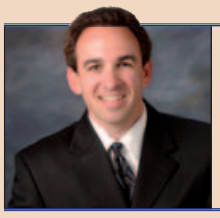
DENTAL TRIBUNE

The World's Dental Newspaper · Asia Pacific Edition

PUBLISHED IN HONG KONG www.dental-tribune.asia NO. 10 VOL. 7



Online reputation
Dr Lavine on web reviews and why they are important
Pages 10

Early cancer diagnosis
The keys to identify oral mucosal lesions
Pages 16

Fluoride toothpaste
The search for an effective utilisation formula
Pages 23

Experts discuss future of implantology in Gothenburg

First Brånemark Symposium draws over 200 dental professionals to Sweden

GOTHENBURG, Sweden/LEIPZIG, Germany: Professor Per-Ingvar Brånemark from Sweden has urged dentist worldwide to refocus on their patients' needs. Despite the recent developments in oral and maxillofacial reconstruction, the field should focus on the development of simple and affordable solutions rather than following commercial interests, he told *Dental Tribune Asia Pacific* during an exclusive interview at the first P-I Brånemark Symposium in Gothenburg last week.

80-year old Brånemark was the first clinician to place a modern dental implant back in 1965. He also discovered the concept of osseointegration, which had a huge impact on oral rehabilitation and other clinical disciplines such as orthopaedics.

Dr Daniel van Steenberghe addressing delegates at the P-I Brånemark Symposium. (DTI/Photo Daniel Zimmermann)

The P-I Brånemark Symposium, which is supported by dental heavyweight Nobel Biocare, is supposed to be the first in a number of interdisciplinary events focusing on issues like the quality of life, economics and ethics in regard to oral rehabilitation. The symposium drew over 250 international scientist and dental experts, among them doctors from Australia, China and India, to Gothenburg in order to met and discuss the latest concepts and developments in oral and maxillo-facial reconstruction including the latest advancements in implant surfaces, bone augmentation, as well as imaging and CAD/CAM-based prosthetics. New studies revealing promising satisfaction figures among patients that received treatment with dental implants were also presented.

"Osseointegration has been the major breakthrough in 20th century oral rehabilitation and brought together clinicians from different disciplines who otherwise may not have met," said Dr Daniel van Steenberghe, Belgium, Scientific Chairman of the Symposium. "The purpose of this meeting is to enhance this cooperation for the sake of the patient."

According to latest industry figures, the worldwide market volume for dental implants was US$700 million in 2008. Industry experts say that this volume is expected to increase further due to lower delivery costs and better long-term clinical results. DT

Medical tourism slows down, but could recover

While the economic recession has eroded the growth rate for medical and dental tourism by approximately 13.6 per cent from 2007 to 2009, the economic recovery may help spur a sustainable 35 per cent annual growth rate for the medical tourism industry by 2010, according to a new report released by the Deloitte Center for Health Solutions in the US.

Medical tourism has experienced a significant slow down driven by consumers putting off elective medical procedures over the past two years. However, a better economy and health care reform in the US will likely propel growth in the elective outpatient market, particularly if elective cosmetic and dental procedures are not considered basic benefits, the report states. In 2009, a projected number of 648,000 Americans will travel abroad for outbound medical and dental care. DT

Minimally invasive dentistry and an interdisciplinary approach to aesthetic dentistry were recently discussed by the participants of the 6th ESCD Annual Meeting in Paris in France. (DTI/Photo Claudia Salwiczek)
INTERNATIONAL NEWS, Page 8

China rivals US in research race

A new report by Thomson Reuters has found that Chinese researchers have more than doubled their output of scientific papers in recent years and now rank second after the United States in terms of volume. In 2008, China published 112,000 papers compared to 340,000 in the US. DT

Patients in danger of zinc overdose

The US Consumer Healthcare Products Association has recently issued a national alert against the use of denture creams containing zinc. According to the organisation, exposure to excess zinc through those creams can lead to unexplained weakness, loss of sensation or other nerve symptoms. DT

Alkalines can damage teeth too

A new study from the Sahlgrenska Academy in Sweden has revealed that substances with high pH values damage enamel, a condition usually associated with acid erosion. The researchers exposed extracted teeth to a number of alkaline substances such as household degreasers and found that organic material on the surface of the tooth dissolves rapidly indicating that the organic components of the enamel are also affected, as the enamel becomes more porous.

Alkaline degreasers are mainly used in the food industry, among other things to clean professional kitchens, but are also common in the automobile care industry and to remove paint from walls and other surfaces. DT

AD

Distinguished by innovation

We shape the future of dentistry with our innovative products and systems. They distinguish us – in the field of restoratives, all-ceramics and aesthetic prosthetic solutions. A wealth of experience, great commitment and innovative ideas help us to always find the optimum solution for high-quality products that allow you to make people smile.

www.ivoclarvivadent.com

Ivoclar Vivadent AG
Bendererstr. 2 | FL-9494 Schaan | Principality of Liechtenstein
Tel. +423 / 235 35 35 | Fax +423 / 235 33 60

ivoclar vivadent
passion vision innovation

AD

UPCOMING WEBINARS

DENTAL TRIBUNE DT STUDY CLUB

ADA C·E·R·P CONTINUING EDUCATION RECOGNITION PROGRAM

DENTAL TRIBUNE AMERICA IS AN ADA CERP RECOGNIZED PROVIDER

29 NOV. 9 a.m. EST
ANNUAL DTSC SYMPOSIA AT THE GREATER N.Y. DENTAL MEETING
Various Speakers
Enjoy four days of focused, C.E.-accredited lectures in various areas of dentistry, featuring a variety of presentations on topics all led by experts in their fields.
20h CE FREE
REGISTER ON WWW.DTSTUDYCLUB.COM

08 DEC. 7 p.m. EST
SIMPLE ADVANCED TREATMENT MODALITIES FOR THE DEPENDENT PATIENT — PART II
Angie Stone, RDH, & Shirley Gutkowski, RDH
Part 2 of 3 will concentrate on what dental professionals should teach during the nursing home staff required training.
Dh 1h CE 95 USD
REGISTER ON WWW.DTSTUDYCLUB.COM

12 DEC. 10 a.m. EST
GETTING STARTED IN IMPLANTOLOGY
Various Speakers
Through a succession of Webinars, specialists provide a general overview of implantology for those interested in "getting started in" these fields.
Im 7h CE FREE
REGISTER ON WWW.DTSTUDYCLUB.COM

13 DEC. 10 a.m. EST
GETTING STARTED IN ENDODONTICS
Various Speakers
Through a succession of Webinars, specialists provide a general overview of endodontics for those interested in "getting started in" these fields.
En 7h CE FREE
REGISTER ON WWW.DTSTUDYCLUB.COM

BECOME A FREE MEMBER
WWW.DTSTUDYCLUB.COM

"Oral tissue contains a kind of powerful stem cell"

A short interview with Dr Minoru Ueda, Japan

Tissue engineering is based on the concept that the human body or parts of it can be regenerated using stem cells. Since the 1980s, several kinds of tissues and organs have been generated worldwide using cultured living cells. *Dental Tribune Asia Pacific* in cooperation with FDI's *Worldental Daily* spoke with Dr Minoru Ueda from Nagoya University in Japan about key tissue-engineering strategies and their potential for dentistry.

DTI/WDD: Dr Ueda, tissue engineering is a relatively new approach in regenerative medicine. How did it find its way into dentistry?

Dr Minoru Ueda: The basic concepts and strategies for tissue regeneration are general. To regenerate any tissue, we need stem cells, growth factors and a scaffold. In the field of dentistry, we have made much scientific progress in terms of materials, which gives us an advantage over other fields of medicine. We began with developing high-quality materials and then expanded to using stem cells.

What key tissue-engineering strategies are currently being developed for dentistry and how do they work?

The most important tissue for dentistry is bone. We are establishing technologies for bone tissue engineering and apply these clinically to implant surgery. Secondly, we are focusing on stem cell science. Oral tissue contains a kind of powerful stem cell that can be used to treat systemic diseases, such as brain infarction or heart infarction. The dental pulp stem cell is one of the most important cells derived from oral tissue.

Which dental conditions will be the first to be treated or cured by tissue engineering?

Atrophied alveolar bone and severe periodontitis.

Dr Minoru Ueda

Is it possible to reconstruct complex tissue defects made up of multiple cell types?

Yes, it is. We have succeeded in reconstructing the structures that make up periodontal tissues, which are cementum, bone and periodontal ligament in humans.

There is different legislation around the world regarding stem cell research. Could you please explain how the situation in Japan differs from other parts of the world and its effect on your research?

We can do basic research using animal cells and human stem cells, but research using embryonic stem cells (ES) and induced pluripotent stem cells (iPS) must be performed under the control of the ethical committees of each university. In order to use ES or iPS, we need special permission from our university and government. Clinical studies based on basic research also require approval from our university and government. It is actually very difficult to gain approval compared to other countries. So it is easy to conduct basic research but very difficult to conduct clinical studies in Japan.

Current debate in the field of cosmetic dentistry centres on whether dentists should be allowed to inject osteogenic cells into patients for non-dental reasons. What is your opinion on this matter?

Dentists should not be allowed to inject any cells by themselves for non-dental reasons. However, for cosmetic reasons, dentists can inject stem cells into the oral and maxillofacial areas, especially into the face because cosmetic problems such as wrinkles are not a disease. The surface structures of an implant are very important, but this is not a main factor for enhancing the living cell around the fixture.

What effect will tissue engineering have on the dental practice during the next 20 to 25 years?

Tissue engineering could provide a new treatment method for diseases that have not been treatable thus far, such as severe periodontitis and atrophied alveolar ridges. Also cosmetic therapy using tissue engineering in the oral and maxillofacial regions will become commonplace in the dental practice.

Thank you very much for the interview. DT

(This interview is published with permission by the FDI World Dental Federation.)

International Imprint

Licensing by Dental Tribune International

Publisher Torsten Oemus

Group Editor/Managing Editor DT Asia Pacific — Daniel Zimmermann, *newsroom@dental-tribune.com*, *Tel.: +49-341/4 84 74-107*

Editorial Assistant — Claudia Salwiczek, *c.salwiczek@dental-tribune.com*

Copy Editors — Sabrina Raaff, Hans Motschmann

President/CEO — Torsten Oemus
Vice President/Marketing & Sales — Peter Witteczek
Director of Finance & Controlling — Dan Wunderlich
Marketing & Sales Services — Nadine Parczyk
License Inquiries — Jörg Warschat
Accounting — Manuela Hunger
Product Manager — Bernhard Moldenhauer
Executive Producer — Gernot Meyer
Ad Production — Marius Mezger
Designer — Franziska Dachsel

International Editorial Board

Dr Nasser Barghi, Ceramics, USA
Dr Karl Behr, Endodontics, Germany
Dr George Freedman, Esthetics, Canada
Dr Howard Glazer, Cariology, USA
Prof. Dr I. Krejci, Conservative Dentistry, Switzerland
Dr Edward Lynch, Restorative, Ireland
Dr Ziv Mazor, Implantology, Israel
Prof. Dr Georg Meyer, Restorative, Germany
Prof. Dr Rudolph Slavicek, Function, Austria
Dr Marius Steigmann, Implantology, Germany

DENTAL TRIBUNE
The World's Dental Newspaper · Asia Pacific Edition

Published by Dental Tribune Asia Pacific Ltd.

© 2009, Dental Tribune International GmbH. All rights reserved.

Dental Tribune makes every effort to report clinical information and manufacturer's product news accurately, but cannot assume responsibility for the validity of product claims, or for typographical errors. The publishers also do not assume responsibility for product names or claims, or statements made by advertisers. Opinions expressed by authors are their own and may not reflect those of Dental Tribune International.

Dental Tribune International
Holbeinstr. 29, 04229, Leipzig, Germany
Tel.: +49-341/4 84 74-302 Fax: +49-341/4 84 74-173
Internet: *www.dental-tribune.com* E-mail: *info@dental-tribune.com*

Regional Offices

Asia Pacific
DT Asia Pacific Ltd.
c/o Yonto Risio Communications Ltd
Room A, 26/F, 389 King's Road, North Point, Hong Kong
Tel.: +852-3113-6177 Fax: +852-3113-6199

The Americas
Dental Tribune America, LLC
213 West 35th Street, Suite 801, New York, NY 10001, USA
Tel.: +1-212-244-7181 Fax: +1-212-224-7185

India plans to overhaul dental education system

Daniel Zimmermann
DTI

HONG KONG/LEIPZIG, Germany: The Dental Council of India has recently announced the introduction of changes to the country's deficient dental education system. According to Council President Dr Anil Kohli, who spoke to dental graduates of the Sri Ramakrishna Dental College and Hospital in Coimbatore in September, the Council will be investigating the accreditation standards for graduate and postgraduate dental courses, as well as continuing dental education and clinical fellowship programmes. Other issues such as CE recognition in India and abroad will also be reviewed.

India has the largest number of dental schools and students in the world but the quality of dental education has deteriorated recently, especially in economically under-developed areas. In addition, many graduates are forced to quit dentistry owing to limited career options.

Dr Kohli said that the implementation of the changes will take several years to complete and that they are needed to improve the quality of dentistry in the country and to attract more students from foreign countries. He also stressed the need for a national oral-health policy.

"Our own figures show that only four to five per cent of the population visit a dentist. We'll have to look at this aspect as the next frontier of dental care in India if we are going to provide fruitful employment to our fresh graduates," he added. DT

Implant group in AP goes online

Daniel Zimmermann
DTI

HONG KONG/LEIPZIG, Germany: The International Congress of Oral Implantologists (ICOI) has recently launched a new website for its members in the Asia Pacific region. The site, which offers services in English, Japanese and Chinese, is supposed to help Asian members of the ICOI to communicate with their respective offices in Shenzhen and Hong Kong, as well as to complete memberships, Fellowship, Masterships and Diplomate applications in their native language, the organisation has announced in a press release.

The ICOI currently has component societies in Korean and China and affiliate societies in Australia, Hong Kong, Taiwan, Singapore, India, Thailand, Japan and The Philippines. Approximately 2,000 implant specialists from Asia are members of the ICOI.

The organisation has also announced a new partnership with the Chinese Stomatological Association to provide better dental and implant education to dental professionals in China. Expected to be finalised at the American Lifestyles Expo in Hangzhou later this month, the initiative titled "Smile and Chewing Technology" was created to promote how dental care and implant technology could improve the quality of life of Chinese people, according to ICOI officials. It will be supported by industry giants like Johnson & Johnson, Nobel Biocare and Yoshida Dental.

Founded in 1972, the ICOI is one of the world's largest organisations for dental implantology. It also provides continuing dental implant education through a number of symposiums and workshops. The organisation also publishes *Implant Dentistry*, a publication designed to keep members abreast of the latest research and clinical concepts as well as numerous ICOI activities and those of their component and affiliate societies. DT

AD

e.max®
IPS

"e.max LITHIUM DISILICATE IS THE MOST ROBUST CERAMIC SYSTEM TESTED TO DATE."*

1,000 N*2
IPS e.max lithium disilicate

350 N*1
veneered zirconium oxide

This changes everything.

The durability of lithium disilicate glass-ceramic crowns is higher than that of veneered zirconium oxide. Lithium disilicate is therefore the material of choice for single crowns: strong, esthetic, economical. Try it yourself.

*Mouth Motion Fatigue and Durability Study
Petra C Guess, Ricardo Zavanelli, Nelson Silva and Van P Thompson, New York University, March 2009
[1] 90% failure by 100,000 cycles
[2] No failures at 1 million cycles

all ceramic all you need

www.ivoclarvivadent.com
Ivoclar Vivadent AG
Bendererstr. 2 | FL-9494 Schaan | Liechtenstein | Tel.: +423 / 235 35 35 | Fax: +423 / 235 33 60
Ivoclar Vivadent Marketing Ltd. (Liaison Office) India
503/504 Raheja Plaza | 15 B Shah Industrial Estate | Veera Desai Road, Andheri (West) | Mumbai 400 053 | India
Tel.: +91 (22) 2673 0302 | Fax: +91 (22) 2673 0301 | E-mail: info@ivoclarvivadent.firm.in
Ivoclar Vivadent Marketing Ltd. Singapore
171 Chin Swee Road | #02-01 San Centre | Singapore 169877 | Tel.: +65 6535 6775 | Fax: +65 6535 4991

ivoclar vivadent®
passion vision innovation

Dear reader,

Daniel Zimmermann
DTI

Lately, I had the opportunity to visit two major gatherings of endodontists and implantologists in Europe. After listening to a number of lectures and speaking to experts it became obvious to me that both specialties are in almost total denial of one another.

This ongoing cease fire is nothing new to dentistry but it cannot disguise the fact that one field is slowly loosing its grip, and it's not implantology. Tooth replacements have seen a remarkable upswing and are expected to gain a significant market volume of US$1 billion in the years to come. Growth rates have slowed down recently but this is due to the fact that more and more dental companies are jumping on the implant bandwagon and taking over market shares from big players like Nobel Biocare or Straumann. With the economy recovering in most parts of the world, people will also have more money in their pockets to invest in their smiles.

P-I Branemark's call to let the patient decide at the Gothenburg Symposium last week must be acknowledged but it goes out to the wrong group of people. More and more patients want aesthetic teeth and they do not care about what it takes to get there. Latest studies also reveal that by now many consider aesthetics to be more important than function.

It is up to the dentists to decide whether a tooth should be replaced or not but constantly improving treatment options and lower investments will make the choice an easy one. On top of that, a growing number of implant vendors is practicing more aggressive marketing. It seems unlikely that many dentists will resist these market calls in the long-run.

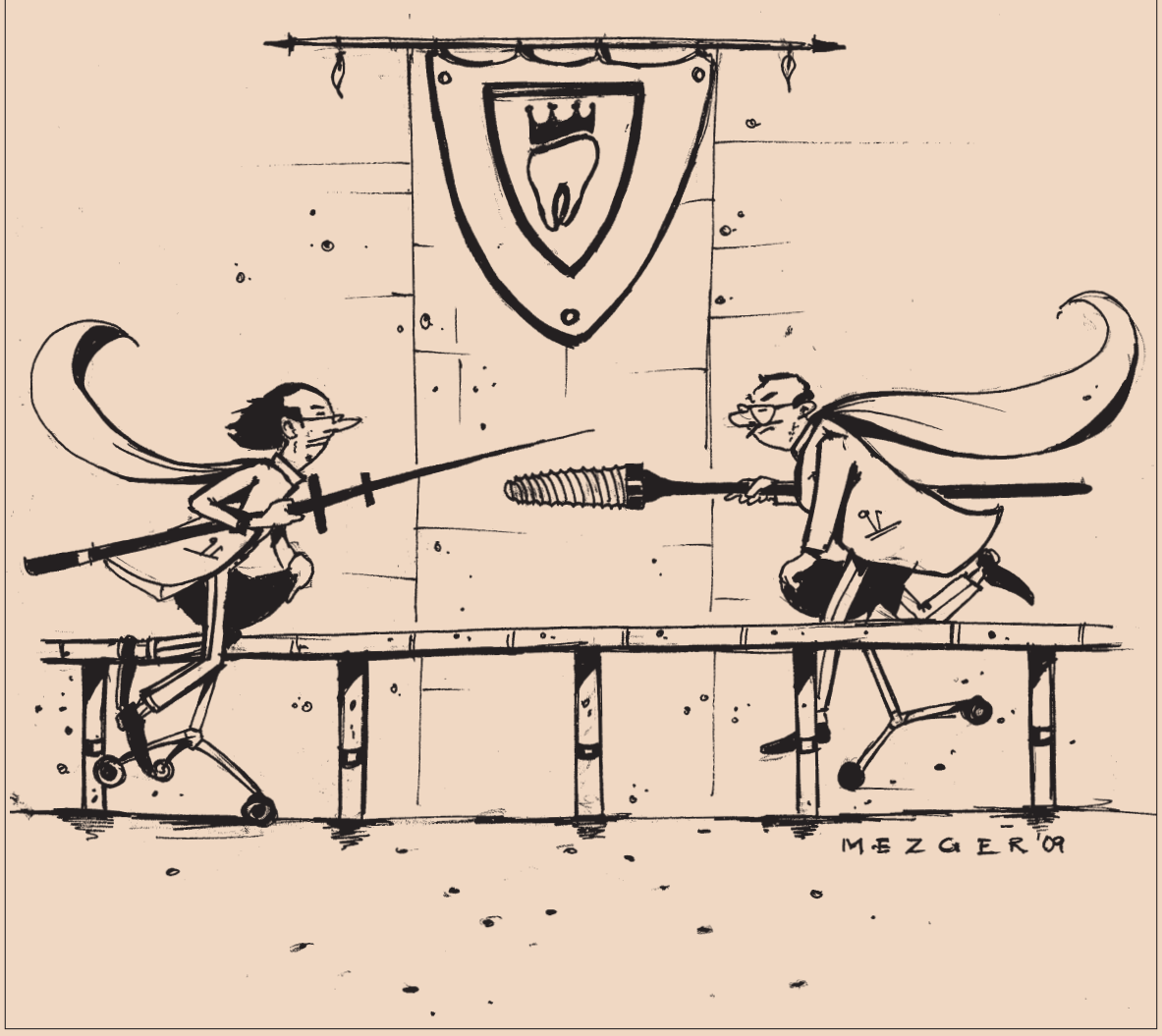
In Gothenburg, a clinical scan was shown where basically all teeth had been replaced with implants. As ridiculous as this example may be, it does hold some truth. The future doesn't look very bright for the 'root'. DT

Yours sincerely,

Daniel Zimmermann
Group Editor
Dental Tribune International

Dental Tribune welcomes comments, suggestions and complaints at feedback@dental-tribune.com

And the battle goes on ...



Oral mucosal lesions – What GP's need to know

Prof. Stephen Challacombe
UK

It sounds frightening to think that there are over forty different types of mouth ulcers. However, clinically they can be recognised as only four major presentations. If ulcers are recurrent, they are most likely to be of local origin, what is known as *recurrent aphthous stomatitis* (RAS). Ulcers linked to systemic diseases are usually persistent (present all the time) and are usually found in middle age onwards, although not invariably so. Single episodes of ulcers without persistent or recurrences are usually viral in origin; we regard a single persistent ulcer as being malignant until proved otherwise. Diagnosis of oral lesions is made by combination of the medical history and the clinical appearance, as well as any investigations.

In general practice, the key questions are whether the ulcers or lesions are recurrent or persistent, when they first occurred and the number, size and site of the ulcers. The answers to these five simple questions can render it easier to distinguish between ulcers in the mouth that indicate local disease and those that indicate systemic diseases. A medical history of course will often reveal that other sites are involved but sometimes mouth ulcers are the first signs of systemic diseases, particularly those of the gastrointestinal tract. If other oral signs are present, such as a depapillated tongue, this may indicate haematological deficiencies. The first decision is whether treatment is required at all or whether referral is needed; thus, the dentist needs to make a decision based on the severity of the problem. A general rule is that if the dentist feels that the ulcers reflect systemic diseases, then they should all be referred for further investigation. The majority of cases of RAS can be treated in practice and it is perfectly acceptable for practitioners to attempt therapy and then to refer should this therapy not be successful.

Oral medicine groups should have a regular consultation clinic, during which the consultant can question a patient and view lesions, or talk to dentists about cases, advise on treatment and then make a decision as to whether referral is necessary. When a dentist suspects that a lesion may be malignant, then it is always best to refer the patient, since other investigations, such as a biopsy, and clinical examination, such as palpation of the lesion and local nodes, will assist the diagnosis. Speed is of the essence and a diagnosis cannot be made from a picture alone without these other factors. Nevertheless, it is possible that there will be situations in which referral of the patient may be difficult, and in these situations the viewing of the image along with discussion with the practitioner may help to construct a treatment plan for the patient.

"The mouth can reflect so many systemic diseases"

Since the mouth can reflect so many systemic diseases and can often be the first sign of such a systemic disease, then clearly general practitioners have a responsibility to be able to distinguish normal from abnormal mucosa and then decide which lesions may reflect local oral disease and which may reflect systemic diseases. The key recommendation is then to include a thorough examination of the soft tissues when seeing dental patients. DT

Contact Info

Prof. Stephen Challacombe is currently Head of the Mucosal Biology and Disease Research Group, Dental Institute, King's College, London, UK. He can be contacted at stephen.challacombe@kcl.ac.uk.

Dental education in India

Ajay Mahal
USA

The rapid growth in the number of dental colleges, mostly private, over the last several years is a defining feature of dental education in India. On the one hand, this development can be considered beneficial as it potentially helps address a severe shortage of dental personnel in India. On the other hand, however, shortages of teaching staff brought about by sharp increases in student strength do not bode well for the quality of education imparted.

Efforts by the Dental Council of India (DCI) to enhance the quality of dental education in India and imposing stringent standards on the qualifications of dentists newly trained abroad are thus praiseworthy. These include making recognition of dental colleges conditional on making a fifth year of dental training compulsory. The latest rules also introduce a screening test for individuals trained in dental colleges located outside the US, Australia and Europe. The increased age limit for retirement is another useful mechanism adopted by the council to enhance the supply of teaching faculty. DCI promotion of Continuing Medical Education programmes can help enhance the quality of dental care providers and exposing teaching faculty to the latest in dental health research and practice. The overall DCI approach of taking a long-term view of dental education in India is also encouraging.

DCI could direct more careful attention to two issues. The first has to do with training dental hygienists and dental chair assistants. It is disappointing that compared to nearly 23 thousand seats available for new entrants to dental colleges, there are only 1,700 slots for dental assistants and hygienist in India. This reflects a relative neglect of prevention in oral health and a lack of career opportunities for the latter. They are also likely to be cheaper to train than dentists. The second issue of concern is that of implementation of DCI guidelines. India has a long history of well-articulated regulations and poor follow up. It would be useful to think about effective monitoring mechanisms and evaluation of some of these promising initiatives that DCI is embarking on. DT

Contact Info

Ajay Mayal is currently Associate Professor of International Health Economics in the Department of Global Health and Population at the Harvard School of Public Health. He can be contacted at amahal@hsph.harvard.edu.

AAE: Issue in implant debate comes down to saving teeth

Sierra Rendon
DT America

CHICAGO, IL, USA: The American Association of Endodontists (AAE) has expressed serious concerns over recent assertions by the American Academy of Implant Dentistry (AAID). According to the endodontist group, the implantologist group's position reinforces outdated myths about root canal treatment.

A press release distributed by the AAID on 21 September positioned implants as a better option than root canal treatment for a variety of reasons, including higher success rates and lower financial burdens —claims that root canal specialists say are inaccurate and misleading to potential patients.

"Not only has it been proven that both treatments have the same success rates," said Dr Gerald N. Glickman, president of the AAE, "but several studies show that root-canal treated teeth are retained at about 95 to 97 per cent after eight years, versus implant retention of 85 to 90 per cent during a similar time period. The AAID chose to ignore the scientific literature in its news release."

Dr Glickman also noted the inference that diseased teeth are not worth saving, which he said does a disservice to both patients and the dental profession as a whole.

"Do patients with a broken arm expect their doctor to give them a prosthetic arm?" he asked. "Why would the same patients believe they need to get a prosthetic tooth screwed into their jaw if the real tooth could be healed?"

Saving teeth is not so much a matter of 'dental heroics' as it is serving the best interests of the patient, and root canal specialists proudly do so in a manner that is consistent with the American Dental Association's Principles of Ethics and Code of Professional Conduct.

"And arguments that root canal treatment is more costly are fatuous," Dr Glickman added. "Recent research has proven that saving the natural tooth with a root canal rarely requires follow-up treatment and generally lasts a lifetime; implants, on the other hand, have more post-operative complications, and therefore would probably present the more significant financial burden."

Dr Glickman recognises that there are cases when a tooth cannot be saved, for which implants would be a realistic option. He pointed out that root canal specialists are ideally qualified to make such a determination with a patient's general dentist, and that all dental professionals are ethically obligated to inform patients of all available treatment options. "This whole paradigm is ultimately not about which treatment modality is better, but what is best for each patient. And that is the preservation of the natural dentition," he said. DT

AEE President Gerald N. Glickman. (DTI/Photo Daniel Zimmermann)

AD

EMS-SWISSQUALITY.COM
EMS ELECTRO MEDICAL SYSTEMS

SUBGINGIVAL WITHOUT LIMITS

THE DEEPEST PERIODONTAL POCKETS NOW WITHIN REACH WITH THE ORIGINAL AIR-FLOW METHOD

AIR-FLOW® KILLS BIOFILM
ems-swissquality.com

> Subgingival application of the Original AIR-FLOW® method reduces periodontal pocket depth, removes biofilm, prevents periimplantitis

AIR-FLOW MASTER®
is the name of the world's first subgingival prophylaxis unit. With two application systems in one. For sub- and supragingival use with matching handpiece and powder chamber.

Incredibly easy to operate. Uniquely simple to use.

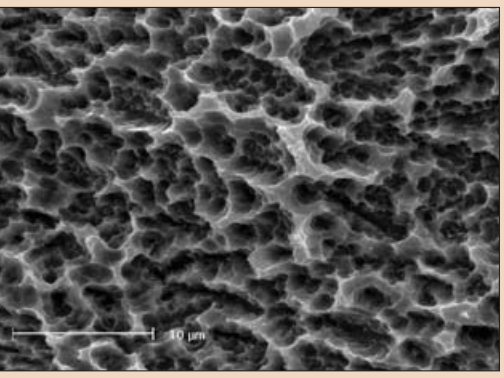
Touch 'n' flow: Highly sensitive 3-touch panel for easy choice of settings.

The inventor of the Original Air-Flow Method is now first to cross the boundaries of conventional prophylaxis.

"I FEEL GOOD"

For more information > welcome@ems-ch.com

Straumann introduces new implant material



A scanning electron microscope photograph of the porous surface of a Roxolid implant. (DTI/Photo courtesy of Institut Straumann AG)

Daniel Zimmermann
DTI

LEIPZIG, Germany: Straumann's dental implant alloy Roxolid is now available to dentists in Europe. Following the recent launch in North America, the material was introduced at the 18th Annual Meeting of the European Association for Osseointegration (EAO) in Monaco. Roxolid combines high tensile and fatigue strengths with excellent osseo-integration, according to the latest clinical research. It is designed to increase reliability and confidence, especially with small diameter implants.

Involving 60 centres and more than 300 patients, Roxolid has been tested in one of the largest clinical research programmes ever undertaken by a dental implant company in recent years. Currently, two other large multi-centre clinical trials are in progress.

Company officials announced that the clinical programme has been extended to include studies specifically investigating the need for bone augmentation and the performance of Roxolid in the front of the mouth and in narrow spaces. In addition, preclinical testing has been broadened to investigate healing characteristics and to draw direct comparisons with other titanium alloys.

Roxolid is available in Ø3.3 mm Bone and Soft Tissue Level implants. DT

AD

www.idem-india.com

The NEW platform for dental experts

IDEM INDIA

INTERNATIONAL DENTAL EXHIBITION AND MEETING

Mumbai, October 23 to 25, 2009

Seize the opportunity to enter into a rapidly developing Indian dental market when IDEM India opens its doors!

With the same high-level professionalism as IDEM Singapore – the leading dental trade fair for the entire Asia-Pacific region –, IDEM India will bring exhibitors from all over the world together with the Indian dental industry at this annual event, to be held for the first time in 2009.

In Mumbai, India's most dynamic city, IDEM India will combine exhibition and accompanying user-oriented workshops to create a platform which is unique in India.

Get your teeth into India!

Supported by:

Krunal Goda · Koelnmesse YA TradeFair Pvt. Ltd.
B 501-502, KEMP Plaza
Mind Space, Off Link Road, Chincholi Bunder, Malad (West)
Mumbai 400 064, India
D: +91-22-4210708 · F: +91-22-40034433
k.goda@koelnmesse-india.com

Americans cut down on dental visits

Businesswire

San Francisco, CA, USA: While the economy is beginning to show signs of a slow recovery, many consumers in the US are struggling with financial challenges, some of which could affect their health. A survey released by the American Optometric Association (AOA) has revealed that 36 per cent of Americans limited their visits to doctor because of the recession.

When asked which doctors they are visiting less, the majority indicated dentist (63 per cent), followed by primary care physician (59 per cent) and optometrist (52 per cent). Only 8 per cent indicated that they are adhering to their regular health schedule.

For the fourth year in a row, the AOA's American Eye-Q survey found that consumers worry more about losing their vision (43 per cent), than their memory (32 per cent) or their ability to walk (12 per cent).

"The concept of losing vision appears very concrete to people, which may be why people cut back on other doctor visits first," said Minnesota Optometric Association Board of Trustees member, Dr Jill Hadler (Bright Eyes Vision Clinic, Otsego). "We know that many eye and vision problems have no obvious signs or symptoms, so early diagnosis and treatment are critical. We encourage individuals to consider eye and vision care as an integral part of their overall health, so cutting back on any aspect of health care is not a good idea."

The fourth annual American Eye-Q survey was drafted and commissioned in conjunction with Penn, Schoen and Berland Associates (PSB). PSB conducted online interviews between 21 and 24 May 2009 with 1,000 Americans 18 years and older who were deemed sufficiently representative of the US population. DT

(Edited by Daniel Zimmermann, DTI)

Claims of mercury to cause autism rejected

New study finds similar levels in autistic and normal kids

Reuters

WASHINGTON, DC, USA: Children with autism have mercury levels similar to those of other kids, suggesting the mysterious disorder is caused by a range of factors rather than "a single smoking gun", researchers at the University of California, Davis, said. They found that children aged 2 to 5 with autism had mercury levels lower than other children because the autistic kids ate less fish, the biggest source of mercury that shows up in the blood. But when the data were adjusted for lower fish consumption, blood-mercury concentrations among the autistic children were roughly similar to those developing typically. The children with autism had mercury levels in line with national norms.

The findings, published online in the journal Environmental Health Perspectives, come at a time when advocates including parents argue that mercury found in fish, dental fillings, vaccines and industrial emissions are responsible for autism. The debate became more vehement recently after the US Centers for Disease Control and Prevention said autism was more common than previously thought, affecting one in 91 children, including about one in 58 boys.

"It's time to abandon the idea that a single smoking gun will emerge to explain why so many children are developing autism," said Irva Hertz-Picciotto, who led the study. "Just as autism is complex, with great variation in severity and presentation, it is highly likely that its causes will be found to be equally complex," she said in a statement.

Autism refers to a spectrum of diseases, from severe and profound inability to communicate and mental retardation to relatively mild symptoms. The research area is due for a large infusion of money from President Barack Obama's US$5 billion plan to boost US medical and scientific research.

Activists noted that the University of California study did not seek to find out whether mercury might cause autism because the children's blood levels were measured after autism had been diagnosed.

"The results of this study are limited in terms of ruling in or out a link between mercury exposure and autism causation or severity," said Sallie Bernard, executive director of the advocacy group SafeMinds.

Vaccines with mercury-containing preservative called thimerosol have also been blamed by some parents as a potential cause of autism, although many studies and several reports from the Institute of Medicine have found no link.

University of California Davis researchers looked at 452 children, including 249 with autism, 60 who had other developmental problems including Down's syndrome and 143 children without disorders.

They also examined a variety of mercury sources including fish, nasal sprays, earwax removal products, vaccinations and dental fillings made from a mercury-based amalgam.

Autism researchers are looking at a broad range of environmental factors including household products, medical treatments, diet, food supplements and infections. Other recent studies have found strong evidence that there are several genetic causes for developing autism.

"The evidence to date suggests that, without taking account of both genetic susceptibility and environmental factors, the story will remain incomplete," Hertz-Picciotto said. "Few studies, however, are taking this kind of multifaceted approach." DT

(Edited by Daniel Zimmermann, DTI)

AD

Nobel Biocare™

NobelReplace™

The world's most used implant system.*

Internal tri-channel connection for accurate and secure prosthetic restorations

TiUnite® surface and Groovy™ to enhance osseointegration

Implant design that replicates the shape of natural tooth roots

Color-coded system for accurate and fast component identification and ease of use

Color-coding: step-by-step drilling protocol for predictable surgical procedures

10 YEARS WITH TIUNITE® SURFACE
New data confirm long-term stability.

* Source: Millennium Research Group

Versatility, ease-of-use and predictability have made NobelReplace Tapered the most widely used implant design in the world.* NobelReplace Tapered is a general use, two-piece implant system that performs both in soft and hard bone, one- and two-stage surgical procedures, while consistently delivering optimal initial stability. NobelReplace Tapered is a system that grows to meet the surgical and restorative needs of clinicians and their patients – from single-tooth restorations to more advanced multi-unit solutions. Whether clinicians are just starting or are experienced implant users, they will benefit from a system that is unique in flexibility and breadth of application.
Nobel Biocare is the world leader in innovative evidence-based dental solutions.
For more information, contact a Nobel Biocare Representative or visit our website.
www.nobelbiocare.com/nobelreplace

Nobel Biocare Asia +852 2845 1266, Nobel Biocare Singapore +65 6737 7967, Nobel Biocare Taiwan +886 2 2793 9933
© Nobel Biocare 2009

New York meeting to showcase innovative programmes

Fred Michmershuizen
DTA

NEW YORK, NY, USA: As hosts of the largest dental meeting in the USA, the organisers of the Greater New York Dental Meeting (GNYDM) feel they have an obligation to the exhibitors and attendees to excel in presenting a convention that showcases the latest products, procedures and technologies modern dentistry has to offer. To this end, the 2009 GNYDM, to be held from 27 November to 2 December, will feature a wide array of new programmes.

In 2008, some 57,854 attendees from 123 countries participated. Pre-registration for 2009 suggests that the number of attendees this year will be even higher.

Dental technology is advancing at an astounding rate. Thus, the Pride Institute and the GNYDM are partnering for the first Technology Fair that will run for four days and take place on the newly expanded exhibition floor. On 29 and 30 November, the Pride Institute will also host lectures designed to showcase the best of current dental technology.

"Dental technology has always been an important part of our meeting, so we are very excited to jointly host with the Pride Institute an annual fair that is customised to the specific needs of the rapidly expanding technology sector," said Executive Director of the GNYDM Dr Robert Edwab. "We think it will be a great time saving for attendees to have all the technology, education and materials in one place."

Additionally, the GNYDM will again partner with Align Technology to hold its second educational event Invisalign-GNYDM Expo, which will offer numerous programmes that will help dental teams learn the logistics of tooth alignment with Invisalign from some of the finest clinicians in the world.

As Invisalign has grown so rapidly in popularity, the 2009 meeting will feature four days of Invisalign programmes for the entire dental team. With such a diverse range of educational Invisalign programmes offered, there is something for everyone on the team.

All courses will be taught by Invisalign experts and will take place in the Invisalign Pavilion on the exhibition floor. "In 2008, the Invisalign event attracted more than 1,200 registrants, and we are expecting even greater participation this year," said GNYDM General Chairperson Dr Clifford Salm.

The GNYDM, one of the largest and most prestigious dental congresses in the USA, is a joint venture of the New York County Dental Society and the Second District Dental Society located in Brooklyn and Staten Island. GNYDM provides a broad range of educational programmes and hosts over 40,000 health-care professionals annually. DT

ESCD places focus on patients

Claudia Salwiczek
DTI

PARIS, France/LEIPZIG, Germany: Members and friends of the European Society of Cosmetic Dentistry (ESCD) meet in Paris for their 6th annual meeting. Two hundred attendees from Denmark, Croatia, Serbia, Germany, Hungary, and even as far as Australia travelled to the French capital to learn about the newest techniques and products, to mingle with colleagues and to enjoy some of the countless Parisian attractions.

The noteworthy line-up included 20 international speakers from India, the UK, Germany, Austria, the USA, and, of course, France. Over the course of two days, scientific sessions and workshops enlightened participants on diverse topics, such as predictable bite registration, modern concepts and risk factors in aesthetic dentistry, aesthetic dilemmas and solutions, the use of composites, anterior restorations, and the therapeutic advantages of chairside CAD/CAM.

Minimally invasive dentistry and an interdisciplinary approach to aesthetic dentistry were the focus of most lectures. For instance, Dr George Kirtley (USA), the creator of the Envision A Smile cosmetic imaging system, highlighted the importance of an interdisciplinary approach and reminded the audience that "we treat patients, not just teeth!" Oftentimes, aesthetic improvements are the collaborative effort of many different specialists, such as orthodontists, endodontists and periodontists, and in some cases also psychologists and nutritionists, he added.

With an impressive case demonstrating total facial aesthetics, which was certainly a highlight of the meeting and earned a generous applause from the audience, Dr Kurt Vinzenz (Austria) opened attendees' eyes to what is possible beyond aesthetic dentistry. Sought-after lecturers Prof. Bernard Touati (France) and Dr Sasha Jovanovic (USA) concluded the meeting with their respective lectures via live web conference from Los Angeles.

ESCD President Dr Wolfgang Richter and Congress Chairperson Dr Jean-Paul Djian concluded the meeting on a positive note: "We are very pleased with the meeting, especially considering the difficult economic times, and look forward to seeing everyone again in 2010," Dr Richter told *Dental Tribune*.

Next year's meeting, which will be held in conjunction with the AACD, will take place in London from 23 to 25 September. DT

AD

ALL YOU NEED FOR SUCCESSFUL IMPLANTOLOGY

STEIGMANN
implantologie institute

• Founded in 2006, the **Steigmann Institute** is a private dental clinic and advanced dental training institution, owned by **Marius Steigmann**, Dr. medic. stom. (IMF Neumarkt).

• **The Institute** holds courses and seminars for dental specialists, in particular, for implantologists and dental technicians from Germany and abroad.

• Ergonometrically designed equipment, generous lecture and practice rooms enhance the mediation of theoretical and practical educational contents and facilitate the learning of **ultra-modern surgical techniques**.

www.implantologie-heidelberg.de

Institute for Dental Implantology
Bahnhoffstr. 64
69151 NECKARGEMUEND
Phone: +49 (0) 6223 / 73819
Fax: +49 (0) 6223990815

"We sought to address the increasing needs in the dental community for comprehensive information"

An interview with Koelmesse's Michael Dreyer, Vice-President Koelnmesse (Asia Pacific), and Dr Lewis Lee, President of the Singapore Dental Association, on IDEM Singapore 2010

WDD/DTI: Mr Dreyer, would you tell us how the preparations for IDEM Singapore 2010 are coming along?

Michael Dreyer: Even with the current troubles in the global economy, IDEM Singapore 2010 is trading on its reputation, and we already have a full complement of sponsors on board and bookings for trade-show space are increasing daily. Now more than ever, the dental industry is looking for certainty in these uncertain times, and the proven track record of IDEM Singapore has cemented its place as a pivotal show on the dental calendar.

Why do you think that IDEM Singapore is doing well despite the economic downturn?

Combining a well-organised and widely promoted trade exhibition with a world-class education programme has proven to be a very successful formula and the dental industry is looking to capitalise on this. In a slowing economy, the need for manufacturers and suppliers to both increase awareness of their products and transact business is pertinent. One difference is that our exhibitors are looking to ensure the maximum return on their investment in order to achieve these goals and from this perspective, IDEM Singapore 2010 offers outstanding value.

Registration desk at IDEM Singapore 2008. (DTI/Photo courtesy of Koelnmesse Singapore)

We also provide dental practitioners with a convenient and cost-effective opportunity to gain exposure to a comprehensive programme of world-class dental education in a location central to and easily accessible from anywhere in the region. This format of scientific meeting combined with an extensive exhibition of new products and technologies is a very successful formula.

What can participants expect from IDEM Singapore in 2010?

IDEM Singapore will again provide an excellent opportunity for manufacturers from around the world to meet and conduct trade in a central location in the Asian region. Since the meeting's inception, we have continued to evolve IDEM to suit the needs of the dental industry in the region. IDEM Singapore will benefit from the extensive knowledge and experience we have garnered from the previous five IDEM events and our global expertise and resources as an organiser and manager of conferences and exhibitions.

Dr Lee, what issues did SDA consider in devising the conference theme for IDEM Singapore 2010?

Dr Lewis Lee: The rapid growth in popularity of and new developments in dental implants and related products, materials and techniques have dominated the dental landscape around the world for some time. In planning the scientific conference for IDEM Singapore 2010, we sought to address the increasing needs of the dental community for comprehensive information on the latest developments in these areas.

What will conference delegates gain from this scientific conference?

We have organised a multifaceted programme led by international presenters that will give delegates access to the latest research and developments in the fields of dental aesthetics and implantology, as well as practical advice on treatment planning, operative techniques and postoperative care. We believe delegates will leave the conference with knowledge that can be incorporated into daily clinical practice and a greater understanding of key principles and philosophies at the leading edge of dentistry today.

Thank you very much for the interview. DT

(This interview is published with permission from the FDI World Dental Federation.)

ALPRO drives safe and clean infection control

Daniel Zimmermann
DTI

LEIPZIG, Germany: Germany-based ALPRO is offering a range of new and proven products for treatment-water disinfection and the removal of biofilm from dental equipment to dentists in Asia. With BRS Forte, for example, and the independent water supply system BCS combined with Alpron and Bilpron, it is possible to provide quality drinking water for dental units. Hygiene standards are met with a selection of mild washing liquids and hand disinfectants, such as the AlproSept-HDE gel and Cremana derm-protect, which is suitable for the daily care and protection of the hands.

According to the company, highlights of their product range are the pressurised spray solutions WL-clean and WL-cid for manual preparation of dental transmission instruments. This system for inner cleaning and disinfection, including cooling water canals and mechanical parts, was manufactured according to ISO 15883 standards, and tested and approved by well-known instrument manufacturers.

With very high material compatibility and proven quick disinfection lines MinutenSpray-classic and PlastiSept (also available as a high-quality wipe), ALPRO is able to provide quick efficiency and excellent cleaning results. PlastiSept is alcohol free and intended for sensitive surfaces. BIB forte is a solution for general instrument and drill disinfection. It is economical and intended to appeal to environmentally aware and price-conscious practitioners.

ALPRO is a top global specialist in the cleaning, maintenance and disinfection of instruments of any kind (including transmission instruments), contaminated surfaces in practice and dental aspiration systems with and without dental amalgam separators. Their AlproJet product line was the first two-phase system on the market for the cleaning of dental aspiration systems. This was also the first product that ALPRO marketed 20 years ago. As a global player, the company works with over 120 partners around the world in 45 countries. Amongst others, local production sites have been set up in Australia, India and Vietnam. DT

AD

MEDICOM®
www.medicom-asia.com

Self-Sealing Sterilization Pouches

CE
EN868-1

Available in different size : (mm)

Pouch Size	Inner Size
70 mm x 254 mm	49 mm x 200 mm
83 mm x 159 mm	62 mm x 103 mm
89 mm x 254 mm	69 mm x 200 mm
57 mm x 130 mm	35 mm x 73 mm
83 mm x 254 mm	62 mm x 220 mm
134 mm x 280 mm	116 mm x 219 mm
190 mm x 305 mm	170 mm x 237 mm
254 mm x 381 mm	230 mm x 305 mm
305 mm x 457 mm	285 mm x 370 mm

- Save time with self-seal pouches and easy open thumb notch.
- See the difference with built-in color changing indicators, along with puncture resistant, blue tinted, see-through plastic, providing visual confidence that sterilization is achieved and maintained.
- The pouch can maintain sterilization about 180 days under room temperature normal storage condition.

- Triple rail Chevron seal to prevent penetration by sharp instruments, self sealing.
- Thumb notches for easy opening.
- puncture resistant, blue tinted, see-through plastic, providing visual confidence that sterilization is achieved and maintained.

- Indicator use non-toxic water-based ink.
- Extra strength provided with heavy medical grade paper.
- Color indicator arrows to ensure sterilization process have been achieved.

A.R. Medicom Inc.
1200, 55th Avenue
Montreal, Quebec
H8T 3J8 Canada
Tel: (514) 636 • 6262
Fax: (514) 636 • 6266
E-mail: sales@medicom.com

Medicom Healthcare B.V.
Parallelweg 80a
3931 MT Woudenberg
The Netherlands
Tel: (31-33) 286 • 6460
Fax: (31-33) 286 • 6461
E-mail: nlsales@medicom-eu.com

A.R. Medicom Inc. (Asia) Ltd.
Room 1511-B, Kailey Industrial Centre
12 Fung Yip Street
Chai Wan, Hong Kong
Tel: (852) 2147 • 4968
Fax: (852) 2147 • 4665
E-mail: sales@medicom-asia.com

A.R. Medicom Inc. (Japan) Ltd.
Edomachi 96, Strong Building, 8 Floor
Chuo-Ku, Kobe, Hyogo
Japan 650 0033
Tel: (81) 078 • 327 • 2333
Fax: (81) 078 • 327 • 2112
E-mail: info@medicom-japan.com