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Dr Waqas given
LCCI Award

NEWS

► Page 2



Digitising your
implant practice

CLINICAL IMPLANTOLOGY

► Page 6



Combined
CAD/CAM-assisted
treatment ...

ESTHETIC DENTISTRY

► Page 8

FDI 2018

Reduced Registration for Pakistani Delegates

DT Pakistan Report

BUENOS AIRES - The organizing committee of the FDI World Dental Congress (WDC) in Buenos Aires from 5-8 September 2018, has extended reduced registrations for groups from Pakistan. The WDC is back in Buenos Aires after 30 years and delegates colleagues from all over the world will witness the pinnacle of oral health.

FDI and the Confederación Odontológica de la República Argentina (CORA) have jointly developed a scientific programme, with lectures by the world-renowned speakers in English and Spanish.

The WDC will be held at the La Rural Congress Centre. La Rural has been a cultural landmark for Buenos Aires and Argentina for many years because it is the centre of the Rural



Show, a very well-known cultural event that takes place every August.

FDI has extended special registration package for Delegates from Pakistan provided registration is done through Dental News as a group. All registrations need to be done from Dental News platform with collective payment.

Buenos Aires, the capital of Argentina is a vibrant metropolis, home to some 4 million people in the

center and 16 million in the metropolitan area, eye-catching architecture both old and new, and a sizzling arts and cultural scene. The city is a major commercial, financial and political centre for Latin America and an important business meeting point; it is ranked by the International Congress & Conventions Association (ICCA) as the No. 1 city in all of the South America for international meetings.

DIGITALIZING THE DENTAL WORLD

The International Dental Show (IDS) '19

The digital world around us, is constantly expanding, creating numerous opportunities for dentists and dental practices, all over the world.

The International Dental Show (IDS) is to be held on 12 - 16 March 2019 in Cologne, Germany. This show will be presenting the state-of-the-art technology to enhance



one's practice by implementing new innovations. IDS will be presenting an entire palette of options to the visitors and will lay out the basis for well-founded investment decisions.

IDS takes place in Cologne every two years, and is organized by the GFDI Gesellschaft zur Förderung der Dental-Industrie mbH, the

Continued on Page 14

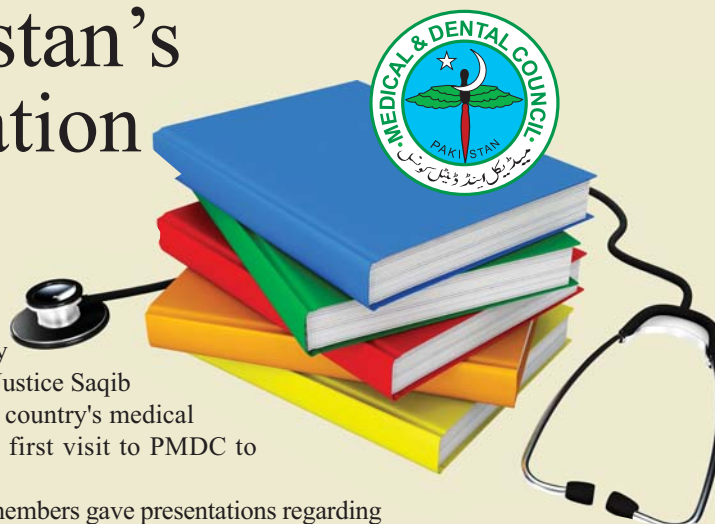
Quality of Pakistan's medical education under scrutiny

DT Pakistan Report

ISLAMABAD - Pakistan Medical and Dental Council (PMDC) was recently visited by the Chief Justice of Pakistan, Justice Saqib Nisar and discussed the shortcomings of our country's medical education system. This was Chief Justice's first visit to PMDC to review its performances.

President PMDC and other ad-hoc council members gave presentations regarding the council's work and progress, till date. The CJP appreciated the efforts and did show satisfaction. He also emphasized upon the importance of PMDC as it is Pakistan's apex regulatory body that runs our health care system, education and training system of medical and dental institutions. He spoke to the officials regarding enhancing the quality of medical education to produce well trained doctors.

This year during the month of January, the Supreme Court of Pakistan disbanded its governing council, and formed an ad hoc council to run affairs of the regulator of medical education, chaired by retired Justice Mian Shakirullah Jan. A number of private medical and dental colleges challenged PMDC's set up, claiming that it was illegal and is functioning unlawfully because it was created under the PMDC (Amendment) Ordinance 2015 and that the law has already been lapsed.



HEC gets new chairperson

DT Pakistan Report

ISLAMABAD - Prime Minister Shahid Khaqan

Abbasi, recently appointed educationist Dr. Tariq Banuri, as the new chairman of the Higher Education



Commission (HEC). He was welcomed by Dr. Arshad Ali, Executive Director HEC, Senior Management and employees of HEC.

Dr. Tariq Banuri, former Professor of University of Utah, holds a PhD in Economics from Harvard University. He acquired his masters in Development Economics from Williams College after completing his bachelors in Civil Engineering from University of Peshawar.

Continued on Page 14

Pakistan Shines at 40th Asia Pacific Dental Congress, held in Manila, Philippine

DT Pakistan Report

MANILA, PHILIPPINE - The 40th Asia Pacific Dental Congress and 109th Philippine Dental Association Annual Convention and Scientific Meeting was held in Manila's SMX Convention Center, from 7th to 11th May 2018. This international congress was meant for dental practitioners, researchers and allied health professionals, to come together under a single roof, and discuss the rapid advancements in the field of dentistry. This educational program included various esteemed regional and international expert speakers, who dissertated regarding the innovations and breakthroughs in Dentistry, such as Laser, Esthetic, Digital and Implant Dentistry. It was an honor to witness Pakistan being a part of this dynamic scientific program. Assistant Professor, Dr. Syed Hammad Hassan (Prosthodontics), represented Army Medical College, National University of Medical Sciences, Rawalpindi, Pakistan at the symposium. He presented a comprehensive lecture based on Implant Dentistry; his topic being, 'The Effect Of Platform Switching On Peri-Implant Bone By Varying The Extent Of Implant Abutment Diameter Mismatch.' Dr. Syed Hammad discussed all the scientific and technical aspects and enlightened everyone with his expert views.



Dr Waqas given LCCI Award

DT Pakistan Report

LAHORE - The 'LCCI Achievement Awards, 2018' held in Lahore, to acknowledge the role of our country's business oriented communities that are aiding in Pakistan's economic development.

Guest of honour on the occasion was former Prime Minister Shahid Khaqan Abbasi, who stated that, business community is the economic force of the country and its role is crucial for prosperous progression of the Pakistan.

He further added that, the Government is taking various measures to bring the economy back on the rail. The continuous support and co-operation extended by the business community have significantly improved the health of official revenues. Former Prime Minister Shahid Khaqan Abbasi, distributed the Achievement Awards amongst the winners, belonging to different business backgrounds.

Mr. Fawad Rana of Lahore Qalandars Cricket team, received the award of Pride of Lahore, Mr. Aqib Javed of Lahore Qalandars received the LCCI Gold Medal Appreciation Award.

Mr. Qudratullah of Qudratullah and Co, Mr. Iftikhar Hussain of Ishtiaq Steel and Mr. M Afzal of Delta Packaging received the LCCI Gold Medal.

Mr. Shahzaib Akram of Mass Pharma, Ms. Qurat ul Ain Irfan of Pacific Pharmaceuticals, Dr. Sohail Mukhtar Ahmed of Ahmed Medix, Dr. Khalid Hameed of Tara Crop Sciences, Mr. Qais Rahman of Kalamkaar, Mian Muhammad Kaleem of Al-Tech Engineering and Manufacturers, Muhammad Shafiq of Bao Brother, Mr. Ahmad Irfan of Electro Tech Trading Co,



Former Prime Minister of Pakistan Shahid Khaqan Abbasi presenting Achievement Award to Dr. Waqas Wahab, Country Head of ClearPath Orthodontics Pvt Ltd.

Continued on Page 14

FDI's Travel Grant '18 for Prof. Fazal Ghani

DT Pakistan Report

PAKISTAN - Professor Dr. Fazal Ghani, Head of Prosthodontics Department, Dean Postgraduate Dental Sciences and Coordinator International, Peshawar Dental College (Pakistan), an elective candidate for the position of a member of the FDI Standing Committee on Science, has been awarded with a travel grant by the FDI Membership Liaison and Support Committee. This grant enables Prof. Dr. Ghani to attend 2018's FDI Congress and General Assembly, in Buenos Aires Argentina. All expenses in regards to travelling will be refunded and one week's accommodation will be taken care of by the FDI, in addition to free attendance in the Congress.



As beneficiary, Prof Ghani will have access to attending various events including the FDI business and regular meetings, the Open Forum 1, 2 & 3, General Assembly A & B, NLO Forum, Membership Liaison and Support Committee Meeting, Asia Pacific Regional Organization Meeting, World Oral Health Forum, Women Dentists Worldwide Forum and World Oral Health Day Launch.

In accordance with FDI General Assembly's Travel Grant, Prof. Ghani will have to prepare reports for the FDI Head Office in Geneva, Switzerland, based on all business meetings he attends. Those reports will serve as an overall review and shall aid in implementing further improvements. They will also help in learning and identifying various strategies and activities for benefitting the oral health system within Pakistan, through involvement of our regional and global health forums and country's various dental associations.

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References: 1. Collins LMC, Dawes C. *J Dent Res.* 1987;66:1300-1302. 2. Fine DH, Sreenivasan PK, McKiernan M, et al. *J Clin Periodontol.* 2012;39:1056-1064. 3. Data on file. Data analysis from reference 2: analysis of antimicrobial effect of 3 toothpastes on teeth, tongue, cheeks and gums. Reductions shown represent ≥ 50% bacterial reduction on 100% of mouth surfaces.



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National Dental Association to meet July 22-26 in Atlanta



The National Dental Association (NDA) will hold its 103rd Annual Convention from July 22 to 26 at the Atlanta Marriott Marquis in Atlanta. The meeting features timely continuing education classes, a broad mix of speakers, various special events and an abundance of networking opportunities. A product and resource center will feature show-special discounts and door prizes.

Among the meeting's many highlights, at the NDA Presidents' Luncheon on Sunday, July 24, two winning NDA chapters will each receive an engraved plaque and \$1,000 awards through the Colgate Bright Smiles, Bright Futures competition. For the 24th year, Colgate and the NDA will recognize NDA chapters for their outstanding contributions to community outreach and oral health scholarships.

This year's NDA convention will provide a wide variety of scientific sessions with something for everyone. Subject matter experts will provide attendees with successful methods to

optimize access and deliver comprehensive patient care, achieve health equity and improve total patient health; increase productivity and grow small businesses in underserved communities; understand the complexities and successfully navigate dental Medicaid programs; and advocate for policy and influence/reform laws that directly impact vulnerable populations and the providers that care for them.

And, of course, there will be some opportunities to explore Atlanta, with the Atlanta Marriott Marquis located in the heart of downtown and just steps away from some of the city's most popular attractions, such as: the Georgia Aquarium, World of Coca-Cola, Fernbank Museum of Natural History, Stone Mountain Park and Centennial Olympic Park.

NDA-HEALTH NOW

Also in conjunction with the convention, NDA will launch its signature program NDA-HEALTH NOW on Thursday, July 21, at the Andrew & Walter Young Family

Continued on page 14

High schoolers can smile while exploring dental careers at summer camp in Maine



PORTLAND, MAINE, USA - With the official start of summer this week, many high school students have shifted gears from school studies to summer camp. But not all set their sights on traditional camp activities like swimming, fishing or arts & crafts. In fact, 20 teen-agers in Maine and New Hampshire have chosen to "open wide" to an innovative and interesting alternative.

The University of New England's third annual "Dental Careers Exploration Camp" is taking place Sunday, June 24, through Tuesday, June 26, on UNE's Portland Campus. Students hail from the Maine towns of Norway, Saco, Ashland, Chebeague Island, Fort Fairfield, Berwick, North Berwick, Lisbon, Wade, Cape Elizabeth, Kennebunk, Holden and Fort Kent, and from New Hampshire's Pelham and Lisbon communities.

On Monday, June 25, the high schoolers will get hands-on exposure to various dental techniques in a clinical setting on a patient simulator, including drilling and filling teeth. On the morning of Tuesday, June 26, students will job shadow at dental offices in the area.

"The need for increased access to dental care in Maine is great," said James Koelbl, dean of UNE's College of Dental Medicine, scheduled to open in the fall of 2013. "We hope this camp will inspire our next generation of dentists. Forty-one percent of Maine's dentists are 55 years or older, and the American Dental Education Association has forecasted that in five years, more dentists will be retiring from the work force than graduating from school."

Time Warner Cable is among this year's sponsors, as part of the company's Connect a Million Minds philanthropic initiative to encourage young people to pursue careers in science, technology, engineering and math (STEM).

"We share a commitment with UNE to inspire the next generation of scientists, innovators and problem solvers," said Paul S. Schonewolf, Time Warner Cable's area vice president of operations. "UNE's dental camp is a great way for young people to discover their potential for careers in science and technology as well as help address an issue of critical importance in Maine – the acute shortage of dentists."

- DT America

Pakistan represented at the AAO

PESHAWAR - It is a moment of great pride and honor in terms of International recognition, as Dr. Sohrab Shaheed from Rehman College of Dentistry, Peshawar, represented Pakistan's Orthodontic Fraternity at the American Association of Orthodontics' 118th Annual session.

This program was held from 4th to 8th May, in Washington DC. The title of Dr. Sohrab's Oral

presentation was based on the "Effect of Sodium Hypochlorite pretreatment of Enamel on Bond Failure Rate of Brackets Bonded with Resin Modified Glass ionomer Cement: A Randomized Trial."

Dr. Sohrab Shaheed is currently working as an Associate Professor and Head of Orthodontic Department at Rehman College of Dentistry, Peshawar. -PR





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Digitising your implant practice

By Dr Ross Cutts

Undoubtedly, digital dentistry is the current topic. Over the last five years, the entire digital workflow has progressed in leaps and bounds. There are so many different digital applications that it is sometimes difficult to keep up with all the advances. Many dentists are excited about the advantages of new technologies, but there are an equal number who doubt that the improved clinical workflow justifies the expense.

I have many times heard the argument that there is no need to try to fix something that is not broken. It is so true that impressions have their place and there are certainly limitations to the digital workflow

the use of CAD/ CAM technology were published online in the British Dental Journal on 18 November 2016. Over a thousand dentists were approached online to take part in the survey and the 385 who replied gave very interesting responses. The majority did not use CAD/CAM technology, and the main barriers were initial cost and a lack of perceived advantage over conventional methods.

Thirty per cent of the respondents reported being concerned about the quality of the chairside CAD/CAM restorations. This is a valid point. We must not let ourselves lose focus that our aim should always be to provide the best level of dentistry possible. For me, digital dentistry is not about a quick fix; it is about raising our performance and improving

implant solution that is durable. We have seen a massive rise in the incident of peri-implantitis and have found that a large proportion of these cases can be attributed to cement inclusion from poorly designed cement-retained restorations (Fig. 2). Even well designed fully customised abutments and crowns can have cement inclusion if the restoration is not carefully fitted (Fig. 3). This has led to a massive rise in retrievability of implant restorations, with screw-retained crowns and bridges now being the goal. However, making screw-retained prostheses places even greater emphasis on treatment planning and correct implant angulation.

With laboratories as early adopters, we have been milling titanium or

two fixtures. Intraoral scanners have improved over the last few years, and their accuracy and speed provide a viable alternative to conventional impression taking. The digital scan image comes up in real time and you can evaluate your preparation and quality of the scan on the screen immediately. Seeing the preparation blown up in size no doubt improves the technical quality of your tooth preparations. The scan can then be sent directly to the laboratory for processing.

While we do not think of intraoral scanners as being any more accurate than good-quality conventional impressions, there are many benefits of scanning, such as no more postage to be paid for impressions, vastly reduced cost of impression materials,

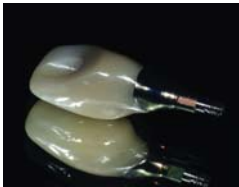


Fig. 1



Fig. 2



Fig. 3



Fig. 4



Fig. 5



Fig. 6



Fig. 7



Fig. 8



Fig. 9



Fig. 10



Fig. 11

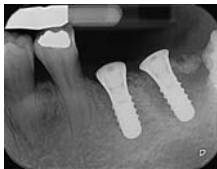


Fig. 12



Fig. 13



Fig. 14



Fig. 15



Fig. 16



Fig. 17



Fig. 18



Fig. 19

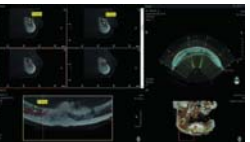


Fig. 20

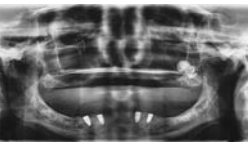


Fig. 21



Fig. 22



Fig. 23



Fig. 24



Fig. 25



Fig. 26



Fig. 27

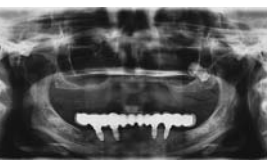


Fig. 28

that anyone using the technology should be aware of. For me, however, the benefits of digital far outweigh the disadvantages. In fact, the disadvantages are the same as with conventional techniques.

Chairside CAD/CAM single-visit restorations have been possible for over 20 years, but it was only recently that we became able to mill chairside implant crown restorations after the release of Variobase (Straumann) and similar abutments. I made my first CEREC crown (Dentsply Sirona) back in 2003 with a powdered scanner, and the difference from what I remember then to how we can make IPS e.max stained and glazed restorations (Ivoclar Vivadent) now is amazing.

An investment not an expense

The results of a survey regarding

predictability levels by reducing human error.

In the survey, 89 per cent also said they believed CAD/CAM technology had a major role to play in the future of dentistry. I really cannot imagine that once a dentist has begun using digital processes that he or she would revert to conventional techniques.

What is digital implant dentistry?

Many implant clinicians have probably been using CAD/CAM workflows without even realising it, as many laboratories were early adopters, substituting the lost-wax technique and the expense of gold for fully customised cobalt-chromium milled abutments (Fig. 1).

One of my most important goals in seeking to be a successful implantologist is to provide a dental

zirconia customised abutments for over ten years (Fig. 4). What has changed recently in the digital revolution is the rise of the intraoral scanner. We now have a workflow in which we can take a preoperative intraoral scan and combine this with a CT scan using coDiagnostiX (Dental Wings) in order to plan an implant placement accurately and safely. We can also create a surgical guide to aid in accurate implant placement, have a temporary crown prefabricated for the planned implant position and then take a final scan of the precise implant position for the final prosthesis.

Accuracy of intraoral scanners

Figures 4 to 13 show the workflow for preoperative scanning, which includes the implant design, guide fabrication and surgical placement of

almost zero re-impression rates and absolute predictability.

Of course, there are steep learning curves with the techniques, but once a clinician has learnt the workflow, there really is no looking back.

We have three different scanners in the practice: the iTero (Align Technology), the CEREC Omnicam (Dentsply Sirona) and the Straumann CARES Intraoral Scanner (Dental Wings; Fig. 14). The CEREC Omnicam is fantastic for simple chairside CAD/CAM restorations, such as IPS e.max all-ceramic restorations on Variobase abutments. For truly aesthetic results, we, of course, still have a very close working relationship with our laboratory, but, undoubtedly, patients love the option

Continued on page 14

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Combined CAD/CAM-assisted treatment, for a new, beautiful smile

By Dr Marko Ahonen

CEREC has become part of everyday life at our practice where I and three other general dentists work. We treat not only patients from the direct vicinity, but also patients from some 600 km away; indeed, these make up around 25 per cent of our client base today. Treatment in a single session is thus an important “added value” service for our patients. And that is reflected in our system’s take-up rate. As a practitioner, it is important to me not to have to compromise when it comes to restorations and, in particular, to have full control over the process at all times. That may sound trivial, but it has a major impact on the treatment itself, including the dental technology aspect, on my time management, as I can treat another patient during CAD/CAM production, and also on the cost-effectiveness of my practice. And, of course, one should not forget the high levels of patient satisfaction. Our patients couldn’t be more impressed with CEREC, especially when they realise the indications for which it can be used in implantology and orthodontics.

The very latest developments have resulted in numerous improvements in terms of the range of applications. CEREC is far more than just a system to produce crowns and bridges. For example, we also use it for orthodontic indications. Here, a guided scan and model analysis assist treatment. With regards to implantology, digital impressions and chairside production of the suprastructure enable a completely digital workflow.

En route to a “10-click crown”

The changes in the workflow are particularly evident when using the new CEREC software 4.5, which I had the chance to use during the test phase and have now been operating for four months. What stands out most is the time saved and the impressive quality of the initial proposal, with an exceptional accuracy of fit for the desired restoration. In my view, this software is paving the way to a “10-click crown”—made quickly, simply and safely. This is aided by a multitude of integrated automatic features, starting with the restoration itself—for which the software makes direct proposals—and extending to the automatic setting of the correct insertion axis. The individual steps are self-explanatory and the software works rapidly, even in the background. The intuitive software and our wealth of experience from more than 2,500

restorations are what make the system so valuable to us. I also love to share my passion for teeth with my patients, who clearly enjoy keeping track of what I am doing and why. The case described as follows is an apt example of precisely this.

Stronger together!

A female patient (43 years old) came to us with a rather unusual problem: she experienced discomfort when talking, and it also appeared as if she was edentulous. Her upper lip was thin and shortened; she appeared significantly older than her years. This was due to abraded anterior and posterior teeth caused by severe bruxism (Figs. 1 and 2).

Following a detailed consultation, it was decided that the patient would firstly undergo short orthodontic treatment. Due to the abrasion, both maxillary and mandibular incisors were compensatory overerupted. This creates a situation where all teeth and gingiva moves. In order to correct this kind of situation.

We first have to intrude the incisors. This leads to a situation before the eruption and to an open bite anterior. The aim was to intrude the incisors to their original position and to create space for no-prep veneers. The second goal was to add as much upper lip support as possible. This can be then corrected with no-prep veneers.

In the first stage, a scan of the complete jaw was performed using the CEREC Ortho software and the CEREC Omnicam. This formed the basis for creating the therapeutic aligners for intrusion in the maxilla and mandible in order to correct the bite (Fig. 3).

The patient wore Invisalign aligners for nine months. This created ideal gingival harmony and sufficient space to place no-prep veneers on the anterior teeth (Fig. 4).

It proved very simple to produce the veneers with the new CEREC software 4.5. The complete scan had a very positive impact on the quality of the initial proposal, enabling the software to use several teeth as a reference for the initial proposal. In line with expectations, a first-class proposal was produced for the desired restoration as previously configured. We provided the patient with a total of six veneers (13 to 23) in the maxilla in a single visit. The shape of the upper veneers was designed to maximise upper lip support.

We also orthodontically modified the position of the teeth in the mandible in order to prepare teeth 32



Fig. 1: Initial situation



Fig. 2: Considerably shortened tooth crowns due to bruxism.



Fig. 3: Clinical situation initially. Worn anterior dentition and compensatory overeruption.



Fig. 4: Clinical situation after nine months of clear aligner therapy. Total of 2 mm of intrusion was achieved.



Fig. 5: Result after nine months of orthodontic treatment.



Fig. 6: ...and after placement of the veneers in the maxilla.



Fig. 7: Preparing the mandible for the veneers.



Fig. 8: Veneers produced chairside prior to fitting.



Fig. 9: Image after fitting the veneers.



Fig. 10: Perfect adaptation of the veneers with optimal margin design.



Fig. 11: Final appearance on lip rest position showing good amount of tooth structure.



Fig. 12: Good support for the upper lip.

to 42 for veneers. The no-prep veneers were produced chairside from e.max blocks using extra-fine milling tools and were 0.2 to 1 mm thick (we use both CEREC zirconia and CERASMART in our practice). The margins were designed optimally thanks to the new software-controlled milling algorithms.

This meant no corrections at all were required; adaptation to the natural teeth was immediate and created a highly attractive result.

We were fascinated by the accuracy of the fit. Adaptation is especially good in the lingual area; the interface

between the natural tooth and ceramic is barely visible. This is ultimately what we had hoped to achieve.

For enhanced quality of life

Our approach of starting out with orthodontic correction enabled us to greatly influence the overall visual impression of the patient’s face. Following treatment, the patient appeared younger; the teeth can now be seen when the patient talks, and the upper lip is well supported by the teeth. For us, this meant an ideal result after nine months without compromises; for the patient it meant a greatly improved quality of life. - DT Finland

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