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Stabilized Stannous Fluoride dentifrices are toothpastes of choice: Middle East dental consensus

By Dental Tribune MEA / CAPPmea

DUBAI, UAE: On 02-03 November 2017, a selected panel of ME elite dental academicians gathered for a two-day scientific consensus to discuss recommendations for best choice of toothpaste. This unique assembly took place at The Address Hotel, Dubai Marina, UAE. The results were presented live on stage at the 9th Dental Facial Cosmetic International Conference which took place at ICH in Dubai Festival City on 03-04 November 2017.

The consensus was led by Professor Hien Chi Ngo, Dean of College of Dental Medicine of the University of Sharjah and Dr. Elias Berdouses, Board Member of Emirates Pediatric Dental Club. The consensus was achieved by the Delphi methodology (A structured survey approach conducted in multiple rounds of questionnaires and answers. It is regarded as a systematic, interactive forecasting method relying on a group panel of experts[1]), resulting in an unbiased evidence based conclusion on the best type of toothpaste available. The panel of experts included:

Introduction

An ideal toothpaste should protect gums, teeth and the oral environment with minimal side effects and environmental impacts. In addition to the body of evidence supporting fluoride effectiveness, evidence suggests that Stabilized Stannous Fluoride, with verified bio-availability, has additional benefits. In association with sustained patient compliance (daily use) and effective mechanical debridement; this group recommends the following:

Gum Health

There is emerging scientific evidence supporting the anti-inflammatory action of Stabilized Stannous Fluoride. In Patients with gingivitis, which can predispose to periodontitis, there is evidence that a toothpaste with Stabilized Stannous Fluoride has distinctive advantages in restoring and maintaining gingival health by reducing plaque and calculus deposition.

Tooth Health

There is strong evidence to support that Stabilized Stannous Fluoride is superior to other forms of fluorides in anti-bacterial efficacy and the reduction in acidogenicity of plaque. Stabilized Stannous Fluoride based toothpaste has been found to be effective in managing dental caries. A Stabilized Stannous Fluoride based toothpaste, in addition to addressing all etiological factors helps reduce progression of erosive tooth wear. There is strong evidence to support that the use of Stabilised Stannous Fluoride toothpaste is effective in reducing dentine hypersensitivity.

General

Based on the recommendation of the European Academy of Paediatric Dentistry (2009), the dosage for toothpaste for children is twice daily: Up to 2 years of age: a pea size of 500ppm, 2 to 6 years of age: a pea size 1000ppm and 6 years and above 1450ppm fluoride: 1-2cm. Where higher concentrations of Fluoride toothpastes are not available, larger amounts and longer exposure to toothpaste may be recommended based on individual needs. It is recognized that patients with fixed orthodontic appliances may have an increased risk of gingival inflammation and dental caries. We recommend further scientific studies in the areas of peri-implantitis, root caries and dentine erosion. To increase compliance, oral health care providers should consider the effectiveness of products and patient specific needs regarding age, medical conditions, taste and texture. In conclusion, based on current literature we recommend that a Stabilized Stannous Fluoride based toothpaste is the toothpaste of choice.[2]

Consensus Group; Standing from left to right Dr. Eleftherios Kaklamanos, Prof. Khaled Balto, Dr. Elias Berdouses, Prof. Crawford Bain, Prof. Hien Chi Ngo, Dr. Ajay Juneja, Dr. Montaser Al-Qutub. Sitting from left to right: Dr. Samira Al-Osailan, Prof. Nada Naaman, Prof. Arwa Al-Sayed, Dr. Naif Al-Moosa

Over the two days, the consensus culminated in the above recommendations which are agreed and signed off the by expert panel:

Prof. Hien Chi Ngo – Moderator, Dean of College of Dental Medicine, University of Sharjah, UAE

Dr. Elias Berdouses – Moderator, Board Member Emirates Pediatric Dental Club, UAE

Prof. Crawford Bain – Chairman Periodontics Department, Hamdan Bin Mohammed College of Dental Medicine, UAE

Dr. Arwa Al-Sayed – Chairman of the Saudi Fellowship Program in Implant Dentistry, Saudi Commission for Health Sciences, KSA

Dr. Eleftherios Kaklamanos – Assistant Professor of Orthodontics, Hamdan Bin Mohammed College of Dental Medicine, UAE

Dr. Naif Al-Mosa – Chairman Department of Pediatric Dentistry and Orthodontics, King Saud University, KSA

Dr. Montaser Al-Qutub – Head, Division of Periodontics and Postgraduate Program Director in Periodontics, King Saud University, KSA

Dr. Ajay Juneja – Specialist Prosthodontist, Dental Studio, UAE

Prof. Khaled Balto – Director of Postgraduate Endodontic Programs, King Abdulaziz University, KSA

Dr. Samira Al-Sailan - Oral & Maxillofacial Surgery Consultant, King AbdulAziz University, KSA

Prof. Nada Naaman – Honorary Dean, Professor Department of Periodontology, Saint-Joseph University, Lebanon

The consensus moderators. Left: Prof. Hien Chi Ngo, Right: Dr. Elias Berdouses

The consensus was achieved by the Delphi methodology

Reference

1. Bernice B. Brown (1968). "Delphi Process: A Methodology Used for the Elicitation of Opinions of Experts.": An earlier paper published by RAND (Document No: P-3925, 1968, 15 pages)

2. Further information on the evidence, references and methodologies used can be obtained from Prof. Hien Chi Ngo – Moderator of the Consensus. Please email dtmea@dental-tribune.me with your enquiry. DT

Could crowdfunding foster next dental revolution? Dental Tribune investigates

By DTI

LEIPZIG, Germany: Modern dentistry is moving in various different directions in a variety of fields—from toothbrush start-ups to online crowdfunding campaigns that are raising thousands of dollars for new ideas, such as a floating dental clinic in Cambodia. With so many interesting and inspiring concepts out there, Dental Tribune Online has decided to dedicate a series specifically focusing on the world of crowdfunding within dentistry and investigate which ideas look promising in 2018.

The idea of crowdfunding, as it is known today, originated in 2006 and has since grown into a multibillion-dollar industry.

The concept is simple. Everyday people who sometimes have extraordinary ideas can set out to bypass the usual mainstream funding avenues and reach out directly to individuals who might be inspired by the idea and want to support it. People with new ideas can upload pictures, videos and descriptions to any number of online platforms that manage donations, allowing direct contact between the curator and the supporter—with a number of rewards offered to those who donate money towards the project. Across all these sites, the impetus is always the same. Someone has an idea and that person needs funding to bring it to life.

This relatively new idea towards achieving goals and introduce innovative products to the wider public has seen some bedroom ideas be transformed into worldwide hits. It has also seen artists of all kinds introduce their work to the world, even allowing established musicians like Public Enemy to raise $75,000 for their new album.

The success of crowdfunding has also landed within the dental industry and there is no shortage of crowdfunding ideas—some better than others and some more successful than others. Over the next few weeks, Dental Tribune Online will be sharing a few of the best and worst ideas out there, to see just where the world of oral health might be heading in the New Year, and who could be leading the way. DT

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Following a simpler path from prep to crown

By Dr Carlos Eduardo Sabrosa, Brazil

Indirect restorative procedures can be time-consuming and complicated: many different processes from impression taking to cementation are carried out in the dental office, and in each of them, different strategies may lead to success.
However, some of the available materials and techniques will involve a lot of effort, while others enable users to proceed quickly and simplify the complete procedure. A simplified workflow from prep to crown that really makes life easier for the dental practitioner is described below.

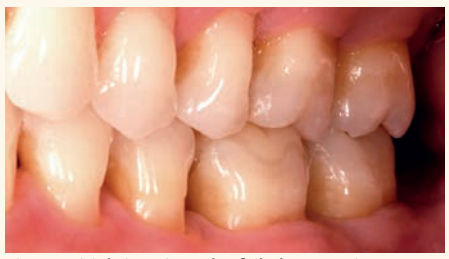

Fig. 1: Initial situation. The failed composite restoration covering a large part of the left mandibular first molar's occlusal surface needs to be replaced.

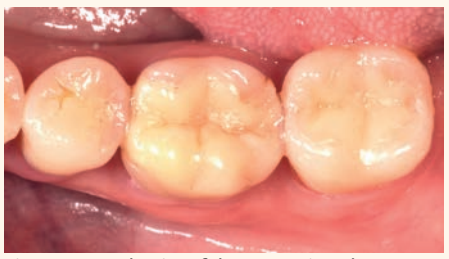

Fig. 2: Due to the size of the restoration, the amount of remaining tooth structure might not be sufficient to ensure the required stability for a direct composite restoration.

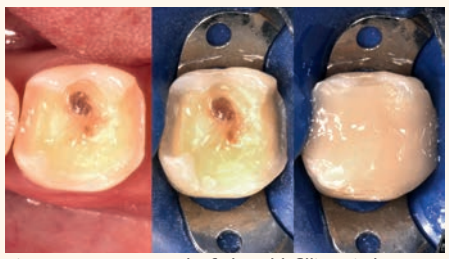

Fig. 3: Upon removal of the old filling, it becomes clear that a crown is needed to ensure the required stability. The tooth is built up with 3M™ Filtek™ Bulk Fill Posterior Restorative, which may be placed in conjunction with 3M™ Single Bond Universal Adhesive and in increments of up to 5 mm.

Fig. 4: Following tooth preparation, a temporary crown is produced chairside with 3M™ Protemp™ 4 Temporization Material. This material exhibits a high strength and a natural gloss without polishing.

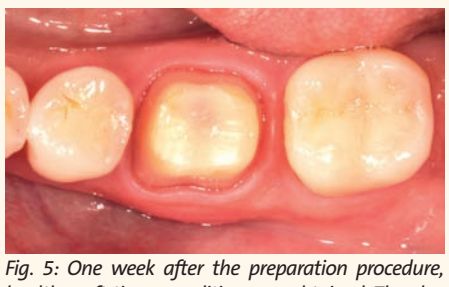

Fig. 5: One week after the preparation procedure, healthy soft tissue conditions are obtained. They lay the foundation for a high-quality precision impression.

Fig. 6: In order to allow for a detailed capture of the preparation margin, the gingival tissues are retracted using the double-cord technique. Alternatively, a single cord may be applied in combination with 3M™ Astringent Retraction Paste.

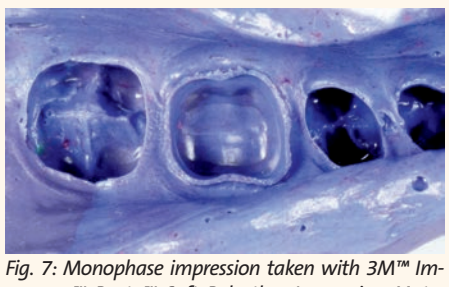

Fig. 7: Monophase impression taken with 3M™ Impregum™ Penta™ Soft Polyether Impression Material. A very detailed representation of the preparation margin is obtained with this simple technique.

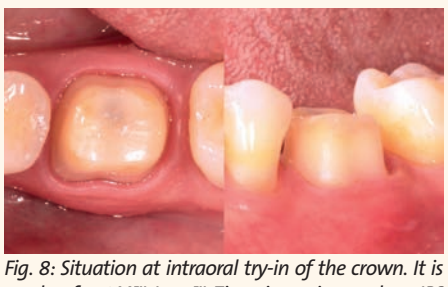

Fig. 8: Situation at intraoral try-in of the crown. It is made of a 3M™ Lava™ Zirconia coping and an IPS e.max® Ceram (Ivoclar Vivadent) porcelain layer. Ideal intraoral conditions (smooth margins, healthy tissues) are visible.

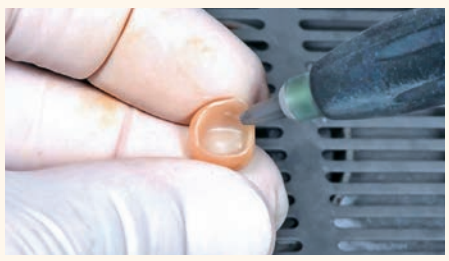

Fig. 9: Sandblasting of the crown's intaglio surface to create a microretentive surface structure that is beneficial for cementation. This procedure is recommended for oxide ceramic materials.

Fig. 10: Application of self-adhesive resin cement into the crown. This proven product offers a simplified procedure since it eliminates the need for separate etching, priming and bonding.*

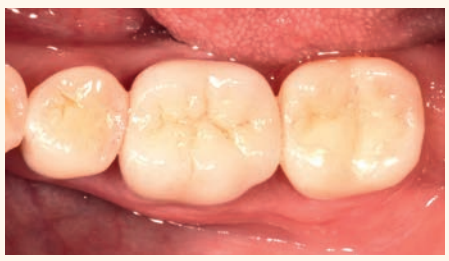

Fig. 11: Situation after crown placement, removal of the excess cement and thorough cleaning. The crown blends in nicely with the surrounding tooth structure.

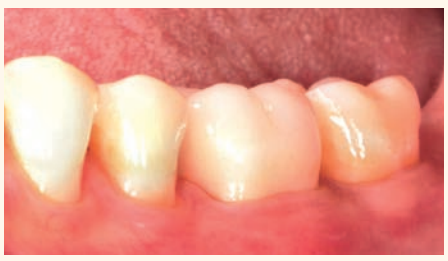

Fig. 12: At the check-up several days after crown placement, a great overall picture is obtained. The patient is happy with the final restoration in terms of aesthetics and function.

Comments

The described patient case shows that it is possible to significantly reduce the number of working steps in an indirect restorative procedure. In this way, potential sources of error are eliminated and chair-time is decreased. Key to success is the use of innovative, high-quality materials that offer ease of use and lead to increased efficiency in the dental office. These include the above-mentioned monophase impression material, the bulk fill composite, the temporization material that does not require polishing and the self-adhesive resin cement all offered by a single manufacturer.

**Relyx™ U200 self-adhesive resin cement in the MEA Region*

Dr Carlos Eduardo Sabrosa, Rio de Janeiro, Brazil
Dr. Sabrosa is an Associate Professor at the State University of Rio de Janeiro Dental School. He received his DDS in 1992 from the State University of Rio de Janeiro Dental School and the Clinical Advanced Graduate Studies (CAGS) in Prosthodontics from Boston University Goldman School of Dental Medicine in 1996. He earned the Steven Gordon Research/ Clinical Award in 1995 and 1996 and the Tylman Research Grant Award in 1993 from the American College of Prosthodontics. Dr. Sabrosa also received his MSD and DScD in Prosthodontics/Biomaterials from Boston University Goldman School of Dental Medicine in 1997 and 1999 consecutively. He has a private practice, focused in Oral Rehabilitation and Implantology, in Leblon, Rio de Janeiro, Brazil.

3M Oral Care at SDS

By 3M

3M Oral Care participated in the Saudi International Dental Conference from 9-11 Jan 2017 held at the Riyadh International Convention and Exhibition Center.

3M's presence at the Conference & Exhibition was through a specially designed booth with designated areas for customer hospitality, product displays and 3D holograms.

It was the first time that the "Virtual Reality Experience" was introduced in any Dental Conference in the Kingdom. The experience took the customer inside a virtual Oral Cavity where he could see a Class II restorative procedure being done using 3M™ Filtek™ Bulk Fill Posterior Restorative, Single Bond Universal Adhesive and Sof-Lex™ Diamond Polishing system.

3M Oral Care displayed the complete range of products which is loved by millions of customers worldwide. These specifically included products such as Filtek™ Z350 XT Universal Restorative, Filtek™ Bulk Fill Posterior, Ketac™ Molar Glassionomer, Relyx™ U200 Self-Adhesive Cement, Relyx™ Fiber Post 3D, Clarity™ Advanced brackets, and APC™ Flash Free systems to name a few.

3M core products like Single Bond Universal, Relyx™ Cement portfolio, Penta™ Impression portfolio, Temporization portfolio including Protemp™ 4, Stainless Steel Crowns, Pedo Strip Crowns and the Orthodontic portfolio including Victory™ Series Brackets, TADS and Incognito™ were also on display at the booth.

3M also invited renowned speaker Dr. Federico Ferraris from Italy to give a lecture and workshop during the SIDC. The lecture, titled 'Composite vs Ceramic' attracted a large number of visitors during the conference. The workshop was conducted on the premises of King Saud University and was attended by 28 eager learners. DT

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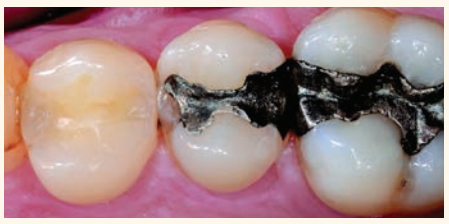
Class II DO on Second Bicuspid. Case Study

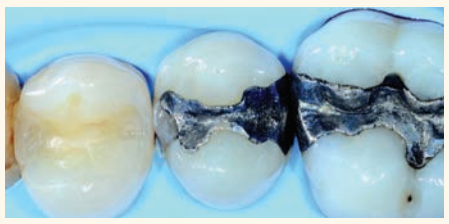
By Dr. Enrico Cogo, Italy

3D rings are the real topic of Garrison's systems. The "v" shape of a ring that fits in the interproximal area allows a good fit between the cavity margins and the matrix in the buccal and palatal walls. This results in easier positioning of the composite masses close to the cavity margins, and final remodeling (usually necessary at the time of removal of the matrix) will be very minimal.
The rings also permit a divergence of the interproximal dental elements, which causes a great point of contact.
Garrison systems make second class restorations more simple and more predictable and also reduce the operating time of the finishes when the matrix is taken off. DT

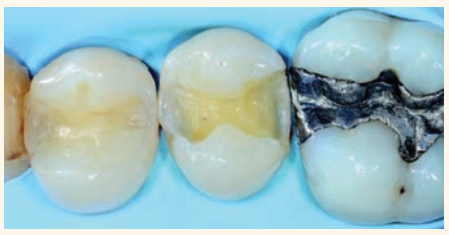
Dr Enrico Cogo DDS
Dr. Cogo graduated from the University of Ferrara, Italy with a degree in Dentistry in 2005. Since 2006, he has been a visiting professor at the Dental School of the University of Ferrara. Dr. Cogo is also a frequent speaker at courses and conferences on dental bleaching and esthetics, as well as direct and indirect adhesive restorations. He is the author of several scientifi c articles in national and international journals, and with his associates, Pietro Sibilla and Roberto Turrini, wrote the book "Sbiancamento dentale: metodi per il successo," edited by Quintessenza Edizioni and translated into German. Dr Cogo also has private practices in Legnago (Verona), Ferrara, Goito (Mantova) and San Giuseppe (Ferrara).



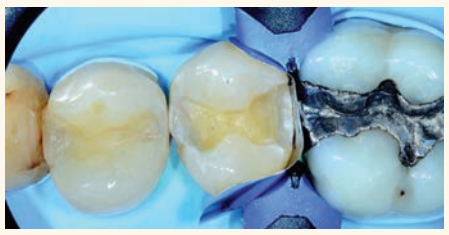
Pre-op situation. Patient needs to replace an old amalgam restoration on 1.5.



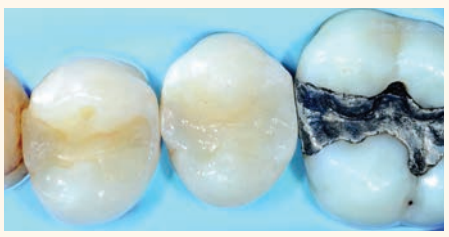
Dental elements are isolated with rubber dam to avoid contamination of the area and improve visibility.



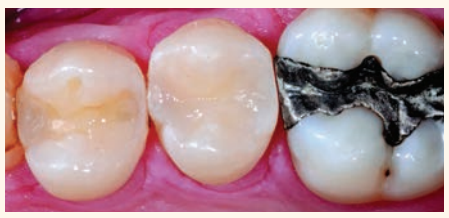
Picture of the cavity after removing the amalgam restoration and after performing the cleaning of cavity.



After finishing of the cavity, a sectional matrix Composi-Tight 4.6 mm, a wooden wedge and 3D XR ring are placed. The ring is placed on the wedge and causes a slight divergence which will result in an excellent point of contact at the end of the restoration.



Situation after removing ring, matrix and wedge. Good position the matrix and the use of an adequate ring allows minimum interproximal finishing at the end of the stratification.



Post-op view after polishing and check occlusion. A good contact area is performed between elements 1.5 and 1.6.

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SDR® Plus

Split mouth studies by J.W.V van Dijken and U. Pallesen[1,2]

During the 6-year follow-up, a total of 98 Class I and Class II restorations were evaluated at recall. 49 using SDR® and ceram.x® SphereTEC™ in the bulk-fill technique against the same number using just ceram.x® SphereTEC™ composite in the layering technique. The observers concluded that SDR® was clinically safe, gave highly acceptable clinical durability, and noted that the clinical performance and failure rate was equivalent to conventional layering (3 failures in both test and control group).

During the 5-year follow-up, a total of 183 Class I and Class II restorations were evaluated at recall. 92 using SDR® and ceram.x® SphereTEC™ in the bulk-fill technique against 91 using just ceram.x® SphereTEC™ composite in the layering technique. The observers concluded that both restorative techniques showed good surface, marginal stability and colour stability. They also mentioned that there was no statistically different annual failure rates between the bulk-fill and layering technique, and all restorations successfully resulted in no post-operative sensitivities.

"The use of a 4mm incremental technique with the flowable bulk-fill resin composite showed during the 5-year follow up slightly better, but not statistically significant, compared to the conventional 2mm layering technique in posterior resin composite restorations."[2]

36 month clinical trial results by J. Burgess and C. Munoz[3]

The initial study entailed 170 restorations where SDR® was bulk filled in increments of 4mm and then capped using Dentsply Sirona's now discontinued composite material Esthet•X® HD. Since the beginning of the trial the restorations have been individually evaluated at 12, 24 and 36 months. At each evaluation the parameters for assessment were fracture and surface defect, proximal contact, recurrent caries, sensitivity and gingival index. We are pleased to announce that the key findings of the clinical evaluation were as follows:

- There were no failures attributable to SDR®.
- Acceptable performance with respect to safety and efficacy after 3 years.
- No post-operations have been reported related to SDR®.
- No recurrent caries associated with SDR®.
- No reports of adverse events.
- No adverse effects on the gingiva in contact with SDR®.

"There were no observations of recurrent caries associated with the low stress resin and no reports of adverse events throughout the duration of the trial."[3]

Conclusion

With more than 50 million applications since its introduction in 2009 and superior performance in clinical studies, it comes as no surprise that SDR® Plus has become the bulk fill technology of choice for the creation of reliable direct restorations. DT

For more information or to request a demo, please contact your local Dentsply Sirona representative.

References

1. van Dijken JWV, Pallesen U, 2017: Bulk-filled posterior resin restorations based on stress-decreasing resin technology: a randomized, controlled 6-year evaluation.;Eur J Oral Sci. 2017 Aug;125(4):303-309.
2. van Dijken JWV, Pallesen U, 2016: Posterior bulk-filled resin composite restorations: A 5-year randomized controlled clinical study; J Dent 2016 Aug;51:29-35
3. Internal report #765-540 (2012-02-17); Data on file

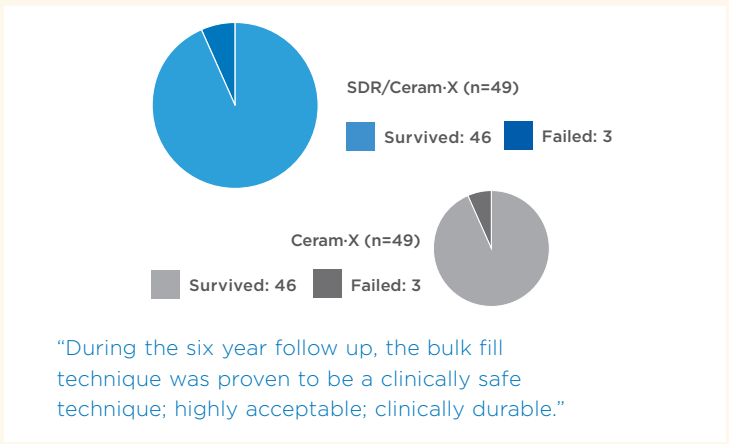

Fig. 1: 6-Year Clinical data

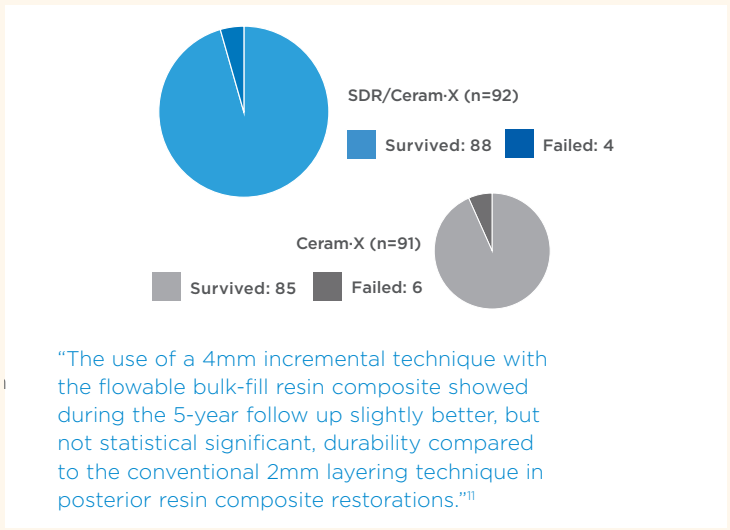

Fig. 2: 5-Year Clinical data

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