of Royal College of Surgeons of Edinburgh and Royal College of Surgeons in Ireland
- Accredited by the Ministry of Education



For more details, visit www.mbruniversity.ac.ae
or email us at: admissions@mbru.ac.ae



جامعة محمد بن راشد
للطب و العلوم الصحية
MOHAMMED BIN RASHID UNIVERSITY
OF MEDICINE AND HEALTH SCIENCES

Located in Dubai Healthcare City – the largest healthcare freezone in the world