

DENTAL TRIBUNE

The World's Dental Newspaper · Asia Pacific Edition

PUBLISHED IN HONG KONG

www.dental-tribune.asia

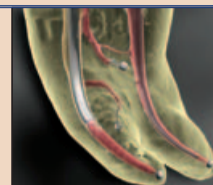
No. 6 VOL. 7



Swine flu pandemic
An interview with Prof. Samaranayake, Hong Kong
▶ Page 3



Dental hypersensitivity
Prof. Ngo from Singapore about diagnosis & treatment
▶ Page 11



Hands-on Endo
The continuous wave obturation technique
▶ Page 23

India approves new dental schools

Daniel Zimmermann
DTI

HONGKONG/LEIPZIG, Germany/ NEW DELHI, India: The Minister of Health and Family Welfare in India, Shri Ghulam Nabi Azad, has approved 150 educational institutions, including a significant number of medical and dental colleges. He also directed the country's Medical and Dental Councils to take up pending recommendations of colleges as soon as possible so that semesters could begin by 1 August, the newspaper the *Times of India* reports.

In India, each institute offering medical or dental education needs annual clearance from the Ministry of Health and Family Welfare based on recommendation by the two councils.

Officials have justified the large number of approvals by the many applications that had been pending approval for several years and numerous public complaints of undue delay in the processing of cases. However, the approvals come at a time when there is growing concern for the future employment of dental graduates. According



Shri Ghulam Nabi Azad (third from left) during the celebration of the International Day against Drug Abuse and Illicit Trafficking on 26 June in New Delhi. (DTI/Photo: Viney Bhushan)

to a *Times of India* report, many dental graduates in India are forced to quit dentistry and work in other, more lucrative jobs.

Education regulators have also been said to turn a blind eye to quality in their haste to recognise private professional institutions. Azad made clear that no intermediaries would be tolerated in his ministry for clearing any medical institute application. He asked for complaint boxes to be placed at his office and residents

to receive complaints against any person seeking illegal endorsement, either in medical councils or in the Ministry.

"What is needed in India is a national workforce strategy that is carefully devised and implemented," Prof. Raman Bedi, former Chief Dental Officer in the UK and founder of the new Indian dental community *Dentalghar*, told *Dental Tribune Asia Pacific*. "With higher demands for quality dentistry by local people, dental

tourism, postgraduate training opportunities etc., many dentists will stay in India instead of going abroad."

Dental education in India has grown in recent years and India now ranks first in the world in having the highest number of dental schools. The country has 280 dental institutions, which produce between 15,000 and 20,000 Bachelor of Dental Surgery graduates every year. [DTI](#)

FDI chooses DTI for congress paper

HONGKONG/LEIPZIG, Germany: Official news at this year's World Dental Congress in Singapore will be provided by Dental Tribune International. According to a contract signed between the FDI World Dental Federation and the Hong Kong-based publisher, DTI will produce an edition of the FDI's *Worldental Daily* title for each day of the congress from Thursday to Saturday.

It will not be the first time that the FDI has partnered with Dental Tribune International. The first daily newspaper produced by DTI was presented in 2005 at the FDI World Dental Congress in Montréal in Canada. Following this, DTI produced the daily newspaper for the annual congress in Shenzhen in China, Dubai in the UAE, and Stockholm in Sweden.

The paper will be distributed free to participants at the World Dental Congress in Singapore. It will also be available online at the FDI website. [DTI](#)



A technician at the German Fraunhofer Institute is testing a newly developed system for scanning teeth. (DTI/Photo courtesy of Fraunhofer Society) ▶ WORLD NEWS, page 7

Oral health of Aussie kids declines

The latest report on children in Australia, released by the country's Institute of Health and Welfare, indicates a slight increase in tooth decay. The Institute said that the increase is related to dietary patterns and recent changes in school dental programmes. [DTI](#)

Mobile health care for Taiwan

More people in Taiwan will soon be able to receive government health care, following the Department of Health's acquisition of 11 additional dental chairs and 6 vehicles equipped with medical equipment such as X-ray units to serve remote areas. [DTI](#)

Fair commits to cooperation in education

Malaysia's Deputy Minister in the Prime Minister's Department Datuk S.K. Devamany has addressed the need for further cooperation in the field of higher education between his country and the Republic of India. Speaking at this year's India Education Fair in Kuala Lumpur in June, he invited Indian colleges from different fields, including dentistry, to establish branch campuses in Malaysia. He also encouraged students from India to consider the educational opportunities that his country has to offer instead of travelling to Europe or the US.

The 2009 India Education Fair held in conjunction with the 17th Conference of Commonwealth Education Ministers showcased 25 colleges and schools from India. The Fair aims for better cooperation between educational institutions in both countries. [DTI](#)



Distinguished by innovation

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

www.ivoclarvivadent.com

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

ivoclar
vivadent
passion vision innovation

AD

**UPCOMING
WEBINARS**

**DENTAL TRIBUNE
DT STUDY CLUB**

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

DENTAL TRIBUNE AMERICA IS AN ADA CERP RECOGNIZED PROVIDER

Web 2.0 Marketing (Part 5 of 6)

07 JULY **Mary Kay Miller**
Thursday, July 7, 2009
7-8:30 p.m. EST

What is it ... and is social networking the right marketing tool for you?

Pm **1h** **95**
CE USD

REGISTER ON WWW.DTSTUDYCLUB.COM

World Class Obturation for General Dentists

29 JULY **Dr. David Clark**
Wednesday, July 29, 2009, 7-8:30 p.m. EST
The implant era has raised the bar for endodontics as new tools and techniques allow for the next level of endodontic excellence. But can endodontics be minimally invasive? Biomimetic? Last as long as implants?

En **1h** **95**
CE USD

REGISTER ON WWW.DTSTUDYCLUB.COM

YouTube ... The Video Granddaddy of Social Media (Part 6 of 6)

06 AUG. **Mary Kay Miller**
Thursday, August 6, 2009
7-8:30 p.m. EST

YouTube is the No. 1 video networking site on the Internet today. Learn the dos and don'ts when using YouTube to promote your practice.

Pm **1h** **95**
CE USD

REGISTER ON WWW.DTSTUDYCLUB.COM

DTSC Online Masters, featuring the Roots Summit and the Implants Summit

08 AUG. **Various speakers**
Saturday, Aug. 8, 2009, 10 a.m.-5:30 p.m. EST

A full day of Webinars covering various topics in endodontics and implantology, taught by opinion leaders in the industry.

En **Im** **7h** **FREE**
CE

REGISTER ON WWW.DTSTUDYCLUB.COM

BECOME A FREE MEMBER

WWW.DTSTUDYCLUB.COM

Asia News

New Zealanders brush dentists off

A nationwide survey has found that 35 per cent of women and 25 per cent of men in New Zealand postponed a visit to the dentist last year because of the recession. The poll undertaken by toothbrush manufacturer Oral-B revealed that the cutback was restricted to adults, as 3 per cent of parents admitted not postponing their child's annual dental check-up.

The result is another setback for the country, which already has poor oral health. Despite efforts to improve access to dental services through National Health Targets, the utilisation of these services has declined in recent years to less than 60 per cent, according to the latest statistics from the Ministry of

Health. The new findings show that dental visits are still of low priority for many people.

Commenting on the results, the President of the New Zealand Dental Association, Dr Mark Goodhew, urged New Zealanders to realise that by not having regular dental check-ups, they are putting their health at risk. He said that oral cancer, for example, could be detected early with regular dental check-ups. Gum disease is also possibly linked to heart disease, he said.

"Spending just NZ\$90 to NZ\$120 once a year on a check-up could save you thousands in the long-term," Dr Goodhew ex-

plained. "A simple check-up might even save your life if you have something serious that's picked up and can be treated."

Besides oral-health expenditures, the poll also investigated other spending habits of New Zealanders during the current economic downturn. Tobacco companies' profits, for example, are being affected, as a third of male smokers and nearly a quarter (23 per cent) of female smokers surveyed said they had cut back because of money worries. Alcohol expenditure was also down, with a third of Kiwi drinkers surveyed saying they had cut back owing to financial concerns in the past year. □

Standardised guidelines needed for ASEAN agreement, PDA president says

Claudia Salwiczek
DTI

HONG KONG/LEIPZIG, Germany: The president of the Philippine Dental Association, Dr Leo Gerald R. de Castro, has called for standardised guideline procedures on the delivery of health services following a recent agreement of the Association of Southeast Asian Nations (ASEAN) to allow dentists from the Philippines to work in other member states. De Castro said that currently not all countries in the ASEAN region have established standard guidelines on the matter of Continuing Professional Education (CPE) and these circumstances could lower the chances of employment for Filipino professionals in these countries.

Castro told *Dental Tribune Asia Pacific* that consultation with the



Dr Leo Gerald R. de Castro

various heads of professions involved in this agreement should have taken place prior to forging ties with the ASEAN neighbours which could have led to further ironing of kinks in the programme, thereby making it a better-laid out foreign reciprocity programme. He added

that countries like Singapore, Taiwan, Japan and Korea have had guidelines in place long before the agreement was made, but in the Philippines, the system was stopped and the earning of CPE points became optional for almost ten years.

"Recently, owing to the passage of the new dental law in the Philippines, the acquisition of CPE credit units became mandatory again, but unfortunately, the almost ten-year lull took away precious credit units earned by our dentists," de Castro said. "As a member of the academe, a part of me, views this as a noble programme but the other part disagrees in the sense that not all member countries are on equal footing."

The new agreement was closed during an meeting of the ASEAN education ministers in April. It will be effective in August this year. □

International Imprint

Licensing by Dental Tribune International

Publisher Torsten Oemus

Group Editor/Managing Editor *DT Asia Pacific*

Daniel Zimmermann
newsroom@dental-tribune.com
Tel.: +49-341/4 84 74-107

Editorial Assistants

Claudia Salwiczek
c.salwiczek@dental-tribune.com
Anja Worm
a.worm@dental-tribune.com

Managing Editor *German Publications*

Jeannette Enders
j.enders@dental-tribune.com

Copy Editors

Sabrina Raaff
Hans Motschmann

International Editorial Board

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

President/CEO

Peter Witteczek

Director of Finance & Controlling

Dan Wunderlich

Marketing & Sales Services

Nadine Parczyk

License Inquiries

Jörg Warschat

Accounting

Manuela Hunger

Product Manager

Bernhard Moldenhauer

Executive Producer

Gernot Meyer

Ad Production

Marius Mezger

Designer

Franziska Dachsel

DENTAL TRIBUNE

The World's Dental Newspaper · Asia Pacific Edition

Published by Dental Tribune Asia Pacific Ltd.

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

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

Dental Tribune International

Holbeinstr. 29, 04229, Leipzig, Germany
Tel.: +49-341/4 84 74-502 Fax: +49-341/4 84 74-175
Internet: www.dti-publishing.com E-mail: info@dental-tribune.com

Regional Offices

Asia Pacific

Yonto Risio Communications Ltd
Room A, 26/F, 589 King's Road, North Point, Hong Kong
Tel.: +852-3115-6177 Fax: +852-3115-6199

The Americas

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

“I do not think we should panic”

An interview with Prof. Lakshman P. Samaranayake, Chair Professor of Oral Microbiology at the University of Hong Kong, about the Swine Flu A (H1N1) pandemic

Dental Tribune: Prof. Samaranayake, the WHO recently classified the outbreak of H1N1 as a global pandemic. What infection-control procedures would you recommend?

Prof. Lakshman P. Samaranayake: It is unlikely that many patients with acute respiratory illnesses will visit the dentist for elective procedures. However, should such a patient visit the dentist, the following precautions should be taken. The primary goal of infection control is to prevent transmission of disease. Early detection of a suspected or confirmed case of swine influenza and prompt isolation from susceptible persons will reduce the risk of transmission. To prevent such transmission of respiratory infections, respiratory hygiene infection-control measures—so called ‘cough etiquette’—should be implemented at the first point of contact with a potentially infected person.

During the outbreak of SARS in 2003, patient enrolment in Hong Kong was at a record low. Is Hong Kong experiencing similar developments owing to the outbreak of H1N1?

It is unlikely that we will see a drop in patient enrolment as in the SARS epidemic period, mainly because the Swine Influenza A, though highly infectious, is much less severe in terms of the morbidity and mortality. In Hong Kong, none of the patients with swine flu has developed complications of normal flu, such as pneumonia. But, as you know, during the SARS outbreak, the death rate in some regions of the world, including Hong Kong, reached 20 to 40 per cent.

Also, at the Prince Philip Dental Hospital during the SARS period, the patient attendance rate dropped by about 50 per cent. Yet, we have not seen a significant decline in patient enrolment numbers during the recent weeks, even after WHO declared swine flu a pandemic. This perhaps is an indication that there may not be a drop in patient enrolment rates at private practitioner surgeries.

Experts have warned that the H1N1 virus could combine with avian flu and mutate to a more virulent form. Do you consider this a realistic scenario?

That is a very difficult question to answer. Historical data indicates that different flu strains can combine and jump from birds to pigs, pigs to humans and humans to pigs. Given this scenario and the rapid rate at which flu viruses mutate, it is not unlikely that we will see a more virulent combination form of the H1N1 virus.

The best strategy under these circumstances is to be aware of the possibility of a virulent strain emerging and be prepared, but I do not think we should panic.

Keeping an adequate stock of antiviral medicines, as done by most health authorities in the developed world is always useful, although we do not know whether the newly emergent variant strain would be susceptible to the standard anti-flu drugs such as Tamiflu. Lastly, proper environ-

mental hygiene measures, including cough etiquette and hand hygiene, should be practised by all, and this should be a community effort starting from now on.

Do you think that the dental community in Asia is adequately prepared for a pandemic?

I am unable to respond to this question, but I am heartened by the fact that publications such as the *Dental Tribune* help publicise the pandemic and provide timely information to its readers. There are many informative web sites that provide up-to-date coverage of the pandemic. For example, the Centers for Disease Control and Prevention (CDC) in the US provide important and concise information on H1N1 to dental health-care providers. Interim guidance for clinicians regarding case identification, infection

control for care of patients with confirmed or suspected virus infection in a health-care setting, mask and respirator use, and other topics pertinent to dentistry can be found at the main CDC swine flu website at www.cdc.gov/swineflu in the section titled *Guidance for Professionals*. As this information is updated regularly, colleagues are urged to visit these and related web sites frequently.

Thank you very much for the interview. □

AD

IPS e.max

All-ceramics?

IPS e.max is the solution

- Highly aesthetic lithium disilicate ceramic for single-tooth restorations
- High-strength zirconium oxide for bridges
- Freedom of choice between press and CAD/CAM technology
- A single veneering ceramic ensures simple procedures and outstanding aesthetics
- More flexibility, as either conventional or adhesive cementation techniques can be used



IPS e.max – One system for every indication

www.ivoclarvivadent.com

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

Ivoclar Vivadent Marketing Ltd. (Liaison Office) India
503/504 Raheja Plaza | 15 B Shah Industrial Estate | Veera Desai Road, Andheri (West) | Mumbai 400 053 | India
Tel.: +91 (22) 2673 0302 | Fax: +91 (22) 2673 0301 | E-mail: info@ivoclarvivadent.firm.in

Ivoclar Vivadent Marketing Ltd. Singapore
171 Chin Swee Road | #02-01 San Centre | Singapore 169877 | Tel.: +65 6535 6775 | Fax: +65 6535 4991

ivoclar vivadent
passion vision innovation



Dear reader,



Daniel Zimmermann
DTI

When I started writing this editorial, news broke of Michael Jackson's death. Although I have never been a fan of the 'King of Pop', his passing puzzled me deeply. How could a man that was supposed to perform 50 concerts in London over the next six months suddenly die from cardiac arrest?

According to news reports, the possible cause of his death was incorrect administering or use of medications such as with Propofol, a strong anaesthesia used in medical contexts such as intensive care units or surgeries. If a doctor facilitated such a medication for Jackson and it is found to have caused his death, he or she could be prosecuted for manslaughter.

Whatever the outcome of the ongoing investigation may be, this is a clear example of increasing unethical health care practices in the United States. Jackson, who despite being in severe debt, was still wealthy enough to afford any medical service, surgery or medications he desired. Over 50 million Americans still do not have access to health insurance. Therefore, the world should mourn the 800,000 people that die of cardiovascular disease every year in the US; deaths which could often be prevented by the provision of adequate health care such as heart screenings and other preventative measures.

Fortunately, recent signs from the White House indicate that President Barack Obama is taking health care reform seriously and this time there is actually a chance that it could be done. However, what the US system needs more than money is an ethical discussion that leads to only one conclusion—to treat health care not as a market commodity but as a public benefit institution. ■

Yours sincerely,

Daniel Zimmermann
Group Editor
Dental Tribune International

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



Resolved: 2009 will NOT be the end of the orthodontic specialty



Brett Blake
USA

In the 22 May, 2000, issue of *Time Magazine*, orthodontics was listed as one of 10 careers that would disappear in the "new millennium." At the time, that prediction seemed ridiculous, not even worthy of consideration. Now, as we approach the close of the first decade of this millennium, there is evidence that might lead one to believe that the profession might be at risk after all.

I'm among the tens of thousands of parents who sent their children to receive orthodontic treatment from a dentist. My two oldest children went to their paediatric dentist to receive treatment. It wasn't until I started working with orthodontists that I learned the difference between a dentist who has "orthodontics" on their door and a specialist who is a practicing orthodontist. Now that I know, my two youngest children are being treated by an orthodontic specialist.

As a parent and a businessperson, I was surprised to learn general dentists were legally allowed to practice orthodontics. I was even more surprised to learn general dentists actually

perform more orthodontic cases than do specialists. Are orthodontists aware that in the United States there are more general practitioners (GPs) "trained" to perform orthodontic procedures with aligners than total orthodontists? Align Technology reported it has trained more than 51,000 GPs and has nearly 25,000 GPs now submitting cases, according to its 2008 investor reports.

It now appears GPs have been seeing dramatic increases in their share of all orthodontic cases for most of this past decade. For example, an analyst report published in January 2008 by Piper Jaffrey estimated that in 2005 there were more aligner procedures performed by GPs than by orthodontic specialists. That same report estimated that GPs continue to perform more and more new orthodontic cases each year and are estimated to have performed about 5 per cent of total orthodontic case starts in 2008.

What is shocking to me is the lack of response from the orthodontic profession. Orthodontists are standing still as their profession is being hijacked by their GP colleagues. Do orthodontists think someone else will fight the battle for them? Is the profession without a leader who can effectively take on the GPs? Does the profession understand the lack

of a meaningful response leads the general public to assume the specialty is not necessary and that GPs are qualified to perform the work?

As the profession struggles to respond, GPs are quickly capturing more and more case starts, and patients and parents are becoming more and more confused. [...] It's time for the orthodontic specialty to define its role precisely and to defend that clearly delineated ground before the profession is completely captured by the general dentists. Orthodontists need to show more resolve and commitment to the task of defending their specialty. The profession must specifically resolve that it will not allow its specialty to be dominated by generalists. If orthodontic specialists do not show more resolve and a willingness to face these alarming trends head on, 2009 may indeed be the beginning of the end of orthodontics as we know it. ■

This article is an excerpt. The original article first appeared in Ortho Tribune No. 4, Vol. 2, 2009.

Contact Info

Brett Blake is president and CEO of Acceptx Financial Solutions, Inc. based in Utah in the US. He can be contacted at brett.blake@acceptx.com or (801) 797-8900.

Sweden leads in banning amalgam



Elisabet Carlsson
Sweden

As a journalist specialised in politics and the environment, I have followed the amalgam debate for more than 30 years. Now, the use of amalgam has been prohibited in dental care in Sweden. As from 1 June 2009, its use in children and teenagers has been entirely banned, but amalgam can still be used in adult patients within hospital dental care until 2012, on condition that the Swedish National Board of Health and Welfare be notified before treatment.

My country has been reducing the use of amalgam for a long time. Dr Roland Svensson, President of the Swedish Dental Association, recently said that statistics show that the use of amalgam in the country has declined by 90 per cent since 1997. Therefore, he added, only 2 to 5 per cent of all new fillings were made using amalgam in 2005. Amalgam is thus no longer a big issue for dentists in Sweden and Norway.

It may be of interest to readers to note that the ban on amalgam is not a recent issue. The Swedish politician Görel Thurdin was the first Minister for the Environment in the world to suggest a ban in 1997. Her suggestion was accepted by the Swedish parliament but she had to wait for 12 years before it passed EU administration.

Andreas Carlgren, who is the current Minister, said that the ban is a powerful example to other countries and a Swedish contribution to EU and UN aims to reduce mercury use and emissions. "Sweden is now leading the way in removing mercury and protecting the environment against mercury, which is non-degradable," he said.

We need to understand that minimising the use of amalgam is necessary to protect the environment and our health. Unfortunately, there are still more than 70 tons of mercury within the EU brought into the ecocycle through dentistry each year. With the Swedish example, we finally know that dentistry without mercury is possible. ■

Contact Info

Elisabet Carlsson is a journalist in Stockholm in Sweden. She can be contacted at elisabet.carlsson@kurage.se

Americans support dental coverage in health care reforms

Over 60 per cent of Americans consider dental coverage part of an overall health care reform by the Obama legislation, a new public opinion survey has shown. The poll released at the launch of National Smile Month in June and commissioned by Oral Health America revealed that four in five adults agree that dental benefits are as important as general medical benefits in an overall health care benefit package.

Many poor and lower-middle class families in the US currently do not receive enough dental care, in part because dentists prefer patients who have private insurance or can pay in cash. The lack of dental care is also not restricted to the poor, recent data shows. Experts on oral health say that about 100 million Americans have no access to adequate care.

In a recent letter to US president Barack Obama, the American Dental Association (ADA), which represents over 157,000 dentists in the US, recently urged the government to pay more attention to dental health care in the ongoing health-policy debate. "Acknowledging that the majority of Americans have access to excellent and relatively affordable dental care [...], we are compelled to point out that too many low-income Americans still suffer needlessly from dental disease," the letter states. "More must be done to ensure that all Americans have access to quality oral-health services."

The ADA recommends increasing funding to the nationwide Medicaid health programme, rebuilding the public dental-health infrastructure and supporting community-based prevention measures, such as fluoridation or school-based education programmes.

Obama's health care reform initiative aims to extend health coverage to 45 million uninsured people in the US, as well as to preserve consumer choice and lower rising health care costs, by cutting more than US\$200 billion in reimbursements to hospitals over the next decade. He has also announced his support of the introduction of a public health insurance plan, a concept similar to the failed health care plan developed by his current Secretary of State and former First Lady Hillary Clinton back in 1994.

The government's health-care reform proposals are op-

posed by the US Congress and other organisations like the American Medical Association, who say that the realisation

would cost a total of US\$1 trillion over the next decade and still leave millions of people in the US uninsured. [DTI](#)



US President Barack Obama at the annual convention of the American Medical Association in June. (DTI/Photo Ted Grudzinski, AMA)

AD



The best of two worlds. Identium®

Polyether

A-Silicone

Identium®

Utilizing the best characteristics of two well-known impression materials, Kettenbach has developed an entirely new one: Vinylsiloxanether.® Designed especially for the one-step impression technique: Identium.®

For more information: Kettenbach GmbH & Co. KG, Im Heerfeld 7, 35713 Eschenburg · Germany
Phone: +49 (0) 2774 7050, www.kettenbach.com

020819_1409

FDI pushes caries initiative with Rio conference

Daniel Zimmermann
DTI

**HONG KONG/LEIPZIG, Germany/
FERNEY-VOLTAIRE, France:** In order to address the global burden of dental caries, the FDI World Dental Federation has announced its first Global Caries Initiative Conference, which is to be held in July in Rio de Janeiro in Brazil. The event,

organised in collaboration with the International Association for Dental Research and the Brazilian Dental Association, will mark the start of the organisation's ten-year campaign to eliminate tooth decay by the year 2020, officials said.

According to the FDI, caries remains the most common dental disease worldwide. Al-

though there has been a decline of dental decay in industrialised countries in recent years through fluoridated toothpaste and improved dental hygiene, in most low-income countries, up to 90 per cent of all people suffer from the condition, which often remains untreated.

The Rio conference is intended to address these in-

equalities amongst other topics. It will be for dental educators and scientists, as well as presidents of dental associations and government dental officers. Speakers from North America and Europe have been invited to address the need for changing the current paradigm of diagnosis, prevention and restoration of dental caries, and to present the implications of

these for its future prevention and management.

The conference is currently open for registration. Fees are €80 for delegates from Latin America and €180 for those from other countries. [DTI](#)

Swine flu could spread through teeth

Penny Palmer
DT United Kingdom

LONDON, UK: Bad dental hygiene could increase the risk of swine flu, according to the British Dental Health Foundation. The organisation's recent National Dental Survey has found that dreadful dental habits are helping spread germs, as 40 per cent of the UK population admit to picking their teeth with their fingernails. It has also revealed that people pick their teeth with everyday items such as earrings, credit cards, paper clips, paper and even screwdrivers.

Foundation Chief Executive Dr Nigel Carter said: "Hygiene warnings have been made clear ever since the swine flu outbreak, and it is worrying that these habits have been revealed as the numbers affected by flu steadily rises. Personal hygiene should be a top priority for all."

The Department of Health (DH) in the UK recently issued guidance to dental practices on procedures should the swine flu outbreak become a pandemic. It also warned dentists that fewer patients are likely to attend dental practices for treatment during a pandemic, as illness and fear of infection will encourage patients to cancel or reschedule appointments.

All patients should be screened by telephone for symptoms of flu before attending the practice and again on arrival at the practice, said the DH. Treatment of infected patients should be limited to pain relief and should avoid aerosol-generating procedures where possible. Also, infected patients should be segregated from healthy patients.

There are currently 1,752 confirmed cases of swine flu in the UK, the country's Health Protection Agency reports. [DTI](#)

(Edited by Daniel Zimmermann)



NobelReplace™

The world's most used implant system.*

Internal tri-channel connection for accurate and secure prosthetic restorations

TiUnite® surface and Groovy™ to enhance osseointegration

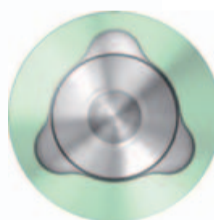
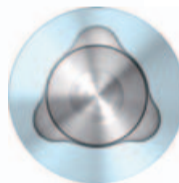
Implant design that replicates the shape of natural tooth roots



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



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



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

* Source: Millennium Research Group

Versatility, ease-of-use and predictability have made NobelReplace Tapered the most widely used implant design in the world.* NobelReplace Tapered is a general use, two-piece implant system that performs both in soft and hard bone, one- and two-stage surgical procedures, while consistently delivering

optimal initial stability. NobelReplace Tapered is a system that grows to meet the surgical and restorative needs of clinicians and their patients – from single-tooth restorations to more advanced multi-unit solutions. Whether clinicians are just starting or are experienced implant users, they will benefit from a system that

is unique in flexibility and breadth of application. Nobel Biocare is the world leader in innovative evidence-based dental solutions. For more information, contact a Nobel Biocare Representative or visit our website. www.nobelbiocare.com/nobelreplace

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

Global network links dentists from India

Penny Palmer
DT United Kingdom

GLASGOW, UK: A new global network that aims to unite dentists of Indian origin from around the world was recently launched at the British Dental Association conference in Glasgow in the UK. Created by former Chief Dental Officer of England, Prof. Raman Bedi, whose parents migrated from India in the 1950s, Dentalghar is expected to link thousands of dentists who share common values. Health care education market leader Smile-on and Henry Schein Minerva are supporting the project which went online in June.

Dental snapshots in 3-D

Under contract by the German dental company Hint-ELs, an expert team at the Fraunhofer Society in Jena, Germany, has developed a new optical digitisation system that scans the oral cavity and captures 3-D data of the teeth, using camera optics. The system is designed to facilitate the production of dental prostheses, in order to supersede the intricate and laborious route from bite impression and plaster mould to model scanning in dental laboratories.

“The 3-D coordinates of the tooth surface can be determined on the basis of measurements taken in the patient’s mouth,” says Dr Peter Kühmstedt, Group Manager for 3-D Measurement Technology at the Fraunhofer Institute for Applied Optics and Precision Engineering IOF. “After an all-around measurement, it is even possible to represent the complete jaw arch as a virtual computer image.”

In order to obtain precise results, the researchers have utilised fringe projections in which a projector shines strips of light on the tooth area to be measured. From the phase-shifted images, a evaluation software determines the geometric contour data of the tooth. Two camera optics provide the sensor chip with image information from different measurement perspectives. After the pixel-precise comparison of various camera images, the evaluation programme identifies any image faults and removes them from the complete image.

Since patients are moving while the images are being, the researchers have ensured that the process is quick. “The image sequence for each measurement position is captured in less than 200 milliseconds,” explains Dr Kühmstedt. [D](#)

Members of Dentalghar, which means the ‘home of dentistry’, will be able to contribute to a number of polls, surveys and articles, a spokeswoman for Smile-on told *Dental Tribune*.

Professionals looking to study abroad will also find information on work permits, visas and qualifications on the

platform. She added that there will also be an opportunity to win bursaries and to contribute to volunteering in the UK and globally.

Prof. Bedi, who hopes that Dentalghar will become a ‘major force in the industry’, said: “The focus is on the subcontinent (Pakistan, India, Nepal, Bangladesh and Sri Lanka) and

the diverse ‘Asian’ dental communities that have sprung up in regions as far apart as the US, Canada, the UK, South Africa, Singapore, Australia and the Middle East. We have more worldwide dentists of BIPS (Bangladeshi, Indian, Pakistani, Sri Lankan) origin than our medical colleagues.” This factor, among others, gave rise to the momentum

for starting Dentalghar, Bedi added.

“With an increasing number of dentists of Indian origin and a growing economy in India, Dentalghar will help us to work collectively,” Bedi said. [D](#)

(Edited by Daniel Zimmermann)

AD

The
Aesthetic Element
for *Zirconia*
Restorations ...

VINTAGE ZR veneering porcelain system offers a comprehensive selection of unique shades that facilitate simple and efficient fabrication of life-like zirconia restorations with excellent colour harmonization to natural teeth.

For more information, simply contact your nearest SHOFU dealer.

SHOFU INC.
SINGAPORE BRANCH 10 Science Park Road, #03-12 The Alpha Science Park II, Singapore 117684
Tel (65) 6377 2722 Fax (65) 6377 1121 eMail mailbx@shofu.com.sg website www.shofu.com.sg

SUCCESS IS EASY

Press Here



“I just got back from LVI and my world has changed. I can’t possibly look at dentistry the same way again!”
– Dr. Balaji Srinivasan

“My LVI education has enabled me to not only survive, but to thrive.”
– Dr. James R. Harold

“There is nothing out there that even comes close to the LVI experience. The amount of enthusiasm I am bringing home with me is unbelievable. What an experience and a treat!”
– Dr. Robert S. Maupin

REGISTRATION IS JUST A CLICK AWAY!

www.lviglobal.com
888.584.3237



Academy of General Dentistry
Approved PACE Program Provider
FAGD/MAGD Credit
6/1/2007 to 5/31/2011



LVI Global is an ADA CERP Recognized Provider

SHOFU names Negoro president and partners with Mitsui European market shows minor growth

Fred Michmershuizen
DTA

NEW YORK CITY, NY, and SAN MARCOS, CA, US/KYOTO, Japan: SHOFU is celebrating this year with a strategic alliance with Mitsui Chemicals and the introduction of a new president. Noriyuki Negoro, who became president of SHOFU on 25 June 2009, has worked for the company for more than 25 years. As a researcher, he developed such successful products as Solidex and Ceramage. Katsuya Ohta, who held the position of president for the past nine years, will continue to serve as Chairman, the company announced.



Noriyuki Negoro previously held the position as director and general manager for research and development. (DTI/Photo courtesy of SHOFU Inc)

SHOFU Dental Corp. (SHOFU Americas) President Brian Melonakos congratulated Negoro on his promotion. "Working closely with Mr Negoro for the past five years, I have valued the opportunity to observe first hand his leadership and to witness his technical knowledge," Melonakos said in a prepared statement. "I have

every confidence in his grasp of the industry and in his ability to guide SHOFU in these globally challenging economic times."

In addition to the changing leadership, SHOFU recently initiated a business and capital alliance with Mitsui Chemicals. The multibillion-dollar manufacturer of raw materials based

in Tokyo has a strong core competency in materials development and is engaged in dental materials manufacture through its subsidiary, Sun Medical Co., Ltd.

SHOFU and Mitsui hope that their alliance will contribute to the efficient use of business resources in their respective specialised fields and the enhancement of their market presence. With a joint task force, both companies plan to promote the development of new products in the dental field, optimise manufacturing technology, explore advancements in materials technology and enhance chemical products currently in development.

"Our goals remain unchanged, which include speeding up the development of new products and expanding our business globally," Katsuya Ohta said. [DTI](#)

(Edited by Daniel Zimmermann, DTI)

Daniel Zimmermann
DTI

HONG KONG/LEIPZIG, Germany/GÜMLIGEN-BERNE, Switzerland: The 2009 dental market report released by the Association of Dental Dealers in Europe (ADDE) has indicated a slight increase of 0.6 per cent of total sales in the European dental market. According to the new statistics, sundries sales in the EU increased by 1.5 per cent, while complete equipment sales declined by 2 per cent. Metal implants saw the biggest increase with 7 per cent.

The results are on par with national statistics. Germany, for example, which has the biggest dental market in Europe with a volume of €3.8 billion, reported a slight increase in figures in 2007 but with declining trends in the domestic market. The Italian market, which was worth €1.1 billion in 2007, has seen growth rates drop from almost 10 per cent

to 5 per cent despite an overall increase in production.

The ADDE market report has also revealed that the number of practising dentists in Europe has remained at 268,000, while the number of dental labs is declining. Furthermore, the usage of computers in practices continues to grow for both administrative and in-surgery activities, the report states. The number of new dental chairs installed in 2008 increased by 2.7 per cent.

The ADDE market report is published annually in collaboration with the Federation of the European Dental Industry. It aims to indicate trends in the European dental market over a period of five years. The 2009 report, which was presented at IDS Cologne in March, included figures from 15 countries, covering 2004 to 2008. The report is available at the ADDE main office in Switzerland. [DTI](#)

Mectron expands in India

Bangalore facility to host new showroom for dental products



Company owner Mr Domenico Vercellotti joined the opening ceremony in Bangalore. (DTI/Photo courtesy of Mectron)

Claudia Salwiczek
DTI

HONGKONG/LEIPZIG, Germany/BANGALORE, India: The Italian manufacturer Mectron has opened a new production and administration facility in Bangalore in India. Inaugurated with a big opening night back in May, the facility will be under the direction of M. Radhakrishnan, a co-founder of Mectron's India branch. The company, which revolutionised dental surgery with their development of piezoelectric bone surgery, currently distributes a number of well-known dental brands from Germany and Italy, such as Cavex, Euronda, Heraeus Kulzer, KaVo, K-Driller, Schulz and Villa.

According to Radhakrishnan, initial planning for the new facility began in 2007. Bangalore was chosen to host the new facility because of its highly educated workforce and the nearby Bengaluru Inter-

national Airport. With an economic growth of 10.3 per cent, the city based in southern India is one of the fastest growing economic centres in India and host of a number of important industries, such as IT and biotechnology.

The number of employees in the Bangalore facility will be increased from 4 to 60, Radhakrishnan said. Besides new offices and meeting rooms, the new building will feature a showroom to exhibit the company's product range to its customers from India. "This investment certainly demonstrates a strong commitment to Mectron India's distribution partners and shows the confidence Mectron has in the potential of the Indian dental market," told Wolf Narjes, Area Manager for Asia, *Dental Tribune Asia Pacific*.

Mectron has been active in India since 2004. It has also branches in Delhi and Mumbai. [DTI](#)

#1 Selling Brand!

Safe Gauze

Looks like Nu Gauze™. Feels like Nu Gauze™. Absorbs better than Nu Gauze™.

It Must be the Next Generation!

Non-Woven Sponges (Non-Sterile)

- Saves time and cost by using fewer non-woven sponges per procedure compared to cotton filled sponges.
- Easy-to-use non-linting and highly absorbent sponges.
- Increased patient comfort with extra soft, non-adherent, premium quality non-woven material with no chemical whiteners added.





www.medicom-asia.com

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

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

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

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



AD