Today marks return of FDI Annual World Dental Congress to India

Expo Centre and Mart in Greater Noida, NCR Delhi, opens doors for dental professional from around the globe

At the start of the first day of the FDI World Dental Congress in New Delhi, India, on Tuesday 9 September 2014, the programme started with an event that will be remembered for years to come. The annual FDI Annual World Dental Congress (AWDC) marks its first return to India today. Over the next four days, dental professionals, public health stakeholders and the dental industry will come together in Greater Noida near New Delhi to discuss and exchange information on the newest methods and concepts in dentistry, as well as the latest issues and developments concerning oral health.

From India alone, the organisers expect more than 10,000 dentists to attend the event, which is being held at the India Expo Centre and Mart in Greater Noida, a satellite town with a population of 100,000 outside the Indian capital. They will be joined by hundreds of dental professionals who have come to India from all over the globe. It is the second time that India is hosting the prestigious dental event since 2004. While the country has made large strides since then in the improvement of health and now boasts the world’s largest dental workforce, its population of one billion plagued by a number of oral diseases, including caries and periodontal disease. There has also been a steep increase in oral cancer cases in the country in recent years (see our interview with congress presenter Dr Pankaj Chaturvedi on page 6).

In addition to these issues, oral health-related topics will be discussed within a global context. “During the congress, we will be highlighting some of the major issues facing dental practitioners in particular and health services in general. One of these is improving access to oral health care, within the context of oral health as a fundamental right. The other is oral health care for ageing populations, which will be the subject of this year’s World Oral Health Forum under the title ‘Challenges of oral health care in an ageing society,’” FDI President Dr Tin Chun Wong said.

She added that congress participants can look forward to a well-thought-out scientific programme that covers more than 25 key topics in dentistry, including endodontics, oral medicine, preventive dentistry, practice management, and the latest innovations in imaging and digital dentistry. Papers will be presented by more than 30 distinguished speakers from abroad, as well as 70 outstanding Indian experts.

Dental innovations will be on display during the FDI World Dental Exhibition, where FDI will see over 200 dealers and manufacturers from India and abroad showcasing their latest devices and products on the ground floor.

For information and news about this year’s event in India, please visit the Dental Tribune website at www.dental-tribune.com or scan the QR code.

Science-led multinational health care company GlaxoSmithKline (GSK) will be the first organisation to collaborate with the FDI World Dental Federation for the comprehensive scientific training its oral health care representatives undergo. In rigorous and ongoing process, independent FDI scientists will assess and optimise five training modules that correspond to GSK’s portfolio of specialist products in oral health: dentine hypersensitivity; tooth wear; denture care (adhesives and cleansers); gingival health; and dry mouth. In the coming months, these peer-reviewed internal training modules will come with the FDI’s full endorsement.

“First and foremost, GSK is a company that is driven by science of the highest possible caliber,” said Dr Teresa Layer, Vice-President of Oral Health Category Research and Development at GSK Consumer Healthcare. “Given our commitment to understand and manufacturer products on the ground floor.

What these modules do is ensure a consistency of scientific training among the 1,500 GSK brand representatives worldwide,” said Tess Player, GSK’s Global Lead for Oral Health Expert Marketing. “Whether they’re talking with dental health professionals in Guatemala, Lithuania, Brazil or New Zealand for example, this will ensure representatives of GSK are equally well-equipped to communicate the science behind our products in an approved, standardized way that resonates with dentistry leaders. Our new partnership shows that both GSK and FDI recognise that the depth, sophistication and consistency of the conversations that we have with dental professionals are crucially important in achieving the best standard of care for patients with some of these painful or debilitating conditions.”

The FDI saw GSK’s vision for enhanced and standardised training as a natural fit to its overarching objective to advance the knowledge and understanding of dentistry worldwide.

“After carefully reviewing the training modules developed by GSK, FDI is proud to contribute our ideas and attach our name to them,” said FDI President Dr Tin Chun Wong. “Because of the forward thinking manner in which GSK has approached their representatives’ training, dental health professionals will be better informed about products to address the diverse needs of their patients.”

This three-year agreement aligns with the values that guide both organisations and GSK envisions that the depth and breadth of the partnership with the FDI will continue to develop.

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A land of a billion opportunities

Welcoming words by Dr Mahesh Vermam, President of the Indian Dental Association

It is an immense pleasure to welcome all delegates to the FDI Annual World Dental Congress 2014 in Greater Noida, NCR Delhi, which will be hosted by the Indian Dental Association (IDA). This is the second time after a decade that an international Congress of this magnitude has been organised in India and we at the IDA are very proud to have the opportunity to host this unique event.

The FDI Annual World Dental Congress (AWDC) is the world’s largest congress in the dental sector. It attracts representatives from 138 member nations each year. This makes it a very important event in the dental firmament. The main attraction point of all AWDCs is an extensive scientific programme focusing on emerging global oral health issues. Besides offering a platform for exchanging information with a global audience of professionals, it provides countless possibilities to enhance one’s knowledge and improve one’s skills, as well as to network with the best of the best in the profession. With the dental trade exhibition showcasing the latest advancements in dental technology, there are also plenty of business opportunities to seek and explore.

“A billion smiles welcome the world of dentistry,” was chosen as the motto for this year’s congress. Boasting a population of over one billion people, India has made significant progress in the last decade in terms of economic development. With an ever-increasing number of students graduating from the country’s 300 dental colleges, as well as increased awareness of the benefits of good oral health, there is growing demand for oral health care and consequently huge potential for the dental market in India to expand. In the current global economic climate, a billion people translates to a billion possibilities. India has a large middle-class that is embracing modern urban lifestyles and industrialisation. With it comes an almost insatiable need for better health care, putting pressure on the country’s infrastructure and resources. What other place would be more suited to pursue FDI’s mission of optimal oral health than our country?

Indeed, the air in India smells of change. More people are interested in where the country is heading politically and socially. To be held in such times, the FDI AWDC will be of utmost importance. I am confident that the congress will pave the way for a significant step up for the state of oral health in our country.

“Be the change you want to see in the world.” Host- ing the congress is our effort to be a catalyst for change.

The 36th Australian Dental Congress

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On behalf of the Local Organising Committee of the 36th Australian Dental Congress, it is with great pleasure that I invite you to attend Congress and enjoy the river city of Brisbane.

Over three and a half days, highly acclaimed International and Australian speakers supported by contemporary research, will present a wide range of subjects relevant to practice. These presentations will be complemented by hands-on workshops, Lunch and Learn sessions, specific programmes for members of the dental team. Social activities will be available for relaxation purposes.

The Brisbane Convention and Exhibition Centre is adjacent to the Southbank Precinct on the banks of the Brisbane River. Nearby is the Queensland Performing Arts Complex, the Queensland Museum and the Queensland Art Gallery and Gallery of Modern Art. A comprehensive industry exhibition will be held alongside the Congress

Come and join us for the scientific programme, the opportunity to meet colleagues and the experience Brisbane has to offer.

Dr David H Thomson
Congress Chairman
36th Australian Dental Congress

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The adoption each year of a series of FDI Policy Statements is a key task of the World Dental Parliament, which assembles alongside the FDI Annual World Dental Congress (AWDC) and brings together delegates from FDI’s nearly 140 member National Dental Associations (NDAs) representing over one million dentists worldwide. Together, these members elect governing and committee officials, debate the current status of dental policies or oral health in the world, and make recommendations on the directions FDI should be taking to maintain its leading role as the driving force behind the worldwide dental profession and its voice in international public affairs.

This year, a total of six Policy Statements—three new, two revised and one consolidated—will be submitted for adoption during the AWDC. The new ones are ‘Oral Radiations’ and ‘Early Detection and Appropriate Care of HIV Infection’, both developed by the FDI Science Committee (SC), and ‘Perinatal and Infant Oral Health’, by the Dental Practice Committee (DPC). In addition, the Policy Statement on ‘Dental Amalgam’ updates and consolidates all previous statements since 1999. The two revised Policy Statements concern ‘Dental Implants’ and ‘Water Fluoridation’.

FDI Policy Statements—a traditional task of the Federation throughout its over 100 years of existence—are declarations that lay out the current thinking on various issues critically related to oral health, oral health policies and the dental profession. They are key documents to guide oral healthcare professionals and health policymakers on the latest consensus in the area of oral health practice and policy.

They are put together through consultation, discussion and consensus amongst leading dental experts from around the world. Many statements are the result of projects carried out by the five FDI Standing Committees (mostly the Science Committee), while others are produced in collaboration with partners such as the World Health Organization (WHO).

Of course, a number of NDAs already develop Policy Statements for their dental communities that reflect national legislation, practice and customs. However, this is mostly the case in only high and sometimes middle income countries. NDAs in low-income countries rarely have the capacity or means to undertake such a costly and expert intensive exercise.

It is in these cases that FDI Policy Statements come into their own, providing dentists in rural and urban settings in both developing and developed countries with the standards and information related to all aspects of oral health that they need to accomplish their daily tasks. In this sense, they are an accumulation and reflection of the current best evidence and worldwide best practice.

We like to think that FDI Policy Statements will also stimulate active discussion within NDAs in high and middle income countries and inspire new thinking. One of FDI’s principal qualities is as a forum for international debate and exchange of information: all members have something to share and learn from each other on how best to respond to the changing needs of health care and health systems for optimal oral and general health.

Raising awareness in India

As part of the unique global partnership between FDI World Dental Federation and Unilever Oral Care, the Indian Dental Association and Pepsodent have been working together to raise awareness on good oral care habits, helping children and families enhance their oral health and overall well-being. In southern India, Chennai and Coimbatore are two cities where the communities have high caries incidences, with little knowledge of the risks and impacts related to poor oral hygiene. This issue particularly affects children from low income families.

In an initial check-up, the partnership project has screened over 5,000 participants and collected information on the frequency of their tooth brushing and their visits to the dentist, as well as their use of fluoridated toothpaste.

The partnership also facilitated the training of dentists in behavior change techniques and provided educational awareness-raising materials for the children and families. The ultimate aim was to...

“...there has been a lot of positive feedback on oral health education is now getting the recognition it deserves,” said Prof. Satyawan Damle, project leader. “In the future, we are looking to expand to more hard-to-reach communities and motivate further dentist volunteers to implement this important programme.” With this year’s Annual World Dental Congress taking place in New Delhi, the FDI and Unilever are delighted to celebrate the achievements of the local partnerships in India and around the world and look forward to continued momentum on their shared goal of oral health promotion.

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oral cancer is the most rapidly growing dental condition worldwide. On the Indian subcontinent, it is now one of the most common types of cancers, causing 48,000 people to die from the disease per year. Worlddental Daily spoke with congress presenter Dr Pankaj Chaturvedi, a head and neck cancer surgeon from the Tata Memorial Hospital in Mumbai, about awareness among the Indian population, risk factors and what is being done to fight the epidemic.

Worlddental Daily: Oral cancer cases are growing worldwide in double digit rates. How prevalent is the disease in the Indian population and what demographics are mostly affected?

Dr Pankaj Chaturvedi: Oral cancer currently ranks amongst the three most common cancers in India and accounts for almost 40 per cent of total cancer deaths in income areas. In most regions of the country, the condition is the second most common malignancy diagnosed among men, accounting for up to 20 per cent of cancers, and is the fourth most common among women.

To make things worse, approximately 70,000 new cases are added to the already high number of oral cancer patients each year. Prevalence is highest in rural areas and vulnerable populations, such as among people with a low socio-economic status.

The most common etiological agents for oral cancer have been identified to be tobacco, alcohol, and increasingly the human papillomavirus (HPV). Does this pattern also apply to your country?

The real concern in India is tobacco as it is one of the leading causes of premature death and disability. Its use here is rather complex because it is consumed in a variety of ways, such as being smoked, chewed, and snuffed orally. Patterns of consumption also differ significantly throughout the whole country. Manufacturers of tobacco and its related products have successfully developed and implemented new marketing tactics to lure them use their products. Therefore, we are facing a major health crisis as tobacco consumption is continuously increasing amongst youth.

In addition to tobacco, established risk factors for oral cancer are the heavy consumption of alcohol, as well as the presence of an oral premalignant disease. Other contributory or predisposing factors include dietary deficiencies, particularly of vitamins A, C and E and iron, as well as viral infections, particularly induced by HPV which is known to be of high oncogenic potential.

According to figures of the World Lung Foundation, the direct medical costs of treating tobacco-related diseases including oral cancer in India amounted to more than US$5 billion in 2010/11. Do patients have general access to treatment?

As the available treatment centres are mainly located in the cities and have very few resources, patients usually have limited access to treatment. Unfavorable socioeconomic determinants like low literacy and low per capita income also hinder effective disease management.

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Dentistry in the 21st Century

“A very large burden for the country”

An interview with FDI AWDC 2014 presenter Dr Pankaj Chaturvedi, Mumbai, about oral cancer in India

Workers enjoy a cigarette. The consumption of tobacco in India is on an all-time high.

FDI Annual World Dental Congress

“...we are facing a major health crisis...”

Since the aetiology of oral cancer in India is predominantly tobacco-related, should prevention strategies primarily focus on overcoming traditional habits? How realistic is that scenario in your opinion?

In the last decade, huge resources have been put into prevention as well as the control of tobacco and its related diseases. In the current scenario, prevention will hold the key for changing the age-old customs and traditions into more healthy habits. This requires intervention at individual, community and national levels. Right now, there are a number of initiatives provided by the government in terms of policy making and implementation. Non-governmental organisations have also started to reach out to communities to raise awareness and refer people for early screenings. There are lot of challenges though, that we have to deal with.

What strategies do you recommend?

Tobacco control needs ongoing commitment from all parts of society. While as an individual you have the choice to use or not to use it, society has to advocate generally for a more healthy way of life. The government’s role in this is to firmly check the production, distribution and sale of tobacco. Strict enforcement and vigilance are required to effectively implement tobacco control laws.

India’s health ministry and doctors have recently asked the Ministry of Finance to raise taxes for consumption of cigarettes and tobacco products. In your mind, could this lead to less consumption?

Raising taxes on tobacco products is certainly one of the evidence-based strategies to reduce consumption of tobacco. Promising results have been achieved in states which have already seen an increase in taxation.

Prevention first starts with awareness. Is the medical and dental profession in your country sufficiently aware of the issues related to oral cancer?

Health care professionals are the major contributors in addressing the problems to the general public. Lobbying for evidence-based policy making to the implementation and continuation of tobacco cessation services are just few of the initiatives that should be supported by them. The real challenge however is to develop a more sustainable model for remote and rural areas, where poverty and illiteracy are high and an adequate preventive health infrastructure is lacking.

How effective can oral cancer awareness campaigns be there?

Studies have demonstrated that most Indians, particularly in rural areas, are not even aware of the benefits of basic oral health measures like tooth brushing.

Owing to its diversity, traditional practices in India significantly differ. Of course, oral hygiene practices still have to be considered primitive in most parts of India but this depends largely on education and financial resources. Most people are definitely aware of the benefits of good oral health but the lack of supportive environments makes them vulnerable, so they resort to more primitive habits.

The need is to normalise the habit, advocate for effective public health campaigns and focus on the ability to self-examine the oral cavity for early signs and symptoms of oral cancer. Community participation and involving youth to bring in change can be an effective strategy.

Thank you very much for the interview.
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Twenty-two years ago, a seminal report from the Institute of Medicine (IOM) in the US, titled “Emerging Infections: Microbial Threats to Health in the United States”, warned of the dangers of so-called newly emerging and re-emerging diseases. The concept of “emerging infectious diseases”, introduced then by the IOM is now well entrenched, and to our chagrin we have witnessed many such diseases over the last two decades. These include variant Creutzfeldt–Jakob disease/bovine spongiform encephalopathy, severe acute respiratory syndrome, and Middle East respiratory syndrome, and above all the pandemic of acquired immune deficiency syndrome (AIDS), which has claimed millions of lives the world over. The re-emerging infectious diseases we have seen include diseases caused by meticillin-resistant Staphylococcus aureus, and multi-drug-resistant and extensively drug-resistant tuberculosis.

Interestingly, the concept of “emerging infectious diseases” is not new. Indeed ancient Greek, Roman and Persian writers documented the emergence of many new epidemics. In more recent times, the scientist Robert Boyle presciently observed in 1665 that “there are ever new forms of epidemic diseases appearing [...] among them the emergent variety of exotick and hurtful [...]”. Arguably though, the most noteworthy relatively new emerging infectious disease with the greatest impact on the dental profession has been the human immunodeficiency virus and AIDS.

And now we have a severe epidemic of Ebola virus infection. It is back with a vengeance, this time in West Africa, with over 380 cases and a 69 per cent case fatality ratio at the time of writing. The culprit is the Zaire ebolavirus species, the most lethal Ebola virus known, with case fatality ratios up to 90 per cent.

According to the IOM report, there are many reasons that new diseases emerge and re-emerge. These include health care advances with the attendant problems (e.g. transplantation, immunosuppression, antibiotic abuse, and contaminated blood and blood products) and human behaviour, including injectable drug abuse and sexual promiscuity. Societal occurrences, such as economic impoverishment, war and civil conflict, too are critical according to the IOM. The current outbreak of Ebola virus infection...
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is a perfect storm created by a lethal combination of these factors, including rampant deforestation, poverty and the war-stricken situation in many African countries.

So how does Ebola spread? According to World Health Organization reports, Ebola virus disease (EVD) is introduced into the human population through close contact with the blood, secretions, organs or other bodily fluids of infected animals. Human-to-human transmission is through direct contact (through broken skin or mucous membranes) with the blood, secretions, organs or other bodily fluids, such as saliva, of infected people, and indirect contact with environments contaminated with such fluids. Transmission through the air has not been documented in the natural environment, nor have there been any case reports of transmission through saliva contamination. Infection in healthcare settings has been due to healthcare workers treating patients with suspected or confirmed EVD, especially when infection control precautions were not strictly practised. Reports indicate that those who recovered from the disease could transmit the virus through their semen for up to two months after recovery.

EVD is a severe acute illness characterised by the sudden onset of fever, intense weakness, muscle pain, headache and sore throat. This is followed by vomiting, diarrhoea, rash, impaired kidney and liver function, and both internal and external bleeding in some cases. Oral manifestations, such as acute gingival bleeding, have been reported. The mortality rate of EVD is very high and 50 to 90 per cent of patients die owing to the profound systemic haemorrhage or its complications. The incubation period of EVD is 2 to 21 days.

Up to now, there have been no reported cases of transmission of EVD in any dental settings. However, the fact that it is transmitted through human secretions, which includes saliva, and that the incubation period could last up to 21 days implies that dental care workers in the endemic areas of the virus, such as West Africa and sub-Saharan Africa, may run the risk of acquiring the disease if strict standard infection control measures are not routinely followed.

In dentistry, we are constantly exposed to these emerging and re-emerging infectious threats and we cannot afford to let our guard down. Vigilance, awareness and good clinical practice with standard infection control at all times are fundamental to prevention, as yet-unimagined new diseases surely lie in wait. Although we have made spectacular technical and scientific advances since the release of the original IOM report some two decades ago, it appears that humans are still defenceless in the face of the relentless march of our microbe foes.

Prof. Lakshman Samaranayake is head and Professor of Oral Microbiology and Infection at the University of Queensland School of Dentistry in Brisbane in Australia. In the upcoming days, he will presenting a lecture as well as a seminar discussing infection control in dentistry as part of the FDI 2014 scientific programme.
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</tr>
<tr>
<td>Bijoria Foods</td>
<td>D80</td>
</tr>
<tr>
<td>Bisco Dental Products Asia</td>
<td>B86</td>
</tr>
<tr>
<td>Bisco, Inc.</td>
<td>C112</td>
</tr>
<tr>
<td>Bison Medical</td>
<td>A145</td>
</tr>
<tr>
<td>Clearpath</td>
<td>C141-142</td>
</tr>
<tr>
<td>CliniX</td>
<td>D31</td>
</tr>
<tr>
<td>Clove Dental</td>
<td>C31</td>
</tr>
<tr>
<td>Colgate</td>
<td>A1-12, 36-47</td>
</tr>
<tr>
<td>Colten</td>
<td>A117-118,121-122</td>
</tr>
<tr>
<td>Corona Dental Labs</td>
<td>C134</td>
</tr>
<tr>
<td>Cranberry USA</td>
<td>C108</td>
</tr>
<tr>
<td>Crosstex</td>
<td>C107</td>
</tr>
<tr>
<td>Crown Dental</td>
<td>D35-46</td>
</tr>
<tr>
<td>DenMat Holdings</td>
<td>C109</td>
</tr>
<tr>
<td>Densmart Dental Co., Ltd.</td>
<td>D2</td>
</tr>
<tr>
<td>Dental Aids</td>
<td>C143</td>
</tr>
<tr>
<td>Dental Avenue</td>
<td>C3,4,9,10</td>
</tr>
<tr>
<td>Dental Life Sciences</td>
<td>B97</td>
</tr>
<tr>
<td>Dental Tribune International GmbH</td>
<td>B56-65</td>
</tr>
<tr>
<td>Dentamerica Asia Inc.</td>
<td>D1</td>
</tr>
<tr>
<td>Dentcare Dental lab</td>
<td>D49,51</td>
</tr>
<tr>
<td>Dentsply</td>
<td>A101-112</td>
</tr>
<tr>
<td>Detax GmbH &amp; Co. KG</td>
<td>B48</td>
</tr>
<tr>
<td>DFS-DVAMON</td>
<td>B52 (Co-exhibitor)</td>
</tr>
<tr>
<td>Diadent</td>
<td>C139-140</td>
</tr>
<tr>
<td>DMETEC</td>
<td>C77</td>
</tr>
<tr>
<td>Dr. Jean Bausch</td>
<td>B5</td>
</tr>
<tr>
<td>Dr. Reddy's</td>
<td>D66</td>
</tr>
<tr>
<td>DTA Lounge</td>
<td>C10</td>
</tr>
<tr>
<td>Dürr Dental AG</td>
<td>B74,78</td>
</tr>
<tr>
<td>EDIP</td>
<td>C35</td>
</tr>
<tr>
<td>Electro Medical Systems (EMS)</td>
<td>B139-140</td>
</tr>
<tr>
<td>Equinox</td>
<td>B20</td>
</tr>
<tr>
<td>EVE Ernst Vetter GmbH</td>
<td>B44</td>
</tr>
<tr>
<td>EW Nutrition</td>
<td>A89</td>
</tr>
<tr>
<td>Faculty of Dental Surgery</td>
<td>A29</td>
</tr>
<tr>
<td>of the Royal College of Physicians and Surgeons of Glasgow</td>
<td>A29</td>
</tr>
<tr>
<td>FDI 2015</td>
<td>B141-142</td>
</tr>
<tr>
<td>Filay Dent</td>
<td>C66</td>
</tr>
<tr>
<td>Forma</td>
<td>D85</td>
</tr>
<tr>
<td>GC Corporation</td>
<td>C66-68, 72-74</td>
</tr>
<tr>
<td>GDC Marketing</td>
<td>D79,81</td>
</tr>
<tr>
<td>Global Imagine</td>
<td>D23</td>
</tr>
<tr>
<td>Greater New York</td>
<td>B143</td>
</tr>
<tr>
<td>Dental Meeting</td>
<td>B143</td>
</tr>
<tr>
<td>GSK</td>
<td>A131-142</td>
</tr>
<tr>
<td>Hager &amp; Werken GmbH &amp; Co. KG</td>
<td>B4</td>
</tr>
<tr>
<td>Hangzhou Yahong</td>
<td>Global Healthcare</td>
</tr>
<tr>
<td>Medical Apparatus Co., Ltd.</td>
<td>D12</td>
</tr>
<tr>
<td>Healix Healthcare</td>
<td>C85</td>
</tr>
<tr>
<td>Infodent S.r.l</td>
<td>B144-145</td>
</tr>
<tr>
<td>International Association for Paediatric Dentistry (IAPD)</td>
<td>B98</td>
</tr>
<tr>
<td>IVClar Vivadent</td>
<td>A48-51</td>
</tr>
<tr>
<td>J Morita</td>
<td>C144-145</td>
</tr>
<tr>
<td>Corporation</td>
<td>B101-103,105-107</td>
</tr>
<tr>
<td>Jaypee General Agencies</td>
<td>B25</td>
</tr>
<tr>
<td>Jaypee General Agencies</td>
<td>B25</td>
</tr>
<tr>
<td>Jiang Yin Gaofeng</td>
<td>Tools Co., Ltd.</td>
</tr>
<tr>
<td>Johnson and Johnson</td>
<td>A60-65</td>
</tr>
<tr>
<td>K.S.Mathur &amp; Company</td>
<td>D24</td>
</tr>
<tr>
<td>KAMED</td>
<td>D85</td>
</tr>
<tr>
<td>Katara Dental</td>
<td>C144-145</td>
</tr>
<tr>
<td>Kavo</td>
<td>Ay7-8, 81-113-114</td>
</tr>
<tr>
<td>KCK Equipments</td>
<td>D65</td>
</tr>
<tr>
<td>Co. Pvt. Ltd. (KODEN)</td>
<td>A91</td>
</tr>
<tr>
<td>Kendu Dental Polishes</td>
<td>B136</td>
</tr>
<tr>
<td>Laires Research</td>
<td>C111</td>
</tr>
<tr>
<td>Legal MD</td>
<td>D32</td>
</tr>
<tr>
<td>Libral Traders Pvt. Ltd.</td>
<td>D67-68</td>
</tr>
<tr>
<td>Life Care</td>
<td>B29</td>
</tr>
<tr>
<td>MDT</td>
<td>C82</td>
</tr>
<tr>
<td>Mecontron Dental (India)</td>
<td>D56,61</td>
</tr>
<tr>
<td>MedPark-Korea</td>
<td>D15</td>
</tr>
</tbody>
</table>

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Taking digital dentistry to a whole new level

Dentist Dr Simon Kold on the new TRIOS digital impression solution from 3Shape (Booth B137–138)

First of all, it is satisfying to know that I am equipped with a shade measurement solution that saves me an abundance of time and allows me to achieve results that are at least as good as the slower and less handy conventional method.

The great thing about the new TRIOS is that the Shade Measurement and HD Photos features allow me to easily convey so much more information along with the information from the digital impression. In our clinic, we have been taking almost all of our impressions digitally and the effects on our business have been enormous. The direction yShape is taking by adding other functionalities that can be performed while scanning is simply taking digital dentistry to a whole new level.

I thank you very much for the interview.

Dental photography made simple by SHOFU

For almost a century, SHOFU Dental (Booth Cyb–8) has been an international household name for dental clinical and lab products. However, the company has also been manufacturing and selling equipment for digital dentistry and photography, but only in its home market in Japan. With the introduction of the new EyeSpecial C-II, SHOFU brought a new digital camera to FDI 2014, in Greater Noida, exclusively developed for use in dentistry.

Made completely in-house in cooperation with experts in photography and cosmetic dentistry, the camera was conceptualized to be useful for a wide range of dental applications including intra-oral 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 flashsystem 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 light-weight and features a large LCD touch-screen 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. Another unique feature of the camera is that it enables photos to be transferred 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 WorldDental Daily in Greater Noida.

Prior to its premiere here at FDI 2014, the camera has been showcased at large dental meetings in the US, China and Singapore. But now it is here, in India, that the EyeSpecial C-II was presented to a large community of South Asian dental professionals for the first time.

“We believe that FDI 2014 is the most suitable event in India to launch the EyeSpecial C-II as it will give this unique product regional exposure in South Asia,” explained Loke.

He said that further development into shade taking and restorative simulating functions is anticipated for the camera in the future.

In addition to the camera, SHOFU also has a number of products for restorative dentistry on display, including the universal direct aesthetic restorative Beautifil Injectable and BeautiSealant, a product for sealing deep grooves and fissures without the need for a conventional phosphoric acid etchant.

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

In an effort to help dentists to detect approximal caries better and in a non-harmful way, Dürr Dental has recently extended its dental camera system Vista-Cam iX with an optional interchangeable optical head. According to the German dental manufacturer, the new optical device is boasting infra-red 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 infra-red LEDs. Owing to the pre-set 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.

**DÜRR DENTAL, GERMANY**
www.duerr.de
Booth B74/B78

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With VITA Easyshade Advance 4.0, VITA Zahnfabrik has achieved a new milestone in digital shade determination. According to the German dental manufacturer, the device has been significantly enhanced to extend the number of applications for dental practices and laboratories. Both practitioners and dental technicians can now enjoy a perfect balance of proven system functionality and superior technology, the company said.

Improved from the already easy-to-use design of its predecessor, VITA Easyshade Advance 4.0 is intended to allow exceptional freedom of movement. New functions for automatic measurement activation have been integrated for optimal shade determination. Owing to its advanced measurement technology and durable light-emitting diode components, the device is said to offer precision that is twice as effective as that of the human eye.

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**VITA ZAHNFABRIK, GERMANY**
www.vita-zahnfabrik.com
Booth B13
The All-on-4 treatment concept by Nobel Biocare was developed to provide edentulous and soon-to-be edentulous patients with an efficient and effective restoration that uses only four implants to support immediately-loaded, fixed full-arch prostheses. This can be achieved by tilting the two posterior implants, so that longer implants can be used in reduced bone volume, thereby increasing bone-to-implant contact and reducing the need for vertical bone augmentation. As tilted posterior implants can be anchored in better quality anterior bone, cantilevers are also reduced, according to the Swiss manufacturer, improving support for the prostheses. Moreover, there will be less need for bone augmentation.

Supported by almost 15 years of clinical success, Nobel Biocare said that the All-on-4 treatment concept offers a reliable solution for patients looking to escape the discomfort that so often comes from wearing removable dentures. Cumulative 5-year implant survival rates of 98 per cent have been documented for the concept in both jaws for almost 10 years and overall published data on the All-on-4 treatment concept shows cumulative survival rates of between 92.2 and 100 per cent.

According to Nobel Biocare, the All-on-4 treatment concept can be used in a wide range of cases. Owing to the high initial stability offered by implant innovations such as NobelSpeedy and NobelActive, Immediate Function can be achieved safely even in patients exhibiting severe bone resorption, the company said. Furthermore, it claims that the concept can also be adapted to incorporate zygomatic implants in cases where patients have severely atrophic maxillae.

The All-on-4 treatment is also said to provide flexibility when it comes to prosthetics. Options for the final restorative solution include fixed prostheses such as the NobelProcera Implant Bridge Zirconia or Titanium with acrylic or composite veneering as well as individual NobelProcera Crowns cemented to the NobelProcera Implant Bridge framework. Removable solutions are also feasible such as an acrylic overdenture on a NobelProcera Implant Bar, for example.

Since accurate placement is essential, Nobel Biocare recommends guided surgery with NobelGuide for All-on-4 treatment concept cases. Diagnostics and treatment planning are supported by the NobelClinician Software. By using the radiological data set with 3-D models of bone and the radiographic guide in combination, clinicians can assess the quantity and quality of the bone available, says the company. Vital anatomical structures such as the alveolar nerve and the maxillary sinus can also be marked so that prosthetic-driven planning can be conducted with yet unknown limitations. In addition, the split-screen view in the software allows the user to control and customise the angulation of the dental reslice planes, a feature that assures the tilted posterior implants required for the All-on-4 treatment concept are positioned perfectly. After the planning in NobelClinician is completed, ordering a ready-to-use surgical template and all the components required for the surgery is just a few clicks away. The NobelGuide surgical template enables guided implant site preparation as well as safe, accurate implant insertion, minimizing pain and swelling for the patient.

Nobel Biocare said that the surgical template can also be used to begin developing fixed temporary prostheses prior to surgery; it enables the creation of a stone model with implant replicas in advance, which means the dental technician can also produce the abutment placement jig and the fixed provisional prostheses ahead of time. All that remains is for the clinician to finalise the prostheses for mounting on the implants immediately after surgery.

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NOBEL BIOCARE, SWITZERLAND
www.nobelbiocare.com/all-on-4
Booth B109–116

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www.nobelbiocare.com/all-on-4
Booth B109–116

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Bleeding or oozing sometimes makes the process of taking dental impressions difficult or even impossible. Replacing all conventional techniques for opening the sulcus, Expasyl from Acteon promises to open the marginal gingiva without damaging the epithelial attachment.

According to the French manufacturer, the technique is simple and fast as well as totally painless for the patient. Without the need for anaesthesia, clinicians can have a quality subcircular opening in only two minutes, the company said. After the removal of Expasyl, they are left with a clean clinical site, ideal for taking a perfect impression. The risks of gingival recession and bone resorption, owing to trauma caused to the epithelial attachment, can be eliminated. The aluminium chloride and kaolin contained in its formula also give Expasyl astringent and haemostatic properties.

ACTEON GROUP, FRANCE
www.acteongroup.com
Booth C17–20

Temporary gingival retraction enhanced

CBCT imaging with lower doses

Planmeca Ultra Low Dose is a new imaging protocol that is supposed to allow CBCT imaging with an even lower patient radiation dose than standard 2-D panoramic imaging. It is based on intelligent 3-D algorithms, according to Planmeca, and offers a vast amount of detailed anatomical information at a very low patient dose. Two-dimensional imaging, therefore, can no longer be justified, the manufacturer said.

“Planmeca Ultra Low Dose is available with all Planmeca ProMax 3D imaging units. According to the manufacturer, images taken with the imaging protocol can be used for a large variety of clinical cases, such as postoperative and follow-up studies in maxillofacial surgery, orthodontics, implant planning, as well as ENT studies.”

According to the representative, the protocol also had a significant impact on patients. “We often found them to be concerned about radiation exposure, but once they hear that the dose is even lower than in traditional panoramic 2-D imaging, they are always relieved. Also, referring physicians often specifically ask us to use the Ultra Low Dose protocol,” he said.

Planmeca Ultra Low Dose is available with all Planmeca ProMax 3D imaging units. According to the manufacturer, images taken with the imaging protocol can be used for a large variety of clinical cases, such as postoperative and follow-up studies in maxillofacial surgery, orthodontics, implant planning, as well as ENT studies.

PLANMECA, FINLAND
www.planmeca.com
Booth C36–47

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