

# DENTAL TRIBUNE

The World's Dental Newspaper · Asia Pacific Edition

PUBLISHED IN HONG KONG

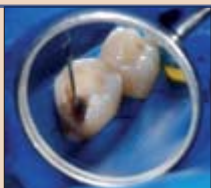
www.dental-tribune.asia

No. 11 Vol. 10



**Allergies owing to gloves**  
A growing problem  
in dentistry

▶ Page 6



**PO composite restorations**  
Dr Michael Dieter  
about the next level

▶ Page 12



**Tooth Hero**  
A whole new experience  
of toothbrushing

▶ Page 15

## Dental market blues in Australia

DT Asia Pacific

**SYDNEY, Australia:** Asia-Pacific's second largest dental market has weakened further. Figures from the *Australian Dental Industry Intelligence Report* released at a recent industry meeting show that sales of dental equipment and supplies in the country have declined for the second consecutive year.

In total, the industry recorded revenues of AU\$671 million (US\$695 million), which was three per cent less compared with 2010/2011. Prior to that, the market had already seen a drop of three per cent.

The largest decrease in the 2011/2012 fiscal year was reported in the equipment sector, including imaging hard- and software, where sales fell by 12 per cent. In the same period, sales of orthodontic and restorative products, however, rose by nine per cent and now account for one third of the total sector, the report states.

The CEO of the Australian Dental Industry Association (ADIA), Troy Williams, com-



Sales of dental equipment in Australia declined again last year. (DTI/Photo Robyn Mackenzi)

mented that the worrying numbers reflect feedback from the dental industry's front-line sales staff and are a departure from the last decade, during which the industry had been growing at a steady rate of an average of 6 per cent each year.

He said that the recent decline in the market can be largely

attributed to strong growth in 2009/2010 owing to tax breaks provided by the Australian government in response to the global financial crisis.

"The overall decline in sales, although modest, reflects a moderation in the demand for dental services over the short term," Williams said.

Several companies that *Dental Tribune ONLINE* spoke to declined to comment on the matter.

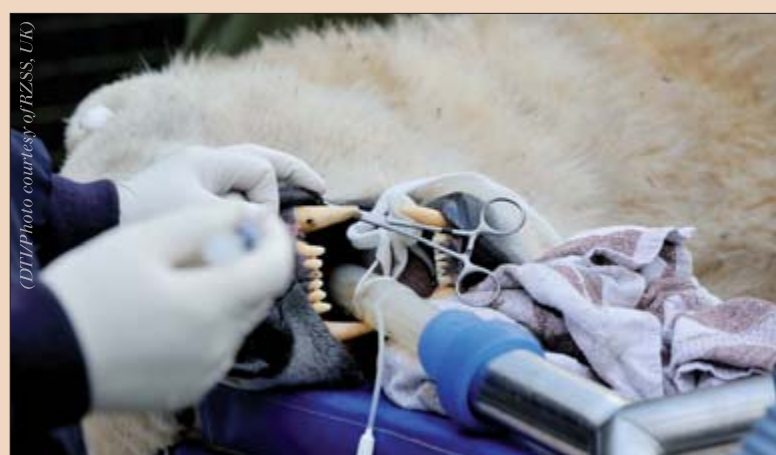
Launched at the recent national conference in October for the first time, the ADIA report was commissioned in order to provide reliable market data for the industry. It is only available to members of the association. [DTI](#)

## NZ dentists gnash over quake effects

According to the New Zealand Dental Association, symptoms like fractured cusps, believed to result from bruxism owing to stress, are increasingly being reported by dentists in Canterbury, an area on the South Island that was heavily affected by the country's second-largest earthquake last year. Clinicians are now closely working with family counsellors and physicians to support those patients even after having received dental treatment, the organisation said.

The area around Christchurch, the country's second-most populous city, was severely affected in February 2011 by a 6.5 magnitude earthquake that killed more than 185 people and left thousands homeless. It was followed by a series of aftershocks in June and December that same year.

Owing to the destruction, many dentists are still working from temporary premises or sharing offices with other practitioners. [DTI](#)



Polar bear Arktos from the Highland Wildlife Park in Kingussie, Scotland, receiving dental treatment. The procedure took three hours and a team of 12 to complete.

## Oral HIV test named 2012's best invention

According to *TIME* magazine, OraQuick, the first in-home HIV test kit that received FDA approval for over-the-counter sale directly to US consumers in July, is one of the best inventions of 2012. Together with robots and other technical devices, the test ranks among the 26 most important technological innovations of the year. [DTI](#)

## 3Shape launches new service for labs

Dental scanner and CAD/CAM software developer 3Shape has announced the introduction of a new service called 3Shape CAD Points. According to the Danish company, it is supposed to give medium-sized and smaller enterprises access to the company's various scan and construction modules on a pay-per-design basis. [DTI](#)

## ADIA elects Gunz MD president

The Australian Dental Industry Association (ADIA) has elected Trevor Martin as the organisation's next national president. He will take over from fellow board member Daryn Bungey, Sirona Dental Systems, who has been serving as the organisation's president since 2010.

Martin is currently Managing Director of Gunz Dental, a large distributor of dental products based in Sydney. He has been a board member of the association since 2008. In a statement, the 51-year-old announced that he will focus on broadening the association's membership base and intends to work closely with the Australian government regarding the regulation of dental products during his two-year term. With 118 member companies, the ADIA claims to represent the interests of the dental industry in Australia. [DTI](#)



### Distinguished by innovation

Healthy teeth produce a radiant smile. We strive to achieve this goal on a daily basis. It inspires us to search for innovative, economic and esthetic solutions for direct filling procedures and the fabrication of indirect, fixed or removable restorations, so that you have quality products at your disposal to help people regain a beautiful smile.

[www.ivoclarvivadent.com](http://www.ivoclarvivadent.com)

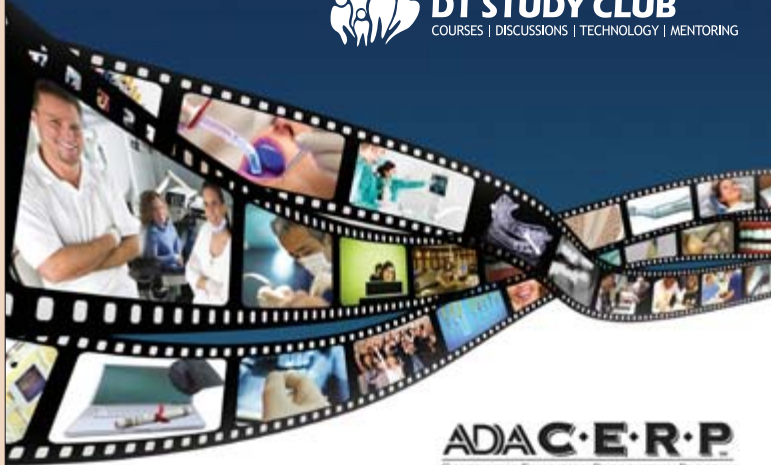
Ivoclar Vivadent AG  
Benderstr. 2 | FL-9494 Schaan | Liechtenstein | Tel.: +423 / 235 35 35 | Fax: +423 / 235 33 60

**ivoclar vivadent**  
passion vision innovation

AD



UPCOMING  
WEBINARS



ADAC·E·R·P  
CONTINUING EDUCATION RECOGNITION PROGRAM

DENTAL TRIBUNE AMERICA IS AN ADA CERP RECOGNIZED PROVIDER

10  
NOV

10:30 a.m. EST

**UNSURPASSED HANDLING,  
UNCOMPROMISED RESULTS:  
BONE GRAFTING SIMPLIFIED**

Dr Gary Henkel

Participants will be introduced to a bone replacement material with an excellent track record in the orthopedic world and now available to dentistry. Its unique clinical properties will be explored, and several clinical cases reviewed. After attending, the participant will have the information to use the material in his or her own office and will be able to simplify socket preservation and bone grafting procedures.



REGISTER ON WWW.DTSTUDYCLUB.COM

25  
NOV

10:00 a.m.

**THE 5<sup>th</sup> ANNUAL DTSTUDYCLUB  
SYMPOSIA AT THE GNYDM 2012**

Several presenters

For the fifth year in a row, the Dental Tribune Study Club Symposium at GNYDM offers an ambitious schedule of continuing education lectures in various dental disciplines. Each day will feature a selection of lectures led by experts in the field, providing an invaluable opportunity to learn from opinion leaders, while earning ADA CERP C.E. Credits. We have developed a program that is both diverse and engaging, with every lecture offering you the practical guidance you seek to take back to the practice and put to immediate use.



REGISTER ON WWW.DTSTUDYCLUB.COM

BECOME A FREE MEMBER

WWW.DTSTUDYCLUB.COM

# Study links bisphosphonates to osteonecrosis of the jaw

## Cumulative incidence of ONJ significantly higher among patients who had received BP

DT Asia Pacific

**KYOTO, Japan:** A new study has shown that bisphosphonates (BP), a class of drugs commonly used to treat bone diseases such as osteoporosis, is associated with an increased risk of developing severe bone disease of the maxilla and the mandible. The researchers found that especially elderly patients who had received intravenous BP had an increased risk of osteonecrosis of the jaw (ONJ).

The study was conducted among 3,216 male and female patients aged 20 or older mostly diagnosed with osteoporosis and various types of cancer. They had undergone tooth extraction at the Kyoto University Hospital's Department of Oral and Maxillofacial Surgery between April 2006 and June 2009. About 4 per cent (126) had received either oral BP (99) or intravenous BP (27), while 96 per cent (3,090) had not received such treatment.

Researchers from the institute found that at 42 months following tooth extraction the cumulative incidence of ONJ was significantly higher among patients who had received BP. According to the study, five



Osteonecrosis of the jaw is associated with bisphosphonate therapy, required in some cancer and bone disorder treatments. (DTI/Photo courtesy of Masashi Yamori, Department of Oral and Maxillofacial Surgery, Kyoto University, Japan)

patients to whom BP had been administered developed ONJ, compared with only one patient in the control group.

They observed a significant difference with regard to age and prevalence of cancer or osteoporosis between the two groups. The risk ratio for ONJ was particularly elevated in patients aged over 65 who had received intravenous BP, according to the researchers.

In addition, they found that alveolar bone loss could be a risk factor for BP-induced ONJ after tooth extraction. Thus, they suggested that inflammation of the periodontal tissue

might predispose people to the condition, and preventive treatment of oral bacteria might be essential for a favourable outcome of tooth extraction.

BP is usually administered to prevent further bone loss, reduce pain and increase bone mineral density in patients with bone disorders. A study published in the September 2005 issue of the *International Journal of Oral and Maxillofacial Surgery* was the first to suggest osteonecrosis as a side-effect of bisphosphonate treatment. In the current literature, the estimated incidence of BP-induced ONJ ranges from 8.5 per cent to 40 per cent. [DTI](#)

### International Imprint

Licensing by Dental Tribune International		Publisher Torsten Oemus	
<i>Group Editor/Managing Editor DT Asia Pacific</i>	Daniel Zimmermann newsroom@dental-tribune.com Tel.: +49 341 48474-107	<i>Copy Editors</i>	Sabrina Raaff Hans Motschmann
<i>Clinical Editor</i>	Magda Wojtkiewicz	<i>President/CEO</i>	Torsten Oemus
<i>Online Editor</i>	Yvonne Bachmann	<i>Marketing &amp; Sales</i>	Matthias Diessner Vera Baptist Peter Witteczek Maria Kaiser
<i>Editorial Assistance</i>	Claudia Duschek	<i>Director of Finance &amp; Controlling</i>	Dan Wunderlich
<b>International Editorial Board</b>		<i>Marketing &amp; Sales Services</i>	Nadine Dehmel
Dr Nasser Barghi, Ceramics, USA		<i>License Inquiries</i>	Jörg Warschat
Dr Karl Behr, Endodontics, Germany		<i>Accounting</i>	Manuela Hunger
Dr George Freedman, Esthetics, Canada		<i>Product Manager</i>	Bernhard Moldenhauer
Dr Howard Glazer, Cariology, USA		<i>Executive Producer</i>	Gernot Meyer
Prof. Dr I. Krejci, Conservative Dentistry, Switzerland		<i>Ad Production</i>	Marius Mezger
Dr Edward Lynch, Restorative, Ireland		<i>Designer</i>	Franziska Dachselt
Dr Ziv Mazor, Implantology, Israel		<b>Dental Tribune International</b>	
Prof. Dr Georg Meyer, Restorative, Germany		Holbeinstr. 29, 04229, Leipzig, Germany	
Prof. Dr Rudolph Slavicek, Function, Austria		Tel.: +49 341 48474-302 · Fax: +49 341 48474-175	
Dr Marius Steigmann, Implantology, Germany		Internet: <a href="http://www.dental-tribune.com">www.dental-tribune.com</a> E-mail: <a href="mailto:info@dental-tribune.com">info@dental-tribune.com</a>	
<b>DENTAL TRIBUNE</b> The World's Dental Newspaper · Asia Pacific Edition		<b>Regional Offices</b>	
<b>Published by Dental Tribune Asia Pacific Ltd.</b>		<i>Asia Pacific</i>	
© 2012, Dental Tribune International GmbH. All rights reserved.		DT Asia Pacific Ltd. c/o Yonto Risio Communications Ltd, 20A, Harvard Commercial Building, 105-111 Thomson Road, Wanchai, Hong Kong Tel.: +852 5115 6177 · Fax: +852 5115 6199	
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.		<i>The Americas</i>	
		Dental Tribune America, LLC 116 West 25 <sup>th</sup> Street, Suite 500, New York, NY 10001, USA Tel.: +1 212 244 7181 · Fax: +1 212 224 7185	

# Patients mass tested after blunder in Hong Kong's largest dental clinic

DT Asia Pacific

**HONG KONG:** The Centre for Health Protection has been informed by the University of Hong Kong Health Service's Dental Unit that it treated hundreds of patients with improperly sterilised instrument. Over 254 people, including staff and students, are reported to have received dental treatment under these conditions between 30 October and 2 November.

Meanwhile, the university has issued an apology and called in affected patients for blood tests to rule out infection with bacteria or viruses like Hepatitis B and C and HIV. In addition, follow-up tests will be conducted six months after the incident, it said.

The kind of dental instruments used for the procedures and the reasons for the negligence were not disclosed; however, university officials said that the possibility of infection is likely to be low since the instruments had passed through some steps of the sterilisation protocol.

They have set up a task force to look into the incident and review the unit's procedures on infection control.

The serious blunder came to light last after a nurse enrolled in the unit found that instruments were not marked as hav-

ing completed the full sterilisation protocol. Generally, instruments in the unit are rinsed with water, sterilised in a thermal disinfectant and finally autoclaved at 120 °C. This last step in the cycle, which destroys all remaining micro-organisms, was not performed, according to reports.

More than 38,000 treatments are performed annually at the clinic, a university spokesperson told *Dental Tribune Asia Pacific*. ■

## Triumvirate to lead medical tourism

**NOIDA, India, & ROSWELL, Ga., USA:** The increase in medical tourism in Asia will apparently only benefit certain countries in the region. According to a report released by India-US market research provider Renub Research, over two thirds of the market for foreign medical and dental services will be controlled by India, Thailand and Singapore in the near future.

Overall, Renub estimates that the number of arrivals for medical and dental tourists will exceed ten million by 2015, which would be a 50 per cent increase from the present volume. Thailand, which currently sees the largest number of foreign medical tourists per year, is predicted to double its market volume within the next three years. The country currently holds the largest market share with 40 per cent.

It will be followed by Singapore, with an estimated one million arrivals per year and India with an expected half a million arrivals. Together, all three markets will hold a total share of 80 per cent while countries like South Korea, the Philippines, Malaysia and Taiwan will compete for the remaining 20 per cent. Taiwan in particular is expected to be frequented by members of the Chinese middle class who can increasingly afford high-cost medical and dental treatment. Other countries were not included in the report.

With rates of up to 30 per cent, medical tourism has been one of the fastest growing business sectors in the region owing primarily to the rising affluence of the middle class and a boom in the private health care sector. Recognising the potential, several countries have recently started initiatives to improve medical facilities and the workforce, as well as to attract more patients from abroad. ■

AD



## 3Shape Dental System™

A timeless solution that grows stronger rather than growing old



**Model Builder,**  
Create lab models directly from TRIOS® and 3rd party intraoral scans. Design implant models and all types of sectioned models ready for output on model-making machines.

**An impression & model scanner for every lab**  
The D800 scanner, with two 5.0 MP cameras, provides high accuracy and captures textures and pencil markings. The fast and robust D700 is for productivity and the D500 for an easy entry into CAD/CAM.




**Implant Bar & Bridges and more**  
Get a precise and productive tool for designing sophisticated implant bars and bridges for both removable and fixed prosthesis. Enjoy also Dentures, New Abutment Designer™, Post & Core, Orthodontic appliances and much more.




Coming Soon!

**TRIOS® Inbox & 3Shape Communicate™**  
Dental System™ includes free connectivity to TRIOS® systems in dental clinics so labs can receive impression scans directly. Smart communication tools enhance cooperation with the dentist.



Join 3Shape's Webinars




3Shape's new on-line learning channel

Scan the QR code to sign up, its free!!  
Or go to <http://3shapedental.com/webinar>

Follow us on:







## Dear reader,



Daniel Zimmermann  
DTI

The recent failure by a dental unit run by the University of Hong Kong to implement a sterilisation protocol for a couple of days is worrisome, even though the damage to the health of the more than 250 patients and staff affected can be considered to be low at this point. Such an incident in an advanced clinical setting leaves one wondering about the occurrence of similar blunders elsewhere.

In fact, comprehensive data on the implementation of infection control and occupational safety measures in medical and dental practices throughout the APAC region is lacking but recent reports from countries like India do not bode well. A 2011 data analysis of more than 200 studies conducted all over the globe, for example, found that the incidence of hospital-acquired infections is three times higher in developing countries than in Europe and the US.

With millions of people expected to seek medical and dental treatment outside of their home country by 2015 (*see page 3 of this edition*), this issue is now one that goes beyond national borders. Effective programmes in infection control and patient safety will have to be implemented immediately, not only by national governments but also throughout the South and South-East Asian region, or the new boom in medical tourism could collapse soon.

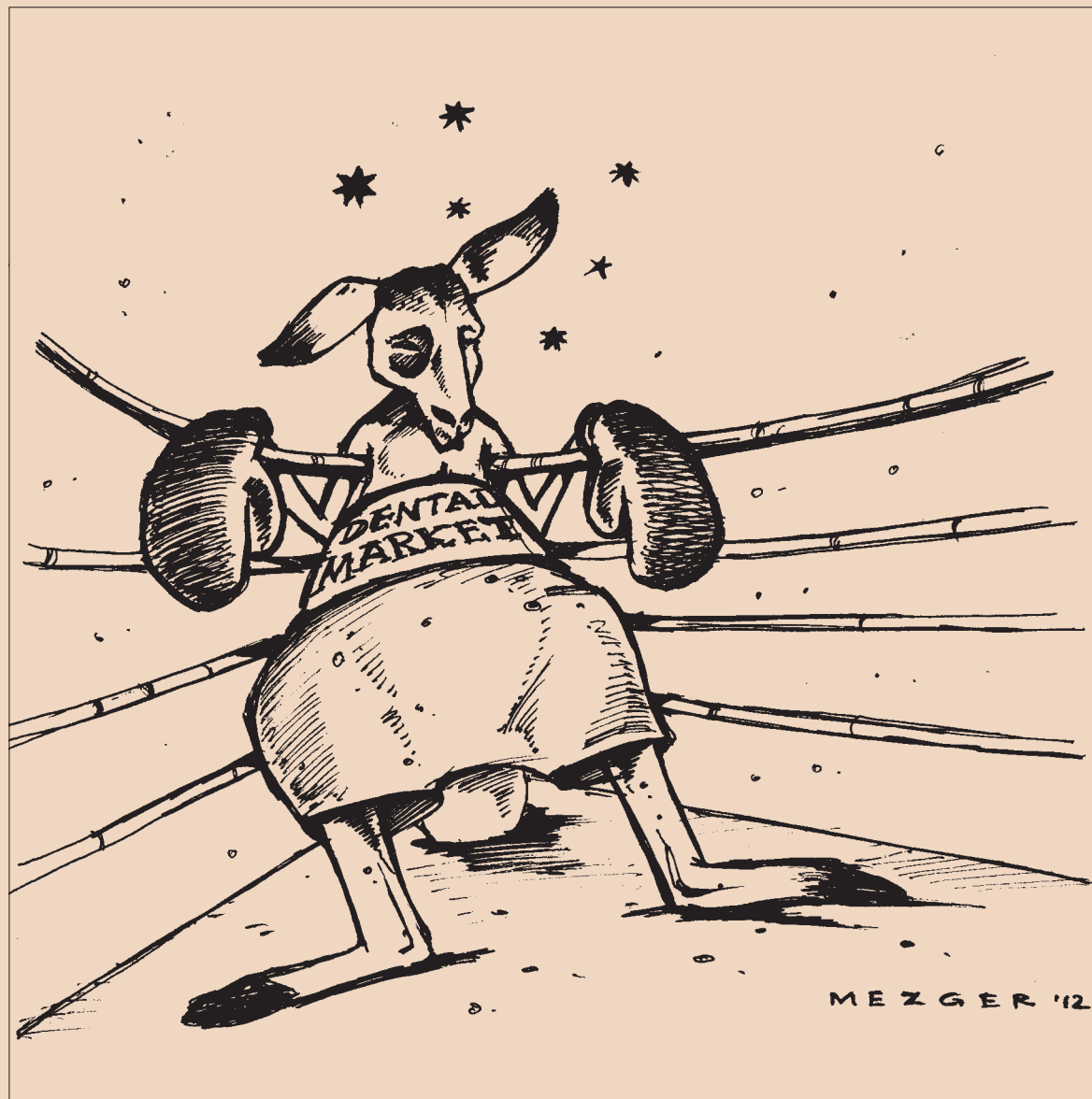
In addition, training in infection control and occupational safety at dental schools and through postgraduate training needs to be stepped up in order to keep the risk of patient infection to the minimum.

What is most important, however, is that clinicians appreciate that infection control measures are not just a nuisance but an integral part of daily practice. **DTI**

Yours sincerely,

Daniel Zimmermann  
Group Editor  
Dental Tribune International

Dental Tribune  
welcomes comments,  
suggestions and  
complaints at [feedback@  
dental-tribune.com](mailto:feedback@dental-tribune.com)



## Surgical factors that influence the aesthetic treatment outcome



Dr Stephen Chen  
Australia

Dental implants provide a predictable means for replacing missing teeth. Increasingly, the demand for implant treatment involves not only the restoration of function, but also achievement of an aesthetically pleasing prosthesis that blends imperceptibly with the rest of the natural dentition.

Both surgical and restorative factors contribute and interact to achieve an aesthetic treatment outcome. Surgically, the clinician is mainly able to influence the hard and soft-tissue architecture of the edentulous space, which in turn provides the soft-tissue frame for the prosthetic reconstruction.

A detailed evaluation of the site is required as a first step. Sites that are compromised by loss of bone and soft-tissue height may be difficult or impossible to reconstruct to the original pristine form. Limitations of treatment and the risk of adverse aesthetic outcomes need to be recognised, and communicated to the patient before the commencement of treatment.

A number of surgical factors are under the control of the clinician. Positioning the implant

in the correct restorative position is a critical determinant of aesthetic outcome. Malpositioned implants may be associated with adverse soft-tissue outcomes, including loss of papillae and recession of the midfacial mucosa.

Facial malposition can be a risk with immediate implants placed into extraction sockets. When multiple adjacent teeth need replacement with implants, the relative position, dimensions and number of implants are important surgical considerations. Adjacent implants if placed too close together risk loss of the bone between the implants, which in turn may cause flattening or a crater between the papilla. This can have very negative aesthetic implications.

As a general rule, adjacent implants should be avoided. Clinicians should also be aware of the dimensional changes that take place when multiple adjacent teeth are removed. It is often necessary to replace the missing soft tissue by addition of pink porcelain to the cervical regions of the prosthesis.

Ongoing modelling of the alveolar bone may cause flattening of the ridge and thinning of the mucosa over time. Clinicians should attempt to reconstruct the natural morphology of the ridge and mimic the appearance of a root eminence by grafting the external surface of the bone

with bone substitutes that have a slow turnover rate.

When adverse aesthetic outcomes occur, options for treatment depend upon the aetiology of the recession. Recession caused by inflammation or thin mucosa in an otherwise properly placed implant can usually be corrected with soft tissue (connective tissue) grafts.

With mucosal recession caused by facial malposition of implants, soft tissue grafting methods have limited success. In severe malposition cases, the only practical solution is to remove the implant, reconstruct the ridge and insert a replacement implant in an optimal axial position.

In summary, achieving acceptable aesthetic outcomes with implants depends upon proper evaluation of the site and technically proficient placement of the implant with adjunctive augmentation procedures. When adverse outcomes occur, treatment options are limited. The adage that "prevention is better than cure" holds true for implants and adverse aesthetic outcomes. **DTI**

### Contact Info

Dr Stephen Chen maintains a private practice in Melbourne in Australia. He can be contacted at [schen@balwynperio.com.au](mailto:schen@balwynperio.com.au)

## Freeing the industry



Troy Williams  
Australia

The decline in the Australian market for dental equipment can largely be attributed to the strong growth over FY2009-10 (Australian financial years running 1 July through to the following 30 June), the year in which product sales peaked.

The boost in that year was mostly due to two reasons. Firstly, tax breaks provided by the Australian Government in response to the global financial crisis led to a significant increase in expenditure on capital goods by dental practices. The thirty per cent small business and general business tax break, announced in the FY2008-09 Mid Year Economic and Financial Outlook (MYEFO), provided an additional thirty per cent tax benefit for businesses that committed to new capital investment between December 2008 and June 2009.

The scope of the small business and general business tax break was extended in the FY2009-10 Australian Government budget. The tax benefit on capital goods was increased from thirty per cent to fifty per cent and the time frame was increased from June 2009 to December 2010.

The impact of the Australian Government's stimulus measures was to bring-forward capital expenditure which, combined with a relatively softening in overall economic conditions, resulted in the subsequent decline in sales of equipment.

The overall decline in sales, although modest, reflects a moderating in the demand for dental services over the short-term.

With respect to a regulatory response to increase sales, the Australian Dental Industry Association (ADIA) does not believe that one is appropriate. The regulatory standards for dental product in Australia are based on a risk management approach designed to ensure public health and safety, while at the same time freeing industry from any unnecessary regulatory burden. Although there is the opportunity to streamline the process and accelerate the move towards international harmonisation and benefits naturally flow, these are medium to long-term policy priorities. **DTI**

### Contact Info

Troy Williams is the Chief Executive Director of the Australian Dental Industry Association. He can be contacted at [troy.williams@adia.org.au](mailto:troy.williams@adia.org.au).

# EU medical device laws to undergo revision

DTI

**BRUSSELS, Belgium:** The European Commission has announced a revision of the legislation governing medical devices in the EU dating from the 1990s. According to the European consumer organisation BEUC, the plans will affect a wide range of products, including dental filling materials, X-ray machines and various implants.

To date, medical devices in the EU have not been subject to any premarket approval by a regulatory authority but to a conformity assessment that involves an independent third party known as a notified body. The 80 notified bodies are monitored by the 27 member states. Once certified, devices bear the CE marking.

Recently, the existing directives have seen harsh criticism owing to the worldwide breast implants scandal caused by French manufacturer Poly Implant Prothèse. Earlier this year, it was found that the company had used industrial silicone instead of medical grade silicone for its breast implants, contrary to the approval issued by the notified body, according to the European Commission.

With the revision, the authorities aim to eradicate the flaws and gaps in the EU legislation, increase consumer protection, reduce risk and avoid costly recalls, said Monique Goyens, Director-General of BEUC.

The proposal includes stricter control of manufacturers and extends the definition of medical devices to include more products within the scope of the legislation. Moreover, it recommends closer monitoring of the notified bodies. A scrutiny panel is to be established for this purpose in order to assess medical devices according to certain risk-based criteria. Overall, the proposal is aimed at better product traceability.

“High-risk devices, such as implants, need much more thorough controls before being put on the market. Consumers must be given more and better information on medical devices while having the back-up of redress if things go wrong,” Goyens added.

Eucomed, a medical technology industry association that represents 22,500 European designers, manufacturers and suppliers of medical technology, however, has raised some concerns about the proposal. Although the organisation welcomes stricter control and monitoring, it believes that the measures would ultimately lead to a move towards a centralised premarket authorisation system, similar to the system found in the US, which

would affect European small and medium-sized companies negatively, Eucomed stated. With a centralised premarket system, patients would have to wait three to five years longer on average for the release of a device, according to the association.

Before the new regulations can be introduced, the proposal has to be approved jointly by the European Parliament and the Council of the European Union, which represents the governments of the member states. [DTI](#)



The EU Commission in Brussels has issued a proposal to review the existing regulations of medical devices in Europe. (DTI Photo courtesy of Jan Kranendonk)

AD

→ IN 1997 WE INVENTED PIEZOELECTRIC BONE SURGERY. NOW WE DID IT AGAIN.  
THE NEW MECTRON PIEZOSURGERY® touch

→ EXCLUSIVE GLASS TOUCH SCREEN, HANDPIECE WITH SWIVEL-TYPE LED LIGHT

mectron s.p.a., via Loreto 15/A, 16042 Carasco (Ge), Italia, tel +39 0185 35361, fax +39 0185 351374, www.mectron.com, mectron@mectron.com



mectron **PIEZOSURGERY®**  
medical technology





Experts believe that nitrile gloves cause contact allergies.

# Contact allergies owing to gloves: A growing problem in dentistry

Ben Adriaanse  
DT Netherlands

**HOUTEN, Netherlands:** In recent years, researchers have noted a significant increase in contact allergies to rubber additives among health care profes-

sionals. Although the cause of this cannot be stated with certainty, experts believe that nitrile gloves.

In the 1980s, the use of medical gloves made of natural rubber latex was introduced into

dentistry. Owing to an alarming number of allergic reactions caused by certain proteins contained in latex, synthetic alternatives like nitrile and vinyl gloves emerged shortly afterwards. While they, like other alternatives, score significantly lower in

comfort and elasticity, nitrile gloves are most commonly used by dentists.

According to Michiel Paping, director of Budev, a Dutch research and development company focused on natural rubber latex allergens, type I allergic reactions, which are immediate reactions to allergens in a product, are very rare nowadays owing to improved quality standards and production processes. Type IV reactions, however, are delayed reactions to the chemicals used in the production process and are more common and can arise in response to nitrile or vinyl. "In fact, I think that synthetic rubbers cause more contact allergies than natural rubber latex," he told *Dental Tribune Netherlands*.

"It is not the raw, unprocessed rubber that causes type IV allergic contact eczema but the excipients added during the manufacturing process, such as vulcanisation accelerators, plasticisers, fillers, antioxidants and colourants. Excipients are present in both natural and synthetic rubber gloves," said Prof. An Goossens, a contact allergy expert at KU Leuven's Department of Dermatology in Belgium.

In 2010, a soft nitrile glove was introduced that weighed only 2.5 to 3.5 g. The production lines were shortened and the vulcanisation was performed at lower temperatures to save costs and energy. However, concerns have been raised about the thinner gloves.

"Producing thinner gloves and thereby being able to fit more gloves in a shipment, saves costs for raw materials and transport. However, the production of such a thin product and vulcanisation at lower temperatures inevitably requires extra and new chemicals. In addition, it is unavoidable that thinner gloves will score worse in strength and permeability," said Paping after his company had tested various gloves with regard to these properties.

Alongside the growing number of contact allergies in recent years that are likely caused by added chemicals or antimicrobial agents, Paping and his team have observed an increase in allergic reactions in daily practice. "Recently, we have seen that the professional body is becoming alarmed. Despite this, I am concerned that the average dentist is not aware of this matter," he said.

"When health care professionals start working in practice, they use the same glove out of habit. When gloves are ordered, the responsible person most often looks for the cheapest prod-

AD



GREATER  
**NEW YORK**  
DENTAL MEETING

[WWW.GNYDM.COM](http://WWW.GNYDM.COM)

Sponsored by the New York County Dental Society and the Second District Dental Society

**No Pre-Registration Fee**

**The Largest  
Dental Meeting/  
Exhibition/Congress  
in the United States**

**MARK YOUR CALENDAR**

**Scientific Meeting:  
Friday - Wednesday,  
November 23 - 28**

**Exhibit Dates:  
Sunday - Wednesday,  
November 25 - 28**

**ATTEND AT NO COST**  
Never a pre-registration fee at the  
Greater New York Dental Meeting

**MORE THAN 600 EXHIBITORS**  
Jacob K. Javits Convention Center 11th Ave.  
between 34-39th Streets (Manhattan)

**HEADQUARTERS HOTEL**  
New York Marriott Marquis Hotel

**LIVE DENTISTRY ARENA - NO TUITION**

**LATEST DENTAL TECHNOLOGY  
& SCIENTIFIC ADVANCES**

**MORE THAN 350 SCIENTIFIC PROGRAMS**  
Seminars, Hands-on Workshops, Essays  
& Scientific Poster Sessions as well as  
Specialty and Auxiliary Programs

**EDUCATIONAL PROGRAMS  
IN VARIOUS LANGUAGES**

**SOCIAL PROGRAMS FOR THE ENTIRE FAMILY**

**ENJOY NEW YORK CITY AT ITS BEST  
DURING THE MOST FESTIVE TIME  
OF THE YEAR!**

**FOR MORE INFORMATION:**  
Greater New York Dental Meeting®  
570 Seventh Avenue - Suite 800  
New York, NY 10018 USA  
Tel: (212) 398-6922 / Fax: (212) 398-6934  
E-mail: victoria@gnydm.com

**2 0 1 2**

# US study suggests dentists cause implant failure

DTI

LOMA LINDA, Calif., USA: The indications and versatility of dental implants have increased, and so have complications. Researchers from the Loma Linda University School of Dentistry in the US have suggested that, regardless of patient risk factors like bruxism, successful long-term outcomes significantly depend on the experience of the clinician performing the procedure.

By reviewing the records of edentulous patients who had received full-arch maxillary and/or mandibular supported fixed complete dentures over a period of ten years, the researchers found that 12 per cent of implants failed when clinicians had less than five years of experience in the field. Implants were also twice as likely to fail if the surgeon had performed less than 50 implantations in his career, they report.

Other contributors to implant failure were identified as being related to the patient rather than

the implant. Almost every third patient with diabetes or a history of bruxism had experienced implant failure.

Other risk factors commonly associated with implant failure like the type of prosthesis used, smoking or implant location

were found to have less impact on long-term success, according to the researchers. They stated that the absolute rate of success was found to be 90 per cent.

Overall, the records of 50 patients treated with 297 implants at the school were reviewed. **DTI**



Dentists with little experience contribute to failures of the device.

AD

← **DTI** page 6

uct on the market. As a result, cheap gloves of unknown origin are sometimes used in dental care," Paping said.

According to studies conducted in Finland and the Netherlands, the quality of latex gloves today is evolving and most manufacturers have eradicated the proteins that can cause allergies from their production. However, currently there is insufficient data on the new generation of latex gloves but initial studies have shown promising results.

According to the experts, a change of thinking and a policy on rubber gloves based on neutral information is urgently needed. Currently, a number of inferior products on the market owing to the fact that CE markings can be awarded based on self-assessment in Europe, Paping said. He recommended the implementation of new standards to replace the CE marking in order to promote high-quality products that are flexible, cause as little sensitisation as possible and keep permeability as low as possible.

Contact allergies caused by gloves are a growing problem and should not be underestimated, the experts concluded. "With an annual global use of more than 150 billion pieces, the medical glove is something that requires serious attention," said Paping. "It is a condition that can threaten your career and you can develop it suddenly," he warned. **DTI**

(Edited by Claudia Duschek, DTI)

DUAL CURE CORE & RESIN CEMENT

NEW Shade & SLOW Version



Post cementation



Core build ups



Crown & Bridge cementation

**ParaCore®**

1 material – 3 indications

**New** shade translucent and two setting times

Optimal monoblock interface

Outstanding sealing and protection

Excellent retention & durable strength

www.coltene.com | contact

**COLTENE®**

001390





## Whatever happens:

With W&H restoration and prosthetic instruments you are always prepared.



PEOPLE HAVE PRIORITY

