With the new package size of its enamel matrix derivative (EMD) Emdogain, implant and restorative solutions provider Straumann has launched a cost-effective treatment option for dental professionals at Europerio 7 in Vienna. According to the Swiss company, the Emdogain 015 package, launched on Thursday this week, allows a broader use in clinical settings and can be used for patients with smaller defects, as well as patients subjected to bone-grafting procedures, who are supposed to benefit from faster wound healing and less pain and swelling.

The new package contains five syringes, each filled with 0.15 ml of Emdogain. This will enable clinicians to select the right amount of commercially available EMD for use with the various bone-grafting materials (Bone Ceramic, autograft, allograft, bone-derived xenograft, β-Tricalcium phosphate or bioactive glass), thereby enhancing the patient’s regenerative periodontal outcome, the company said.

“Emdogain 015 should enable the clinician to use the material more often, since it will be more cost-effective when added to bone-grafting procedures,” explained Dr David Cochrane, professor at and Chairman of the Department of Periodontics at the University of Texas Health Science Center at San Antonio’s Dental School at a press conference in Vienna.

Launched in 1997, Straumann Emdogain contains a complex of proteins that play a key role in the development of tooth-supporting tissues. These proteins, termed enamel matrix proteins, self-assemble to create a matrix and promote the formation of cementum on the root of the developing tooth, thus providing a foundation for all necessary tissues associated with true functional attachment of tooth-supporting tissues in the teeth and jaws.

The effects and benefits of the product have been documented in over 400 clinical publications for indications such as intra bony, furcation and recession defects.
“Good product technology enhances compliance and ensures therapy success”

An interview with Dr Joerg Strate, Philips Oral Healthcare

- World wide, hundreds of millions of people suffer from periodontal disease. According to the latest studies, two-thirds of all periodontal problems remain untreated. An interview with the Vice-President of Clinical Research and Scientific Affairs at Philips Oral Healthcare, Dr Joerg Strate, about at-home measures like the company’s Sonicare toothbrushes.

How is it possible for patients with periodontal problems to improve their oral hygiene sustainably?

Dr Joerg Strate: Good product technology enhances compliance and ensures therapy success. Electric toothbrushes no-tance and ensures therapy success.

What is the innovative technology behind the brushes?

Sonicare toothbrushes from Philips offer a gentle cleaning process and require lower contact pressure than manual toothbrushes, for example. A sonic toothbrush cannot vibrate very well when used with excessive pressure and this reduces side-effects. Several studies have shown that sonic and oscillating/rotating technology removes bacterial plaque effectively and safely.

How does it improve oral hygiene on smooth surfaces while being clearly less demanding in terms of usability?

What are the consequences of the incorrect toothbrushing techniques?

Philips offers a gentle cleaning process and requires lower contact pressure than manual toothbrushes, for example. A sonic toothbrush cannot vibrate very well when used with excessive pressure and this reduces side-effects. Several studies have shown that sonic and oscillating/rotating technology removes bacterial plaque effectively and safely.

What are the day-to-day experiences in dental practices?

What factors influence toothbrush recommendations for patients with periodontal problems?

Generally speaking, individual demonstrations and training have been shown to be the most effective. A sonic toothbrush is recommended for patients with periodontal problems or implants, in particular. The patient can’t make that many mistakes, which reduces the risk of injury. However, oscillating/rotating toothbrushes have to be used with the right technique. Depending on the model, improper use by patients, for example excessive brushing pressure, can cause long-term damage to dental tissue or gingival injury. In my opinion, sonic toothbrushes simply do not offer that many opportunities for improper use. There is no need for a special technique and even a less motivated patient can achieve results without side-effects. Actually, we have access to medical publications showing very promising results concerning the Sonicare FlexCare.

Interproximal spaces are a significant challenge for proper oral hygiene. These areas, about 40% per cent of all tooth surfaces, are almost impossible to clean with a toothbrush only. Moreover, that’s where periodontal problems mostly arise. Do oral irrigators help with interproximal cleaning?

Very little. Oral irrigators simply do not remove the sticky bacterial plaque adhering to tooth surfaces. I don’t know how effective they are in patients with periodontitis though. A huge disadvantage of oral irrigators is low compliance—their use is time-consuming and cumbersome.

The USA is the country with the highest percentage of dental floss users. Yet, only 30 per cent of the population floss regularly. How has Philips responded to this?

With a completely new technology for interproximal cleaning. With the AirFloss and its patented microburst technology, Philips has provided clinically validated solutions to two of the biggest challenges of dental floss: the AirFloss can be used without the less attractive accompanying circumstances of flossing and a simple one-finger control replaces the challenging technique you need for effective manual flossing. The AirFloss was especially developed for all those countless patients who don’t yet do any interproximal cleaning at all.

Is there a danger of patients accidentally flushing bacteria into the gingival pockets when using microburst technology?

First of all, the design of the nozzle and especially the guidance tip make it highly unlikely for the product to be placed in an apical direction into a gum pocket (please take a look at the YouTube demonstration of the AirFloss at Philips for reference: www.youtube.com/watch?v=k8UN). Of course, a small amount of the air-water mixture may be sprayed into an area, but this mainly results in a flushing rather than a compacting effect.

Does microburst technology also work with teeth that have already been damaged by periodontitis and with wide interproximal spaces?

Very wide interproximal spaces do not provide the funnel effect that adds to the efficiency of microburst technology.

What are the effects of a high-pressure spray on inflamed gums?

A healthy gingiva will show no tendency to bleed during the use of the AirFloss. An inflamed gingiva may bleed—as it does with other mechanical cleaning processes.

What additives (e.g. mouth rinses) can also be used with the AirFloss system?

Our current recommendations only refer to use with water, but all material requirements are suited for use with common mouth rinses.

Thank you for the interview.

Bicon short implants and metal-free prostheses

- Offering the worldwide dental community a comprehensive solution since 1985, Bicon’s dental implant system has not only passed the test of time, but has also kept pace with the latest in implant dentistry. According to the company, Bicon implants offer flexibility to dentists even in the most challenging of clinical situations.

The short length of the implants allows clinicians to avoid vital structures with confidence, plants allows clinicians to avoid vital structures with confidence, and ensures therapy success.

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Cortex invites participants to learn about its innovative products

- Cortex Dental Implants Industries is a dynamic and innovative manufacturer of dental implants, prosthetic products and surgical kits based in Israel. The company was founded in 2007 by a group of maxillofacial surgeons experienced in implantology and leading businessmen with a clear goal of designing and producing top-level implants that meet the highest requirements of quality and innovation.

The combination of a vast knowledge base, engineering creativity and an uncompromising service agenda has produced a ground breaking implant system, packed with innovations and features ensuring outstanding performance, fast operation and precision, and an impressive cost/benefit ratio, thus promoting Cortex as the supplier of choice for implantologists around the world.

Cortex’s high-end production facilities and R & D centres, located in Israel, are characterised by state-of-the-art machinery, tight quality control and sterile clean rooms of the highest standard.

To learn more about the company’s innovative products, visit its booth at Europerio 7.

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“Orthodontic tooth movement is based on sterile inflammation”

With more people presenting to dental practices with symptoms of periodontitis, clinical challenges are increasing in almost all dental specialties including orthodontics. Today international spoke with congress presenter Dr Frank Weiland from Austria about the effects of periodontal disease on orthodontic treatment and vice versa.

Today international: Periodontal disease and orthodontics have a complex interrelation-ship. What new insights have been obtained in the last three years?

Dr Frank Weiland: Each intervention causes damage, which is a known fact and also true for orthodontics. Clinicians have to reckon with some attachment loss and recession down to tenths of a millimetre with orthodontic treatment. The most significant danger comes from (additional) plaque-induced infection, that is why orthodontic devices should be designed in a way that they can be cleaned thoroughly by the patient (i.e. no bands, simple biomechanics and no elastic ligatures).

Computers-supported calculations have also revealed new knowledge about the changed biomechanical requirements and the use of the treatment device in relation to the amount of force and the moment-to-force ratio.

What is the likelihood nowadays that a patient with orthodontic problems also has periodontal disease?

Orthodontic correction can also have a negative effect on periodontal status. When should clinicians desist from treatment?

As I mentioned before, the most important contra-indication is periodontal tissue that is not clinically free of inflammation. With support from the dentist, orthodontist and periodontist, patients should be able to maintain conditions that are free of inflammation.

Periodontitis can also break out during orthodontic treatment. What are the clinical symptoms that orthodontists should be aware of?

Orthodontists are recommended to consult a general dentist or periodontist prior to treatment. Is this common practice?

I am only able to speak here for my own practice. In many cases, patients who present for the first time already have the respective documentation from their general dentists and periodontists. Prior to treatment of adult patients, a basic periodontal evaluation (BPE) and, if needed, a pretreatment in our practice, or by the dentist and in critical situations by a periodontist is performed. Orthodontic treatment does not begin until these professionals have given the green light. Subsequently, regular control visits are an absolute necessity.

Is there any knowledge about whether and which treatment methods are able to halt the progression of periodontal disease?

A clear relation between tooth displacement and periodontal problems has been described. Significantly more pathogenic bacteria are found in crowded areas than in straight teeth. Of course, dental hygiene measures are also easier to perform in straight teeth than in a case of distinct crowding. It has been observed that former orthodontic patients had better oral health after correction than similar subjects whose teeth were not corrected, which is explained by routine checks and patient education.

Owing to attachment loss, tooth movements may occur that have a negative effect on future stability. An example of this is the protrusion of the upper incisors, which can cause an interposition of the lips with a leverage effect on the incisors. Clinical prospects for these teeth are significantly improved by moving them to a functional and aesthetically pleasing position. This is also valid for jiggling in the presence of periodontal inflammation, which could also lead to significant attachment loss.

Should the evaluation and monitoring of periodontal disease generally form part of orthodontic treatment?

No doubt. Regardless of the patient’s age, orthodontic treatment should never be performed if the patient’s oral health is insufficient. From my point of view, a check of the periodontal status, as recommended by the Austrian Society of Periodontology, as well as periodontal therapy of adult patients should be considered prior to orthodontic measures. Risk patients should be monitored at least every three months by the periododontist. Even after orthodontic treatment has been stopped, long-term success can only be achieved when the two ‘R’ (Retention and Recall) are taken into account.

Thank you very much for this interview.
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PROF. BIRGITTA SODER - Sweden
Non Surgical Periodontal Treatment:
Associations between Oral Biofilm/Dental Plaque and Life threatening Diseases.

DR. DAGMAR ELSE SLOT - Denmark
Do lasers/photodynamic therapy have a role in Non Surgical periodontal treatment?

DR. MARIJOLIN HOVlUS - Holland
Why and how should you promote smoking cessation in your dental hygiene practice.

PROF. CAREN M. BARNES - USA
Traditional Polishing and Airpolishing: Conversion of Research to Clinical Practice.

PROF. MARIANO SANZ - Spain
The use of antimicrobials in the secondary prevention of periodontal infections.

DR. MARYANN CUGINI - USA
The use of systemic antibiotics to treat periodontal infections.

DR. JEANIE SUVAN - England
Patient-Centred Non Surgical Periodontal Therapy: Evidence vs Practice.

DR. FRANCES DOHERTY GENCO - USA
Update on Periodontal Disease and Associated Chronic Diseases with an Emphasis on Diabetes.
Besides classical scaling, the new user-friendly ultrasonic device multipiezo pro from mectron can be used for subgingival debridement as well as for implant cleaning. Paediatric extractions and highly precise preparations of carious teeth are further treatment options, the company said.

With the device, mectron aims to set new standards in the fields of ease of use and hygiene. Compared to commonly used devices, multipiezo pro does not come with buttons or control dials. Its ergonomic touch panel allows fast and intuitive control and can be cleaned as well as disinfected much easier than other devices owing to its smooth surface. The integration of a revolvable LED-light is supposed to make working with the multipiezo pro easier. The light source can be adjusted right to the spot of activity. The selected handpiece is always shown on the display, while the appendant container is illuminated. The possibility of exchanging the latter quick and easy allows maximum flexibility in changing liquids.

According to the company, the intelligent mectron piezoelectric ultrasound technology will make treatment more comfortable for the dentist as well as the patient. During the therapy, it balances external factors, adjusts the amount of power used automatically, and provides a special soft mode as well as a powerful pulse mode.

**MECTRON MULTIPIEZO PRO**

Dental teams have been able to achieve the efficient removal of supragingival and subgingival bio-film by using Dürr’s Vector method with its patented linear vibration deflection system for more than a decade. With Vector Paro and Vector Scaler, the company launched two new systems at IDS 2011 in Cologne that are supposed to meet the highest requirements in functional design and ergonomics.

According to the company, various studies have demonstrated the efficiency, gentle action, and painless nature of the Vector principle. The heart of the technology is a ultrasound energy linear vibration protection system in the Paro handpiece. The Vector Paro system has an intuitive base unit control system with a clear capacitive control panel, a long operational time thanks to its large water tank, and a foot pedal for controlling the ultrasound energy (wireless version or version with cable).

In addition, it features an intelligent disinfection and cleaning programme based on Vector Fluid polish that assures biofilm is effectively removed and the colonisation of bacteria is efficiently controlled. Special instruments made from carbon-fibre reinforced plastic are available for use in periimplantitis treatment, the company said.

The system is enhanced by a scaler handpiece which in combination with periodontal instruments enables the universal use for periodontology, periimplantitis, recall, and professional teeth cleaning.

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