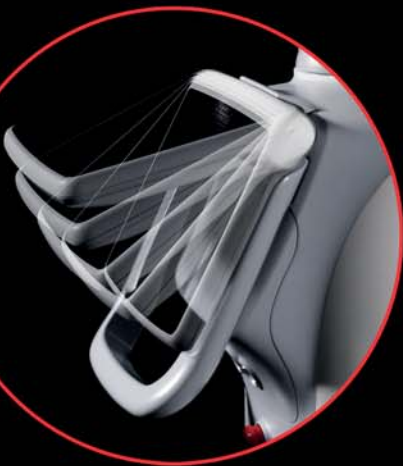


laser

international magazine of laser dentistry

4²⁰¹³



| **research**

Er,Cr:YSGG laser and radial firing tips in highly compromised endodontic scenarios

| **case report**

The efficacy of combined low intensity laser therapy and medication on xerostomia

| **industry report**

Lasers in aesthetic dentistry



BE AMAZED BY WATERLASE®

The WaterLase iPlus system is simply amazing. It is our most advanced, most powerful and simplest WaterLase yet. But don't take our word for it. See for yourself at

AMAZEDBYWATERLASE.COM!

+ BREAKS THE SPEED BARRIER

- Up to 100/pulses per second
- Patented tech delivers 600 mJ/pulse
- As fast as a high-speed drill

+ ILASE 940nm DIODE LASER DOCKING STATION

- Adds dual wavelength convenience
- First totally wireless diode laser
- Battery operated with finger operation

+ INTUITIVE USER INTERFACE

- 52 illustrated procedure pre-sets
- Touch-screen controls
- Greatly simplifies the learning curve

+ BIOLOGICALLY FRIENDLY DENTISTRY

- No micro-fractures or thermal damage
- More precise, minimally invasive
- Relies on water and light to cut

**CONTACT US TO LEARN MORE
ABOUT WATERLASE IPLUS!**

OR VISIT AMAZEDBYWATERLASE.COM TO VIEW
INSTANT REACTIONS FROM DOCTORS AND PATIENTS!

**GO TO BIOLASE.COM TO FIND
YOUR LOCAL DISTRIBUTOR.**



**THE ONLY LASER FOR:
SOFT TISSUE • WHITENING • PAIN THERAPY**

©BIOLASE, Inc. All rights reserved. For use by licensed professionals only. BIOLASE, WaterLase, iPlus, and Deep Pocket Therapy with New Attachment are trademarks of BIOLASE, registered in the U.S. and other countries.

FOLLOW US!

[f](#) [t](#) [in](#) [yt](#) [p](#) [g](#) | www.biolase.com | +1.949.361.1200

BIOLASE®

DGL and its role in evidence-based dentistry



Prof. Dr. Norbert Gutknecht
Editor-in-Chief

Dear colleagues,

In order to fulfill its claim to be a scientific-oriented, science-based dental society, the German Society for Laser Dentistry has chosen the motto "Evidence-based Dentistry" for this year's annual congress. It is undisputable that laser application has not met the qualitative demands of evidence-based dentistry for many years. Instead, laser dentistry has developed from therapeutically useful and successful applications. In spite of this, already since it was founded, DGL has always aimed at supporting scientific-based laser applications in dentistry. This objective, the associated efforts and gradual successes have finally led to DGL being fully integrated within the German Society of Dental, Oral and Craniomandibular Sciences (DGZMK) which is the scientific umbrella organization of all dental societies.

DGZMK can thus be trend-setting for all societies of laser dentistry which want to gain support and recognition by the established dental societies of their countries.

Last year, DGL supported in an exemplary way the scientific work of colleagues who have been busy revising investigations in evidence-based dentistry which were conducted in 2006. Therefore, this year's congress features scientifically established national and international speakers, who will provide both DGL members and visitors of the congress with the state-of-the-art of evidence-based laser applications in dentistry.

With this in mind, I wish the German Society for Laser Dentistry all the best for their upcoming annual congress.

Kind regards,

A handwritten signature in black ink, appearing to read 'N. Gutknecht', written in a cursive style.

Prof. Dr. Norbert Gutknecht



| editorial

03 **DGL** and its role in **evidence-based dentistry**
| Prof. Dr Norbert Gutknecht

| research

06 **Laser therapy** in dentistry
| Dr Kirpa Johar

10 **Er,Cr:YSGG laser** and **radial firing tips** in highly **compromised endodontic** scenarios
| Miguel Rodrigues Martins **et al.**

16 **Er:YAG laser** in the **bonding** and **debonding** steps of **orthodontic** treatment
| Prof. Carlo Fornaini

| case report

22 The **efficacy** of combined **low intensity laser therapy** and **medication** on **xerostomia**
| Dr Sawanya Taboran **et al.**

| industry report

24 A **combined** device for optimal **soft tissue** applications in **laser** dentistry
| Hans J. Koort **et al.**

30 **Lasers** in aesthetic dentistry
| Dr Ilay Maden **et al.**

| economy

34 **Gain power** at your **laser** clinics!
| Dr Anna Maria Yannikos

| health

36 **The right to be** pain free
| Dr Michael Sultan

| interview

40 **Biolase** could become the **next Intuitive Surgical**

42 **Dentures produced using 3-D** printing versus casting and milling

| meetings

46 **Jean-Paul Rocca** new **President of IPTA**
| Prof. Carlo Fornaini

47 **International** events 2013 & 2014

| news

38 **Manufacturer** News

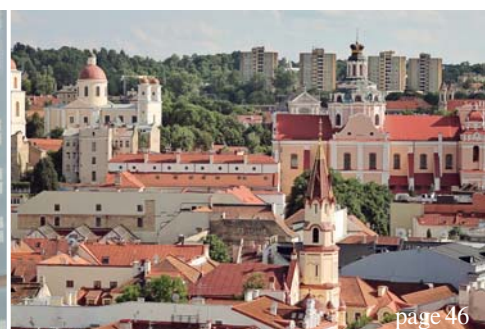
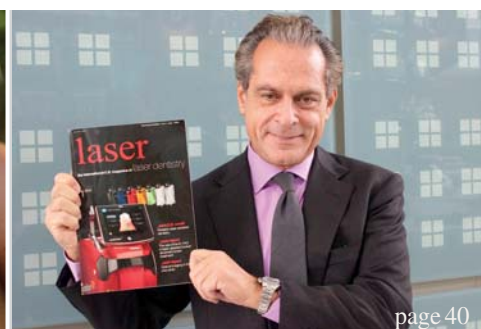
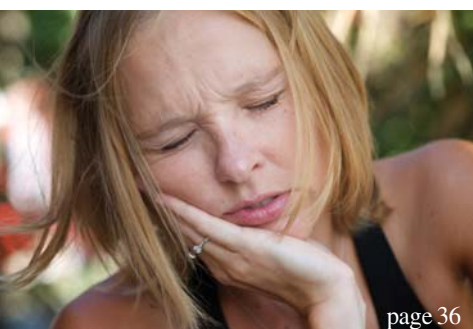
48 **News**

| about the publisher

50 | imprint



Cover image courtesy of Fotona, www.fotona.com



SyneronTM
DENTAL LASERS



Education. Technology. Family.

Join the Syneron Dental Lasers Family

presenting

LITETOUGHTM

The unique fiber-free Er:YAG laser
that has changed the face of laser dentistry



L-PB7/692EN



To learn more about our innovative technology solutions,
contact: dental@syneron.com, www.synerondental.com



Laser therapy in dentistry

Author_Dr Kirpa Jonar, India

[PICTURE: ©PIXEL EMBARGO]

_Introduction

The Therapeutic laser is a new tool which can be a boon to the dental practice. Laser Therapy is also known as Photo-Biomodulation. It is based on the concept that certain low level doses of specific coherent wavelengths can turn on or turn off certain cellular components or functions. Administering laser therapy to patients helps in healing, reducing pain, swelling and controlling oral infections.

The wavelengths used for Laser Therapy have poor absorption in water and thus penetrate soft and hard tissues from 3 mm up to 15 mm. Therapeutic lasers generally operate in the visible and the infrared spectrum, 600–900 nm wavelength. The energy used is indicated in Joule (J), which is the number of milliwatts

x the number of seconds of irradiation. High power surgical lasers can be defocused and arranged to give energy densities of the same values as the former. Thus, a therapeutic laser could be defined as a laser using energy densities below the threshold where irreversible changes in cells occur.

_Mechanism of action

The principle of using laser therapy is to supply direct biostimulative light energy to the body's cells. Cellular photoreceptors can absorb low-level laser light and pass it on to mitochondria, which promptly produce the cell's fuel, ATP. The most beneficial effect of laser therapy is wound healing. Studies have shown the evidence of accumulated collagen fibrils and electron dense vesicles intracytoplasmically within the

Fig. 1_ Bio stimulation headpiece used for Intra-Oral therapy.

Fig. 2_Preoperative (a), laser-assisted biostimulation (b), after three days (c), after one week (d).



Fig. 1



Fig. 2a



Fig. 2b



Fig. 2c



Master of Science (M.Sc.) in Lasers in Dentistry

Batch: EN2014 - Fulltime (new) or Module based

Next Start: **22 September 2014**
Aachen, Germany
4 semesters

Become part of the International Dental Elite

- Create new economic potential for your practice
- Two year career-accompanying postgraduate programme at the University of Excellence RWTH Aachen
- Combination of lectures, skill training sessions, live ops, tutorials, and practical workshops
- Internationally accepted and accredited by the German Government, the European Union, the Washington Accord and the Bologna Process
- Science-based and practice-orientated on highest national and international level
- Increased patient satisfaction: minimal contact reduced vibration and pain



RWTH INTERNATIONAL ACADEMY
AACHEN UNIVERSITY

RWTH International Academy
Kackertstraße 10 | 52072 Aachen | Germany
phone +49 241 80 23543 | fax +49 241 80 92525
info@academy.rwth-aachen.de
www.academy.rwth-aachen.de

PROFESSIONAL EDUCATION PROGRAMMES

AALZ

Aachen Dental Laser Center

AALZ GmbH
Pauwelsstraße 17 | 52074 Aachen | Germany
phone +49 241 47 57 13 10 | fax +49 241 47 57 13 29
info@aalz.de
www.aalz.de

laser stimulated fibroblasts as compared with untreated areas. Increased microcirculation can be observed with the increased redness around the wound area.

The analgesic effects can be understood with some evidence suggesting that laser therapy may have significant neuropharmacologic effects on the synthesis, release and metabolism of a range of neurochemicals, including serotonin and acetylcholine at the central level and histamine and prostaglandin at the peripheral level.

Common indications for laser therapy in dentistry

Alveolitis

Laser phototherapy (LPT) directly after extraction helps to prevent alveolitis. If it is already established, 4–5 J before and after the alveolus is debrided and plugged with medication is recommended. Irradiate the alveolus and its surrounding area directly. If the alveolitis is very painful, then 15–20J can be used.

Anaesthetics

Some patients are difficult to anaesthetize. By administering 2–3 J over the apex, circulation is increased and the anaesthetic is more quickly absorbed. This also means that the duration is reduced. The duration of numbness in the lip after anaesthesia can therefore be reduced by LPT. This can be advantageous in paediatrics.

Bleeding

A laser is useful in the treatment of postoperative bleeding. Although the mechanism is unclear, literature shows that LPT brings about initial vasoconstriction that is followed by vasodilatation.

Pulpal analgesia

In selected patients, using the 660-nm laser probe can achieve adequate pulpal analgesia. Successful analgesia may allow a dentist to use a high speed drill to prepare a class II restoration without the need for any local anaesthesia.

Treatment consists of placing the laser probe on the occlusal surface of a primary molar for one to two minutes. In permanent teeth, placing the probe for one minute next to gingival tissue over the roots of the treated tooth also contributes to successful analgesia.

Trauma

Trauma to a primary anterior tooth may compromise the tooth's vitality and result in requiring either a pulpotomy or extraction in a four- to six-week period.

A tooth or teeth which have been significantly displaced may respond positively if treatment is begun within a few hours of trauma. Treatment consists of placing the laser over the injured tooth for a period of one minute on the facial root area and one minute on the lingual or palatal root area. An additional treatment in 24 to 36 hours may improve the chance of successfully healing the tooth.

Healing of soft tissue trauma

Patients who fall and receive facial lacerations and swelling benefit from placing the laser/light-emitting diode (LED) unit over the area for approximately three minutes and placing the 660-nm or 808-nm probe over the most injured area for one to two minutes, helping to heal the lesions more quickly and with less post trauma discomfort. Additional treatment 24 to 36 hours later may be needed to reduce the discomfort and improve healing.

Fig. 3 Laser-assisted haemostasis (a), after first session of laser therapy (b), after one week (c), immediately after extraction (d).

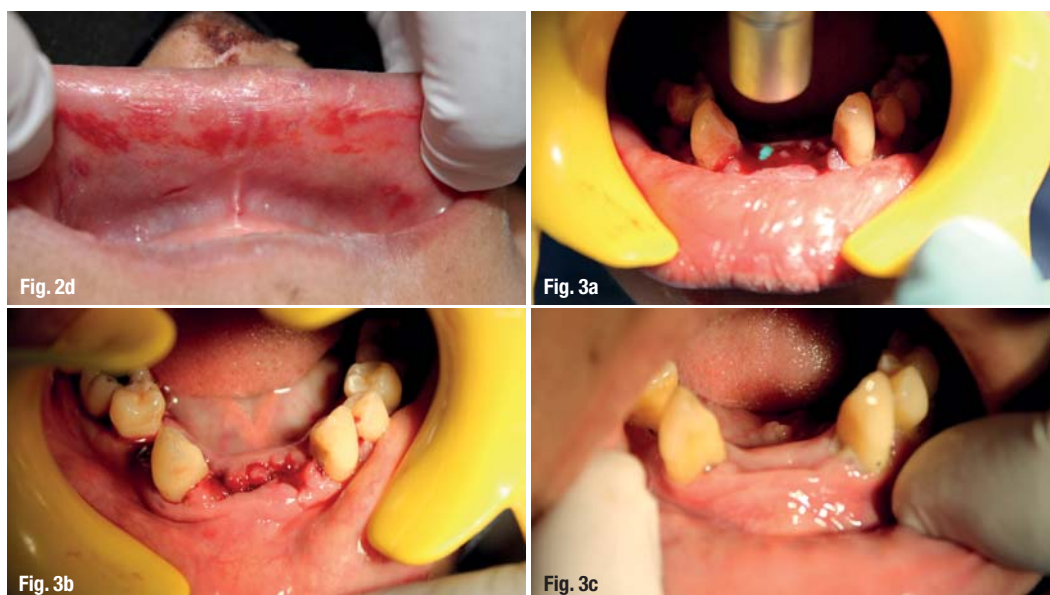




Fig. 4a



Fig. 4b

Fig. 4_Extraoral biostimulation (TMJ) – with high power laser therapy (a), extraoral biostimulation (TMJ) – with a biostimulation hand piece (b).

Post extraction and bone healing therapy

It is useful to irradiate the area before and after an extraction. Irradiating before the extraction with 1 J at the injection site and 2 J right below the apices induces a transient but useful effect. After extraction, an additional 2J/cm² on the alveolar and gingival tissues is needed to control the swelling and inflammation. Less postoperative pain and better healing can be expected.

Aphthous ulcer

Laser therapy for the treatment of apthae can be recommended for its pain relieving effect and the shortened healing time. The treatment dosage is the same for herpes and apthae; 2J/cm² applied near contact. This is repeated the following day.

Mucositis

Patients undergoing radiation therapy or chemotherapy develop mucositis. Mucositis is painful and may force the oncologist to reduce the dosage or number of sessions. Red laser light has been shown to reduce the severity of mucositis and can be used prophylactically before radiation.

Trigeminal neuralgia

Laser phototherapy has been documented to have a pain relieving effect on trigeminal neuralgia. Studies have shown that patients treated with low level therapy are more likely to be relieved of pain by the end of the first year.

Tempromandibular joint dysfunction

Problems in the tempromandibular joint region are quite suitable for laser therapy. For arthritic cases, the treatment is concentrated to the joint area, in myogenic cases the muscular insertions and trigger points are treated. Laser therapy should always be used in combination with conventional treatment but will improve the outcome of the treatment. Tempromandibular joint-pain biostimulation of the TMJ and masseter muscles is effective for pain relief, especially in situations of acute locking.

Periodontitis

The use of laser therapy helps to control the symptoms and conditions of periodontitis. The anti-inflam-

matory effect slows or stops the deterioration of periodontal tissues and reduces the swelling to facilitate the hygiene in conjunction with scaling, root planning, curettage or surgical treatment. As a result, there is an accelerated healing and less post operative discomfort.

Laser therapy in medically compromised patients

Pacemaker

As pacemakers are electronic and cased in metal they are not influenced by light. Hence, low level laser therapy on patients with pacemakers should not be considered a total contraindication.

Cancer

Laser phototherapy can provide palliative treatment to cancer patients. LPT is a viable option for pain control and general stimulation in these patients.

Epilepsy

Pulsed visible light, particularly at pulse frequencies in the 5–10 Hz range can cause epileptic attacks, one should obviously be careful with instruments that use flashing visible light. However, it is rare for therapeutic lasers to have pulsing visible light.

Conclusion

LPT has been found to accelerate wound healing and reduce pain, by stimulating oxidative phosphorylation in mitochondria and modulating inflammatory responses. The enhanced cell metabolic functions seen after laser therapy are the result of activation of photoreceptors within the electron transport chain of mitochondria. Because of the many advantages laser therapy provides, it is gaining momentum as an irreplaceable treatment modality in modern dental practice.

_contact	laser
<p>Dr Kirpa Johar Director Laser Dentistry Research And Review Bangalore, India www.lldr.org</p>	