

DENTAL TRIBUNE

The World's Dental Newspaper • Asia Pacific Edition

PUBLISHED IN HONG KONG

www.dental-tribune.asia

No. 1+2 VOL. 9



ART vs. Amalgam
An interview with
Dr Phantumvanit, Thailand
▶ Page 10



Trends & Applications
High-performance polymers
in dental practice
▶ Page 13



A talk about teeth
Singapore actor Nick Sheng
likes going to the dentist
▶ Page 15

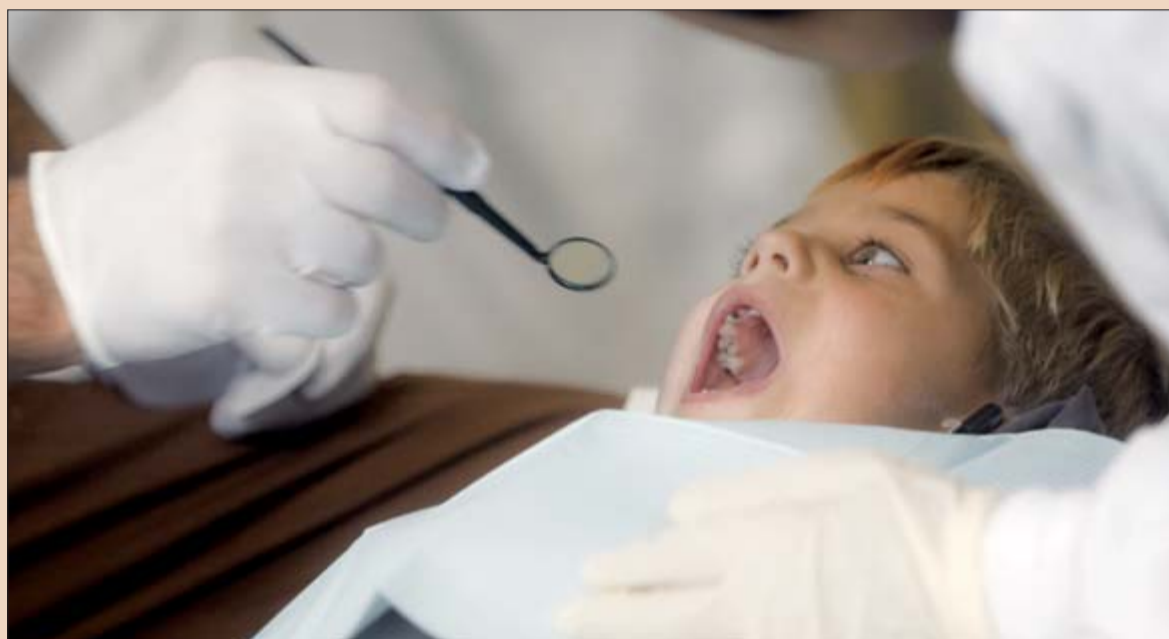
No-drill restorations and amalgam equally successful

Yvonne Bachmann
DTI

DUBAI, UAE/LEIPZIG, Germany: A method used in developing countries to restore dental cavities may be a viable alternative for conventional tooth restorations, scientists from Johannesburg in South Africa are reporting. In a systematic review involving clinical studies in China and the Middle East, they found that survival rates of restorations using Atraumatic Restorative Treatment (ART) are comparable, and to some extent superior, to those placed with amalgam.

Developed in Africa in the mid-80s, ART is a clinical procedure based on removing carious enamel and dentine using hand instruments only and restoring the tooth with an adhesive filling material such as glass ionomer. It is claimed to be painless and require minimal cavity preparation while conserving sound tooth tissue.

The World Health Organization (WHO) currently recommends ART for application in regions with limited resources, as well as for elderly patients



A child in Afghanistan receiving ART. (DTI/Photo courtesy of Afghanistan Relief Project, USA)

and those with special needs in industrialised countries.

In the new review, researchers from the University of Witwatersrand in Johannesburg compared 27 datasets of ART restorations with amalgam fillings in Class I, II and V cavities of primary and permanent teeth from clinics in Kuwait, Syria and China. Most of them found no difference in the suc-

cess rates of ART and amalgam restorations, according to the report. Moreover, four comparisons found better results using ART.

“Our review offers the best evidence in this clinical issue,” says Dr S. Mickenautsch from the University of the Witwatersrand and author of the review. “By making use of a systematic literature and reference check

in five major databases, we were able to identify all randomised control studies that have been conducted worldwide.”

According to WHO figures, caries prevalence in most developing countries is still high despite preventative measures such as water fluoridation and improved school-based dental education. [DTI](#)

Filipino teachers could treat school-children

The Philippines Education Secretary Armin Altamirano Luistro has issued a request to the Department of Health to conduct a new oral health survey of the country's 15 million school-children. He said that oral diseases such as gingivitis or dental caries affect the performance of pupils and keep them constantly away from school. Owing to the lack of dental personnel in the public sector, he suggested making use of teaching personnel in place of dentists to perform initial dental checks and other basic oral health care measures.

According to the Department of Education in the Philippines, only 570 dentists are currently assigned to cater children in public schools nationwide, a figure that falls short of the 1:10,000 ratio recommended by international health authorities like the World Health Organization. The last national survey on oral health conducted by the Department of Health in 2004 found that nine out of ten school-children suffered from some kind of dental problem. [DTI](#)



LED mouthguards that emit light are the new hip couture for Japanese night goers. In this photo they are demonstrated by inventors Daito Manabe and Motoi Ishibashi from 4nchor; la6/Rhizomatiks in Tokyo. (DTI/Photo courtesy of Motoi Ishibashi)

Japan sends dental goods to Tajikistan

The Government of Japan has donated dental goods worth over US\$80,000 to a dental center in Dushanbe in Tajikistan. Within the framework of The Project for the Provision of Medical Equipment, the center was equipped with new machineries including dental drilling machines and digital orthopantomographs. [DTI](#)

Device lets patients rest from dental drill

Noise-cancelling technology could soon be available in dental practices. Clinicians from the Kings College in London in the UK said to have invented a device that blocks out the shrill sound generated by air turbines in modern dental handpieces, a main cause for anxiety among patients. [DTI](#)

Masato Mugitani to chair health workers' alliance

The Japanese Assistant Minister for Global Health, Dr Masato Mugitani, has been appointed Chair-Elect of the Global Health Workforce Alliance at the Second Global Forum on Human Resources for Health in Bangkok in Thailand. He succeeds incumbent Dr Sigrun Møgedal, former State Secretary of Foreign Affairs and HIV/Aids ambassador of Norway.

Established by the World Health Organization in 2006, the Global Health Workforce Alliance is an international platform to address shortages in the health care workforce worldwide. It comprises members of governments, the World Bank and several non-governmental organisations. According to figures from the Alliance, there is a worldwide deficit of 4.2 million in health and dental care workers, with 1.5 million needed in Africa alone. [DTI](#)



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AD

Health report sheds new light on China's gum problems

Yvonne Bachmann
DTI

mine the efficiency of anti-gingivitis products.

BEIJING, China/LEIPZIG, Germany: Plaque-associated gingivitis in the Chinese population remains high but has not changed significantly over the last two years. According to a 2010 study conducted by Chinese and US researchers, gingivitis and plaque levels matched those found in the last national oral health survey conducted by the Chinese government in 2008. As the first study seeking to reflect the country's demographics accurately, it may have an impact on future clinical trials seeking to deter-

Using clinical data from over 1,000 dental patients in three different parts of China, the researchers found that over 82 per cent of the patients surveyed had gingivitis levels ranging from marginal to moderate. Significant differences were observed in relation to gender, race and age. In addition, plaque-associated gingivitis was found to be more prevalent in Nanjing, the second largest city in Eastern China, than in southern Guangzhou and Shenyang, a city north of Beijing.

Previous studies conducted in the country have indicated the general prevalence of adult gingivitis in China as between 50 and 100 per cent. The researchers said that their new, more detailed findings could help in the industrial development of better treatment methods or oral hygiene products that allow to combat gum disease according to its prevalence in the Chinese population.

Mild and moderate gingivitis has been associated with pre-term birth, cardiovascular disease and diabetes, amongst other diseases. [DTI](#)

N₂O anaesthesia more likely to trigger heart attacks

Daniel Zimmermann
DTI

HONG KONG/LEIPZIG, Germany: Nitrous-oxide anaesthesia may increase the possibility of having a heart attack after surgery, research from Australia suggests. In looking at the long-term risks of cardiovascular events, a team from the Royal Melbourne Hospital found that the administration of nitrous oxide, commonly known as laughing gas, was associated with myocardial infarction.

The findings may alarm dentists worldwide who still use nitrous-oxide anaesthetics for dental surgery, including simple procedures like tooth extraction. According to the study, three

times more patients of a group of patients who had received nitrous-oxide anaesthetics died after 30 days than patients who had been exposed to non-nitrous-oxide sedation. The trial included over 2,000 patients undergoing non-cardiac surgery in different hospitals in Australia and China between 2003 and 2004.

However, a follow-up study after three years revealed that nitrous oxide increased neither the risk of death nor the risk of having a stroke amongst the survivors of the patients who had received nitrous-oxide anaesthetics. Significant predictors of death were advanced age, male gender, abdominal surgery and propofol maintenance. In addition, the only

significant predictor of strokes was advanced age.

Nitrous oxide is said to increase the concentration of plasma homocysteine in human blood. There it induces oxidative stress and potentially destabilises coronary artery plaques, which can dislodge and block life-supporting blood vessels. Earlier studies found that the long-term occupational exposure to nitrous oxide of medical and dental professionals is associated with numbness, difficulty in concentration, paraesthesias and impairment of equilibrium.

Alternative sedations for dental surgery include drug-based anaesthetics like lidocaine, articaine or bupivacaine. [DTI](#)

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Japanese scientists develop replacement for dental metal

Yvonne Bachmann
DTI

HONG KONG/LEIPZIG, Germany: Scientists from the Kyoto University in Japan have developed a new alloy similar to palladium, a rare metal used in dental restorations. The element was produced by mixing molecules of silver and rhodium, two elements chemically similar to palladium, and

could be the first step in producing synthetic alternatives for other rare earths, the researchers told the *Yomiuri Shimbun* newspaper in Tokyo.

Palladium only naturally occurs in some parts of Russia, South Africa, Canada and the US. Besides its use in dentistry, it is found in autocatalysts, jewellery and essential components for consumer electronic products, amongst other

things. A 2010 report by US chemical company Johnson Matthey estimates that 5 to 6 per cent of the annual demand comes from dentistry for crowns or bridgework. Japan continues to utilise the largest amount of dental palladium despite other treatment options, such as all-ceramic crowns, according to the same report.

The researchers have begun joint research projects with the

Japanese industry but say the new alloy will be difficult to produce commercially.

Metal experts, however, are sceptical of the announcement. "It does look like they have managed to create 'nanoparticles'—an often abused phrase—of rhodium and silver, which would normally be using traditional melting techniques," Johnson Matthey General Manager Peter Duncan

told the South African magazine *Mining Weekly*. "It is very common for Japanese academics to patent anything vaguely new, regardless of its potential in the commercial world."

Japanese experts said that synthetic replacements for rare metals could make Japan more independent of countries like China, which currently produces over 90 per cent of rare metals in the world. **DTI**

AD

Progress on global mercury treaty



Meeting chair Fernando Lugris, Uruguay.
(DTI/Photo IISD Reporting Services)

Yvonne Bachmann
DTI

HONG KONG/LEIPZIG, Germany: Representatives of non-governmental organisations (NGO) and indigenous nations have urged participants of the 2nd session of the Intergovernmental Negotiating Committee to Prepare a Global Legally Binding Instrument on Mercury in Chiba in Japan to adopt stringent measures for reducing the global supply of commodity mercury and restricting its trade. Delegates generally agreed that the proposed basic framework for the reduction of mercury pollution was adequate. However, according to the NGOs, many substantive issues remain to be resolved to ensure that health and environmental resources are protected worldwide.

"Governments need to step up and take more leadership in this debate," Dr Linda E. Greer of the Natural Resources Defense Council and NGO Zero Mercury Working Group stated.

NGOs also criticised the Japanese government for its continued export of tons of toxic mercury. "Japan knows more than any country in the world the terrible cost to life and the environment that mercury causes," Richard Gutierrez of non-profit organisation BAN Toxics! of the Philippines stated.

In 1956, chemical manufacturer Chisso Corp dumped mercury-tainted water into the sea near Minamata in Eastern Japan, causing the country's worst case of pollution. NGOs said the best way to honour the victims of this tragedy is to adopt a strong mercury treaty that entails meaningful actions. The global mercury treaty is expected to be signed in Minamata in 2013. **DTI**

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Dear reader,



Daniel Zimmermann
DTI

Let me first wish you a happy, belated New Year and to our readers in China, Singapore and elsewhere, a happy New Year of the Rabbit. Exciting months lie ahead of us. However, while everyone is anxious to find out which new toys the International Dental Show (IDS) in Germany is going to bring to the table, projects are currently underway that could leave a significant long-term mark on our field.

The first one is amalgam.

In the last two years, we have reported about this issue on several occasions. However, with a mercury treaty finally expected to be signed in 2013, the air for even the most dedicated amalgam supporter is becoming thin. Despite several international initiatives like the recently held mercury conference in Japan, a new regulation towards this issue is also anticipated in the US, where political pressure from anti-mercury groups has recently convinced the FDA to review their current guidelines. Similar initiatives led by Sweden and France are also being considered in the European Union. A change of regulations or even a ban in these two major markets could have an impact worldwide.

In addition, comprehensive research from South Africa suggests that restorations with other dental materials can outdo good old silver fillings, not only in terms of aesthetics but also long term success (see title story).

The second development concerns endodontics. Specialists are divided about a new approach of using only one single file instead of multiple files for root-canal preparation. The IDS in March will show if this technology has the potential to introduce a new era. One thing is for certain, reciprocating files will not be able to stop the triumph of dental implants but they may be able to put a competitive edge to endodontics again. ■

Yours sincerely,

Daniel Zimmermann
Group Editor
Dental Tribune International

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“I guess, these new files are good for many things.”



Reciprocal motion in endodontics: A promising method



Dr Yoshio Yahata
Japan

The objectives of root-canal preparation are to remove all the pulp tissue, bacteria and their by-products and to produce sufficient canal space for disinfection and 3-D obturation. Many techniques have been

compared with the conventional continuous rotation.

By using an asymmetric reciprocal motion, the technique is claimed to have a canal-centring ability when preparing root canals and reducing torsional and fatigue stresses, especially in curved canals. This might enable clinicians to prepare the whole canal system with only one file. In addition, the proposed technique appar-

under reciprocal motion than under continuous rotation. With the newly proposed technique, the file would frequently engage dentine at its tip, but counter-clockwise rotation would immediately disengage the file resulting in the reduction of deformation and torsional fracture.

As clinicians, we should consider and weigh the advantages and disadvantages of any

“Fracture of NiTi files is still a major concern.”

introduced for proper preparation, one of which is the balanced force technique. This technique uses hand files with alternating clockwise and counter-clockwise motions in an attempt to minimise canal transportation and decrease the amount of stress placed on the file during use.

Recently, in accordance with the notion of the balanced force technique, a new canal preparation technique using rotary NiTi files with a reciprocal motion has been advocated. Previous studies have demonstrated that NiTi files used with a reciprocal motion can significantly reduce working time, over-instrumentation, apical extrusion of debris and file fracture

ently requires no glide path and has a lower risk of cross-contamination.

As has been indicated by numerous studies, fracture of NiTi files is still a major concern. Fracture of such files in clinical use occurs in two ways: fatigue or torsional failure. Fatigue failure is the result of repeated compression and tension placed on files, especially in curved canals, while torsional failure occurs when the file tip binds and the remainder continues to rotate. In a clinical setting, these two failures have an influence on each other.

The incidence of NiTi file fracture is reported to be lower

new technique. Furthermore, it is imperative that we constantly seek a better treatment strategy for reducing various risks. The proposed new system using one file claims to be a promising method, but few studies have demonstrated the effectiveness of this technique. Therefore, further studies and discussion on this system are necessary. ■

Contact Info

Dr Yoshio Yahata works as a hospital staff at the Graduate School, Tokyo Medical and Dental University in Japan. He can be contacted at y.yahata.endo@tmd.ac.jp.

To the Editor

Re: “New evidence links mercury to Alzheimer’s”
(Dental Tribune Asia Pacific No.11, Vol.8, page 6)

Time for the American Dental Association to begin to remove the use of Amalgam in this country, it’s harmful affects on tooth structure are seen every day. This mercury issue just puts the use of amalgam on some very questionable status. ■

Don Perman, USA

The research of Dr. Boyd Haley, formerly of the University of Kentucky, on human brain tissue has more than conclusively proven that there is no genetic defense against mercury vapor. When Dr. Haley exposed normal brain tissue to mercury vapor, the brain tubulin was disrupted. In the susceptible person, mercury vapor can trigger Alzheimer’s. ■

Carol Ward, USA

Re: Editorial “And the battle goes on...” (Dental Tribune Asia Pacific No.10, Vol.7, page 4)

Fewer GP refer their patients to endodontic specialists. Most simply say that the tooth was inevitably damaged and had to be extracted and replaced by an implant. I do not understand why don’t we search the most simple ways to handle complex problem such as endodontic treatment—it’s never about one file or one guttapercha point. Every tooth, every canal even is different from the previous one. So how are we supposed to clean and shape those canals with only one file, even with the “breakthrough” design of Wave One File or Reciproc? I hope that endodontists around the world have enough brains to decide where the truth is. ■

Bojdar Kafelov, Bulgaria

Re: Editorial “Women—The missing link in dentistry?”
(Dental Tribune Asia Pacific No. 12, Vol.7, page 4)

I have been a practicing dentist for 25 years and the first woman dentist in my hometown. Now there are several women dentists in the area and I am grateful. I also have lectured for years on lasers in dentistry but found that on the lecture circuit it is mostly males. Another glass ceiling to break. But I have contributed to dentistry and now I am walking tall in my practice and choosing not to attend these male dominant venues. The Greater New York Dental Meeting is a great meeting but they will never have female speakers. Even the women who help run it do not promote women on the program. It is a shame. ■

Janet Hatcher Rice, USA

Yes, currently the opinion leadership is male dominated. One of the reasons that noted by Lucy Nichols. However, there really is a “Boys Club”—you know the one that women “might possibly be as good as, know as much as”, but certainly not better or more. I went to Dental School with my children, graduating in 1975. I am a diplomate of the American Board of Implantology/Implant Dentistry and President, yet my colleagues tend to dismiss most women as “doing dentistry as a hobby business”. Our current dental school classes are now at least 50 per cent women, so hopefully soon there should be an avalanche of visible accomplished women in dentistry. ■

Carol Phillips, USA

Specialists quarrel over 'single file endo'

Daniel Zimmermann
DTI

NEWYORK, USA/LEIPZIG, Germany: Endodontic procedures that only require one rotary instrument are causing controversy amongst specialists worldwide. Endodontists are actively discussing

the pros and cons of the new procedure in Internet forums. So-called single reciprocating file systems have been launched by several dental manufacturers over the last few months.

Originally developed by Canadian and Lebanese scientists, the single file endo concept is claimed to require only one reciprocating file and no glide path or initial instrumentation for the

majority of root canals. According to the manufacturers, the technique reduces working time and lowers cross-contamination amongst patients, a common problem associated with the use of multiple files.

However, specialists are not so sure. "This current trend in file design and philosophy is the equivalent of doing brain surgery with a hammer and chisel.

Anyone, who truly believes that Hess-type anatomy can be dealt with by using one rotary file is delusional," a specialist in an US-based endo forum observed.

"The technique requires a new motor, which will turn off many dentists who are already working with conventional rotary NiTi instruments," a German Internet blogger commented. "The bottom line is that the system has

to offer considerable advantages or it will be rejected by the market despite its clinical potential."

In a recent *Dental Economics* article, Manhattan-based dentist and endo specialist Dr Barry Musikant said that the technique could create a new standard for instrument use in endodontics. "Common sense says that single usage is a rationalisation to compensate for the weaknesses of rotary NiTi." Most single reciprocating file systems are already available in major markets. [D](#)

Infections plague developing world

Daniel Zimmermann
DTI

LEIPZIG, Germany: Patients in developing countries are more likely to acquire a health care-associated infection than patients in Europe or the US. According to a recent study led by the World Health Organization (WHO), infections contracted during hospital stays or surgical procedures are significantly higher in health care systems with limited resources. The authors called for better surveillance and the improvement of infection-control practices in these countries.



In the study, researchers from Switzerland and the UK compared data from hospitals worldwide covering the period of 1995 to 2008. They found that in developing countries an average of 50 out of 1,000 patients are infected during hospital stays and five to six out of 100 during surgical procedures. In some areas, this extends to even one in three patients becoming infected during surgery.

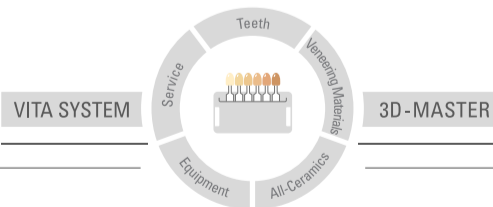
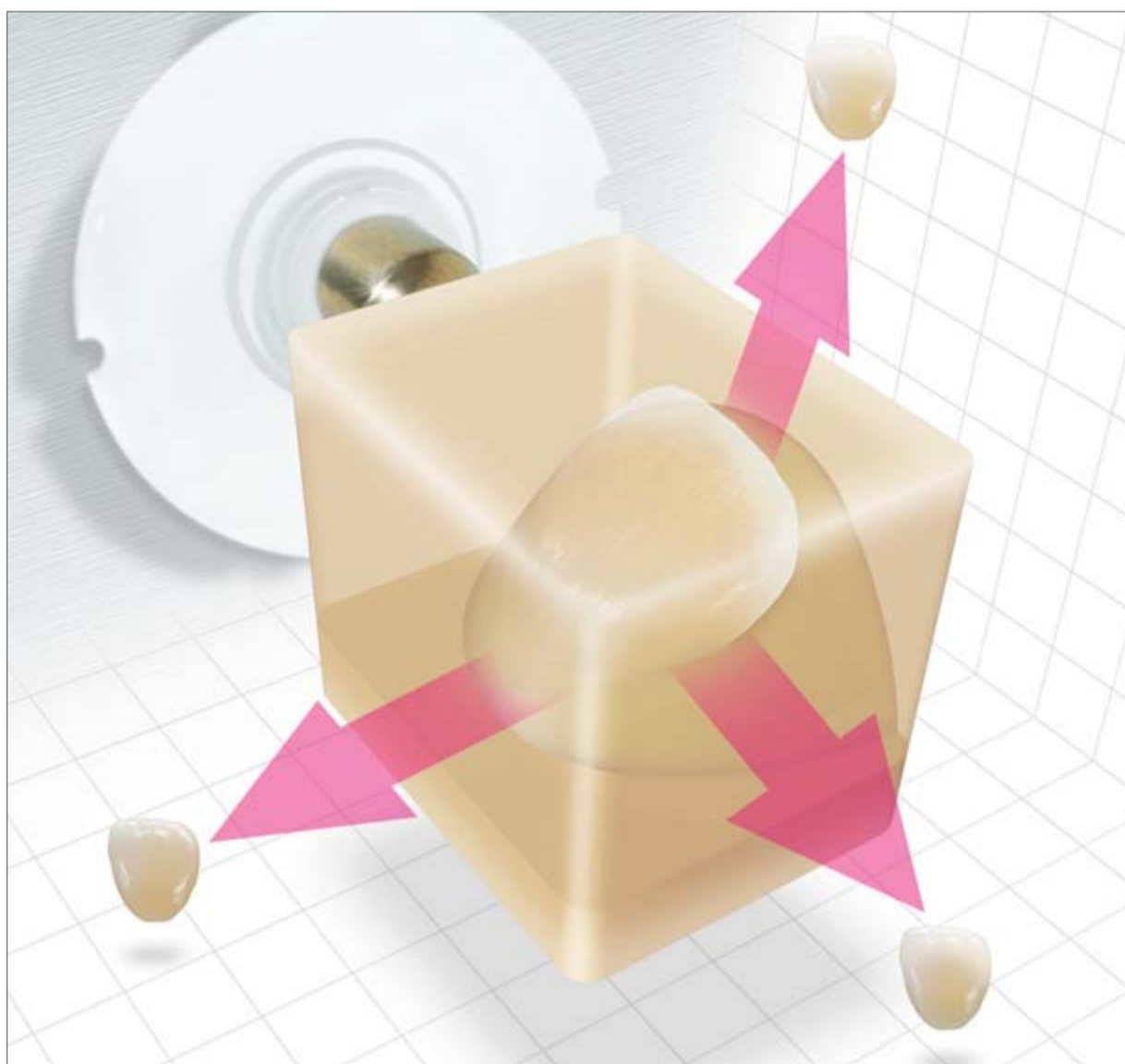
"Health care-associated infections have long been established as the biggest cause of avoidable harm and unnecessary death in the health systems of high income countries. We now know that the situation in developing countries is even worse. There, levels of health care-associated infection are at least twice as high," said Dr Benedetta Allegranzi, Technical Lead for the Clean Care is Safer Care programme at the WHO and author of the study.

She added that although there is currently no means to determine the likelihood and magnitude of the risks in countries with limited resources, improving surveillance, training and education amongst health care workers may help reduce the number of infections. [D](#)

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UK government reviews ban on HIV-positive health staff

Lisa Townshend
DTUK

London, UK: The Department of Health in the UK has confirmed that the current policy of preventing HIV-positive surgeons and dentists from working in the UK is under review. Under the Department of Health rules, HIV-positive health workers working in surgery, dentistry and specialist nursing, as well as obstetrics and gynaecology

are not permitted to carry out invasive surgery or “exposure-prone procedures” that may pose a blood contamination risk.

The announcement has been welcomed by campaigners and Aids charities, who say advancements in HIV therapy drugs makes it easier for people to undertake such clinical roles. British policy is stricter than that of many European countries, as well as the US

and Australia—where dentists with HIV are permitted to work. According to reports, there have been no reported health-care worker to patient HIV transmissions in the UK, and only four such cases have been recorded worldwide.

A Department of Health spokesperson said: “There is a very low risk of transmission of HIV from an infected health-care worker to a patient during cer-

tain exposure-prone procedures. Department of Health guidance recommends that health-care workers infected with HIV do not undertake these procedures.”

The guidance on the policy is currently under review by the UK Advisory Panel for Healthcare Workers Infected with Bloodborne Viruses, the Advisory Group on Hepatitis and the Expert Advisory Group on Aids. The Department

has said that the review is expected to be completed within the next few months. [DT](#)

(Edited by Daniel Zimmermann, DTI)

GSK and DENTSPLY cooperate in oral health

Daniel Zimmermann
DTI

LONDON, UK/NEW YORK, USA/LEIPZIG, Germany: DENTSPLY has entered into a co-branding agreement with GlaxoSmithKline, a global health-care manufacturer based in the UK. According to a press note released in January, the deal will allow the US company to combine its NUPRO in-office prophylaxis range with Sensodyne, GSK’s specialist toothpaste brand for patients suffering from dentine hypersensitivity. According to the companies, no exchange of cash or equity by either party is involved in the agreement.



(DTI/Photo GlaxoSmithKline plc, UK)

NUPRO, which consists of prophylaxis and polishing pastes, is based on NovaMin, a technology acquired by GSK through a multi-million dollar purchase in 2009. The formula contains calcium sodium phosphosilicate, a synthetic mineral found to seal dentinal tubules, the main reason for hypersensitive teeth. GSK currently uses the same technology in its heavily marketed Sensodyne toothpaste brand.

Carlton Lawson, Vice-President of Sensodyne, GSK, said that by utilising both companies’ brands and capabilities, his company aims to build awareness of the benefits of NovaMin and further consolidate its position as the leader in the over-the-counter oral health-care market.

According to the company, 90 per cent of its worldwide revenue is earned through toothpaste sales. The company also claims to have a global market share of almost 10 per cent.

DENTSPLY has said it will release a co-branded toothpaste, as well as a prophylaxis paste for in-office use at the Chicago Dental Society Midwinter Meeting in February. The company has also announced plans to develop a complete range of professional tooth sensitivity products under the combined NUPRO-Sensodyne brand. [DT](#)

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“I want the dental profession to realise its potential”

An interview with Dr Raymond Gist, new President of the American Dental Association



Dr Raymond Gist and wife Jill at 2010 FDI World Dental Congress in Bahia, Brazil. (DTI/Photo Jan Agostaro)

Javier M. de Pison
DT Latin America

The first African-American dentist in history elected as president of the powerful American Dental Association (ADA) started his mandate in a decisive way. Less than a month after assuming the presidency in October 2010, the ADA issued an official apology for “not taking a stronger stand against discriminatory membership practices during the pre-civil rights era.”

A native of Grand Blanc, Michigan, Dr Gist assumed office as the 147th president on 15 October, 2010, before the ADA House of Delegates in Orlando, Florida. In the following interview Dr Gist discusses the programmes that ADA intends to implement, and advocates for oral health for underserved populations.

Javier M. de Pison: What is your political agenda as ADA president?

Dr Raymond Gist: My primary objective is to help unite and amplify the voice of dental professionals in advocating for the delivery of quality oral healthcare to those that are underprivileged in the United States and abroad.

We also intend to deliver a loud, consistent message to the public and all concerned stakeholders that oral health is a priority. Oral health is essential to overall health, which is why I want to bring increased national and global attention to the need for providing and sustaining good dental health.

What are currently the main problems for dentists practicing in the US?

The United States offers tremendous opportunities for those wanting to practice dentistry. The US economy has affected some dental practices more than others, but the economy is getting better as we slowly emerge from our recession. As for our new dentists, many of them are facing tremendous debt obligations from dental school and we must look for ways to assist them in reducing debt and also in establishing their own private practices if they choose to do so.

What's ADA doing in terms of ethnic diversity?

The ADA's recent public apology reinforces its commitment to a diverse membership. The ADA Officers and Board of Trustees felt compelled to act after the striking and deeply personal testimony presented during the June 2010 National Summit on Diversity in

Dentistry on the history of exclusion in organized dentistry. The summit was jointly planned and convened by the National Dental Association (NDA), Hispanic Dental Association (HDA), Society of American Indian Dentists, and the ADA. In July and September, the ADA Board developed and approved resolutions

that were designed to strengthen diversity and inclusion in the profession.

As the first African-American president of the ADA, do you feel political pressure?

I don't feel a special pressure to perform because of my race, but I do pressure myself to deliver

because I know my capabilities. I want the dental profession to realize its potential, and I want to deliver that message effectively and consistently.

Thank you very much for the interview. □

(Edited by Daniel Zimmermann, DTI)

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Dental implants see fastest growth in emerging markets

Daniel Zimmermann
DTI

NEW YORK, USA/LEIPZIG, Germany: Premium manufacturers are driving the market for dental implants and bone-craft substitutes in countries like China and India, according to iData Research. In a market report, the Canada-based consulting company has also forecasted the market volume of both countries for dental implants to exceed US\$400 million by 2017. Strong double-digit growth rates have also been predicted for Brazil, another powerful global emerging market.

The rapid growth of the dental implant market will drive the market for dental biomaterials and bone-craft substitutes. The number of procedures using these materials is expected to reach almost 400,000 in both countries by 2017, the report states

Markets in China and India are currently dominated by a few foreign manufacturers such as DENTSPLY Friadent, Nobel Biocare or Straumann. The last in particular, a Swiss-based com-

pany, has increased its market share in China and South Eastern Asia recently with the introduction of innovative products, including the Bone Level Implant and SLActive dental implant surface technology.

Industry experts say that despite the high costs of dental implant procedures, demand will increase further owing to greater oral health awareness and the rise of middle-class income.

"The de-regulation of dental care services in China and India has fuelled growth of private dental clinics in major urban centres," said Dr Kamran Zamanian, CEO of iData. "In addition, the low cost of labour has kept implant procedural costs relatively low, promoting dental tourism from countries such as Japan, South Korea and Australia."

Europe still holds the largest share of the US\$3.2 billion global dental implant market followed by the US, Korea and Japan. The market itself is projected to grow by more than 20 per cent over the next five years. **DTI**

Fortis Global enters Australia's dental service market



Singh brothers during a press conference in 2010. (DTI/Photo Reuters, London)

Yvonne Bachmann
DTI

NEW DELHI, India/LEIPZIG, Germany: Fortis Global Health-care Holdings is further expanding its business into the APAC market. The Indian health-care giant, which runs hospitals in India and Hong Kong, has announced plans to acquire a 50 per cent minority stake in Dental Corporation, one of Australia's largest providers of private dental services. The transaction, worth AU\$100 million (US\$101 million), is subject to stakeholder approval.

In November last year, Fortis took over Quality HealthCare Asia in Hong Kong, making it the

largest provider of health-care services in the city state. Prior to this transaction, the company sought to take over Singapore hospital operator Parkway Holdings but bowed out after a two-month battle with Malaysian investor Khazanah. The new transaction will add 139 dental practices with a reported revenue of AU\$250 million (US\$253 million) per year to Fortis' business.

Dental Corporation has announced that it aims to use the multi-million investment for expanding its business domestically and in the growing Pan-Pacific health-care market through the established Fortis network. While two Fortis executives will be appointed to the Dental Corporation board, all operational functions and management of the Dental Corporation business will remain unchanged, the company said.

Fortis Global is owned by the brothers Malvinder Mohan Singh and Shivinder Mohan Singh of Delhi. They formed the company late in 2001. Last year, the group achieved a turnover of Rs 35,7 billion (US\$753 million), according to financial reports. **DTI**

Kurararay shifts dental business, Merges with Noritake

Daniel Zimmermann
DTI

HONG KONG/LEIPZIG, Germany: A new dental device giant is taking form in Japan. According to business reports, Kuraray and Noritake are to merge their dental operations. The transaction has been filed for clearance by the Japan Fair Trade Commission and is expected to be finalised in early 2012, representatives of both companies said.

Under the agreement, both businesses will be joined in a new holding company and effectively merged with a basic capital of ¥5 million (US\$61,000) by April 2012. It is also reported that Kuraray will hold a two-thirds majority stake in the new company.

Kurararay's dental business, which is owned by Kuraray Medical, a fully owned subsidiary, comprises bonding agents and

fillings based on polymer and organic synthetic technology. Noritake Dental Supplies currently distributes dental ceramics in over 90 countries. Both companies are reported to have combined sales of approximately ¥8.5 billion (US\$104 million) worldwide and to hold a share of 40 per cent in their respective market segment in Japan.

Kurararay Medical President Sadaaki Matsuyama told the website nikkei.com that his company wishes to strengthen its share in domestic and overseas markets through the merger. Overall, the new company aims to boost sales to almost ¥20 billion (US\$245 million) in the next seven to eight years, he added.

According to industry experts, domestic medical and dental device sales in Japan have



Noritake President Yoshiharu Ogawa and Kuraray President Sadaaki Matsuyama. (DTI/Photo Kuraray, Japan)

declined as a result of reduced demand for dental services. Premium products in particular, such as implants and ceramics, are being brushed off by dental patients.

With an annual turnover of US\$20 billion, the Japanese market for medical and dental equipment is the second largest in the world. The country only imports 20 per cent from overseas. **DTI**

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