Over 100 countries celebrate World Oral Health Day

By Dental Tribune International

Geneva, Switzerland: World Oral Health Day (WOHD), which takes place annually on 20 March, inspired many national dental associations, dental students and other participants around the globe this year to organise a wide range of awareness-raising activities. According to the FDI World Dental Federation, reports are only just coming in from around the world and signs are that the event has exceeded expectations.

Over 300 students gathered in Amsterdam in the Netherlands for the second edition of the ToothCamp, a theatrical informational event that seeks to educate children and adolescents about dental issues. The participants were able to try out dental tools, as well as learn more about the benefits of eating healthily and about the importance of optimal oral health through exciting chemical experiments with acid and lime or porcelain and abrasives under the supervision of biology, chemistry and physics experts.

Hong Kong’s Department of Health organised an oral health carnival, which attracted an audience of about 2,300 local citizens. Through interactive games, exhibitions on oral health information and teeth-cleaning demonstrations, the public were reminded of the importance of taking care of one’s oral health from an early age by adopting good oral self-care habits and seeking regular professional oral care.

In Costa Rica, the second edition of Lavatón was organised by the Colegio de Cirujanos Dentistas de Costa Rica, the local dental association. Dental professionals participating in this initiative visited more than 35 schools to educate students on toothbrushing, disease prevention and important oral hygiene habits. On 20 March, thousands of students across the country brushed their teeth simultaneously as part of Lavatón.

In Vietnam, over 6,000 people participated in the Run for Life WOHD 2015 race, which was sponsored by the Vietnam Odonto-Stomatlogy Association, Unilever and the Vietnamese Ministry of Health.

Unilever Kenya’s Closeup toothpaste brand and the Kenya Dental Association kicked off a new partnership in the town of Naivasha to support the WOHD “Smile for life” campaign with free dental check-ups and toothbrushing lessons that they will be rolling out across the country.

The “Smile for life” message was also broadcast to the world via the giant NASDAQ screen in Times Square in New York. A collage was shown of pictures that were individually created by users of a poster application specially introduced by the FDI for WOHD.

As the official media partner of WOHD 2015, Dental Tribune International provided comprehensive coverage of the FDI’s message. Among other activities, the publisher helped promote WOHD 2015 through news articles, banners and advertisements in its various international print publications and on its website, www.dental-tribune.com, including a top page solely dedicated to WOHD 2015.

Children had the opportunity to try out dental tools in Amsterdam.

In Costa Rica, dentists educated students at 35 schools about brushing techniques.
Shape and colour – factors in sectional matrices as well?

By Prof. Claus-Peter Ernst

Direct composite restorations can now be considered a proven treatment method in the posterior region [1, 2]. However, treatment can differ significantly regarding to extension and stress, and this can have a definite influence on long-term survivability. There are many factors that determine the long-term success of a composite restoration: tightly sealed edges are primarily guaranteed by the adhesive technique [2]. For dental materials, besides low shrinkage stress [4, 11], the material also has a high flexural strength [6, 10] in order to minimise the risk of the restoration undergoing a cohesive-type failure. A fractured filling is clearly a more dramatic event for the patient than a discoloured edge. For the patient, the success of direct posterior tooth treatment with composites thus depends on its stability. Besides the adhesive technique and the selection of materials for the restoration, the crucial key function of correct light polymerisation also plays a decisive role [5]. It is completely possible to double the flexural strength of one’s own composite just by using the correct light curing and light curing technique. A further possible influence on the stability of direct composite restorations is less well-known: the correct anatomical shape of the interproximal surface. If this is shaped like a natural tooth, the interproximal contact is at the height of the tooth equator and the marginal ridge is not too eccentric. This reduces the risk of ridge fractures – both purely cohesive chipping fractures as well as more complex, mixed cohesive/adhesive failure patterns. Kaya et al. [8] were able to show that the stability of an interproximal composite restoration can be increased significantly by using an anatomically shaped matrix. The correct positioning of the interproximal contact also facilitates the achievement of sufficient contact strength – provided clamping rings are used correctly. Surprisingly, the interproximal contact strength is not the result of the pressure of a wooden wedge; it is primarily caused by the separation force of the sectional matrix ring [7, 9]. Autonomically – as a side effect - fewer interproximal food impactions occur as a result.

For this reason, sectional matrices are now the first choice when it comes to correctly designing interproximal surfaces. Circular matrices, even when they are anatomically shaped, should not be used when it is not possible to fix sectional matrices in place. This is the case, for instance, for distal cavities on the last tooth in a row, as well as for teeth that are not automatically positioned as for example a rotated tooth. The general acceptance of sectional matrix systems is also shown by the extensive range of sectional matrices and rings, which are now available. In general, sectional matrices can be roughly divided into two groups: dead-marticulated matrices and stable steel versions. The supporters of dead-marticulated sectional matrices like their easy mouldability and adaptability to the tooth. However, critics dislike their lack of stability and position in the contact area. One benefit of this matrix system is the almost black colour, which has been achieved using a special drying process (no coating!) for the metal car- rier foil. This produces an outstanding contrast in the transi- tion to the hard tooth tissue. This makes it much easier to inspect the cervical seal, as there is no ridge, a minor amount of abfra- gion cannot be seen. After explaining all possible treatment options to the patient, there was a consensus that the best option might be the directly placed resin- in composite restoration. Figure 1 shows the cavities, isolated with rubberdam and also equipped with the Lumic- ontrast separation ring (Polydenta, Switzerland). In contrast to case 1, the interproximal surfaces were far more even compared to case 1. For this reason, the triangular silicone sleeves were fitted to the Lumic- ontrast separation ring. This made it possible to better adapt the 2nd molar to the sides of the preparation and thus consequently minimise the ma- terial stress. The finishing and polishing work. Due to the silicone sleeves that can be fitted individually from case to case, e.g., only one ring foot may need to be fitted with a sleeve, the otherwise remain free. This significantly increases flexibility in using the clamping- ring system as well as the preparation procedure in that there is no need to prepare the rings separately. Interproximal silicone inlets have to be taken care of. Figure 9 shows the finished composite restoration (Optibond FL, Kerr, Venus Diamond A5/Heraeus Kulzer); figure 10 shows the final result after another year: the distal portion of the amalgam filling in the 1st lower right molar fractured – this offered the rare opportunity for a clinical-visual inspection of the interproximal surface of the lower right 2nd molar created one year earlier.

Clinical case 1: 1st lower right molar

The 20-year-old patient exhibited a mesio-occlusal amalgam fill- ing (Mih). His lower right 1st molar required restorative treatment in the region of the occlusal-buccal surface (Fig. 11). For cost reasons, as well as from the viewpoint of minimal ly-invasive caries treatment, it was agreed with the patient to initially undertake direct treat- ment in the form of a resin composite restoration. Figure 12 shows the excavated, pre- pared cavity equipped with the Lumic- ontrast sectional matrix system under rubberdam. In the present case – similar to case 1 – it was again not necessary to use the sleeves to the Lumic- ontrast clamping ring. Sufficient moulding and adapta- tion of the sectional matrix foil was possible there. The excel- lent contrast between the almost black composite material and the interproximal -cervical tooth enamel margin can once again be seen. The final composite restoration was again made out of the nano hybrid composite Venus Diamond A5 (Heraeus Kulzer), this time in the shade A2.5 using a traditional two-bottle adhesive system (Optibond FL,角逐...
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While anxiously waiting for the “Downtown Abbey” television series to start up again, I got my English history fix by reading the history of Wentworth Castle. The book covered the trials and tribulations of an aristocratic family in a home three times the size of Buckingham Palace. I was taken by surprise when the author mentioned the cause of death of a high-ranking nobleman as “quinsy throat.”

In modern times, with the arrival of antibiotics, you wouldn’t hear of this—which at least in a developed nation. The more I thought about it, I don’t think I have heard the term “quinsy sore throat” for a very long time. Although here, if your throat is starting to close off, you’ve probably gotten yourself to an emergency room “pronto.” It is an emergency room “pronto.” It is an emergency.

In the Chernobyl disaster, another Lugol’s solution was used as an emergency source of iodide to block radioactive iodine uptake, simply because it was widely available as a drinking water decontaminant, and pure potassium iodide without iodine (the preferred agent) was not available.

In spite of iodine’s unpleasant taste, I have been known to recommend sublingual irrigation with a Betadine solution (brand name for povidone-iodine). The key to this is the dosage. I tell the patient that if the water turns brown, they’ve added too much. There is a huge temptation to use too much because most drug stores sell only very large bottles. But between the bad taste and the potential for staining, it’s easy to see why less is more. Iodine kills the gram negative bacteria that live in the darker recesses of a deep pericoat.

There is another clinical application for iodine in dentistry. An iodine staining test used to assist in discerning attached gingiva from in-tersection cannot be identified as such colour-stains; for them, it might as well be fun! They have been brown, they’ve added too much. There is a huge temptation to use too much because most drug stores sell only very large bottles. But between the bad taste and the potential for staining, it’s easy to see why less is more. Iodine kills the gram negative bacteria that live in the darker recesses of a deep pericoat.

When I was a dental hygiene student, we were occasionally brought to a local city clinic to do checkups on grammar school children. These children were the poorest of the poor and were seen on old WW2 wooden field chairs. There was no money in the budget for fancy things like disclosing tablets. Instead, we used iodine on long cotton swabs to paint the teeth and disclose the plaque, our large bottle kept the iodine.

Iodine that a physician uses is water-based as opposed to the alcohol-based type available for human use. We used eye droppers to fill up little little green glass dappen dishes for each patient. I would think the taste alone would prevent children from dental hygiene for some time to come. We rinsed their mouths with a rubber balle syringe, and they expectorated into a kidney basin. Considering the number of patients I currently see with known iodine allergies, it’s amazing we never heard of any children having a reaction. The children were satisfied.

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Tackling poor oral health around the globe

By Dental Tribune International

COPENHAGEN, Denmark: Researchers from the University of Copenhagen have examined the benefits of enhanced oral health promotion combined with a closely supervised toothbrushing programme in schools in southern Thailand. The two-year study aimed to establish an effective model for the fight against the increasing burden of tooth decay among children in Asia.

The research project, which was based on the World Health Organization’s Health-Promoting Schools concept, focused on increasing awareness of the importance of oral health promotion and encouraging regular dental care habits in young children, including the use of effective fluoridated toothpaste. Oral health researchers compared the effects of closely supervised toothbrushing with a toothpaste containing 1,450 ppm fluoride and 1.5% arginine to customary oral hygiene practices in the control group. The study was conducted in 11 schools in the province of Surat Thani in Thailand and involved 15 schools. The study found that children who used the recommended toothpaste had a caries reduction of 47% in comparison with the control group. The researchers concluded that the programme was effective in improving oral health in children.

According to the researchers, the project achieved a caries reduction of up to 34% for all schools included in the study. The results of the study were presented at the 2016 International Dental Health Conference, held in Berlin. The study concluded that the programme was effective in improving oral health in children and that it should be considered as a model for other countries with similar oral health problems.
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