

Cons Endo Day 2017





Orientation Programme
2016





Special Thanks to
Dr Shashi Rekha and Dr Poorni

CONS-ENDO DAY 2017

A National Festival

India, the land of Cultural Heritage and the land of diversities comes together in all National Celebrations. Festivals and Celebrations bring us joy and revoke the friendship amongst us. This is the reason our ancestors left behind so many National festivals to bring all of us together and celebrate human values. These Festivals and Celebrations are not only a joyful moment but they also convey a beautiful message. We Professionals are so engrossed in our work and most of us forget all Celebrations. Needless to mention that our specialty is the top most globally and it was realized that it was time to be Celebrate. Hence the "Cons Endo Day" was born. It was then decided that March 5th, the Foundation day of our Association FODI (Federation of Operative Dentistry Of India), Now name changed to IACDE (Indian Association Of Conservative Dentistry And Endodontics) was the apt date to make it as the Cons Endo Day. This year 2017 marks the history as the 1st year to Celebrate the Cons Endo Day Nationwide. It was a joy to see that our colleagues across the Nation joined hands to celebrate this day. The weeklong celebration made a huge impact to our specialty. The Head Office at this juncture would like to thank each and every member for their enthusiastic participation during the celebration. This celebration also brought about Public Awareness of our speciality in an amazing way. The highlights of the events week

Walkathon, Marathon, Scientific Activities, Dental Camps, Public Awareness Programs, Radio message by our President.

Hence forth, Will hope all of us will eagerly wait for March 5th to celebrate Cons Endo Day.

The Movement begins



Dr. Mohan.B
Sec IACDE

FROM THE EDITORS DESK!



Dr Mamta Kaushik
Editor

SAVE THE TEACHER !!

"Teachers are the backbone of any country, the pillar upon which all aspirations are converted into realities". Dr APJ Kalam

Dental School today - The student is the customer and the management is the seller - the teacher in between is the salesman. The salesman has to juggle to keep the customer happy, interested and wanting to buy his product and keeping the seller satisfied.

This editorial is dedicated to the education provider - 'the Teacher of a Dental School'

In the past, the teachers were so highly respected; students were perpetually scared of erring in their presence. They were passionate about educating and would bring out the best in each student; which is why the graduates then were capable of handling a practice with a lot of success. The generation was serious and passionate about dentistry as a career.

Has the generation changed?? Yes!

But more than the generation, the business of education has changed. The attitude of the students and the indulgent attitude of the management towards the students is killing the passion of teaching and the educators job has become just that - 'just a job'

The youth is either too young to understand the seriousness of the profession or sometimes just too conceited and casual to bother.

So it becomes the duty of the guru to ensure that the students will take the business of dentistry seriously.

But, unfortunately most administrators are more desirous to cast a blind eye to this. Not only that, as I mentioned before because the student is the buyer, some take it one step ahead and try to woo and appease the students to such an extent that there is total disregard of the educator.

It's time to wake up and develop a regard for the teachers and recognise the efforts and time given by the teachers and to maintain the sanctity of the profession.

The students as well as the administrators need to realise that the skill of dentistry cannot be mastered without practice. If the teacher expects your presence in the classes or if the grades are falling; it is the responsibility of the student to work on improvement and the duty of the administrator to support the teacher.

The statutory bodies need to ensure that the academicians are paid decently, given a healthy workplace, and provided ample opportunity for research.

This will give the system the choice of recruiting the teachers of high quality and improve the education system. It will also hold the teacher accountable for complete holistic development of the student.

Only then will be able to achieve greater heights in the profession and the nation shall benefit with high standards in dental care.



Dr. Anil Chandra, Professor at Faculty of Dental Sciences, K.G's Medical University was awarded by the MN Matur Oration Award at IDA UP State Conference in Dec 2016. He also delivered an Oration Lecture on "Success is ticked...when basics are ticked..."



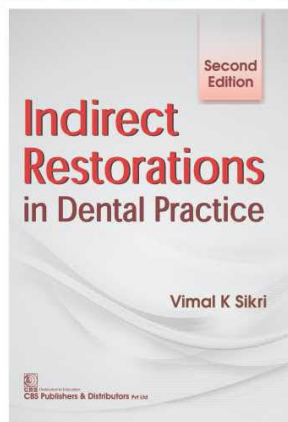
Dr. Sarjeev Singh Yadav, Professor & HOD, Government Dental College and Hospital, Hyderabad, was honoured by Dr. N. Ramani, DME Government of Telangana by being awarded "LIFE TIME ACHIEVEMENT AWARD IN DENTISTRY" at the 3rd Telangana State IDA Conference 2017.



Dr. Aditi Jain, Senior Lecturer at Maitri Dental College and Research Center, Durg (Chhattisgarh) was awarded "The Young Dental Achiever of the Year" and nominated under the category "Excellence in Conservative and Endodontics" at Indian Health Professional Awards 2017 at Pune.



Dr. Deepak Kumar Sharma, Professor & HOD, Jaipur Dental College, and **Dr. Manu Bansal**, Sr. Lecturer were awarded Best Dentist Award for the Year 2016-17 by IDA



Indirect Restorations in Dental Practice: 2nd Edition

The book 'Indirect Restorations' was conceived with the objective to help professional colleagues mastering clinical manifestations of Indirect Restorations. The 2nd edition is comprehensively improved covering all aspects of indirect restorations, viz. post and cores, inlays and onlays, full and partial veneer crowns, laminates along with principles of tooth preparation, failures and management, and also clinical manifestations of placing indirect restorations. The book contains well depicted colourful pictures and line diagrams and text boxes which highlight the important details. Esthetics being an integral part of Restorative

Dentistry, the chapter on shade matching and its implications, being of clinical importance, has been exhaustively described. The language of the text is kept simple and lucid which will help students; teachers and the general practitioner understand the subject easily. The book will be an asset for the budding dental surgeons and also students and the teachers interested in the subject of 'Restorative Dentistry'.



Dr. Shishir Singh, Dean, Professor and Head, Department of Conservative Dentistry and Endodontics, Terna Dental College and Hospital, Nerul is the first to receive, Ph.D amongst the Dental Faculty at MUHS.

The Thesis titled "Root Canal Morphology of Indian, Nepalese and Sri lankan teeth" was carried out under the guidance of Dr. Mansingh Pawar, Dean and Professor, Government Dental College and Hospital, Mumbai.



Dr. Sameer Makkar on the release of his book of poems 'bus... yun hi'. Life is beautiful and few have the talent of expressing the deep feelings in such a wonderful way.



Dr. Ruhanijot Kaur Cheema, Post Graduate student from the Department of Conservative Dentistry and Endodontics, at Sharda University, received Gold Medal and Merit certificate for securing the highest marks in the academic session of the university for the year 2015-2016.

Dr. B. Mohan, The President of Indian Academy of Cosmetic Dentistry (Now changed to Academy of Cosmetic Dentistry India) received the leadership award for the year 2017 from the American Academy of Cosmetic Dentistry in their Annual Conference held in Las Vegas along with **Dr. Vinutha Manjunath** the Secretary of the Association. Dr. Vinutha Manjunath Reader in JSS Dental College Mysore received the award in Las Vegas on behalf of Dr. Mohan.



Dr. Vineet Agrawal, Reader at M.P. Dental College, Vadodra, Gujarat was awarded with the Best Research work by Faculty and Best Case Report of the year at the Faculty Awards Night (Felicity 2017) held at the College on 3rd March 2017.

Dr. Epsita Ghosh, Post Graduate student from Regional Dental College, Guwahati, has been awarded with a Thesis Grant Award from the Department of Biotechnology, DBT nodal cell, Tezpur University, Tezpur.



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DENTAL PANACHE 2017 Army College of Dental Sciences; Secunderabad



17 March 2017... the day we Veneered it in style!

Dr B Mohan, Educator par excellence hit the ground running with a motivational message followed by an exhaustive and energetic discourse on Ceramic Laminates - A Practical Insight. The talk contained precise guidelines about the materials/procedure, clinical tips and helpful hints liberally punctuated by clinical photographs. This was followed by a comprehensive lecture on Gingival Tissue Management by Dr Roshni; Dr Mamta Kaushik presented a detailed treatise on Impressions and Provisionals. The lectures touched upon the latest concepts and ended with a take home message.

Post lunch, the audience of over 130 PGs students and MDS delegates were back with unabated enthusiasm. Dr Mohan gave a brilliant demonstration of veneer preparation which was video transmitted in real time. The Demo provided clarity and cemented the concepts that had been explained during the lecture.

At the end of the day, the participants were well informed in the theory and practice of veneers.

A. B. SHETTY MEMORIAL INSTITUTE OF DENTAL SCIENCES Fundamentals And Clinical Applications Of Lasers



A CDE Programme comprising of two lectures and hands on session on the Fundamentals and Clinical Applications of Lasers was organized by the Department of Conservative Dentistry and Endodontics on 16th February 2017 at A. B. Shetty Memorial Institute of Dental Sciences, Nitte University under the guidance of Prof. Dr. Mithra N. Hegde, Vice Principal, Dean of Dental Faculty and Head of the Department for faculty members and post graduate students.

Dr. Lt Col Sonali Sharma, Classified Specialist in Conservative Dentistry and Endodontics, Command Military Dental Centre, Western Command, Chandimandir delivered two lectures on Fundamentals of Lasers and Clinical Applications of Lasers.

A hands on session was conducted in collaboration with Skanray India Limited, where 16 faculty members and 24 post graduate students participated.

ENDOVISTA



A scientific extravaganza spread over three days, was planned for the post graduate students, of Conservative dentistry and Endodontics. Dr S.C. Bhojar, Dean of Faculty of Dentistry MUHS was the chief guest and Dr. Mansingh Pawar, President Maharashtra State Dental Council and Dean GDC Mumbai was one of the speakers.

Over 130 delegates from various colleges across the country participated. 24 renowned speakers/mentors shared their knowledge and experience with the students, enabling them to understand a wide range of topics, followed by a panel discussion. A Scientific paper/poster presentation competition for the students was also held.

FACULTY OF DENTAL SCIENCES IMS BHU



A CDE programme was organized on PREDICTABLE ROTARY ENDODONTICS: THE ART AND SCIENCE on 22nd August 2016 in Faculty of Dental Sciences IMS BHU under guidance of Prof. Dr. Neelam Mittal. Guests of Honour for the programme were Dr. Vipul Shrivastava and Dr. Mandhar Pimprikar.

Dr. Vipul Shrivastava spoke about rotary endodontics with special emphasis on Hyflex EDM. A root canal model was used to demonstrate the rotary procedure followed by an interactive session with the delegates.

Dr. Mandhar introduced his innovative irrigating device- Endo Irrigator plus, inspired by MAKE IN INDIA project introduced by honorable Prime Minister. He demonstrated the functioning of the device, and its benefits to the delegates. The programme was highly appreciated by the participating delegates.

FINISH LINE 2017 Faculty of Dental Sciences - Sri Ramachandra University



The Department of Conservative Dentistry and Endodontics, Faculty of Dental Sciences, Sri Ramachandra University, in association with Indian Association of Conservative Dentistry and Endodontics, conducted their national rapid review program "FINISH LINE 2017" for the seventh year from February 1st-3rd at the dental basement auditorium, Faculty of dental sciences.

259 post graduates from all around the country registered for the program and benefitted immensely. 30 dedicated faculty from various universities delivered extensive lectures diligently over the three days. By the end of this three-day program, the post graduates were empowered with the knowledge and attitude and were eager to face the university practical and theory examination effortlessly with utmost confidence.

THE OXFORD DENTAL COLLEGE Department of Conservative Dentistry and Endodontics, Bangalore



ACDE Programme was conducted on 28 Feb 2017 at the Oxford Dental College, Bengaluru in association with Dentsply- Sirona. The programme comprised of a lecture by Dr Swathi Gogawar, Professional product specialist, and a Hands on course was also conducted on "Lasers in Endodontic disinfection"

Dr Pallavi from 3M conducted a lecture on layering technique of composites on 13th Dec 2016. The lecture was followed by demonstration and a hands on course. The Lecture and demonstration was attended by 110 delegates including, under graduate students, Postgraduate students and the teaching faculty.

Dr Arathi, Post graduate student received the best poster award at the ROOTS Summit International Conference at Dubai from 1st to 4th of Dec 2016.

D J COLLEGE OF DENTAL SCIENCE AND RESEARCH CENTRE, MODINAGAR



The Department of Conservative Dentistry and Endodontics at DJ College of Dental Science and Research centre, Modinagar; under the aegis of Dr Anil K Torner, Professor and Head; organised a CDE Programme, on "File separation in Rotary Endodontics: Mission Impossible - ending the endodontic nightmare" on 3rd March '17. The programme was attended by 250 delegates and comprised of a lecture, live demonstration and a Hands-on course for the participating delegates. The speaker for the programme was Dr Harpreet Singh, from Amritsar.

The department's journal was also released in the programme. 100 free single sitting root canal treatments were performed in the department which was followed with tree plantation in college campus.

The CDE Programme also had other activities for which the participating students were awarded.

I.T.S. CENTRE FOR CLINICAL EXCELLENCE, INDIA Clinical Excellence Workshop and Hands - On Course on "Smile Designing - A Practical Insight" by Dr. Mohan Bhuveswaran



I.T.S. Centre For Clinical Excellence, India conducted a Clinical Excellence Workshop and Hands - On Course on "Smile Designing - A Practical Insight" by

Dr. Mohan Bhuveswaran on the 18th of February at I.T.S. Dental College and Hospitals, Greater Noida.

The event consisted of an excellent lecture followed by a detailed discussion of a variety of clinical cases with elaborate insight into "Case Selection and Treatment Planning" for Smile Designing using Composite and Ceramic Veneers.

Dr. Mohan gave a Live Demonstration on the patient on Esthetic Crown Lengthening using Lasers followed by placement of direct Composite Laminates.

This Workshop was attended by Students, Faculty and Practitioners from Delhi and NCR who had an enriched experience to the same.

RACE -2017 REPORT



RACE -17 (Rapid Analysis of Conservative Dentistry and Endodontics) a National level Program organized by Department of Conservative Dentistry & Endodontics, Adiparasakthi Dental College & Hospital in association with IACDE & CEAT for final year students was held on 30 & 31st March, 2017

The program was inaugurated by Dr. B. Mohan, Secretary of IACDE, Dr. Rajasekaran, Secretary of CEAT, Dr. Karunakaran, Former President of IACDE with Dr. Thilainayagam, Principal, Dr. Ramesh, Managing Director Adiparasakthi Dental College and Hospital.

It was a two day program which was attended by 415 students. Eminent speakers from across India took lectures on exam oriented topics.

SUBHARTI DENTAL COLLEGE, MEERUT CDE ON ENDO-ESTHETICS



Dept. of Conservative Dentistry and Endodontics, Subharti Dental College, Meerut organized a CDE Programme on "Endo Esthetics" on 2nd Feb 2017 under the chairmanship of Dr. Vineeta Nikhil. Eminent speakers like Dr. Vivek Hegde and Dr. Mohan Bhuveswaran shared their vast clinical experience in their respective fields. The whole programme was divided into two sessions; the first session was dedicated to Micro-Endodontics in which Dr. Vivek Hegde focused on the use of Dental Operating Microscope. He showcased numerous applications of the microscope in Endodontics and discussed various case reports. He motivated the audience to employ "VISION BASED ENDODONTICS" rather than "TACTILE DRIVEN ENDODONTICS". Dr. Mohan Bhuveswaran spoke about anterior esthetic restorations. He discussed various clinical scenarios regarding what material or technique could be best put to use in a certain clinical situation. Following the two lectures there was an interactive session with the audience in which both the speakers answered to their queries. Post lunch session was a demonstration -based session by Dr. Mohan B. He taught layering technique and how to carve out a beautiful and natural looking anterior composite restoration. On the whole, the CDE programme was a great learning experience for all.

ACADEMY OF CONSERVATIVE DENTISTRY & ENDODONTICS NAGPUR



Event 1:- Dr. Ajit Shaligram was invited on 17th November 2016 at Nagpur to deliver a lecture on "Microdentistry". More than 35 delegates participated in this event.

Event 2:- Academy of Conservative Dentistry & Endodontics (ACE) organized a one day programme "Winning Edge" for the final year post graduate students on 29th January 2017 at Nagpur. The programme aimed to prepare students to outshine and excel in final year masters examination. 60 students participated in the event.

Event 3:- The ACE Academy organized a lecture on 11th February 2017 on "Management of Apical Third" by Dr. Vivek Hegde. 30 delegates participated in the programme from across central India.



MEDICAL MANAGEMENT OF CARIES



Dr. Raghu Srinivasan,
Former Prof & HOD,
Dept of Conservative Dentistry and Endodontics,
AECS Maaruti Dental College, Bangalore.

Medical management of Dental Caries

Traditionally, dental caries was considered to be an irreversible disease and the treatment of choice was placing a restoration routinely whenever there was clinical or radiographic evidence of caries. Current caries research suggests that the disease process is multifactorial, reversible, and its progression can be controlled by tipping the caries balance between pathologic factors and protective factors.

A personalized treatment plan should therefore be developed after assessing the overall risk status of the patient. The initial approach is non-invasive and preventive followed by minimal intervention. Routine recall visits for maintenance and monitoring is essential.

Instead of the traditional "drill and fill" approach, the modern approach is more holistic. It includes:

I. Preventive measures

- 1) Patient applied
 - Fluoride products – Twice daily careful cleaning of the teeth with a tooth brush and effective fluoride toothpaste.
 - Xylitol gums and candies- Being a non- fermentable sugar xylitol prevents caries in moderate and high risk patients (Fig 1).
 - Calcium based dentifrices and mouth rinses such as nano-hydroxyapatite (NHap,) tricalcium phosphate (TCP) (Fig2), calcium sodium phosphosilicate (Novamin) (Fig3), and amorphous calcium phosphate (ACP) are recommended along with fluoride products to promote remineralisation.
 - Dietary management- Patients can be advised to snack smartly by choosing low cariogenic foods like cheese, raw vegetables and fresh fruits in lieu of cariogenic snacks.
- 2) Professionally applied
 - Fluoride varnishes, gels- These contain a high level of fluoride (5% sodium fluoride, 1.23% APF gel) and are adjunctive to self-applied fluoride products. Several studies have confirmed that this measure can effectively reverse active enamel lesions reducing the need for restorative intervention.
 - Pit and fissure sealants- These are a well-established means for preventing caries in high risk patients.

II. Treatment of non- cavitated lesions- Non- invasive options

- Lesion infiltration (Fig 4)- This is an emerging option for active non cavitated lesions extending up to the outer third of dentin on smooth surfaces. The benefits are two fold, the infiltration stabilises the fragile enamel and also arrests the lesion progression.

III. Treatment of cavitated lesions- Minimal intervention options: This includes preventive resin restorations, Interim glass ionomer restorations and ART (atraumatic restorative treatment).

IV. Maintenance

V. Periodic recall



Dr Rupal Vaidya
Ex Professor and Head
Ahmedabad Dental College and Hospital
Ahmedabad, Gujarat

Dental caries is increasing at an alarming rate in India and so its management requires a comprehensive approach right from understanding each individual patient's diet as well as awareness towards self care to educate him about its preventive aspects.

Professional care keeping minimal invasive treatment in order to repair the damage caused by dental caries thereby healing the disease and eliminating or minimizing the need for surgical intervention for greater longevity of dentition is needed.

Utmost importance should be given to regular checkups at various intervals depending on the assessment of caries risk of each patient. A dogmatic approach can't be successful in patients with different socio-economic status and oral hygiene. Early diagnosis of caries is one of the keys for its successful and effective management. Recent advanced methods like QLF, Diagnodent, FOTI, Laser fluorescence with dyes, electronic caries detector, OCT, ultrasonic imaging, microscope etc have been tried.

Use of topical fluorides, CPP-ACP nano complex helps prevent demineralization and aids in remineralization. Use of bioactive glasses like NovaMin has been advocated too. Use of xylitol with CHX for eliminating cariogenic bacteria and remineralization is also beneficial.

Routine use of caries detecting dye is a must in clinical practice. Use of caridex and carisolv not only gives us conservative tooth preparations but is painless too compared to conventional methods. Minimally invasive surgical management to be practiced whenever indicated.

Looking at the economy of our country by and large and thicker population of dentists only in urban areas a contentious paradigm shift for primordial and primary prevention of dental caries is needed.

SURGICAL MANAGEMENT OF CARIES



Dr Pavan K Kumar
Professor
MNR Dental College, Sangareddy

Historically, the management of dental caries was based on the notion that it was a progressive disease that eventually destroyed the tooth unless there was surgical intervention. G.V. Black would be pleased about today's new techniques. Faced with limited choices of materials, he had to design cavity preparations in an era where carious lesions were more advanced than in today's fluoridated world. In contrast, today's cavity preparation is designed with a view toward maximum preservation of tooth structure and adjunctive remineralization therapy.

Practice protocol must establish the "cause" of the infection. This discovery will determine whether a medical, surgical, or combination model of intervention should be used. Objectives of restorative treatment are, early caries detection and diagnosis, caries risk assessment and reduction of bacteria, arresting active lesions, placing restorations with minimal cavity design and repairing, rather than replacing, existing restorations.

The principle guideline for managing a cavitated tooth is to remove decomposed (infected) dentine, and to leave demineralised (affected) dentine behind. With the advent of adhesive restorative materials and developments in minimal cavity designs, newer techniques for removal of decomposed dentin have been developed. Caries-detector dyes stain the organic matrix of less mineralized dentine and also stain the enamel-dentine junction, because of the higher proportion of organic matrix present. Thus, in removing dye stained dentine, potentially remineralizable dentine is removed. Traditional round burs have the tendency to over-prepare cavities. Atraumatic Restorative Treatment approach uses metal hand excavators for opening cavities further, only to the extent required for removing decomposed carious dentine. Hard tissue lasers, oscillation techniques, self-limiting burs made of polymer and ceramic material, chemo-mechanically applied gels are appropriate decomposed dentine removal methods. Ozone therapy is based on complete elimination of microflora thus creating a sterile environment for remineralization.

In reality, cavity preparation should be dictated solely by the extent of the lesion with retention of the restoration being dependent upon adhesion to the remaining tooth structure.



Lt Col Sonali Sharma,
Classified Specialist
Conservative Dentistry & Endodontics
Command Military Dental Centre
Western Command
Chandimandir

DENTAL CARIES – LOOKING BEYOND DRILL & FILL

Cariology research over last few decades is largely responsible for paradigm shift in our understanding of the carious lesion and its biological determinants, diagnosis, prognostic assessment, prevention and treatment strategies for individuals as well as community at large. If preventive strategies are looking beyond fluoride centric approach, the current operative strategies are shifting from the principle of 'extension for prevention' to the minimal invasive approach.

Foundation of an individualistic need based operative approach is based upon a valid and reliable diagnostic aid. In addition to traditional caries detection and diagnostic tools, adjuncts like laser fluorescence based, electrical conductance and impedance based devices are being explored. These diagnostic adjuncts provide a definite clarity to choose between a non-operative and operative option.

The Mount and Hume caries classification gives an indication of the future restoration to be employed. Caries removal or excavation methods range from using polymer burs, fissurotomy burs, chemo mechanical agents, kinetic energy based methods like air abrasion and sonic oscillating systems and high powered lasers. These methods help in selective caries removal of infected dentine only and thus lead to smaller cavity preparation while preserving healthy tooth structure. Adhesive restorative materials aim in a bonded restoration which can do away with the traditional prerequisite of an exacting tooth surface interface. Inclusion of biomolecules help in arresting carious lesion. Repair of old defective restoration with adhesive materials lead to minimal preparation and help in preserving remaining tooth structure and increasing the longevity of a restoration. Atraumatic restorative treatment expands the restorative option in an undeveloped remote area.

Dynamic caries script thus dictates the selection of the treatment protocol. Ever evolving materials, changing concepts and techniques will influence our understanding of the process and determine the epitaph of dental caries.



Minimum invasiveness – optimum results

Esthetic restoration of maxillary central incisors using IPS Empress Direct
Dr Yao Lv, Jiangsu/China

Achieving a functional esthetic restoration using a state-of-the-art treatment method is the overriding objective of any dental treatment.

Impressive developments have been introduced in the market of composite materials in recent years. Nano-hybrid composites such as IPS Empress® Direct have enabled dentists to offer their patients adhesive restorations that meet the requirements for functional and esthetic excellence. A well-considered layering technique and accurate shade selection contribute towards an optimal outcome.

Challenge

A natural tooth is composed of different layers of tissue. This plays a particularly important role in the restoration of anterior teeth.

Dental tissues exhibit different degrees of mineralization and therefore show different optical properties.

To obtain a natural-looking vibrant restoration, the natural tooth has to be replicated in fine detail. In addition to the anatomy, the optical characteristics of the natural tooth structure should be reflected in each composite layer. These properties include brightness, saturation, hue, translucency, opalescence and fluorescence.



Fig. 1: Crown fracture of maxillary central incisors caused by trauma



Fig. 2: Shade selection with the help of a polarization filter



Fig. 3: Prepared teeth with wave-shaped bevels



Fig. 4: Phosphoric acid was applied to the bonding surface.



Fig. 5: The lingual walls were reconstructed with IPS Empress Direct Enamel A3 and Tetric N-Flow.

Solution

IPS Empress Direct is a well-designed composite system consisting of 32 shades, five levels of translucency and seven characterization shades. With its versatile range of shades, IPS Empress Direct meets all conceivable requirements that could be placed on an esthetic composite. Additionally, the material is characterized by an exceptionally low sensitivity to ambient light, affording dentists sufficient time to layer the composite and mould the restoration to give it a natural shape. The case presented below provides an example of how an optimal restoration can be achieved with IPS Empress Direct.

Clinical case presentation

A 37-year-old female patient presented with fractured maxillary central incisors. Approximately one third of the mesial area was fractured on both teeth. The patient

requested a fast and minimally invasive restoration of the broken teeth. She did not want healthy tooth structure to be cut, which meant that crown restorations were not an option.

A detailed clinical examination showed that the pulp of tooth 21 was exposed but the periodontal tissues were undamaged (Fig. 1). After informing the patient of the treatment choices, we decided to perform endodontic treatment on tooth 21 and then reconstruct tooth 11 and 21 using a composite layering technique (IPS Empress Direct). A lingual silicone key would help in establishing the correct tooth shape.

A polarization filter assisted in evaluating the internal and external colour distribution of the natural teeth (Fig. 2). On the basis of the values measured and the natural tooth colour, we selected the appropriate shades for the restoration, including A2 and A3 for the dentin, A2 for the enamel as well as Trans 30, Trans Opal and suitable characterization shades.

To reconstruct the translucent enamel area, Trans 30 was mainly applied, while Trans Opal was mostly applied to imitate the structural features of the incisal ridge.

To ensure a high bond strength, I applied the total-etch technique using Tetric N-Bond®. In addition, I recommend using the OptraSculpt® modelling instruments. Fillings can be shaped more easily – the OptraSculpt Pad is particularly handy when contouring anterior restorations. A rubber dam was applied to provide absolute isolation and adequately expose the tooth surfaces to be restored.

Step by step

With a minimally invasive technique, wave-shaped bevels were prepared on the teeth. This preparation design generally results in an increase in bond strength and enhances the intrinsic vibrancy of the restoration (Fig. 3). Once the teeth were prepared, 37 % phosphoric acid was applied. The bonding surfaces were etched for 20 seconds (Fig. 4). The adjacent teeth were covered with Teflon tape to prevent the phosphoric acid from coming in contact with them during the etching procedure. Subsequently, Tetric N-Bond was applied to the enamel surface and allowed to react for 10 seconds. As a result, the adhesive was able to evenly penetrate the enamel. Excess adhesive was then dispersed with compressed air. The resulting thin adhesive film was light-cured for 10 seconds using the High Power mode of the curing light (1,200 mW/cm2, Bluephase N).

The layering procedure was begun by building up the lingual contours with the help of the silicone key. First, I applied IPS Empress Direct Enamel A3, followed by Tetric N-Flow (Fig. 5). It should be noted that Tetric N-Flow is particularly suitable for reconstructing the lingual anatomy.



Fig. 6: The dentin was built up with IPS Empress Direct Dentin A3 and A2.



Fig. 7: The enamel was built up with Enamel A2, Trans 30 and Opal



Fig. 8: Outer contours and surface structures were applied with a diamond bur.



Fig. 9: Finishing and polishing was achieved with the Astropol and Astrobrush polishing sets.

Once the lingual walls were rebuilt, the dentin and enamel areas were layered. IPS Empress Direct Dentin A3, Dentin A2, Enamel A2, Trans 30 and Trans Opal were used for this part. It is advisable to work from inside out – from the dentin towards the enamel – to facilitate the layering procedure. After light-curing the composite material, I contoured the restorations to give them a natural shape and created a textured enamel surface using a diamond bur. As a result, the restorations demonstrated a lifelike and vibrant appearance and faithfully reflected the optical properties of the natural teeth (Figs 6 to 8).

Finally, I polished the restoration to a natural looking gloss using the Astropol® and Astrobrush® polishing sets (Fig. 9). Two weeks later, tooth 21 showed an undesirable change in shape. We therefore decided to remodel the restoration. The retreatment resulted in a restoration that met the expectations of both the patient and my own (Fig. 10).

Result

A lifelike and functional restoration was achieved in the case presented above with the help of the IPS Empress Direct composite system, combined with solid dental skills. Six months after the placement, no imperfections or changes in shade or shape were noted – neither from the frontal nor from the lateral view (Figs 11 to 13). Even when evaluated with a polarization filter, the restoration met all the requirements (Fig. 14).



Fig. 10: Optimal result two weeks after placement of the restoration



Fig. 11: Even six months after the placement, the restoration looked exceptionally lifelike.



Fig. 12: Viewed from the lateral, the texture of the restored teeth looks vibrant.



Fig. 13: The patient smiles with confidence.



Fig. 14: Restorations examined with a polarization filter: optimal results

Conclusion

The case described above shows that healthy tooth structure can be protected and preserved by using minimally invasive technology, satisfying both the preferences of the patient and the requirements of the dentist. On balance, superior restorative outcomes can be accomplished.



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Ask the Experts



Dr. Ajit Shaligram
Dr Shaligram's Clinic and Micro-Endodontic Centre
Thane, Mumbai

1. Teeth with open apices, which is the preferred obturation technique?

I use an apical barrier with MTA for apical 3-4 mm and prefer to obturate the rest of the canal with thermoplastic guttapercha in an injectable form as a backfill.

2. For thermoplasticized GP, what type of compacting instrument will be ideal?

An ideal instrument would be, prefitted cold pluggers either condensers or pluggers from Dentsply or Equinox. An important aspect is to prefitt the pluggers to precise length and see that it allows an adequately wide surface for compaction.

3. How to go about sectional obturation for patients indicated for post space preparation?

- Calculate post length required. Prefit the selected plugger to the depth that you want according to post length.
- Place the master cone in the canal and check for linear resistance in the canal. Use a BP blade to snip 0.5 mm of final length.
- Seat cone with the sealer and use the touch and heat to sear off the guttapercha and compact to the reference point set on the plugger. Hold the plugger in place while guttapercha cools and allow flow in the lateral aspects of the canal space.
- Clean up the excess sealer and guttapercha remnants from the wall and prepare the post space.

4. What is your opinion on Truss Cavity preparation?

Should not be done. I prefer a two plane preparation. Conservative enough to leave good amount of Peri-cervical Dentin and tooth substance above but adequate enough to visualize the floor of the chamber completely and appreciate the junction between the pulpal and axial dentinal walls completely.

5. How can we ensure that the sealer is placed on all walls and how much quantity of sealer in case of AH plus shall we mix per canal?

- Using paper points and dry the get the moisture of the canal walls to ensure better contact of sealer and tooth surface.
- Using closely fitting paper points to coat the canals with sealer in middle third .but i prefer not to coat the apical end with paper points.
- I coat master cone with the sealer at apical end to ensure good sealer application in apical third and limit the sealer extrusion.
- I mix an amount of sealer just adequate to fill space between master cone and the canal walls I would not want excessive amount of sealer at any point in time.

KANDY'S CORNER



Dr. D. Kandaswamy MDS, FDS RCPS(Glasg)
Dean, Faculty of Dentistry, SRMU, Chennai

Dear Folks,

A year back when I was giving a lecture, I remembered having read somewhere, that enamel was the third hardest naturally occurring substance, the first being diamond and I mentioned it in my lecture. At the end of the lecture, somebody asked me what the second hardest substance is. I didn't know the answer, so I went and searched for the answer and to my surprise; Enamel is the second naturally occurring substance. But kindly don't ask which is the third hardest substance, which I really don't know. And I was amazed that such a hard substance can be destroyed by bacteria to cause dental caries.

Then the question arouse is dental caries, a bacterial disease? To answer it in a simple way, any disease to be qualified as a bacterial disease it should be caused by the toxins of a particular bacteria. Even though bacteria is responsible for dental caries we can't classify it as a bacterial disease.

But then are these bacteria that powerful to destroy such a hard substance. I am always bedazzled by the capability of the bacteria. Man has been able to conquer all but this single celled organism. So what can we do about the situation of caries and the preserving the Enamel.

The theory of caries prevention has to evolve into practice in everyday clinics and colleges. We need to work on the preventive aspects more actively. Identification of the high, medium and low risk; and suitable interventions along with dental education.

I think the research should now focus on saving the enamel from the bacterial assault.

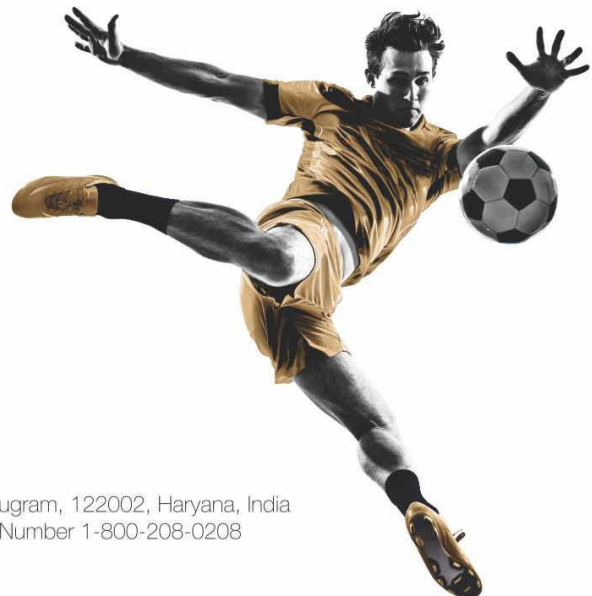
We should use billions of our brains combined together to evolve the strategy. That simply means, raise the common research question for the country to eliminate this caries producing bacteria and entire research community in this country should work together to answer this question. IACDE message – as Unity is strength, so let's stand united and win this battle.

Thank You.



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All the 3 EC Meetings were all eventful in which lot of activities were planned keeping the future in mind .

1. IACDE Speaker Bank

The Speaker Bank concept is to showcase the talent of our speakers Nationally and Internationally. The IACDE website would list out the speakers and their potentials in various aspects . This would enable the CDE and Conference Organisers, to pick the best of the best speakers for their Scientific programs . The application forms are now available online (www.iacde.in) . Eligible candidates are expected to apply on or before 31st July 2017 .

2. Students Exchange Program

To bring about a better inter action between students across the Nation , this program was crafted . The Head Office is grateful to the colleges that has come forward to accept and train students from other colleges . The Student Exchange Program at this budding stage does not literally mean that student from 2 colleges gets exchanged for few days . At this point it is just planned few students from all over the country will get an opportunity to visit and get trained in other colleges . All details and application form will be available in the website.

3. IACDE Affiliates

As the tree grows big the branches mean a lot to the main trunk . So is our association as our member numbers are growing in Multifold. Now it becomes Essentials for our Association to have State bodies . Then it gives meaning to our growth so, that we don't miss out any members for our Scientific and Social Activities. The coming year 2018 will have 5 Zonal Conferences to be held. The committee is working hard to make this state affiliate a reality by then . The Members would be updated regularly with the activities in this regard.

Always working for you
IACDE HEAD OFFICE
THE VOICE OF THE NATION

In Fond Remembrance of



Dr. B.B. Dutta, B.Sc, MDS (Radiology), MDS (Operative), was one of the pioneer teachers in Conservative Dentistry. He retired as HOD and Principal, Dr. R Ahmed Dental College & Hospital

A symbol of simple living & high thinking, a man with excellent human qualities, per excellence academical & clinician, an unstinted administrator undaunted to undue pressure of any kind, a student's friendly teacher, will remain remembered for long and have a definite place within the core of the heart of all of his students & whosever has come to his sweet touch. He departed for the heavenly abode on 27th Feb 2017



PROF. (DR.) PRIYADARSHINI HEGDE
29 Jan 1966-15 Mar 2017

The untimely demise of Prof. (Dr.) Priyadarshini Hegde, Dean, Student Welfare, Professor Department of Conservative Dentistry and Endodontics, A. B. Shetty Memorial Institute of Dental Sciences, Nitte University has deeply saddened the entire fraternity of IACDE and especially in particular the Department of Endodontics and Conservative Dentistry.

She served the institute for 23 years in various capacities with a deep sense of commitment. Her valuable contribution to the welfare of the Institute, collegiality and staff – student relationships will always be fondly remembered. She diligently with concern supported and motivated the overall growth and well-being of the undergraduate and postgraduate students. She has guided both postgraduate and doctoral students and has to her credit various original scientific research articles.



1977-2017

Dr. Brucelee Singh Wahengbam is survived by his parents, wife Pragya and son Maverick. Graduated in 2002 and Post Graduated in 2006 (Cons and Endo) from King Georges Medical University Lucknow. He excelled in all domains of life from being a brilliant student, an accomplished clinician, an excellent academical a wonderful artist a superb sportsman and a great human being. In his short span of life (39 years) Dr Brucelee Wahengbam, was not only a distinguished clinician but he was also equally skilled in sketching, carving, painting murals, music, theatre and landscaping. He had represented national and state level amateur championships in wrestling. In 1997 he was awarded the honour of 'Mr KGMC' for being an all-rounder. He was an extremely generous person who was committed to his community and people he loved and was a fiercely loyal friend. Unfortunately in 2015 he was diagnosed with malignant brain tumour, which he fought very bravely and the fact could not rob his gracefulness and sanguinity. He lived every moment beautifully during the short life he had. He earned tremendous respect and love from his teacher's colleague's juniors and friends. He will be deeply missed by all those who had the privilege to know him. Adieu, Rest in peace.

A Tribute
by **Prof AP Tikku**,
HOD Cons & Endo
KGMC Lucknow
Past President - IACDE & IES



Bruce was like my son. He cared for me more than any other person. I got him married in rather trying circumstances and have even given the name to his son 'Maverick'...who he wanted to grow up and become like me. I was the only person in the world who could say anything to him and he would listen with his head down.

He was a fiercely loyal son on whom I could depend with my life... Jokingly I used to introduce him to my friends, "this is my son Brucelee...who looks like Jackie Chan"...It is most tragic that I will not be able to do this anymore...till we meet again my boy...Rest in peace.

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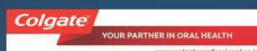
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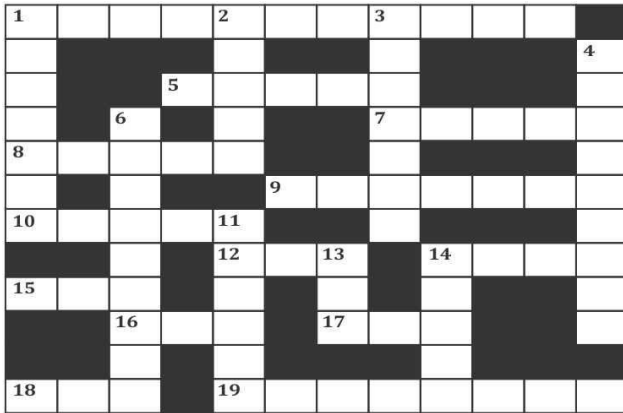


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CROSSWORD IACDE-4



CLUES ACROSS

1. Pathologic or iatrogenic communication between root canal space and attachment apparatus.
5. Grinding tooth at the back of a mammal's mouth.
7. This person is also a contributor for light speed rotary system.
8. One or more bundles of fibers which convey impulses.
9. Chemical dissolution is common cause of such defect.
10. A metal frame which aids in isolation.
12. This technique of restoration was practiced in Tanzania.
14. This is an acronym for ultrasonic and laser assisted irrigation.
15. This versatile material can also be used for pulp capping.
16. This component is responsible for corrosion of amalgam.
17. Deepest point on the occlusal fossa which is prone for caries.
18. Lowest concentration of an anti microbial that will inhibit the visible growth of microorganism.
19. Primordial structure from which tooth is formed.

CLUES DOWN

1. Concept of maintaining a small file to or just slightly beyond the apical foramen throughout the endodontic procedure.
2. This component which has ability to kill micro organisms is also a protective layer.
3. one of the causes for failure of Ni-Ti instrument.
4. The art of distinguishing one disease from the other.
6. Surface ulcerations induced by injuries.
11. An abrasive used for finishing and polishing of restorations.
13. Endodontic instrument is numbered based on diameter at this point.
14. Number of flutes per unit length of in an endodontic instrument.

JUMBLE WORDS - 3

NAOBRISA

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POEM



Dr Sameer Makkar
Panchkula

वो लम्हे

वो लम्हा याद आता है
जब डी हाल में लाइन में खड़े थप्पड़
खाते थे
जब सीनियर्स के नाम से थर-थर
कंपकपाते थे
जब क्लास में बैठे-बैठे सो जाते थे
जब फेंशर्स से गीत गुनगुनाते थे।

वो लम्हा याद आता है
जब नए नए पंख निकले थे,
पेन्ट और सलवारें, जीन्स में बदले थे
जब हम सिकन्दर थे
और जूनियर्स बेवकूफ बन्दर थे,
जब प्यार का नया बुखार था।
हर सुन्दर लड़की से प्यार था

वो लम्हा याद आता है
जब वार्ड्स में शोर मचाते थे,
टीचर्स की मार खाते थे
पर अगले ही पल
पर अगले ही पल मुस्कुराते थे,
जब न कोई दुख ना गम था
वो समय कितना कम था।

वो लम्हा याद आता है
जब फाइनल ईयर के काले बादल
छाए थे।
डर और चिंता हमसाए थे,
जब मरीजों की खोज में पूरा शहर घूमा था
वो अकेलापन कितना सूना था।

वो लम्हा याद आता है
इन्टर्नशिप का खालिपन
वो आनेवाले दिनों का चिंतन
जब पैसोंकी कमी होती थी
वो दारू कितनी हसीन होती थी।

वो लम्हे जो जमा किये थे तब
आज मेरा हिस्सा है
दोस्तो तुम संग बाँटने का
बस यही एक किस्सा है।

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NON IACDE/IES MEMBER	12,000 /-	13,500 /-	15,000 /-	17,000 /-
IACDE/IES PG STUDENT	8,000 /-	9,500 /-	11,000 /-	13,000 /-
NON IACDE/IES PG STUDENT	10,000 /-	11,500 /-	13,000 /-	15,000 /-
ACCOMPANYING PERSON	10,500 /-	12,000 /-	13,500 /-	15,000 /-



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CALENDAR

Sl. No.	Date	Events	National / International	Venue
1	1-2 May 2017	International Conference on Oral Biology and Restorative Dentistry	International	Toronto – Canada
2	5-6 May 2017	12th CAD/CAM and Digital Dentistry International Conference	International	Dubai – United Arab Emirates
3	11–13 May 2017	AIC 19th International Congress and Consejouro,	International	Bologna, Italy
4	26-28th May 2017	Famdent Show Mumbai	National	Mumbai, India
5	22 July 2017	CDE on Direct Restorations	National	Ahmedabad-India
6	11th August 2017	Esthetic Workshop	National	Baddi, Himachal Pradesh
7	26-27 August 2017	Indian Society of Periodontics Restorative and Prosthodontics (ISPRP) Conference	National	Chennai – India
8	29 Aug – 1 Sept	FDI 2017- Annual World Dental Congress	International	Madrid – Spain
9	10-13 Nov 2017	1st World Microscopic Dental Congress	International	New Delhi, India
10	23-26 Nov 2017	32nd IACDE-IES National Conference	National	Ahmadabad – India

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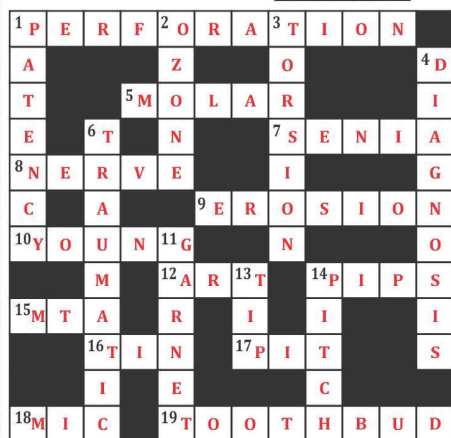
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