No interface degradation? It must be Ceramir Crown & Bridge

By Robin Goodman, Dental Tribune

Permanent and stable are words that bring peace of mind to many. Now, Doxa Dental brings this peace of mind to the dental office with Ceramir Crown & Bridge, a new bioceramic luting cement. You might wonder, "How can a new luting cement be any different than what is already out there?"

One difference is that Ceramir has the unique ability to make tight and impermeable contact with tooth tissue that is stable over the long term. In fact, no cement is closer to natural tooth structure than Ceramir. This is because Ceramir fosters a build-up of nano-crystals that integrate with dentin and enamel, forming a biomimetic material that the company calls "nanostructurally integrating bioceramics" (NIB). The transmission electron microscope images, showing how at 20 nm (the molecular level) Ceramir integrates with enamel in vivo, are quite compelling and can be seen at the booth (No. 1938).

Another dramatic difference in comparison to other cements is that Ceramir creates an alkaline environment (high pH) that resists acid and bacterial decay. Thus, the product remains chemically stable in the oral environment over time. Because it was designed to be stable in an oral environment, Ceramic does not require optimal conditions for a good seal.

The questions on everyone’s mind when discussing dental cement usually revolve around working time, setting time, film thickness and mechanical strength. Ceramir’s working time is two minutes while its setting time is approximately five minutes. In addition, Ceramir meets the film thickness for well-fitting restorations by coming in at around 15 µm. Finally, Ceramir’s mechanical strength was measured in terms of compression strength and, after 24 hours, was measured at 170 MPa.

Recall data from a two-year clinical study confirms that Ceramir Crown & Bridge demonstrates outstanding effectiveness with 0 percent sensitivity, 100 percent retention, 100 percent marginal integrity, 0 percent marginal discoloration and 0 percent secondary caries.

Ceramir Crown & Bridge is now available as Ceramir Crown & Bridge Singlecap and Ceramir Crown & Bridge Doublecap. Ceramir Crown & Bridge Singlecap is specifically designed for single unit restorations and eliminates waste while the original doublecap is still available for multiple unit restorations.

Ceramir Crown & Bridge cement is backed by 25 years of research and development by Swedish Professor Leif Hermansson and his wife, Irmeli, founders of Doxa Dental. Stop by the booth, No. 1938, to learn more about this unique bioceramic luting cement.
Let patients take their new smiles for a test drive

Are you looking for that one new product that can make an immediate impact on your dental practice’s bottom line? Then look for detailed information being distributed here at Yankee about PreNew PreView®, an innovative dental technology from Jason J. Kim Dental Aesthetics.

Built from a simple study model, PreNew PreView is a ‘smile preview’ that fits over patients’ existing teeth to show them just how great they are going to look. Before PreNew PreView, dentists had to rely on digitally manipulated before-and-after photos. Today, dentists have PreNew PreView, which can create a very realistic image of what a patient’s new smile will look like once his or her final dental restoration is completed.

PreNew PreView was launched during the Greater New York Dental Meeting (GNYDM) at the Jason J. Kim Dental Aesthetics booth where master ceramist Jason J. Kim presented this new dental technology, which is an exclusive, realistic approach to attracting current and potential clients who may be considering dental restoration. It may also be used as a marketing tool to help dentists increase revenue.

During the GNYDM, dozens of dentists attended the PreNew PreView presentations. In addition, many New York metro area dentists have also attended workshops at Jason J. Kim’s labs.

How does PreNew PreView work?

PreNew PreView is a simple two-step process. Step one: During the patient’s first visit to the dentist, a study model is taken along with two photos (smile with lips/ full-facial smile). These are sent to the lab at Jason J. Kim Dental Aesthetics.

Step two: During the second visit, the dentist applies the new look over the patient’s existing teeth. There’s no drilling and no pain. The patient will get to experience a realistic preview of his or her new smile.

This first-hand look can boost the patient’s confidence about the dental restoration process and add certainty to his or her decision to proceed, according to Jason J. Kim Dental Aesthetics. The company says PreNew PreView is custom-tailored to intrigue current and potential clients who may be considering dental restoration and is a tool designed to impact your bottom line.

For more information about PreNew PreView and to learn about upcoming PreNew PreView workshops from Jason J. Kim Dental Aesthetics, visit www.jjkda.com or stop by booth No. 2039 to pick up more information.
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Dr. Patrick O’Brien, Fayetteville, NC
November 2011 Lab Participant

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CE Online participant comment, December 2011
This case demonstrates the optical scanning of inclusive’ Scanning Abutments (GlideWrite Laboratories, Newport Beach, Calif.) utilizing the iTero® digital scanning system (Align Technology, San Jose, Calif.) with software version 4.0. Digital data was used with laboratory CAD/CAM planning to fabricate the custom all-ceramic implant abutments and a four-unit fixed prosthesis. The abutments and fixed prosthesis were fabricated using an advanced computer-aided milling technology.

Dental history

The patient was a 52-year-old healthy Hispanic male who sustained a traumatic avulsion and lost his maxillary incisors in an automobile accident. Following healing, a two-piece transitional removable partial denture was constructed. He was seen by the oral and maxillofacial surgery service of Virginia Commonwealth University for dental implant therapy.

Treatment plan

The patient was informed of the alternatives, benefits and potential complications of various treatment options before deciding to pursue implant restoration of his missing teeth. The treatment plan, included placement of two Replace® Select Straight RP 4.3 x 13 mm implants (Nobel Biocare, Yorba Linda, Calif.) with 5 mm healing abutments, followed by a six-month healing period and restoration with all-ceramic custom abutments and a four-unit, all-ceramic fixed prosthesis to restore the anterior incisors to form and function.

Surgical procedure

Using local anesthesia, two Replace Select Straight RP implant fixtures were placed in the area of teeth #7 and #10, using standard Nobel implant placement protocol. Placement angulation and depth were verified and deemed satisfactory. Standard RP 5 mm healing abutments were placed, and the fully resected tissue flap was closed with interrupted sutures.

Restorative procedure

Following six months of healing post-implant placement, intraoral photos were taken to record and confirm the healthy remaining dentition. Osseous integration was confirmed with a panoramic X-ray, followed by resonance frequency analysis (RFA) using an Oststell® IQ implant stability meter with SmartPeg™ attachment (Osstell® USA; Linthicum, Md.), confirming no rotation to 35 Ncm. The maximum scale of 1–100 quotient (ISQ) of 78 on a minimum-to-maximum Jenness scale of 1–100. The implant stability meter with SmartPeg™ attachment (Osstell® USA; Linthicum, Md.) displayed an implant stability quotient (ISQ) of 78 on a minimum-to-maximum scale of 1–100. Intraoral photos were taken to record and confirm the healthy remaining dentition. Osseous integration was confirmed with a panoramic X-ray, followed by resonance frequency analysis (RFA) using an Oststell® IQ implant stability meter with SmartPeg™ attachment (Osstell® USA; Linthicum, Md.), confirming no rotation to 35 Ncm. The maximum scale of 1–100 quotient (ISQ) of 78 on a minimum-to-maximum Jenness scale of 1–100.

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* Note: Cadent (Carlstadt, N.J.) was acquired by Align Technology (San Jose, Calif.) in May 2011.

References

Sectional matrices have revolutionized Class IIs, but the matrices themselves can be a pain. They can be awkward to place, they can be unstable and fall out of the embrasure before you’ve even gotten started, they can crumple when you go to place the retainer ring, and they can be a pig to remove — and even then, the final anatomy is disappointing and needs more work.

Triodent eliminates all of these frustrations in one product: SuperCurve. Let’s run through the problems.

Difficult to place
• Problem: Most sectional matrices are a simple piece of metal, simply shaped. They can be held and placed using pliers or tweezers but they’re quite easy to drop, and the angle of positioning often leaves something to be desired.
• Solution: SuperCurve has a tab on the top that acts as a handle. By engaging the hole in the tab with Triodent pin-tweezers, you immediately have a secure and reliable grip on the matrix, even in the tweezers’ passive mode. Moreover, when the tab is bent 90 degrees, you create a contra-angle that allows you to place the matrix easily in an apical direction between the teeth.

Unstable and too easily crumpled
• Problem: A matrix slides down easily beside a Class II prep — sometimes too easily. It flops around and refuses to sit in a level position, even with the aid of a wedge. It might even fall out completely.
• Solution: As the name suggests, SuperCurve has a very tight radius, so it hugs the tooth and holds its position. The added benefit with the SuperCurve closely fitting to the buccal and lingual walls of the tooth is that the matrix wings are well out of the way when the ring is being placed, so there is no chance that the ring tines will catch the matrix wings and crumple it.

Difficult to remove
• Problem: One of the major aims of a Class II is a tight contact. Having achieved that, the matrix band is clamped between the teeth. To make matters more tricky, adhesives and composites may have stuck to the inside of the band. Many dentists will have experienced the frustration of torn matrices and awkward maneuvers removing the remainder.
• Solution: SuperCurve has a non-stick plastic coating that ensures the matrix slides out easily and cleanly.

Too much time finishing
• Problem: Most matrices are a simple kidney shape. When the matrix is removed, there is often plenty still to be done on smoothing and shaping, including paying particular attention to the marginal ridge.
• Solution: With SuperCurve, a lot of thought has gone into replicating tooth anatomy. SuperCurve has an S-shaped vertical contour, from a rolled marginal ridge right down to a sub-gingival extension on the larger matrices. With these features, less time will be spent finishing the restoration. This benefit is augmented by the quality of the seals on the gingival and vertical margins with the Triodent Wave-Wedge and V3 Ring, which prevent overhangs and keep flash to a minimum.

Here at Yankee
For more information or to see the SuperCurve for yourself, stop by the Triodent booth, No. 2426.

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Donna Caminiti, RDH
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Julie Wells Kroeker, RDH
Julie holds a Bachelor of Science from the University of Oklahoma Health Science Center. Julie enjoys educating the youth in her community about the importance of maintaining good oral health through frequent presentations at the local elementary schools and health fairs. She regularly visits the high school where her sister teaches students with special needs. Julie has been practicing dental hygiene for more than 28 years and lives in McAllen, TX.

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For more information or to see the Canon Rebel T3i for yourself, visit www.photomed.net, call (800) 998-7765 or stop by the PhotoMed booth, No. 2105, here during the Yankee Dental Meeting.

Palodent® Plus is the newest sectional matrix system from DENTSPLY Caulk. It offers wide applications for sectional matrix system use and delivers predictable, accurate contacts consistently.

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The rings offer consistent separation force and are made of nickel titanium, which ensures they will last longer than traditional stainless-steel rings. The tines on the rings help to provide retention on the tooth, and the system seals the restoration to minimize the amount of finishing required.

For more information, call (800) 532-2855, visit www.palodentplus.com or stop by the DENTSPLY Caulk booth, No. 2412, here during the Yankee Dental Meeting.