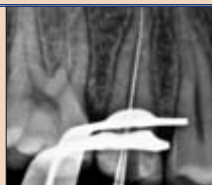




Spalinger speaks
Straumann's CEO about
the step into China

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Endodontics
How to remove
a fractured instrument

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Off time
Discover the strange
world of ToothVille

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Implant dentistry in Singapore gets boost

University of Washington endorses six-month course in surgical training

Daniel Zimmermann
DTI

HONG KONG/LEIPZIG, Germany: A dental implant training programme currently run by Singapore's largest private dental care centre T32 has been accorded recognition by the University of Washington (UW) in Seattle in the US. The programme, which saw its first students graduate in late September, was set up last year in partnership with Arrail Dental Group in China to offer dentists from both countries advanced training in key techniques required for dental implant surgery.

While dental education programmes between Singapore and other countries already exist, this is the first time that a US university has endorsed a training programme offered by a private dental clinic in the country. Besides consultation on the programmes, UW will also provide training and assessment on UW's main campus in Seattle for the final part of the course.

"Singapore is hugely important and recognised as a key



Dr Wong Keng Mun, Managing Director of T32 Dental Centre (middle), surrounded by staff. (DTI/Photo courtesy of Max PR, Singapore)

dental and health hub for Asia and we are delighted to partner T32 Implant Dental Training Centre to provide a robust course for dentists to continue their specialist postgraduate training, post graduate which in turn will benefit patients in Singapore and across the region," commented Dr Ariel Raigrodski, Associate Professor and Director of Graduate Prosthodontics at

UW's Department of Restorative Dentistry.

Singapore's Chief Dental Officer Prof. Patrick Tseng hailed the new partnership, which he said would provide more opportunities for dentists to update their knowledge and offer better quality dental care. Patients who may not be able to afford treatment with the latest dental techniques

will also benefit from the new programme, as they will be given treatment at a reduced cost treatment by qualified dentists under the guidance of the T32 Centre's trainers, he added.

Singapore has seen an upswing in the numbers of placed implants placed lately due to rising income and higher oral-health awareness amongst the population. [DTI](#)

Stem cell bank opens in Mumbai

Health care consulting company Gencoval Strategic Services in India has announced its partnership with a French biomedical institute to open the first dental stem cell bank in Mumbai. The new company Stemade Biotech will use a patented technology from Institute Clinident BioPharmain Aix-en-Provence in France to extract and preserve Dental Pulp Stem Cells derived from primary and wisdom teeth under cryogenic conditions for various therapeutic applications in the future, company officials said.

The latest research has indicated that adult stem cells, which can also be extracted from bone marrow and other parts of the human body, have the potential to treat non-communicable diseases like cancer or heart disease and to repair or regenerate entire organs. Dental Pulp Stem Cells have been found to form at least 29 different unique tissues, including dental enamel, dentine, blood vessels and nerve cells. [DTI](#)



Tan Jing (China) performing at a Spring Festival concert in Beijing. The 33-year old celebrity singer has been appointed ambassador for a new oral health awareness campaign by the Chinese government. (DTI/Photo courtesy of Xinhua News, China)

Dental corp sends help to Pakistan

Henry Schein, the largest dental company in the world, has donated health care supplies to the flood victims in Pakistan. The effort is part of the company's global social responsibility programme that supports non-governmental organisations during humanitarian emergencies. [DTI](#)

NZ reptile tested for use in dentistry

UK researchers have started to investigate the sophisticated interplay between jaws, muscles and the brain through skull and teeth of a NZ reptile species called Tuatara. Their studies could help to prevent damage to dental implants and jaw joints that occur after loss of periodontal ligament. [DTI](#)

UAE kids miss out on dental checks

The head of Dubai Dental Services of the United Arab Emirates' (UAE) Ministry of Health Dr Aisha Sultan has called on the central government in Abu Dhabi to increase spending on preventive oral-health programmes. She said that while other Middle Eastern countries like Bahrain have successfully implemented such programmes, the UAE still lacks political will to introduce regular dental checks of schoolchildren, especially in the country's neglected Northern rural areas.

According to the results of a national oral health survey conducted in early 2010, caries is highly prevalent in the primary dentition of most five year-old children living in the UAE. It also found that only 17 per cent of all children were complete caries free. [DTI](#)



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Aussi coalition agrees on more spending for dental care

Claudia Salwiczek
DTI

HONG KONG/LEIPZIG, Germany: The new coalition between the Australian Labor Party and the Australian Greens is giving greater priority to dental services. In a policy agreement signed by the new Prime Minister Julia Gillard (Labor) and Green Senator Bob Brown in September, party leaders agreed to raise more money for dental services in the 2011 federal budget. The commitment is seen as a first step in establishing a universal dental health care scheme, which has been in high demand by dentists and patients alike.

After two weeks of political deadlock, Labor recently regained power by winning support

Prime Minister Julia Gillard (left) greeting members of the new Parliament. (DTI/Photo courtesy of ALP, Australia)

of Green Members of Parliament to form a minority government against the Liberal-National Coalition. During the federal election campaign, senior Australian dental officials had criticised the lack of political commitment to oral health across the political landscape and urged all

parties to come up with new ideas regarding improving access to dental health care services in the country. (Please see ‘Australia: Oral health at stake in federal election’, *Dental Tribune Asia Pacific*, No. 7+8, 2010: 1).

Australian Dental Association (ADA) leader Dr Neil Hewson has welcomed the new agreement as an overdue step to improving federal funding for dental care. He said that his organisation will be open to discussing new initiatives like the ADA’s own DentalAccess scheme that aims to improve access to dental services for disadvantaged groups and people living in neglected rural areas, where patients often have to wait weeks or months for a dental appointment. [DT](#)

Malaysia opens advertising market for health professionals

Daniel Zimmermann
DTI

HONG KONG/LEIPZIG, Germany: Malaysia is currently liberalising provisions under the Sales and Advertising Act that will allow health care providers to advertise their services in all media. Restrictions placed on advertising abroad are also to be removed, according to the Ministry of Health. Under the previous act, promulgated in 1965, physicians

and dentists were only allowed to advertise through health care-related newspapers or magazines.

Malaysia’s Health Minister Datuk Seri Liow Tiong Lai told reporters that the government had decided to remove the ban to promote the country’s growing medical tourism market and raise the number of foreign patients from the current 350,000 to over 350,000. He said that although medical advertisements

still require approval from the ministry’s Medicines Advertising Board (MAB), waiting times will be shortened from six weeks to approximately a few days.

Currently, all medical advertisements, including websites, have to receive prior approval by the MAB. Advertisements containing false information can be rejected or even incur a penalty of up to RM3,000 (US\$725), or imprisonment of one or two years. [DT](#)

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Group Editor/Managing Editor DT Asia Pacific

Daniel Zimmermann
newsroom@dental-tribune.com
Tel.: +49 341 48474-107

Editorial Assistant

Claudia Salwiczek
c.salwiczek@dental-tribune.com

Publisher Torsten Oemus

Copy Editors

Sabrina Raaff
Hans Motschmann

President/CEO

Torsten Oemus

Marketing & Sales

Peter Witteczek

Director of Finance & Controlling

Dan Wunderlich

Marketing & Sales Services

Nadine Parczyk

License Inquiries

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Regional Offices

Asia Pacific

DT Asia Pacific Ltd.
c/o Yonto Risio Communications Ltd, 20A, Harvard Commercial Building, 105-111 Thomson Road, Wanchai, Hong Kong
Tel.: +852 3113 6177 Fax: +852 3113 6199

The Americas

Dental Tribune America, LLC
116 West 25th Street, Suite 500, New York, NY 10001, USA
Tel.: +1 212 244 7181 · Fax: +1 212 224 7185

India sets new World Record in oral health, heads for another

Daniel Zimmermann
DTI

HONG KONG/LEIPZIG, Germany: Indians have set a new *World Record for the Most People using Mouthwash* at the same time. Guinness World Records recently acknowledged the achievement that saw over 300 people line up and rinse their teeth simultaneously during a World Oral Health Day charity drive in Mumbai.

Indian Dental Association (IDA) officials, who organised the event in cooperation with dental products manufacturer Listerine, said that the successful record attempt was held to carry oral health messages around the country, where most people only use a toothbrush but avoid additional oral care measures such as mouthwash or dental floss. They said that the organisation has also teamed up with Colgate, another large manufac-



turer of dental products, to set a new record for the most dental check-ups delivered in one day. The event will take place during Oral Health Month in dental camps around New Delhi and Mumbai, and will be joined by Indian actresses Karisma Kapur and Shriya Saran. [DTI](#)

Guinness World Records Executive Adjudicator Jack Brockbank (middle) poses with participants in Mumbai. (DTI/Photo courtesy of Guinness World Records, UK)

AD

Philippine government investigates lab closure

Daniel Zimmermann
DTI

HONG KONG/LEIPZIG, Germany: The Philippine Department of Labor and Employment has started investigations into the sudden closure of a dental facility in the capital Manila that left over 400 workers jobless. The lab, which has been operating under the name Skytech International Dental Laboratories, was allegedly shut down due to bankruptcy over e-mail by its American owner in late August and without prior notice to management and staff, Filipino newspapers report.

Skytech has produced dental replacements, including crowns, bridges and dentures for clients in the Philippines and abroad.

The Department took up investigations after members of the leftist Bayan Muna party filed a resolution during a September parliamentary session that urged the government to immediately look into the matter and “craft measures to prevent similar incidents and ensure the protection of workers’ rights in this age, where major management decisions are relayed and implemented via electronic means.”

Department of Labor and Employment Secretary Rosalinda Baldoz announced it would request domestic and US governmental support to file legal action against the missing owner, who currently resides in the US. She also said that her Department would provide financial compensation to former Skytech employees and discuss measures regarding resuming operations, including the formation of a workers’ cooperative to handle unprocessed local and foreign orders.

Canadian investor Frontier Corporation is rumoured to have an interest in taking over Skytech’s business operations in the Philippines.

Besides other countries in Southeast Asia, the Philippines have become an important hub for the production of dental replacements that cost a minimum there to make, compared to laboratory work produced in Europe or the US. [DTI](#)



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Dear reader,



Daniel Zimmermann
DTI

Are you looking for a new dental lab? Well, just step into your front yard and you will find plenty of them.

There is no doubt that denture making has become a flourishing business in the region, particularly in South East Asia. In countries like the Philippines, Thailand and Vietnam, there are now large facilities producing huge amounts of low-cost dental work not only for dentists in Singapore or Japan but, increasingly, overseas.

However, low prices often come at a high cost. In this case, it's the technicians who do not only earn significantly less for doing exactly the same work as their Western counterparts but who also have to cope with poor working conditions. Dentists should remember this next time they consider sending an order to Manila or Hanoi.

Don't get me wrong, dental work made in Asia CAN be a thriving business. However, dentistry should not repeat the mistakes that other industries have already made in this part of the world. A recent study from Canada found that dentists increasingly put quality over price. Let them be an example to the whole profession. **DT**

Yours sincerely,

Daniel Zimmermann
Group Editor
Dental Tribune International



The politics of a dental plan for Australia



Prof. John Spencer
Australia

Two separate worlds of dentistry exist in Australia. Readily accessible, high quality dental services for high-income Australians are supported by over a billion dollars of federal spending via insurance rebates and uncapped programmes for baby boomers with the personal resources to negotiate medical funding for those with chronic diseases. Middle and low income Australians, the majority of the population, face either affordability barriers for private dentistry or a scarcity of resources for public dentistry barely maintained by state and territory governments. This is an unfair and unjust situation.

Policy directions have been proposed, not the least by the National Health and Hospitals Reform Commission in 2008 and 2009. The boldest proposal was

a universal social insurance scheme for dental services. While its costs, community or professional support might be debated, what seems irrefutable is the need to decide on a long-term direction for financing reform and make an immediate start on an incremental implementation. The insurance proposal was accompanied by policy on a dental graduate residency year, a revitalisation of dental services for children and an investment in oral health promotion, which have all been less controversial, but also stalled.

While the universal dental insurance scheme seemed to be stalled by professional opposition and its full implementation cost, the recent Australian federal election has brought all the former proposals back to life. Specifically the Australian Labor Party has been forced to agree to "urgent further action on dental care ... in the context of the 2011 Budget" in an agreement with the Australian Greens so as to form the new Gillard minority government. Similar interest in dental

care has been shown by the 'cross-bench Independents' who have also been crucial in determining who governs Australia.

The hope is that the Gillard Government will pursue a similar approach to other contentious policy areas and form a 'working group' under the Federal Cabinet with all parties, the Independents represented and a small number of experts to drive policy in the lead up to the 2011 Budget. It is not beyond Australians to develop detailed policy that could steer a path through competing self-interests and arrive at improved oral health and fairer access to dental services in Australia. **DT**

Contact Info

Dr John Spencer is Professor of Social and Preventive Dentistry at The University of Adelaide in Australia and Director of the Australian Research Centre for Population Oral Health. He can be contacted at john.spencer@adelaide.edu.au.

Education reloaded



Claudia Salwiczek
DTI

Continuing education (CE) has become essential for dentists across the globe to stay competitive and to be able to deliver quality dental care to their patients.

I am proud to inform you that Dental Tribune will broaden its CE portfolio in 2011 and start to include ADA CERP accredited articles in most of its international magazines, including *cosmetic dentistry*, *roots* and *CAD/CAM*.

These articles will be available in the magazines and on the Dental Tribune Study Club platform (www.dtstudyclub.com), where readers will be also able to go through the accreditation process.

A minimum of one ADA CERP credit will be awarded per article. For subscribers to the print editions, access to the CE quiz will be free. Non-subscribers can also access the article via the DT Study Club website for a small fee.

I invite you to participate in this new endeavour and hope you will benefit from it. **DT**

Contact Info

Claudia Salwiczek is working as specialty editor for Dental Tribune International in Leipzig in Germany. She can be contacted at c.salwiczek@dental-tribune.com.

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PROMEDICA

One in five Italian dentists not qualified to practise

Daniel Zimmermann
DTI

LEIPZIG, Germany: A large number of dentists and dental technicians in Italy are practising illegally. According to estimates from the National Association of Italian Dentists (ANDI), approximately one in five or a total of 15,000 dentists are not qualified to practise. The organisation admitted that there might

be over 1,000 bogus dentists in Rome alone.

Practising dentistry without being qualified to do so is common in Italy, with many clinics and practices operating undetected for many years—even decades. In September, police raids in Palermo and three other cities found at least seven clinics that employed dentists who were not qualified to practise den-

tistry. However, only very few unqualified dentists are prosecuted. Last year, fewer than 500 people were charged with the unauthorised practice of the dental profession, according to police reports.

ANDI said that most illegal dentists are able to practise dentistry through diplomas gained from countries that recently entered the EU or from South



CDT/Photo-phonotomik

American countries, where educational standards are generally lower. The penalty for the unauthorised practice of dentistry in Italy is six months' imprisonment or a fine of € 500 to 600. [DTI](#)

AD

Nano paint fights off superbacteria

Claudia Salwiczek
DTI

NEWYORK, USA/LEIPZIG, Germany: The emergence of antibiotic-resistant bacteria is becoming a major challenge in the fight against hospital-related infections. Researchers from New York and Albany in the US have now reported the successful testing of a new nanoscale coating that can be used for surgical equipment or hospital walls and that kills even super-resistant bugs like *Methicillin-resistant Staphylococcus aureus* (MRSA) within 20 minutes of contact.

MRSA is a bacteria strain usually found on the skin and sometimes nasal passages of healthy people from where it can make its way into the body through cuts or medical equipment accessories like catheters and breathing tubes. Infections caused by MRSA are difficult to treat because they do not respond to antibiotics used to treat staphylococcus infections, such as penicillin or cephalosporin. In countries like Australia, more than 700 patients die of MRSA-related infections each year.

The new coating, which is based on a natural enzyme called lysostaphin, can be used with any type of surface finishes, the researchers said. It is only toxic to MRSA and works by first attaching itself to the bacterial cell wall and then killing it by slicing it open.

“It’s very effective. If you put a tiny amount of lysostaphin in a solution with *Staphylococcus aureus*, you’ll see the bacteria die almost immediately,” said Prof. Ravi Kane, Department of Chemical and Biological Engineering at the Rensselaer Polytechnic Institute in Troy, New York. “At the end of the day, we have a very selective agent that can be used in a wide range of environments—paints, coating, medical instruments, door knobs, surgical masks—and it’s active and it’s stable.”

Kane added that the coating has a dry storage shelf life of up to six months and can be washed repeatedly without loss of effectiveness. [DTI](#)



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Salvador da Bahia

Experts discuss dentine hypersensitivity at forum

Daniel Zimmermann
DTI

SALVADOR DA BAHIA, Brazil/ LONDON, UK: Experts in the field of dentine hypersensitivity gathered last month at the FDI's Annual World Dental Congress in Salvador da Bahia, Brazil, to

discuss the latest developments and updates in managing the condition.

Prof. Martin Addy, lecturer at the University of Bristol's School of Oral and Dental Sciences in the UK, set the scene by considering the accepted

definition of hypersensitivity and possible reasons for the condition. He described the history of the profession's knowledge of dentine hypersensitivity as "An enigma being frequently encountered but ill-understood", quoting Johnson *et al.* (1982). Although there has been an awareness of the condition for more than 100 years, much is still unknown about it.

To define dentine hypersensitivity, Prof. Addy looked to Holland *et al.* (1997): "Dentine hypersensitivity is characterised by short, sharp, pain arising from exposed dentine in response to stimuli, typically thermal, evaporative, tactile, osmotic or chemical and which cannot be ascribed to any other form of dental defect or pathology." He commented that it is very difficult to diagnose sensitivity clinically, as sensitive and non-sensitive dentine look similar at the level at which a clinician sees dentine.

Prof. Addy described the most accepted theory for hypersensitivity—hydrodynamic theory. Explaining the hydrodynamic mechanism in relation to the teeth, he referred to a study in which a sensitive tooth and a non-sensitive tooth were analysed. It demonstrated that the sensitive tooth had eight times the number of tubules, and that the tubules themselves were twice the diameter of those in the non-sensitive tooth.

Next to speak was Prof. Nicola West from the University of Bristol Dental Hospital. In her presentation, Dentine hypersensitivity: The importance of patient factors, she looked at the aetiological factors for hypersensitivity. She highlighted the behavioural effect of dentine hypersensitivity on patients whose quality of life is impaired by the condition. Prof. West focused on the issue that dentine needs to be exposed to cause hypersensitivity and that the exposure is mainly caused by gingival recession, compromise of gingiva by periodontal disease or enamel erosion.

Gingival recession is often caused by trauma to the margins, usually by the vigorous brushing of the sufferer. Prof. West advised looking at patients' toothbrushes and their brushing methods when seeking a cause for hypersensitivity, but did caution that this may be difficult, as patients will modify their behaviour when being observed.

Prof. West also discussed enamel erosion at length. She explained the difference between intrinsic (i.e. gastro-oesophageal reflux disease) and extrinsic (i.e. acid challenges

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caused by food and drink) erosion. In considering extrinsic erosion, she focused on the acidic challenges to teeth as a result of the diet of a hypersensitivity sufferer. Many of the problems appear to stem from the number of acidic drinks available. According to 2009 sales figures for soft drinks in the UK, a staggering 229.1 litres of soft drinks are consumed per person per year; that's 0.65 litres a day! For a person susceptible to erosion, this can present a significant acidic challenge to teeth.

Prof. West called for routine screening for tooth wear and erosion, especially in face of the rise in patient and tooth longevity and the availability of treatments to help reduce the severity of the sensitivity for patients. She also listed some recommendations for patients: reduce frequency of acid exposure; avoid acidic foods and drink at night-time; no swishing or frothing drinks around the mouth; avoid brushing teeth directly after an acidic challenge.

The next presentation was by Dr Stephen Mason. His presentation, Sensodyne Rapid Relief—instant and long-lasting protection, detailed the latest GSK product offering to combat sensitivity. Dr Mason detailed the different formulations of Sensodyne in the past using strontium chloride and the particular challenges this presented, namely a taste many consumers disliked and non-compatibility with fluoride.

Strontium chloride was then surpassed by strontium acetate because of its compatibility with fluoride, non-staining properties and improved taste. This has now been developed into a marketable product called Sensodyne Rapid Relief. Dr Mason discussed some of the clinical research that has been conducted for the Rapid Relief product, first against a fluoride control toothpaste and then against a competitor brand using 8% arginine calcium carbonate. The studies demonstrated that there was a marked reduction in pain felt by the subjects both after immediate application with a pea-sized amount directly to the tooth, and after set periods of time brushing twice a day. In nearly every study, the group using Rapid Relief demonstrated the most improvement.

The final speaker at the symposium was Prof. Eduardo M.B. Tinoco, Associate Professor at Rio de Janeiro State University. His presentation, Practical approaches to management of dentine hypersensitivity in practice, considered the diagnosis and management of sufferers in practice. After a brief overview of the prevalence, possible causes and definition of dentine hypersensitivity, which Prof. Addy had already covered in more depth, Prof. Tinoco then posed the question “Dentine hypersensitivity: How do I treat this?”

A good starting point for managing hypersensitivity in practice once a correct diagnosis has been made and other causes have been excluded or treated, said Prof. Tinoco, is the identification of aetiological factors and their exclusion by means of diet modification or oral-health instruction. Other factors he discussed beyond those already mentioned in previous presentations included occupational

factors, such as the damage sustained by competitive swimmers and professional wine-tasters. Obviously, wine piqued the attention of many attendees!



Prof. Tinoco explained the way in which to taste wine properly: “To experience the taste of a wine fully, swirl a little bit of it in your mouth to cover all your taste-

buds. Take a moment to enjoy the flavour before either swallowing or spitting out the wine. In addition to the initial taste, you will find there is also an aftertaste to the wine, usually referred to as the finish.”

Prof. Tinoco then discussed treatment adjuncts, both for patients at home and clinical interventions in surgery. Clinical treatments included the use of varnishes and primers; the use of glass ionomers to cover the affected

area; laser treatments or mucogingival surgery.

He concluded that there should be proactive screening of all patients to help with correct diagnosis. Advising patients about diet modification etc. should help remove or modify the severity of the sensitivity, and the recommendation of brushing with a desensitising toothpaste twice daily, as well as rubbing it on affected areas is an extremely efficacious, low-cost, non-invasive treatment. **DT**

AD



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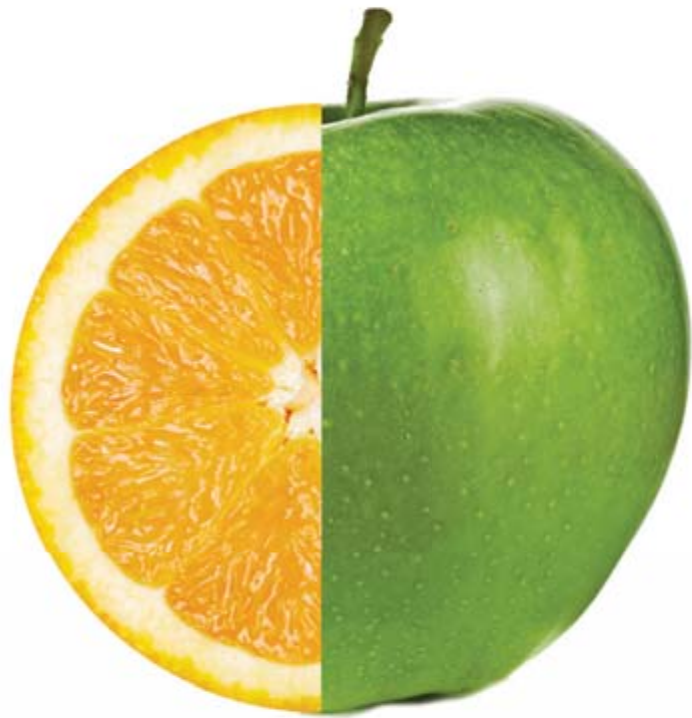


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Canadian dentists in favour of local labs

Daniel Zimmermann
DTI

TORONTO, Canada/LEIPZIG, Germany: Fewer dentists in Canada are having their denture prescriptions fabricated in the US or offshore in countries like China, a new survey by the Dental Industry Association of Canada (DIAC) has revealed. Of the 1,000 dentists who participated in the survey in 2009,

only 2.3 per cent sent their prescriptions outside the country—a decline of 4.6 per cent compared with the 2008 survey.

Dentists who responded to the DIAC questionnaire saw “consistent quality” and “better communication” as the main factors in choosing dental labs. Pricing as a factor ranked second place after being a leading factor for two consecutive years.

Faster case turnaround was the third highest ranked factor in the survey.

According to the Canadian Dental Association, there were slightly over 2,000 dental technicians working in the country's couple of hundred dental labs in 2009. Despite a drop in the number of tooth extractions performed by dentists and the promotion of dental health, the num-



(DTI/Photo: Alexander A. Trofimov)

ber of dental technologists, technicians and laboratory bench workers has increased slightly in

recent years, owing to the development of new types of prostheses that require more work. **DTI**

Universal nano hybrid restorative launched by VOCO

LEIPZIG, Germany: The German manufacturer of dental materials VOCO is launching a new universal nano hybrid restorative for all cavity classes in October. Grandio[®]SO can be used for a wide range of indications including class I to V restorations, the reconstruction of traumatically injured anterior teeth or the correction of shape and colour to enhance aesthetic appearances. Interlocking and splinting of loosened teeth, core build-up for crowns, and the fabrication of composite inlays are other indications covered by the material, the company said in a press release.



According to CEO for Marketing and Sales, Olaf Sauerbier, Grandio[®]SO is currently the most tooth-like material on the market due to its physical parameters and their interaction. He said that the composite's very high filler content, low shrinkage, as well as high compressive and flexural strength will dentists help to achieve durable and, at the same time, aesthetic restorations. The material is also offering improved thermal expansion behaviour, a very high surface hardness as well as an optimal balance of translucence and opacity, he added.

Grandio[®]SO has shown to combine exceptionally long workability under exposure to light with very short setting times (10 seconds per 2 mm increment) during subsequent polymerization. It also exhibits good plasticity without tending to stick to the instruments.

Grandio[®]SO comes in 16 different shades including two new shades (VCA3.25, VCA5), which according to Sauerbier have been in demand for a long time. It is available in the form of rotating syringes and caps. **DTI**

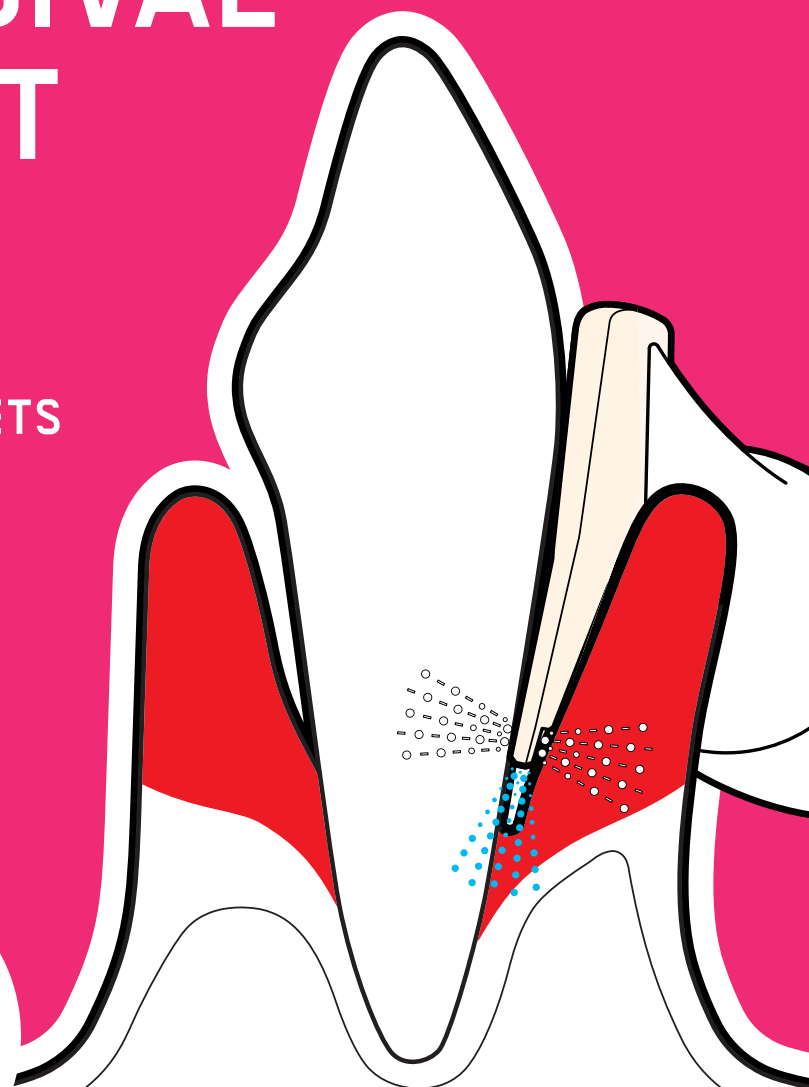
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