Dear reader,

“I suppose we are done here.”

Daniel Zimmermann
Group Editor
Dental Tribune International

It is fair to say that the “gold rush” in dentistry has been over for a long time. Ever since the world market price for the precious metal has skyrocketed during the 2000s, it has become more lucrative for many to get the gold from fillings out than to actually get it in.

Subsequently, the market for dental gold has crashed, particularly in countries, where state-of-the-art materials like composites or ceramics have now become the norm. With the ongoing development and refinement of these materials, it can be assumed that the hours of the world’s oldest filling material are finally counted.

In Asia, however, gold will stick around for a while, if not only for the reason of being used as a filling material. According to reports by environmental groups, dentists working in small scale gold mining areas in the Philippines have partnered with miners to trade mercury in form of dental amalgam for gold, a practice which significantly adds to the country’s already serious mercury waste problem.

This practice has been commonplace for decades and has developed into a lucrative business, particularly for the dental profession, as amalgam is easy to import and trade in the country owing to lax regulations. While there have been initiatives to make miners comply more with waste management standards, there have been no interventions against the dental professions for this practice so far.

As one of the few Asian countries to have signed the Minamata Convention for a global phase-out of mercury, the Philippines have committed to having all dental amalgam out of the country by 2030.

We have come a long way since 1985, but not far enough in my humble opinion. I truly believe that every dental school should not only have a CBCT imaging machine, but also be actively integrating the technology into the undergraduate and graduate curriculum, teaching clinicians how to utilise these most powerful tools to provide our patients with the best possible care but without the guess-work.

The evolution continues within the pages of our new cone beam international magazine. We will do our best to provide our readers with useful information by presenting a variety of clinical applications and state-of-the-art concepts that showcase CBCT technology and related applications. It is time to realize that there is a real danger when we are hounded by 2-D concepts, when clearly today we live in a 3-D world.

Three-dimensional imaging modalities have truly empowered clinicians with an increased visual acuity of individual aspects of patient anatomy for a wide variety of clinical applications. These include but may not be limited to oral surgery procedures, orthodontics, periodontology, endodontics, temporomandibular joint disorders, bone grafting, sleep apnoea, dental implant placement, and reconstruction. The utilisation of CBCT data has further expanded and augmented with the ability to merge/impose cross-platform data from intra-oral and optical scans for increased diagnostics and to create a direct link to CAD/CAM.

Contact Info

Dr Jukka Pekka Matinlinna
Materials Science at the University of Hong Kong

As personal computing power improved, the subsequent development of interactive treatment planning software was able to convert the CT dataset and provide clinicians with new tools to enhance the diagnostic process, a vast improvement over conventional 2-D imaging modalities. The advent of lower-dose CBCT imaging modalities, it is time to realize that there is a real danger when we are hounded by 2-D concepts, when clearly today we live in a 3-D world.

Three-dimensional imaging modalities have truly empowered clinicians with an increased visual acuity of individual aspects of patient anatomy for a wide variety of clinical applications. These include but may not be limited to oral surgery procedures, orthodontics, periodontology, endodontics, temporomandibular joint disorders, bone grafting, sleep apnoea, dental implant placement, and reconstruction. The utilisation of CBCT data has further expanded and augmented with the ability to merge/impose cross-platform data from intra-oral and optical scans for increased diagnostics and to create a direct link to CAD/CAM.

We will do our best to provide our readers with useful information by presenting a variety of clinical applications and state-of-the-art concepts that showcase CBCT technology and related applications. It is time to realize that there is a real danger when we are hounded by 2-D concepts, when clearly today we live in a 3-D world.

Three-dimensional imaging modalities have truly empowered clinicians with an increased visual acuity of individual aspects of patient anatomy for a wide variety of clinical applications. These include but may not be limited to oral surgery procedures, orthodontics, periodontology, endodontics, temporomandibular joint disorders, bone grafting, sleep apnoea, dental implant placement, and reconstruction. The utilisation of CBCT data has further expanded and augmented with the ability to merge/impose cross-platform data from intra-oral and optical scans for increased diagnostics and to create a direct link to CAD/CAM.

We will do our best to provide our readers with useful information by presenting a variety of clinical applications and state-of-the-art concepts that showcase CBCT technology and related applications. It is time to realize that there is a real danger when we are hounded by 2-D concepts, when clearly today we live in a 3-D world.