DENTAL TRIBUNE

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4th International PAO Conference Quest for Excellence

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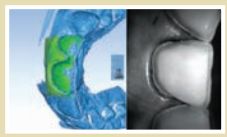

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49TH CPSP CONVOCATION

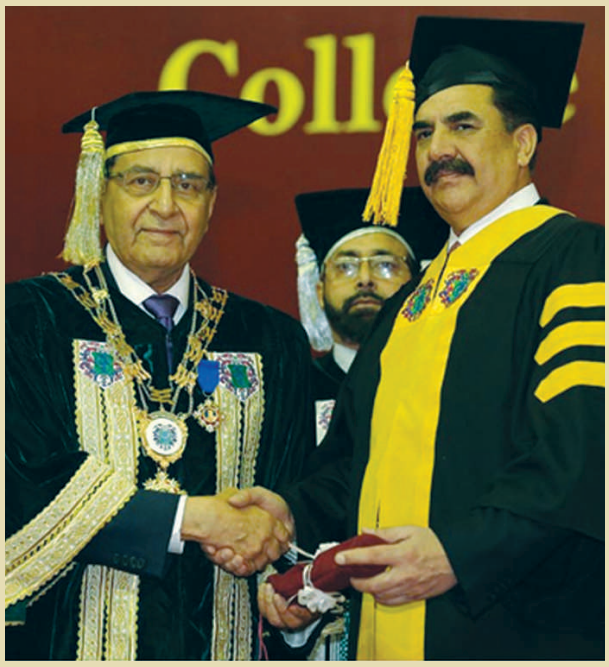
Raheel Sharif awarded honorary fellowship of CPSP

DT Pakistan Report

ISLAMABAD - The 49th Convocation of College of Physicians and Surgeons Pakistan (CPSP) was held here at the Jinnah Convention Centre. The chief guest, COAS General Raheel Sharif was also conferred upon the honorary fellowship of the CPSP for his achievements at convocation. The CPSP citation reads: "General Raheel Sharif through his vision, resolve, sincerity and commitment against terrorism has become a leading figure of our times."

Speaking on the occasion, General Raheel Sharif said:"Today, by the grace of Allah Almighty, an environment had been created where fear and retribution from the terrorists and criminals had been significantly reduced. However, relative security needs to be transformed into an enduring peace and stability for the nation. A unified national approach is important to bring the armed forces' endeavors to a logical end." COAS paid tribute to sacrifices of citizens and soldiers in achieving this stability and peace.

Felicitating the graduating students, General Sharif said:"To



steer the country towards success, we need to invest in our future generations. To this end, every individual, especially the educated professionals, have an enormous responsibility. It is my belief that today's Fellows will rise and shine as the future of Pakistan," he added.

The COAS praised the college for improving postgraduate medical education and health care services in the country.

Earlier, in his welcome address, CPSP president Prof Zafarullah Chaudhry acknowledged the COAS contributions and strenuous efforts for peace and stability

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Prof Lehri elected PMDC president

DT Pakistan Report

ISLAMABAD - The group led by Professor Shabbir Lehri had a clean sweep in the PMDC elections who is currently the principal of Bolan medical college. Members of Pakistan Medical and Dental Council (PMDC) elected Prof Dr Shabbir Lehri as President and Prof Dr Abid Farooqi as Vice President.

The council members also elected members of the Executive Committee of PMDC comprising Dr Farukh Ijaz, Dr Taj Muhammad, Dr Aamir Hussain, Dr Feroz Jahangir, Dr Shafiqur Rehman and Dr Mussarat Hussain.

PMDC's new President Prof Dr Shabbir Lehri said that he would try his best to make PMDC one of the world's best medical regulatory authorities.

EDUCATION & INNOVATION TRANSFER

AEEDC Dubai - A Global platform for the Dental World

DT Pakistan Report

DUBAI - AEEDC Dubai is the pioneering and largest dental event in the Middle East, North Africa and South Asia region, held under the patronage of His Highness Sheikh Hamdan Bin Rashid Al Maktoum, Deputy Ruler of Dubai, Minister of Finance, and President of the Dubai Health Authority.

The 20th edition of the UAE International Dental Conference & Arab Dental Exhibition - AEEDC Dubai 2016 themed, "Education & Innovation Transfer" will take place at the state-of-the-art Dubai International Convention & Exhibition Centre (DICEC) from 2nd to 4 February. Dental News Pakistan is the media partner of the event.

AEEDC Dubai 2016 conference will present a very comprehensive scientific program highlighting the latest topics and clinical cases in the field of dentistry. Several continuing dental programs will be hosted at AEEDC Dubai 2016 focusing on the most up-to-date scientific information and advanced dental solutions. In addition, AEEDC pre-conference courses named as the Dubai World Dental Meeting - DWDM will run 3 days prior to the conference offering a variety of highly specialized courses. This year marking the 20th anniversary of the event, the topics of this mega event will include Keeping up with its tradition, AEEDC Dubai conference will present an extremely comprehensive scientific program on the latest advances & researches in various specialties of Dentistry, where in most eminent speakers around the globe will share their expertise with our audience. AEEDC Dubai conference is held in cooperation with Dubai Health Authority - DHA Government of Dubai.

The extensive scientific program will include Aesthetics, Anesthesia, Dental Emergency, Dental Ergonomics, Dental Ethics, Dental Hygiene, Dental Laboratory Technology, Dental Practice Growth (Management and Marketing), Endodontics,

Continued on page 14

4TH INTERNATIONAL PAO CONFERENCE

Quest for Excellence

DT Pakistan Report

KARACHI - The 4th International Conference of Pakistan Association of Orthodontics held at the prestigious Aga Khan University Hospital in Karachi. The organizers did a tremendous job by bringing in 13 international speakers from six countries as speakers. Renowned orthodontists from Pakistan also presented their state of the art lectures and conduct workshops.

Chief Patron
Dr. Arif Alvil

Patron
Dr. Ambreen Afzal

Patron
Dr. Waheed-ul-Hameed

The conference formally started with the recitation from the Holy Quran. The guests of honour of the event were Dr Farhat Abbas, dean Aga Khan University with conference patron renowned orthodontist Dr Arif Alvi, Member National Assembly who is also the founder president Pakistan Orthodontics Association.

Dr Farhat welcomed the delegates and emphasized the need for such academic events for the exchange of knowledge. He told the delegates to visit Northern part of Pakistan for its beauty and also roam around in Karachi which is a much safer city now.

The patron of the conference Dr Arif Alvi appreciated the efforts of the organizers and stated that PAO has organized itself well with flawless working and specially mentioned holding of timely elections without fail. Talking about Orthodontics, he said it is more challenging and focus is always to revent relapse. Drawing comparison with prostho, he said that even though Ortho is his passion but he feels that prostho is more precise.

He hoped that the dentists of the future will have the relapse issue on top of their minds. He lauded the efforts of the organizers and urged the need for continuous flow of knowledge using modern technologies like video conferencing and also self-learning, he added. Earlier the conference Chairman Dr Mubassar Fida in his opening address welcomed the participants and shared the aims and objectives of the conference. He highlighted the presence of 13 international speakers and thanked them for attending the event.

Dr Mubassar thanked his team and sponsors of the event specially GSK, HenrySchein, CDS, 3M, Pfizer, ClearPath, Shield and others. He also appreciated the efforts of Dental News the media partners of the conference.

The participants of the conference appreciated the efforts of the organizing committee comprising Dr Mubbasar, Dr Attiya, Dr Syed Shah Faisal and Dr Abdullah Kamran who worked against time to make it happen.

The highlight of the conference included its extensive workshops covering topics which were of great interest for the practitioners as well as academicians. The sessions and the workshops were carefully planned resulting in overwhelming response as well as packed audience, which is a rarity.

The conference chairman Dr Mubbasar Fida, Co-chairperson Dr Attiya vice chairman Dr Syed Shah Faisal, and Dr Abdullah conference secretary worked tirelessly in making this event a huge success. There is an extensive scientific programme in addition to more than state-of-the-art workshops.

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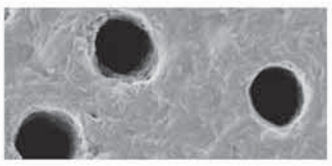
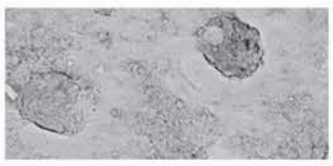
BEFORE[1]



In Vitro SEM photograph of untreated dentin surface.

AFTER[1]



In Vitro SEM photograph of dentin surface after application.

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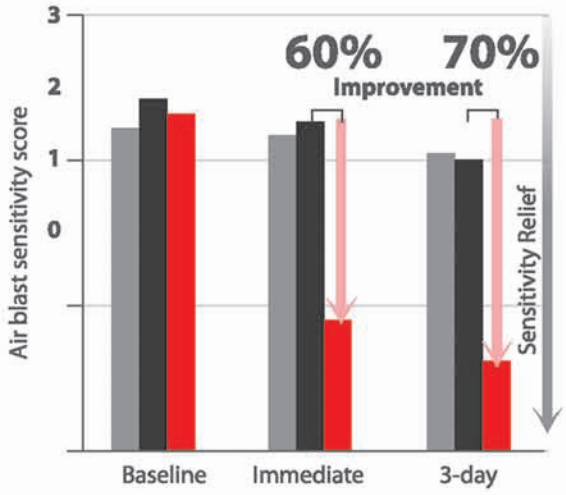

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- Negative control: Fluoride Toothpaste
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Scientific works cited:
1. Petrou I et al. J Clin Dent. 2009;20(Spec Iss):23-31.
2. Cummins D et al. J Clin Dent. 2009;20(Spec Iss):1-9.
3. Nathoo S et al. J Clin Dent. 2009;20(Spec Iss):123-130.

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4TH INTERNATIONAL PPA CONFERENCE

Think Globally Act Locally

DT Pakistan Report

KARACHI- Pakistan Prosthodontics Association hosted the 4th International conference on 11th- 12th December 2015 with the theme, "Think Globally Act Locally" which was a great success, where eminent keynote speakers from various reputed institutions and organizations with their resplendent presence graced the occasion.

The PPA conference witnessed an amalgamation of peerless speakers who enlightened the crowd with their knowledge and confabulated on various newfangled topics related to the field of dentistry.

The conference was organized by Dental News under the aegis of PPA with the support of Pakistan Dental Association and Hamdard University with Dental News and Dental Tribune Pakistan as its media partners dealt with the diagnosis, prevention, and treatment of diseases of the teeth, gums, and related structures of the mouth and including the repair or replacement of defective teeth.

The conference began with the Holy Quran recitation which was followed by formal inauguration by Prof Dr Saqib Rashid. After inauguration welcome Speech was given by Chairperson Scientific Committee; Dr Najeeb Saad, Consultant and Section Head of Dentistry, Aga Khan University, AIDC who briefed about the conference.

The inaugural ceremony was followed by scientific Session. Prof Dr Fazal Ghani began the session by delivering lecture titled, "Knowing, Assessing and Maintaining Clinical Occlusal Stability". First lecture of the session was continued by series of invited lectures delivered by both Honorable Guests and members of the keynote forum. The list included two international speakers; Dr M.L. Theerathavaj Srithavaj, Dr Natdhanai Chotprasert and 13 national speakers; Prof Dr Azad Ali Azad, Prof Dr Fazal Ghani, Dr Hina Zafar, Prof Dr Mervyn Hosein, Prof Dr Nazia Yazdanie, Dr Ninette Banday, Dr Qayyum Akhtar, Prof Dr Sajid Naeem, Dr Syed Abrar Ali, Dr Syed Murtaza Raza Kazmi, Dr Tehmina Asad, Dr Waqas Tanveer. The closing ceremony was followed by speeches of Chief Guest; Mr Suwat Karwook, consul General, Royal Thai Consulate Karachi and Madam Sadia Rashid; The Chancellor Hamdard University.

Madam Sadia Rashid acknowledged the participation of Hamdard University as one of the collaborators for the conference. In her speech she talked about The Founder of Hamdard University Pakistan, Shaheed Hakim Mohammed and his achievements. "We, as a University can do, is to provide the best possible means the environment, the courses, the teachers, the equipment. It is for the students to make best use of the knowledge to reach the end for which they are striving" she added.

Dr. Tehmina Asad; President 4th International PPA Conference, Karachi, Pakistan delightfully welcomed all the delegates and quoted that the theme of the conference 'Think Globally, Act Locally' will help all dentists develop more region and country specific approaches towards practicing dentistry, rather than going into mindless globalization. She specified that the conference will give participants a platform to exchange ideas, discover novel opportunities, reacquaint with colleagues, make new friends, and broaden their knowledge about evidence-based Prosthodontics. Apart from the speaker sessions, Post Conference workshops were held at different colleges by renowned dentists. The list included Dr Fazal - ur-Rehman Qazi, Prof Dr Saqib Rashid, Dr Mehmood Hussain, Dr Bushra, Dr Faisal Qayyum, Dr kashif Aslam, Dr Zia Chaudry, Dr Sameer Qureshi, Dr S Murtaza Raza Kazmi, DR Talha, Dr Nadeem Hafeez Khoker and Dr Syed Abrar Ali.

Conference even facilitated Post Graduate Oral presentation Competition in one of its sessions. The first prize was awarded to Bolan Dental College, Second prize was awarded to DIKIOHS and third prize was awarded to FJDC and AIFD.

The conference even included the Poster Competition with Theme: Emerging trends in Prosthodontics. First prize was given to FJDC; second prize was achieved by AIFD while third prize was given to LUMHS.

The conference concluded with a vote of thanks by Secretary PPA Dr Mehmood Hussain, who conveyed sincere and heartfelt gratitude to all the experts specially the international speakers, company representatives and other eminent personalities who supported the conference by facilitating the discussion forums.

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Cast mounting using MaxAlign: The clinical component

DT International

By Dr. Les Kalman

The importance of records cannot be overstated. Records are a legal requirement, are vital in assisting with diagnoses, and facilitate treatment planning, patient comprehension and laboratory communication.[1, 2] The clinician has the choice between virtual or tangible records, which may include casts, a facebow, articulation and photographs.[3, 4] Accurately mounted diagnostic casts provide an immense amount of information for treatment and that information will have an impact on the final prosthodontic plan.[5]

Just as the correct mounting of casts provides valuable information, so too does incorrect mounting provide inaccurate information. In addition, incorrect mounting may result in false diagnoses and possibly even altered treatment plans, based on errors in inter-arch space, occlusal contacts and force directions (Fig. 1).[5] Laboratory communication with the clinician remains an important aspect, yet this has been lacking.[6] Without records, communication with the laboratory can be even more limited. Communication tools must be employed[7,8] to provide information so that laboratory technicians can satisfy laboratory requisitions. Lack of information results in guesswork, assumptions and incorrect dental work that is ultimately returned to the dental laboratory.[9]

Background: MaxAlign

The MaxAlign application (Max; Whip Mix) is a communication tool for the clinician that captures essential patient information. It is a tablet-based technology that offers a unique set of records, enabling the accurate mounting of casts complete with a patient image. Max provides a calibrated photograph with clinical information and a novel technique for the mounting of casts. This case report will explore the effective use of Max to acquire clinical information that is vital for the laboratory, third party insurance, the clinician and the patient.

Clinical protocol

A healthy 36-year-old female patient with a non-contributory medical history presented for consultation regarding elective anterior aesthetic treatment. Records consisted of alginate impressions using stock trays, which were poured in JADE STONE (Whip Mix), and utilisation of Max.

The Max app was downloaded onto a Samsung tablet (provided) and launched (Fig. 2). Patient information was input (Fig. 3). The tablet was positioned in the tablet clamps (provided) and the clamps were tightened to ensure a vertical orientation (Fig. 4). The tablet must be placed such that the Samsung logo is on the right, so that the camera is located to the right. The patient was in the upright position, with the occlusal plane parallel to the floor, while the tablet was placed on the instrument delivery stand (Fig. 5). Max has anatomical guides for positioning: maxillary incisor midline and edge, location of orbits and inferior facial outline. The delivery stand was positioned close enough to the patient for her facial features to line up with the guides on Max (Fig. 6). Cheek retractors were employed to offer a clear view of the dentition (Fig. 6). Once the patient was in the correct position, the "arm auto capture" button was pressed. The tablet then captured a photograph, with a flash, of the patient (Fig. 7). Once the photograph has been taken, the clinician has the ability to maximise patient position by sizing or moving the image. The width of the central incisors can be selected from the boxes (Fig. 7). Once completed, the image is saved.

The next step is to verify occlusion. This was done with standard 8 µ shimstock while the patient is in maximum intercuspation (Fig. 8). The contacts were observed and input into the second Max screen (Fig. 9). This screen represents the quadrants of the dentition, and each box represents a tooth. In order to record occlusion, one touches the box that corresponds to the teeth contacting (Fig. 9). The image and record of occlusion are saved and the operator has the option to exit the app or proceed with the laboratory component. If the mounting will be delegated to a laboratory, this concludes the clinical component of Max. The clinical information can then be e-mailed to the respective laboratory as a JPEG or PDF file. The laboratory would utilise the information according to the instructions in Max, as well as the peripherals, to mount a set of casts accurately (Fig. 10).

Discussion

Based on the records and examination, the following were determined: Class I occlusion, 20% overbite, 0/2 mm overjet, canine guidance and evidence of a parafunctional habit. The diagnosis included mildly discoloured anterior composites and bruxism. The patient was presented with several treatment plans, ranging from preoperative whitening followed by minimally invasive composite replacement to anterior porcelain veneers. An occlusal splint was also recommended. Although she was undecided on

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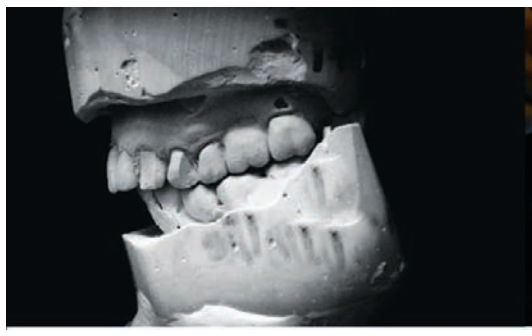


Fig. 1: Inaccurate mounting

Fig. 2: Tablet app

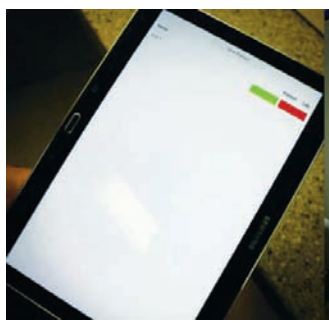


Fig. 3: Patient information

Fig.4: Tablet stand

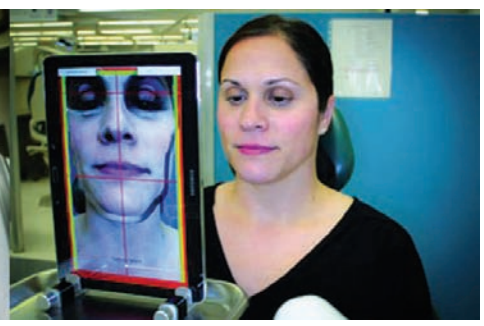


Fig. 5: Patient–tablet position

Fig. 6: Max capture mode

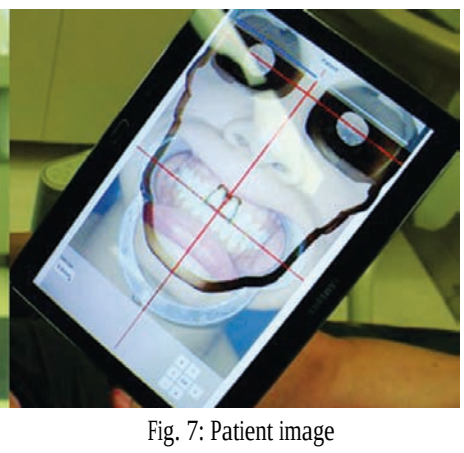


Fig. 7: Patient image

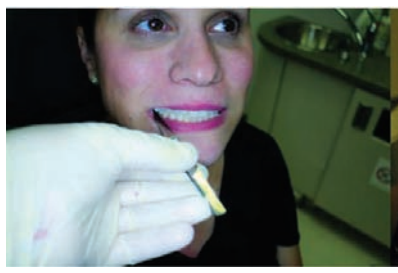


Fig. 8: Recording occlusion

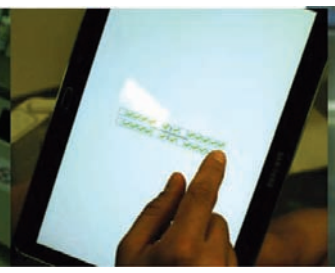


Fig. 9: Inputting occlusion

Fig. 10: Mounted case

Click here! Digital impression margination made easy

By Alex Touchstone, DDS

One of the primary reasons I embraced CAD/CAM dentistry 20 years ago was the promise that the chairside digital workflow offered in exercising more control over every aspect of the restorative process. Even today, the idea of creating quality dental restorations in one visit for my patients is quite appealing.

I have found, however, that in order to cause the vision to crystalize into a beautiful IPS e.max CAD restoration for a patient, I need more than just the furnace required to crystalize the restoration. I need a clinical technique that is precise, repeatable and efficient.

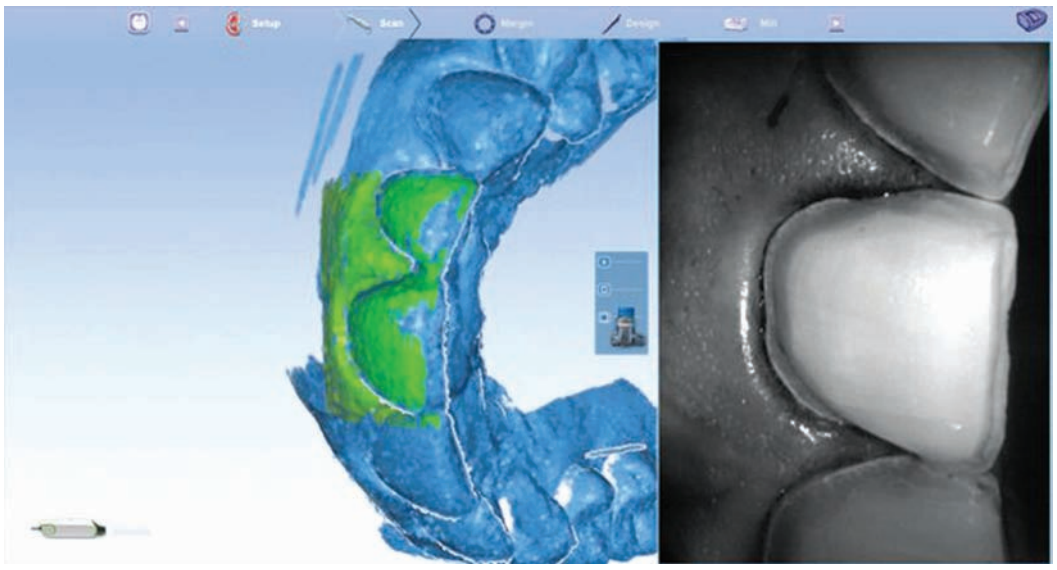
While the CAD/CAM workflow is composed of many steps, each essential in their own respect, this "quick tip" will focus on establishing clear, clean and dry preparation margins in support of the digital impression and restoration bonding processes.

Preparation before preparation

Before we spin up the turbine on the handpiece, two steps will lay the foundation for success. The first is to evaluate the patient's periodontal status and consider any treatment required to achieve periodontal stability, because we know that excessive bleeding during the procedure will place the outcome at risk. The second is to consider whether the preparation margins are to be subgingival and, if so, place a length of dry, knitted retraction cord (Knit-Pak, Premier Dental Products, Plymouth Meeting, Pa.).

As a guide for what size cord to use, determine the minimum probing depth in the region of the sulcus that will adjoin a subgingival margin and then subtract that number by "1" to arrive at the cord size. So, for instance, if the minimum probing depths for the facial and interproximals for the teeth to be veneered was 2 mm, then the #1 cord was placed. It is important to place the required cord prior to beginning the preps as they will provide some protection against soft-tissue trauma imparted by the bur during preparation.

Another hedge against insulting the gingiva during preparation is to use a finishing grit diamond bur (round-end taper 782.8F, Premier Dental Products) to finalize the position of subgingival margins.



In this case, the veneer preparation impression is captured using the Planmeca PlanScan scanner (Planmeca USA, Roselle, Ill.). During live scanning, the margins are clear and visible on the screen, just as they are in the mouth.

Even with these hemorrhage prevention measures, some bleeding may occur and/or the tissues may become edematous during the preparation process. If nothing is done to mitigate the bleeding or edema, the quality of the digital impression and, later in the procedure, the adhesive bond will both be compromised.

The next line of defense against these clinical complications is application of a hemostatic retraction paste for two minutes (Traxodent, Premier Dental Products). This is followed by copious rinsing and thorough drying. When drying the area, care should be taken to thoroughly dry each sulcus as the cord in place acts as a wick for moisture, and it will require more time to dry than the teeth themselves.

It is also helpful during the procedure to use a soft-tissue retraction device to gain better access and to prevent the retraction paste from being displaced during the two-minute material action period (Comfort-View, Premier Dental Products).

After rinsing and drying, one should inspect the margins carefully and expect to clearly see them from the occlusal and/or facial aspect.

At this point, the digital impression may proceed with ease. In the case pictured, the veneer preparation impression was captured using the Planmeca PlanScan scanner (Planmeca USA, Roselle, Ill.). During live scanning, the margins are clear and visible on the screen, just as they were in the mouth.

A quality digital impression will carry over to a higher degree of confidence in subsequent steps, such as marking the margins on the virtual model.

Preparation is critical to achieving the final result for a patient. While the design process is not shown here, you can see the precision of this patient's restoration, milled with Planmeca PlanMill40.

Re-application of Traxodent (Premier Dental Products) prior to bonding, using the same technique previously described, will help to ensure that the marginal areas of the teeth are dry and exposed.

The combined use of a general soft-tissue retractor (Comfort View), dry cord (Knit-Pak) and hemostatic retraction paste (Traxodent), described herein, have the combined effect of supporting an ideal treatment outcome as illustrated in the post-treatment appearance of these veneers.

While this clinical workflow was presented in the context of chairside digital CAD/CAM dentistry using the Planmeca FIT system (Planmeca USA), one should appreciate its application for all types of digital or physical fixed restorative impressions as well as adhesive bonding procedures.

Cast mounting using MaxAlign: The clinical component

Continued from page 06

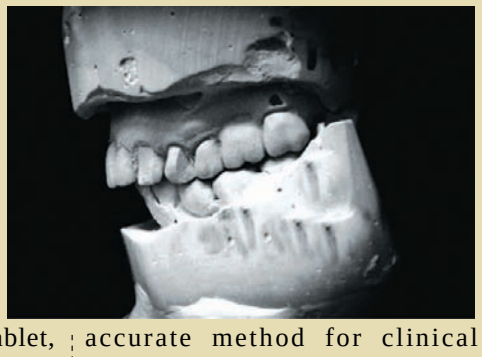
the treatment modality, the records obtained with Max provided valuable information for the clinician, the patient and third-party insurance. If treatment is to proceed, important information on occlusion, guidance and aesthetic determinants will be accurately conveyed to the laboratory.

Utilisation of the clinical component of Max provided a very simple approach to capturing the clinical data. The process was straightforward, the anatomical guides proved very useful and the record of occlusion provided additional crucial information that is often omitted.

There were no software glitches or errors during operation. The patient also found the process extremely quick and comfortable.

Max has several safeguards to guarantee optimisation. There is a sensor to ensure it is prop erly positioned when taking the photograph of the patient. If it is not properly positioned, image capture will not occur. Calibration may be required in order to ensure that the sensor is correctly set. This is achieved by positioning the tablet vertically in the stand and then pressing the "calibrate sensor" button. The sensitivity of the positioning sensor may also be adjusted with the "adjust sensitivity" button. If the clinician has become frustrated and must take the image immediately, there is a "force capture" button that will override the sensor and take an image.

Future development may consider the option of saving the image in STL format. This would enable various output options and use with other digital image and design software.



Conclusion

Max provides a novel and innovative approach to the mounting of casts using a tablet, reinforcing the anatomical and aesthetic considerations when establishing a simulated patient case. The accurately mounted tangible casts provide substantial information for diagnostic and treatment planning, beneficial to dental students, new graduates and experienced clinicians.

Compared with traditional approaches, such as facebow transfer, Max provides an easy, efficient and accurate method for clinical information acquisition that has benefits for both the clinician and patient. Its ease of use would perhaps encourage clinicians to consider uti - lising Max as a vehicle for obtaining crucial clinical data.

This would enable greater overall communication, improved success in prosthesis fabrication, and a more satisfying experience for the patient and clinician.

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