SINGAPORE: Despite high expectations for the 2014 edition, fewer new visitors have registered for IDEM Singapore compared with the previous show. According to official figures released by organiser Koelnmesse a week after the event, slightly more than 7,800 dental professionals attended the International Dental Exhibition and Meeting this year, which equals an increase of roughly 8 per cent. In 2012, the number of new participants exceeded 20 per cent.

Despite the moderate growth, the organisers reacted positively to the outcome, saying that the show has strengthened its position as a key platform for dental companies to launch new products and solutions in Asia. Michael Dreyer, Asia Pacific Vice-President of Koelnmesse, told Dental Tribune Asia Pacific that the proven concept of a combined trade show and conference for APAC has demonstrated itself to be successful once again, substantiating the meeting’s role as a ‘must-attend’ meeting for professionals in the region. He said that further growth will be made possible through leftover space of 2,000 square metres at Level 6, currently used as a lunch area for congress delegates, that can be used to accommodate more exhibitors in future.

“As dental markets in the regions continue to develop and reach out to embrace the globalisation of dentistry and the opportunity it presents, IDEM Singapore will continue to play a strategic role for exhibitors in facilitating that development and outreach,” Dreyer commented.

Exhibitor numbers were at an all-time high this year with more than 500 dental manufacturers and distributors from around the globe showcasing their current and future product portfolio to customers in the region. Held for the first time in two exhibition halls at the recently renovated Suntec Singapore Convention and Exhibition Centre, the show received particular interest from market competitors in Asia in the form of two new joint country pavilions for the Japanese and Chinese dental industries. New exhibitors, however, also came from established markets in Europe and North America.

Several new products saw exclusive launch at the show, of which many were on display for dental professionals to try out. Among them were new implant lines, such as the Roxolid SLActive from Swiss dental manufacturer Straumann, which will be rolled out to dentists throughout the continent until the end of this year, as well as digital equipment, including CAD/CAM systems and dental cameras, such as the EyeSpecial C-II from Japanese dental specialist SHOFU Dental.

“Generally speaking, we conducted good business. Our sales grew by 20 per cent compared with 2012, but these results may not be representative because of the launch of Opalescence Go,” said Nicolas Sondaz, General Manager for Asia Pacific at Ultradent, in summarising the outcome for his company, which introduced its latest tooth-whitening solution at IDEM.

In addition to the trade show, visitors learnt about the latest concepts and developments in dental medicine. Among the highlights of the official scientific programme, organised by the Singapore Dental Association in collaboration with the FDI World Dental Federation, were sessions on infection control practices, oral cancer and concepts in dental implantology, an area of dentistry that received special attention in the form of a roundtable discussion on the second day of the show.

Special events aimed at dental technicians and oral hygienists were also well attended. Outside the official programme, the Dental Tribune Study Club held its clinical symposium for the third consecutive time.
As a leading provider of tooth-whitening solutions and other products for dentistry, Ultradent is a familiar corporate face at IDEM Singapore. Dental Tribune Asia Pacific had the opportunity to speak with Nicolas Sondaz (General Manager for Asia Pacific) and Suzanne Wilson (Senior Marketing Manager—Brands) shortly about the company’s latest innovation in tooth whitening and why it will appeal to dentists in Asia.

Dental Tribune Asia Pacific: You place a lot of emphasis on Opalescence Go in your booth design. Is this product the main focus of your presentation here at IDEM?

Nicolas Sondaz: Tooth whitening, is a big part of our business, so we clearly emphasise this here at the show. Opalescence Go is a very unique product that offers tooth whitening without having to cope with the challenges that usually come with the process. It is delivered in a ready-to-use prefilled tray that is very mouldable, so it can adapt better to the patient’s anatomy. It is not something you have to do chairside or for which you have to take impressions.

Dental Tribune Asia Pacific: How do you think this product is going to appeal to dentists in Asia?

Sondaz: A question that people always ask is whether what works in the US is going to fit Asian teeth because of the size and anatomy of the mandibular, for example. As a matter of fact, when this material was tested in the US, at least 30 per cent of the patients were of Asian heritage. An earlier version of Opalescence Go has also been successful on the market for about ten years. While there might be cultural differences, Asian dentists will appreciate the convenience of this product.

Wilson: The affordability of the product opens up possibilities in more markets. In-office whitening or custom tray bleaching may bring great benefits but they are sometimes prohibitive because of their high costs. Opalescence Go gives more people the opportunity to have access to tooth whitening on the go.

Dental Tribune Asia Pacific: In which markets is or will this product be available?

Sondaz: This has been a global launch, which is kind of a new thing for us because we usually do not launch products this way. As it is so highly accessible, we believe that Opalescence Go can reach any dentist and patient anywhere in the world.

Thank you very much for this interview.

Dental photography made simple by SHOFU

SINGAPORE: For almost a century, SHOFU Dental has been an international household name for dental clinical and lab materials. However, the company has also been manufacturing and selling equipment for digital dentistry and photography, only in its home market in Japan. With the introduction of the new EyeSpecial C-II, SHOFU brought a new digital camera to IDEM Singapore, exclusively developed for use in dentistry.

Made completely in-house in cooperation with experts in photography and cosmetic dentistry, the camera was conceptualised to be useful for a wide range of dental applications including intraoral photography, shade selection and detailed image taking of anterior teeth. It comes with eight pre-set dental modes which, according to SHOFU Dental’s Asia-Pacific Managing Director Patrick Loke, are combined with a built-in proprietary flashmatic system and a number of image processing functions like colour-correction and auto-cropping to simplify the process of dental photography significantly. He added that the camera is extremely lightweight and features a large LCD touchscreen display, making it possible for the user to operate it with one hand, leaving the other hand free for holding the mirror or cheek retractor.

Patrick Loke, SHOFU Dental’s Asia-Pacific Managing Director.

“This camera is so simple and predictable that it provides a fool-proof solution for dentists, enabling even those without any in-depth knowledge of dental photography to take accurate photos every time. The entire dental team, even in multi-specialty practices, will benefit from it,” Loke told Dental Tribune Asia Pacific in Singapore.

“In which markets is or will this product be available?”

Sondaz: This has been a global launch, which is kind of a new thing for us because we usually do not launch products this way. As it is so highly accessible, we believe that Opalescence Go can reach any dentist and patient anywhere in the world.

Thank you very much for this interview.

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Whip Mix, a US manufacturer specialising in equipment for the dental laboratory, exhibited at IDEM Singapore for the eighth time this year. Dental Tribune Asia Pacific spoke briefly with the company’s sales director, Flemming Poulsen, about its operations in the Asia Pacific region, and what it has in store for the future.

Dental Tribune Asia Pacific: It seems that more visitors than ever from the region visited IDEM this year. Was this also your initial impression, and what impact will this development most likely have on your company?

Flemming Poulsen: We are seeing that some countries that have been closed for many years, like Cambodia or the Union of Myanmar, are finally opening up. Professionals from these countries have started coming to IDEM, which is probably why there has been such an increase in visitors from the region. Eight years ago, you would not have seen any of those visitors. This development will help us gain exposure to markets and distributors to which it was previously difficult to gain access. Now, we finally have the opportunity to make contact with these people and find out who they are.

Are there any new partnerships on the horizon?

We are fortunate to have been exporting to the region for more than 40 years, so we are well established in most parts in the region. Currently, we have a partner in Bangladesh but have not been able to establish one in Cambodia.

What are the most important markets for you in the region currently in terms of business?

Singapore is important owing to its dental school for example, which in some ways sets the standards for other educational institutions abroad. Many people from the region also used to come here to buy from the local distributors, which is still largely the case.

In terms of business, however, Japan is by far the most important market for us because it is the largest in the region. Owing to its sheer size, we are now also doing significant business in China. Malaysia, the Philippines and Vietnam are some of the markets in which we envision growth for our company.

Your main focus is dental laboratories. Did you introduce any new products for the dental practice at IDEM?

One of the lines we emphasised at the meeting was our Denar Mark articulator series for use in restorative procedures. Over the last two years, there have also been many requests from our distributors for products related to CAD/CAM, so this is a field we most likely will focus on more in the future. Walking around at IDEM, I saw three different types of 3-D printers alone, which means that the technology that is already available in Europe and North America has now made it to Singapore. Once again, I expect Singapore to be the trend-setter, spreading the technology throughout the region.

Thanks very much for the interview.
Dr Steven Soo
Singapore

My presentation at the Dental Tribune Study Club Symposium at IDEM Singapore highlighted some of the advantages and disadvantages of the use of CAD/CAM in dentistry. My goal was to enable clinicians to see how it might become more widely accepted in their daily practice and remove some of their reservations. The next generation of dentists will hopefully come to view traditional methods of manufacturing dental prostheses in the same way as we now view fixed partial dentures as a way to replace missing teeth before implants.

CAD/CAM methods for conventional dental and implant-borne prostheses have gained popularity for a variety of reasons. Despite many advantages in terms of cost and convenience, the uptake of this relatively new technology is slow, hinting at a reluctance to try something new.

Many, if not most, clinicians still choose to have fixed implant-borne multi-unit prostheses fabricated by traditional methods of casting and veneering precious metal alloys. However, the associated high technical and material costs may be prohibitive to the group of patients who need this treatment modality the most. To this end, more cost-effective alloys, including base metal alloys, have been cast and veneered with a variety of tooth-coloured materials with good success. CAD/CAM takes this one step further. In fact, materials such as zirconia, which has revolutionised dental prostheses, would not be in use were it not for CAD/CAM.

There has been much discussion around the problem of achieving passivity of fit, the lack of which, it has been postulated, can contribute to mechanical and biological complications. The multiple steps and materials used in impression taking, casting a working model, producing a wax pattern, casting in metal alloy then veneering in tooth-coloured material all lead to a certain degree of misfit. CAD/CAM can help to address this common problem. The use of digital dentistry is more common than clinicians might think, as the laboratory processes involved have already been widely implemented and dental technicians can take the credit for driving the use of the technology forwards. The next step is to adopt digital technology to replace some of the clinical steps in fabricating a prosthesis, namely the impression stage, which leads to production of a working cast.

These steps can introduce cumulative inaccuracies, as well as consume a variety of materials that are then discarded. In addition, there are time-savings to be made, perhaps not in the initial stages of learning and integrating new technology, but, once familiar with the systems involved, all will benefit from the improved and efficient workflow.

Contact Info

At IDEM Singapore 2014, Dr Steven Soo was presenting a lecture on the benefits of CAD/CAM technology for dental implant and restorative procedures at the Dental Tribune Study Club Symposium on Level 6. Having received his dental degree from the University of Liverpool in the UK, he now works as a dental specialist in prosthodontics at Specialist Dental Group in Singapore. Dr Soo can be contacted at info@specialistdentalgroup.com.
I think this is something that will happen gradually as the general awareness of the public concerning infection control practice increases. When wearing gloves became routine in dentistry in the early 1980s, for example, it took probably around five to ten years for patients to expect the person treating them during a dental visit to use gloves. Sometimes, these expectations take a while to work their way through the system. This is just the reality of the world we live in.

With tens of millions of new infections expected to occur in this decade in Asia alone, HIV/AIDS has been identified as one of the main threats to infection control. What other threats should health professionals, including dentists, be concerned about?

Dental Tribune Asia Pacific: Prof. Walsh, infection control in dental practices differs widely in Asia. What are the main reasons for that?

Prof. Laurence Walsh: In fact, standards of infection control vary around the world and part of the reason for that is the way dental services are regulated in each country, as well as the amount of effort national governments put into things like practice inspections and audits.

At the moment, the weakest area is how instruments are being processed. There is good evidence that, in several parts of the world, this is still mostly done by hand rather than by mechanical devices, such as ultrasonic cleaners or thermal disinfectors. We know that these machine-based systems do the job not only faster and better, but also with less risk to the staff. It is probably not uncommon for people to still be cleaning one instrument at a time in some parts of the world. In that sort of situation, it is probably easier to pick up the virus in one area or another of an instrument.

When cleaning is done with a mechanical system, however, the design of the system ensures that all the surfaces of the instrument are given equal exposure to the disinfecting agent. Greater use of mechanical cleaning is something we will likely see more often in areas of the developing world.

HIV is still very much on the world stage, particularly in large, populous countries, such as India and China. While the percentage of HIV infections is very low owing to the large populations in these countries, it is important not to forget about the virus or think that it has been eradicated. In my home country, Australia, for example, the rate of HIV infections has not changed much, despite efforts such as education and public health measures.

A greater issue in Asia, however, is the various forms of influenza viruses and other infections. With the exception of the 2009 swine flu outbreak, many of these (SARS, Asian flu, Hong Kong flu, etc.) have originated on the continent. There are some unusual practices in many countries concerning people’s proximity to different sorts of birds, particularly domestic chickens. When animals and people live in such close proximity, opportunities for the potential spread of infection from animals to people arise.

In Australia, we currently have some major problems with viruses that are carried by large colonies of bats. If one has a colony of several thousand of these animals in one district, one probably does not want to spend too much time around them and risk being exposed to the virus. People now think about birds and chick- ens in much the same way and this awareness is perhaps an important message to be taken from these incidences. There is an ongoing concern about the equato- rial regions because large numbers of people and birds live very close together in those areas.

A second serious concern, mainly in developed parts of the world, is antibiotic resistance. There are many types of these today. The different varieties of resistant bacteria include tuber- culosis and a whole range of gut- type bacteria. We now even have resistant bacteria in the mouth. This is a phenomenon that a few years ago was only seen in hospitals and infectious disease pa- tients. Now, resistant bacteria are much more common in nursing homes and other care institutions. The number of newly developed antibiotics has been going down progressively over the last ten years, so there are fewer weapons being brought into the war against resistant bacteria each year.

There is a large push in coun- tries like Australia, the UK and the US to limit the way health professionals use antibiotics. I was looking at some data recently for different regions in the US and there are actually parts of the country where more prescrip- tions for antibiotics are given out every year than there are people in that state. This means that every person in the state receives one or two prescriptions for antibiotics every year! This has created enormous potential for developing resistance. Many gov- ernments around the world are now starting to change regulations around the use of antibiotics in an attempt to restrict their use to essential indications, so that they are not used unnecessarily.

So, breaking it down, we have a high-technology problem in the developed world and a low-tech- nology problem in developing countries.

How do incidences of resistant bacteria occur? In 2012, for example, the University of Hong Kong Health Service’s Dental Unit had to call in over 500 patients owing to incomplete ster- ilitation of dental instruments. There were quite a number of instances in the media last year.

I guess the most famous one occurred in Oklahoma in the US, where 6,000 patients treated at a dental practice had to be recalled for blood tests. The practice had treated large numbers of patients who were known to have HIV and viral hepatitis, so it is likely that there might have been patients who were exposed to these sorts of conditions because of very poor sterilisation practices. That happens even in the developed world. I expect not all make the front page of the local newspaper but they keep consultants or investigators like me, who are brought in to unravel these problems, busy.

These incidences are not nec- essarily limited to a very affluent country or a country that is still developing. They actually happen because health professionals simply cut corners or do not know the correct way of doing things.

It comes down to continuing education and the way our stu- dents are trained in dental school. This is probably more important than government regulations, accreditations or practice in- spections, which are things that often happen after the problem has occurred. They are more of a reaction to the problem than a preventative measure, which would be to train students prop- erly in the first place.

How prepared are dental professionals for dealing with threats?

Standard precautions, such as using gloves and the routine processing of instruments, are expected to be followed around the world. These measures have been applied to the treatment of every patient every day regardless of who they are. What we are dealing with now are patients who may have tuberculosis or the seasonal influenza virus, which is quite an tricky situation in a clinical practice because they are very easily spread.

Probably one in four patients who contract the flu is known as a super-spreaders, which means they shed massive amounts of the virus back into the area around them and are much more able to infect other people. If a practice does not follow precautions additional to the standard precautions in this case, it is very likely that either members of the staff or another patient they see later in the day could contract the flu. In terms of seriousness, it is well docu- mented that patients who are over 65 have a much higher mortality if they contract the regular sea- sonal influenza virus than most other patient groups.

We tend to stress hepatitis B, HIV and hepatitis C, but, by sheer weight of numbers, patients are much more likely to contract influenza. It is a disease that does not follow correct infection control practices and then take it home to the other members of their family. The long-term con- sequences of that could be very serious.

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to things that can be inhaled, not just things that enter the body through a dental needle piercing the skin. When it became a hot topic in the early 1980s, the focus of infection control was very much around hepatitis and HIV, but in terms of the frequency of exposure, we see a great deal of awareness now of things like biofilms, Legionella and influenza, things that dental staff can actually inhale at work. I guess that is a much more common-sense approach because it focuses on the exposure that dental staff may have at work every day rather than things they are rarely exposed to in many parts of the world.

In most countries, there are protocols for that. For example, in my country we use a pre-procedural mouth rinse, schedule the patient for the end of the day and clean all the surfaces in the dental surgery twice. There is a whole protocol of extra things that can be done to deal with the additional risk.

Is the correct way of performing infection control affordable, particularly for dentists in developing countries?

Some of the most simple and basic things in infection control come down to wearing a mask or gloves the correct way and ensuring that one is practising the correct hand hygiene. These are things that are not very expensive. The cost of putting on new disposable gloves for every patient is only a fraction of the actual total cost of providing care to the patient, which includes the use of materials, such as composites and bonding agents. When one looks at it in terms of the overall running of a practice, it is probably less than a couple of syringes or something else that we might have also used during the day.

So while it does cost, relatively speaking it does not cost quite that much.

In a number of countries, including my own, a great deal of work is being done in terms of sustainability, which basically focuses on throwing fewer things away. There is all sorts of unnecessary waste. In some parts of the world, people put on too many plastic covers when they probably do not need to because the surface is designed to be wiped over with a disinfecting agent. It is almost like a pendulum: when the pendulum swings too far, one applies additional measures and all that results are costs with no extra protection.

Around the world, there has been a very strong push towards looking at the evidence for doing or not doing certain things. A very good example is that, during the swine flu outbreak in many parts of the world, people bought large numbers of high-filtration masks. A number of studies showed that, while the mask has a better filter, often the staff did not wear it properly and therefore did not gain any benefit from having spent all the extra money and the discomfort of wearing the mask. So one might have a better protective measure, but people do not apply it properly or misunderstand it.

That is probably a very important lesson. Sometimes, infection control does not have to be more expensive or complex. It comes back to things like protecting against what people breathe in and ensuring that good hand hygiene is practised. These are some of the principles that are not expensive to follow but, if one gets them wrong, things can go bad very quickly.

Thank you very much for the interview.
First Dental Technician Forum highlights current developments in dental labs

New educational format presented at IDEM Singapore a success

Dr Dobrina Mollova

DENTALTRIBUNE Asia Pacific Edition No. 4/2014

SINGAPORE: Dental technicians are a very important part of the dental team. As an extension of IDEM’s educational offering, the first Dental Technician Forum organised by the Centre for Advanced Professional Practices in Dubai and Koelnmesse saw over 220 dental technicians from 18 countries come to Singapore to develop the knowledge and skills they need to keep pace with the rapid advances and innovations in dental technology. An exhibition sponsored by VITA, Sirona and SHERA, among other companies, created excellent networking opportunities and had the latest developments, systems and technologies on display.

Moderated by key opinion leaders from around the globe, the two-day event saw participants sharing and discussing cutting-edge knowledge and the newest clinical approaches in prosthodontics, aesthetics in implantology, and CAD/CAM technologies, among others. “Things in the dental lab are changing in a rapid manner. Digital technology and workflows allow us to be more economical and creative with new materials and produce excellent aesthetics,” said Swiss master dental technician Vanik Kaufmann-Jinoian, who presented a lecture on minimally invasive restorations with CAD/CAM.

The four table clinic presentations, which ran concurrently, were among the most appealing and enjoyable sessions for all participants. Among other things, new hybrid materials and their benefits were presented. Participants were also given the opportunity to ask questions on real cases that were printed live with the help of 3-D scanners and milling machines. By analysing different cases, brothers Drs Andrea Mastrorosa Agnini and Alessandro Agnini from Italy gave the audience a surprising insight into the operational techniques that they have developed over time with their increasing knowledge of new materials. With new technologies replacing traditional materials and techniques, they said that achieving good clinical results has become more systematic and time effective.

A ceramist and professional photographer, Naoki Aiba demonstrated the capture of shade view photographs in order to communicate shade accurately. Tips for calibrating and coding a shade guide were also given. Hue and value analysis with shade view photographs using Adobe Photoshop for ceramic fabrication generated a great deal of interest and discussion during the session.

Rik Jacobs’ presentation on the latest developments concerning 3-D printers, software, biocompatible materials and workflow management drew a large crowd of not only participants but also industry representatives. The ensuing discussion lasted over an hour with debates sparked about the suitability of alginate impression materials for scanning, the accuracy of models milled by the inLab MC XI (Sirona Dental Systems), the shade availability of crown and bridge materials, as well as which zirconia blocks are recommended for good aesthetics.

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A subtype of head and neck cancer, oral cancer is one of the few cancer types to be exponentially on the rise. In a presentation that was held as part of IDEM’s scientific programme, US dentist Dr Barry Freydberg discussed the importance of early detection. Dental Tribune Asia Pacific had the opportunity to speak to him about oral cancer and what needs to be done by the dental profession to improve patient survival.

Dental Tribune Asia Pacific:
Dr Freydberg, is the rise of oral cancer cases a worldwide trend or is it limited to certain regions?
Dr Barry Freydberg: I have to assume it is a worldwide trend. In North America alone, the number of people who have developed oral cancer increased from 37,000 in 2009 to 46,000 last year. This development is due to the fact that the demographics for this type of cancer have changed significantly. Oral cancer used to affect mainly middle-aged men who smoked regularly or consumed too much alcohol. Now, it is increasingly diagnosed in younger people and particularly women.

What are the reasons for this shift in demographics?
While cases that appear to have been caused by smoking seem to have gone down through measures like anti-smoking legislation, more patients now seem to be developing the condition because of the human papillomavirus, a sexually transmitted infection that can lead to oral cancer. One of the reasons for this is probably unprotected sexual activity among people who are 18 years and older. While we have seen many oral cancers in 60-year-olds, we are now looking more carefully at people well before they have reached that age.

Has the role of dental professionals in oral cancer detection changed in recent years?
Dentists should absolutely be the ones who are looking for oral cancer, as we are the ones who know the oral tissue best, along with ear, nose and throat physicians. By being familiar with the tissue and knowing what does not look normal, we should be the ones screening it on a regular basis, just as we should be screening patients for blood pressure or things like sleep apnoea. Even the American Medical Association has agreed to that position in a recent article.

We also see the patients more regularly than other members of the medical profession do, as they often come in for preventative visits instead of visiting us only when they have a health problem.
Dentists still appear to overlook early signs of the condition however. What makes these lesions so difficult to detect?

Oral cancer starts when changes in the tissue underneath the mucosa occur. Lesions become cancerous once they break through the basement membrane of the tissue. The problem is that all this happens in a part of the mouth where one cannot see it just by doing a visual exam.

The ideal time to detect these lesions would be when they are premalignant but at this stage they often have not grown large enough to be visible to the naked eye. By the time one can see the lesion, however, the survival rate has already dropped to probably 22-25 per cent after five years. When one discovers it before it becomes malignant, there is virtually a 100 per cent chance of survival and, if one catches it in the early stages, there is still a survival rate of about 80 per cent.

Therefore, it is critical that dentists use whatever means they have to see through the tissue in order to detect changes occurring underneath.

Oral cancer detection technology is already available on the market. What is your evaluation of the clinical value of devices like the VELscope, which was developed in Canada?

This device is probably the most cost-effective technology on the market that I am aware of. I recently discussed this with the manufacturer of the leading oral camera in North America and a dentist who did research on fluorescence visualisation. We could not understand why a dentist would not acquire this technology. It is so easy with the examination taking only under two minutes or so. The researcher understood that initially the cost of the device is quite high and said that it is not so expensive and, with most dentists being able to charge for it and make an income, why would they not use it? One can look with the naked eye and the tissue might look normal until a lesion reaches the surface. And then the patient has a problem and the survival rate is very low. I have only found a couple of them but that was enough to save lives.

What changes would dentistry have to undergo to have a positive impact on oral cancer rates in the long run?

I sometimes hear from dentists that by looking at the tissue one could come up with false positives. This is a poor excuse because if one talks to people who have checked patients for years this rarely happens. And if it does, what does it matter? I am not an expert but I think dental education is the key. I can only hope that dental schools throughout the world are teaching oral cancer examinations like we do in the US and Canada.

Oral cancer classes are not very sexy unfortunately. Most dentists would rather attend something on cosmetics or implants before taking an oral cancer class. The explanation they give is that they do not have to deal with cancer very often but they do need to deal with implants.

Maybe a better idea would be to increase public awareness, so that dental patients begin to ask their dentists for oral cancer screenings with adjunctive technologies. There are successful examples of this type of campaign, like the one for prostate-specific antigen tests. Viagra had a breakthrough in the same way.

Do you think that oral cancer examination will be standard in dental practices soon?

I cannot imagine that it will not be standard. Actually, it should be standard already. We have the responsibility to look at the tissue in the mouth and need to know what is abnormal when we look at it with adjunctive technologies. It only takes about two days of looking into the mouths of patients to become aware of what tissue is normal and what is not under fluorescence. One does not need a PhD for that. If in doubt, one can always take photographs of it and have them back in a week or two to be able to decide if something should be examined.

Thank you very much for the interview.
Novelties for implant and endodontic surgery

New instruments on display

SINGAPORE: NTI presented a number of new instruments at IDEM including cutters for shaping zirconia and titanium abutments. Carbide burs for the treatment of root canals were also showcased in half 4. With their small diameter, they were designed to allow clinicians to locate, open and extend the root canals of even the most gracile anterior teeth, the German manufacturer said. A longer slim neck also enhances the view, particularly under the endodontic microscope, when locating the root canals. NTI said that cutting has been simplified through a special cutting geometry that is supposed to make the removal of even hardened dentin easier. Depending on the situation, clinicians can choose between three sizes of the instrument. Recommanded as perfect solutions for all- ceramic-super- structures, zirconia abutments can now be shaped effortlessly using the new Z-Cut dental instruments. Damage of the material through the formation of cracks and breaking of crystals is prevented by a special grit size of less than 80 µm. Lifetime of the instruments was enhanced through better stability of the grid, while a new bond offers unbeatble grinding performance by preventing the Z-Cut from breaking out, according to the company.

Endo files are available in stainless steel or nickel titanium. (DT/Photos FFDM, France)

According to FFDM, the innovative two-step system for shaping titanium abutments was developed to reduce the time and effort spent for the processing of abutments in practices and laboratories. The instruments feature an aggressive cutting geometry that allows clinicians to work quickly and effectively and to achieve the desired shape in almost all intranoral situations. The round form on the tip creates a classic shoulder and prevents the creation of angular preparations in the cervical area.

Smooth surfaces can be produced both quickly and reliably using the congruent red ring finishing instruments. Long working parts are meant to provide perfect design results without rough edges, even in the case of long abutments.

FFDM manufactures drills in complex shapes.

The CRANEX 3D with the new ENDO 3D mode aims at endodontists who require very high image resolution. Its Endo imaging modes provide accuracy required for endodontic imaging with 85 µm voxel size and SMAR (90 kV, 10 mA), the manufacturer said. According to SOREDEX, Easy-Scout and PickPoint enable accurate FOV positioning in all dental and facial areas. Adjustable rigid temple support and motorized chin rest ensure high stability with all facial FOV positions during 3-D imaging minimising movement artefacts. With the novel patient positioning, the CAD/CAM Discs on cobalt-chrome and titanium base

SINGAPORE: System Soft-Blank is a nickel- and beryllium-free cobalt chrome disc from the German manufacturer Adentate, that is biocompatible and features high resistance to corrosion. It is also said to be extremely soft, tensile and homogeneous owing to special heat treatment. According to the company, System Soft-Blank is suitable for soldering and available in many diameters and measurements for almost every type of machine.

ADCentate has been offering a high-quality range of products for dental laboratories since 1997. Specialised in the production and distribution of non-precious dental alloys and CAD/CAM discs, it currently operates in many dental markets worldwide including South-East Asia. All its products are produced in Germany and comply with DIN EN ISO 5845 and DIN EN ISO 9001:2008 standards.
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Dürr extends dental camera with interchangeable head

In an effort to help dentists to detect approximal caries better and in a non-harmful way, Dürr Dental has recently presented its dental camera system VistaCam iX with an optional interchange-able optical head. According to the German dental manufacturer, the new optical device is boasting infrared technology to aid diagnosis without further exposure to radiation.

The instrument is positioned above the occlusal surfaces of teeth and the two adjacent teeth, premolar or molar, are lit by two infrared LEDs. Owing to the preset wavelength, the dental enamel becomes slightly transparent when healthy or takes on a light coloured, opaque appearance when caries lesions are present. This way, any approximal caries becomes instantly visible and can be treated, the company said. Images or video captured with the system can be saved in the DBSWIN imaging software.

GI restorative from SDI offers strength, mimics dentin

SINGAPORE: With Riva Sell Cure HV the Australian company presented a high viscosity, extremely strong self-curing glass ionomer restorative at IDEM, which is strong enough to resist surface indentation and to withstand substantial mechanical loads. Among other things, it can be built placed and does not adhere to your instruments. In addition, Riva Sell Cure HV’s packability is supposed to make restorations easy to shape and contour.

Riva Sell Cure HV can also be used to replace missing dentin. According to SDI, it is the best dental material currently available that virtually mimics dentin. Sensitivity is non-existent and no adhesive is required, the company added.

Riva Sell Cure HV releases significant amount of fluoride resulting in increased anti-cariogenic properties for improved longevity of the restoration. It is currently available in shades A1, A2, A3 and A3.5.

New implant scaler designs available from Premier

SINGAPORE: Premier Dental Products brought four new innovative implant scaler designs to IDEM this year. The styles 157 (Anterior), 204 (Posterior), Facial (Goldman Fox) and Universal (4L/4R) are supposed to offer a full selection to dental professionals.

According to the US company, its implant scalers are made from fiber reinforced graphite, a material that is strong yet slightly flexible. While these features allow the tips to access tight areas effectively and safely, damage to the surface of the implant can be avoided.

The tips are thin and sharp and have well-defined edges. A new redesigned handle has textured grips and a larger diameter for providing greater comfort and better control, the company said.

Premier Implant Scalers are available in two- and five-instrument packs and can be reused. They are also autoclavable at 154 °C (273 °F). Premier offers an Ultimate Implant Care Kit that contains one scaler of each design and a PerioWise UNC12 probe which is safe for use on implants.

DT Asia Pacific

SINGAPORE: One of the main causes for approximal caries is food particles that are building up between teeth where patients cannot reach when cleaning their teeth. The same problem makes it difficult for dentists to diagnose this type of caries at an early stage.

They are often recommended to take an X-ray to ensure that they detect any approximal caries in addition to examining the teeth with a probe. This exposes the patient to more radiation however.

Straumann aims to set new standards with Roxolid SLActive in South-East Asia

Dürr extends dental camera with interchangeable head

SINGAPORE: The global provider of implant dentistry solutions Straumann has announced that its innovative implant material Roxolid will soon be available in all South East Asian markets. The new broadened Roxolid SLActive implant portfolio will be rolled out across the region by the end of 2014, the company said.

At IDEM, Roxolid was presented for the first time on all diameters and all implant lines in Asia. Furthermore, Straumann will showcase a new 4 mm short line to overcome clinical cases with limited vertical space, as for severely atrophic jaw bone.

All Roxolid SLActive implants feature the new Lexum transfer piece to simplify the handling.

According to Straumann, the combination of the high mechanical strength of Roxolid with the advanced osseointegration properties of the hydrophilic SLActive surface allows dental professionals to avoid GBR procedures by choosing smaller sized implants which can reduce the invasiveness of implant treatments and increase patient acceptance because invasive grafting procedures can be eliminated. This way, clinicians will be able to reduce treatment time, preserve vital peri-implant structures and decrease postsurgical complications.

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Composed of titanium and zirconium, Roxolid was specifically designed for use in dental implantology. The material has been successfully used by clinicians worldwide during the last four years and, according to Straumann, the vast majority of them are fully convinced of the advantages of this innovation. Mechanical tests have demonstrated a significantly higher tensile strength of Roxolid compared to annealed or cold worked titanium. Furthermore, dynamic fatigue strength tests have demonstrated that i.e. Ø 3.5 mm Tissue Level Roxolid implants are stronger than Ø 4.1 mm Tissue Level Titanium implants and that Ø 4.1 mm Bone Level Roxolid implants are stronger than Ø 4.8 mm Bone Level Titanium implants.

The outstanding performance of SLActive was also demonstrated in various pre-clinical and clinical studies. Roxolid implants have not only shown superior capabilities for osseointegration compared to Titanium SLActive implants, these properties have were also demonstrated for the first time in a compromised model.

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DT Asia Pacific

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Inibsa Dental, a company from Spain, has exhibited at every IDEM Singapore show since 2010. Dental Tribune Asia Pacific sat down with Managing Director Domèneç Huguet Gimeno on Saturday morning to talk about markets in Asia and what products the company has brought to Singapore this year.

Dental Tribune Asia Pacific: Mr Gimeno, IDEM Singapore is one of few dental shows worldwide where you regularly present a booth. Why is that?

Domèneç Huguet Gimeno: Everybody knows that the Asia-Pacific region is a key business area in the world, and that is the main reason that we are exhibiting our products here in Singapore. Despite the challenges in terms of regulatory processes, coming here is important to meet many of our customers and distributors for face-to-face conversations.

Are you introducing any special products in Singapore?

The focus is on our comprehensive range of anaesthetics for use in dentistry, but we are also introducing a line of cleaners and disinfectants here. As the Inibsa Group also consists of two biotech companies, we have a line of bone craft material on display that we already have started to produce in our plants in Spain.

What makes your anaesthetics stand out from the competition?

Of course, the molecules in our products are the same as the ones used in most anaesthetics, but the main difference is that we probably have some of the most high-tech production facilities available in the world in terms of quality and quality control.

What are your key markets in Asia and how do you distribute your products here?

Our most important markets in terms of revenue are Thailand, Malaysia and the Philippines; however, we have also started to do more business in countries like Singapore, Vietnam and Myanmar. We work exclusively with one distributor in each country and we decided against sharing distribution due to regulatory reasons. Getting anaesthetics registered in most markets takes a lot of time and resources; you need people onsite who are really familiar with the process.

You also distribute products for use in medicine. How important is the dental business for your company?

Currently, more than 50 per cent of our business is generated from dentistry. We have made large investments in our production in Spain, and owing to this we are now able to produce and deliver 150 million cartridges per year. Our medical business is important to us too, but this is more centred in our home market Spain, as well as in Portugal.

Thank you very much.

An interview with Domèneç Huguet Gimeno, Managing Director of Inibsa Dental