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CONS ENDO DAY CELEBRATIONS - 2018



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PINS & POSTS

AN OFFICIAL NEWS LETTER OF IACDE



VOLUME - III

January - April 2018 (12 Pages)

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DCI - IACDE Teachers Meet

Shaping the Future

The changing concepts in Dentistry make it a mandate to incorporate the same in Dental Education. With this vision, our association along with DCI organised this National Level Teachers meet program. As a first part of this program, the Post graduate Curriculum was taken up for Modifications. The chairman of this program Dr .P. Karunakar along with his team -Dr .MithraHegde , Dr.ShikaKanodia , Dr .Anil Chandra, Dr, Kavitha and Dr, JagatBhushan proposed the changes a month before this meeting for the teachers opinion. The support of the President DCI Dr.DiybenduMazumdar was a key factor for the success of this meeting, The meeting was well attended by almost 250 delegates from all over the country. The lecture by Dr.Ramarajalu on Handling Post Graduate Students was well appreciated by all.

The post lunch discussion regarding the changes was eventful and a consensus was achieved for all the proposed changes. The head office will send the compilation to the DCI for further action. The Head Office thanks everyone for their support as we are marching towards the future.

Dr.Mohan
Secretary IACDE





PINS & POSTS

IN THE SPOT LIGHT

Dr Pradeep Jain, Dr Pradeep Jain, Professor and HOD at Sri Aurobindo College of Dentistry, Indore and President of Indian Dental Association MP State, was awarded as the Best State President (special award) for the year 2016- 2017 on 9th Feb 2018 at 71st National Indian Dental Conference 2018, Bhubaneswar at 71st National Indian Dental Conference 2018. In the presence of Chief Guest Mr. Navin Patnaik, Chief Minister of the State Odisha; by respected Dr D. Majumdar, the President of Dental Council of India, Dr Vishwas Puranik, President Indian Dental Association Head Office, Dr Ashok Dhoble, Hon. Secretary Indian Dental Association Head Office, Dr Deepak Makhijani, President Elect Indian Dental Association Head Office and other dignitaries.

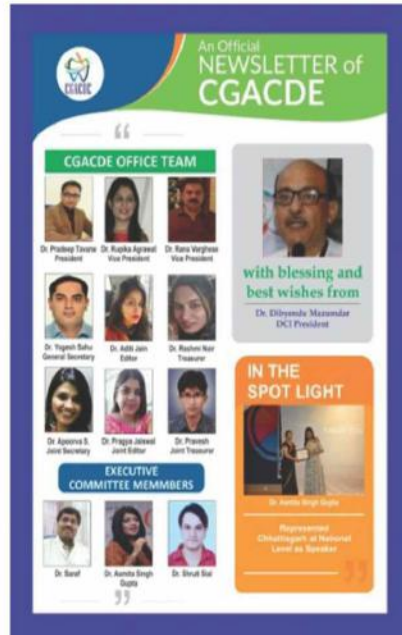
Apart from this the IDA MP State also has received second most active state branches (Runners up) in the country.



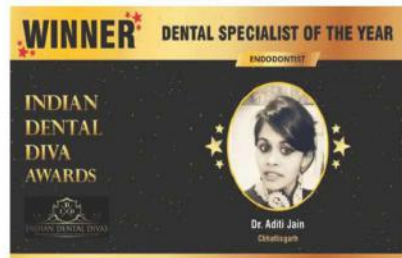
Dr. Varsha Sanjay Pandit, Associate professor at Bharati Vidyapeeth (Deemed to be University) Dental college and Hospital, Pune, completed PhD in February 2018 in the subject of Conservative Dentistry and Endodontics.

Title of the thesis: - "Validation of the contingency of proteases like collagenase in dissolving the dental pulp tissue when used as an irrigant in endodontic therapy."

An Official Newsletter of CGACDE was released under the Guidance of Executive Committee Member of CGACDE and DCI Member **'Dr Asmita Singh Gupta'**



Dr Aditi Jain was awarded as The Dental Specialist (Endodontist) of the Year at the Indian Dental Diva Awards held at Mumbai, on 22nd February 2018.



GULBERGA PG CONVENTION BEST PAPER AWARDS

HALL No	AUTHOR	CO-AUTHOR	INSTITUTION
1	Dr Prajot Yevale	Dr Swapnil Chandekar	Terna Dental College
2	Dr Meghna Bhat		D J Dental Science and Research
3	Dr Neha Deshpande		Singhgad Dental College
4	Dr Linju Vijay	Dr Akhila Raj	Amrita School of Dentistry
5	Dr Aswathy Menon		Dayanand Sagar College of Dental Sciences
6	Dr Aesha Akhtar		Dayanand Sagar College of Dental Sciences
7	Dr Mihir Soni		Greids Dental College
8	Dr Niveditha S		M R Ambedkar Dental College
9	Dr Laxmikant Late and Dr Saksham Narainia		C.S.M.S.S Dental College
10	Dr P Aditya Vaisun		M R Ambedkar Dental College

1	Dr Sachin Shah		Raja Rajeswari Dental College
2	Dr Shadab Ahmed		Institute of Dental Sciences
3	Dr Payal Gang		A B Shetty Memorial Institute of Dental SC
4	Dr Sanita Bhandari		Al Badar Rural Dental College
5	Dr Malvika Gupta		ITS-CDSR Muradnagar
6	Dr Shikha Goutam		SGT-Dental College
7	Dr Nagargoje Deepak	Dr Ajay Kule	M.I.D.S.R.
8	Dr Ajila Rathi		Army College Of Dental Sc
9	Dr Mariyam Belim And Dr Shreyas Harti		VYAS Dental College
10	Dr Shivani Dholsika		Y.M.T Dental College

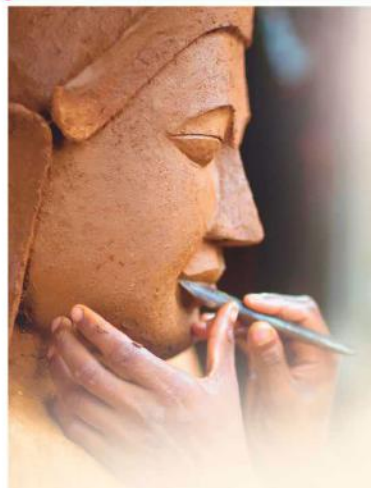
1	Dr Sruthi Viswanath		Mahe Institute of Dental SC
2	Dr Shilpa Jain	Dr Sarath	Meenakshi Ammal Dental College
3	Dr Carmine. S Pareira	Dr Kshipra RT	K.L.E.V.K. Institute of Dental SC
4	Dr Ishwarya Gurucharan		S.R.M. Dental College
5	Dr Sanhita Vaze		Y.M.T. Dental College
6	Dr Anjum Sayyad		Yogitha Dental College
7	Dr Sharmika Joshi		Y.M.T. Dental College
8	Dr Arati Nair		M.R. Ambedkar Dental College
9	Dr Manish Kumar		S.R.M. Dental College
10	Dr Chhaya Hexinkere		Sri Aurobindo College Of Dentistry

1	Dr Nishat Zaidi	Dr Sayyad Wali	Panineeya Dental College
2	Dr Aliya Eram		A.J. Dental College
3	Dr Viswanath Vn		Thai Moggambigai Dental College
4	Dr Sanita Gill		A.I.I.M.S
5	Dr Shruti Patel		Narsinhbhai Patel Dental College
6	Dr Sushmita Chauhan		Sgt University Gurgaon
7	Dr Prachi Ingale		School of Dental SC Karad
8	Dr Sandeep Reddy J		Krishnadevaraya Dental College
9	Dr Vanitha S		C.S.I. College of Dental Sciences
10	Dr Archana Bhuri	Dr Prema J	G.D.C. Ahmedabad

BEST POSTER AWARDS

1	Dr Lakshmi Sai Pujita		Aacs Maanuli College of Dental SC and Research Centre
2	Dr Divya Nangia		Maulanaazad Dental College, New Delhi
3	Dr Sanam Saranya	Dr Vinjamuri Rahul Dr Devalla Venu Babu	Sibar Institute of Dental SC
4	Dr Ashwini Ks		A B Shetty Memorial Institute of Dental SC
5	Dr Hemali Nankani	Dr Gurveen Kaur Dr Mavisha MV	SRM Dental College, Kattankulathur

1	Dr Madhur Garg	Dr Kishan Agarwal Dr Shobhit Pratap Singh	Saraswati Dental College
2	Dr Selvakartikayan	Dr Keertana P	Meenakshi Ammal Dental College
3	Dr Shrinis M		Vidhyai Institute of Dental SC
4	Dr Arya Unnikrishnan	Dr Sruti Bai Dr Bhavya Shetty	A.J Institute of Dental SC
5	Dr Jaspreet Kaur G		New Horizon Dental College



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Case & Photo credit:
Dr. Mayur Davda, Mumbai



GULBERGA PG CONVENTION

19TH IACDE-IES PG CONVENTION 2018, GULBARGA.

The 19th IACDE-IES PG Convention was held at HKE Society's Convention Centre, Gulbarga from 16th Feb to 18th Feb 2018.

The goal of this scientific commemoration was to evaluate the issues to the highest scientific level, the challenges most discussed today in the field of operative dentistry and endodontics, with the intention of updating and further developing the art and science of our specialty. In order to achieve this goal, distinguished endodontists and the pioneers of this field from the country and one speaker from overseas were invited. The quality of lecture programs was excellent, and the spectrum of topics was very current and broad. Various workshops and training courses were also conducted. Theme of the convention was "Rotate, Renovate, Rejuvenate".

Convention was attended by close to 1000 participants including students and delegates. Out of them, around 850 students were involved in paper and E-poster presentations as authors and co-authors. On the first day of convention, 16th February 2018, inauguration of Convention was held in the auditorium. Chief guests were Dr Dibyendu Mazumder, honorable President, Dental Council of India and Shri Basavaraj Bhimalli President, HKE Society. Other dignitaries on the dais were, Dr Pramod, Member DCI, Dr Vikram Reddy, Member DCI, Dr K H Kidiyoor President, IACDE, Dr B Mohan Secretary, IACDE, Dr Girish Parmar President, IES, Dr Jayashree Mudda Principal, HKES's SNDC, Dr Preeti Kore Organizing chairman, Dr Karunakar P Convention Secretary, Dr Murali Mohan Convention Convener, Dr Ratnakar P Organizing secretary and Dr Veerendra Patil Co-organizing secretary.

Inaugural function was followed by scientific paper and E-poster presentations. 500 Papers and 170 E-Posters were presented. 8 preconvention courses were conducted by eminent speakers Dr. Anil chandra, Dr. A. P. Tikku, Dr. Vijay Shakyia, Dr. Velmurugan N. Dr. H. Murali, Dr. P D Joshi, Dr. Kamal Bagda, Dr. Vinodkumar R, Dr. V Gopikrishna, Dr. Pavankumar K and Dr. Saikalyan which were attended by close to 150 delegates. We have tried our level best in providing an opportunity for everyone who were willing to present their scientific research in the convention. All the students were done with their presentations on 16th Feb. The intention of having all the student presentation in a single day was to benefit them by making them available to attend all the key note lectures on 17th and 18th Feb, optimistic that all participants will acquire new skills and knowledge. The evening was followed by Presidential Dinner in the premises of HKE's S Nijalingappa Institute of Dental Sciences And Research.

On day 2, ie 17th Feb, Best papers and E- posters were awarded session wise, followed by key note lectures by Dr Md Hossein Nekoofar (Iran), Dr Velmurugan, Dr A P Tikku, Dr Kandaswamy, Dr S Mahalaxmi and Dr Vibha Hegde. The grand gala banquet was arranged at premises of HKE Society's Convention Centre in the evening. On day 3, ie 18th Feb, key-note lectures were continued by Dr Aditya Mitra, Dr Sarjeevsingh Yadav, Dr Kamal Bagda, Dr Dilip Bandodkar, Dr Sonali Sharma, Dr Nilav Bhagabati, Dr Sohani Maroli, Dr Mahantesh Yeli, Dr Pavankumar, Dr Ratna Velugu, Dr Lisha Gangwal and Dr Ajinkya Pawar.

Trade fair involved exhibition of dental products represented by more than 25 reputed companies.

Valedictory function was held in the auditorium.

We appreciate the vital and favourable role played by our associations IACDE and IES to enable us to host PG Convention in Gulbarga.

Dr Ratnakar P
Organizing secretary

EDITORIAL

HAPPINESS AND MEANINGFULNESS

Humans may resemble many other creatures in their striving for happiness, but the quest for meaning is a key part of what makes us human, and uniquely so.

Roy Baumeister

Happiness and Meaning are two of the most central motivations in our life. Happiness and meaning are strongly correlated with each other, and often feed off each other. The more meaning we find in life, the happier we feel, and the happier we feel, the more we often feel encouraged to pursue even greater meaning and purpose.

For most people, feeling happy and finding life meaningful are both important and related goals.

But do happiness and meaning always go together?

Research suggests that there can be substantial trade-offs between seeking happiness and meaning in life.

One expects people's happiness levels to be positively related to whether they see their lives as meaningful.

However, the two measures are not identical – suggesting that what makes us happy may not always bring more meaning, and vice versa.

Feeling happy is correlated with seeing life as easy, pleasant, and free from difficulties. It is also related with good health and feeling well. However, none of these things are correlated with a greater sense of meaning. Feeling good most of the time might help us feel happier, but it doesn't necessarily bring a sense of purpose to our lives.

When I see the youngsters from the IT sector, who live every weekend as there is no tomorrow – I feel confused with their meaninglessness in life. These are people who live every day without meaning but are very happy. Everyone relates happiness to being able to take lots of vacations, avoid mundane tasks, skipping house work and do something fun instead. However, tasks which don't make us happy can, over time, add up to a meaningful life. Routine activities like, talking on the phone, cooking, cleaning, housework, praying, waiting on others, and balancing finances — appear to bring more meaning to life, but not happiness in that time.

If we look at it materialistically, money can buy happiness; but money cannot buy meaning.

Our relationships with other people are related to both how happy we are as well as the

meaningfulness of our lives. Feeling connected to others improved both happiness and meaning. The role we adopt in our relationships makes an important difference. "Takers" are happier and "Givers" have more meaning.

Spending more time with friends Vs spending time with loved ones and family. Though spending time with friends is related to greater happiness; spending more time with people one loves generates greater meaning.

For instance, consider the "parenthood paradox": parents often report that they are very happy that they had children, but parents who are living with children usually score low on measures of happiness. It indicates that raising children can decrease happiness but increase meaning.

Pure happiness is about getting what we want. Meaningfulness, on the other hand has more to do with giving, effort, and sacrifice. A highly meaningful life may not always include a great deal of day-to-day happiness and our obsession with happiness may be intimately related to a feeling of emptiness, or a life that lacks meaning.

Happiness is largely present oriented, whereas meaningfulness involves integrating past, present, and future.

When confronted with the prospect of happiness and meaningfulness taking us on different paths in life, some lighthearted people would recommend going for happiness, do whatever you can to maximise pleasure, while other, heavier souls would suggest that happiness is overrated and that meaning is what counts.

I think that the best sort of life would include both happiness and meaningfulness. Although one may have to choose between these two values at different times in life, we should strive for a life in which there is plenty of both.

How to do that? Sometimes we need to alternate their pursuit.

Another would be to seek out a life in which there were both happiness and meaning at the same time, so that one did not have to give up one for the other. One could engage in activities that both particularly deserve reactions of esteem and admiration and that, which produce pleasant experiences.

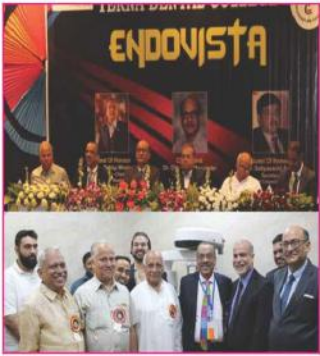
There is happiness with labour and meaningfulness without sacrifice.

If you want as much happiness and meaning in your life, you'll try to live in the sweet spot where they meet.

- Dr. Mamta Kaushik



Endovista program



ENDOVIDA 2018, organised by Tema Dental College between 2nd-4th February 2018 was inaugurated at the hands of the honourable President of the Dental Council of India, Dr. Dibyendu Mazumder and the Vice-Chancellor of the Maharashtra University of Health Sciences, Nashik Dr. Deepak Mhasekar.

Dr. Mazumder graced the occasion and encouraged the organising committee for successfully conducting such an event for the third time in a row. The esteemed chief guest and guest of honour also inaugurated the CBCT centre at Tema Dental College. The three day scientific programme had a variety of national speakers.

International academicians like Dr. Kishor Gulabivala (Eastman Dental Institute, London), Dr. Subir Banerji (Kings College, London) were also on the panel of speakers.

The audience comprised of over 150 post graduate students from all over the country. The event was orchestrated to cater to the need of the post graduate students. Each day's session was designed to include content around the advancement of Conservative Dentistry and Endodontics. The speakers inspired attendees with new approaches for various clinical situations and practical applications. The insights and ideas shared by the experienced speakers contributed in substantive ways to post graduate students. The lectures were engaging, energetic and educational.

The event also comprised a trade area displaying advanced dental equipment. Postgraduate students and delegates (which included PhD students) were also given the opportunity to present scientific papers and posters. The panel discussions towards the end of each day's session enabled the participants to walk out with confidence to take on challenges.



FINISH LINE 2018

The Department of Conservative dentistry and Endodontics, Sri Ramachandra Dental college, Sri Ramachandra Medical college and Research Institute, in association with the Indian Association of Conservative Dentistry and Endodontics conducted their 8th Annual Rapid Review Program "Finish Line 2018" from March 15th-17th 2018. Around 275 postgraduate students from various universities enrolled for the program and benefitted profoundly. 23 dedicated faculty from various universities across India delivered exam oriented lectures over the three days. A webinar session with our International faculty from New Zealand was a highlight of this year's program. At the end of this 3 days program, postgraduates acquired enormous knowledge and confidence to face their university practical and theory examination effortlessly.

02nd National Conference of Academy of Cosmetic Dentistry India

2nd National Conference of Academy of Cosmetic Dentistry India was held on 5th and 6th January 2018 at SDM Dental College And Hospital, Dharwad. Around 200 delegates attended and 5 guest speakers including one international speaker were invited to deliver lectures on Esthetics.

On 5th of January, the program commenced at 9am which was inaugurated by the chief guest Dr. Niranjan Kumar. The session started with Dr. Arun Rajpara delivering a lecture on topic 'Art of excellence with all ceramic restorations' explaining different kinds of ceramic restorations which can be done in different scenarios. This was followed by a session on 'Essence Of Shade In Restorative Dentistry' by Dr. T.C Phua throwing light on importance of shade matching and knowledge on elements of colour in dentistry. Afternoon session commenced with a heated debate on the topic 'Composite veneering layering V/S Prefabricated' by Dr. B Mohan who spoke for prefabricated technique and Dr. Jaishree Hegde for layering technique. The first day ended with a Live demo on Digital Dentistry By Ivoclar/Vivadent demonstrating CAD/CAM milling machine which is compact and can be used by general dentists.

6th of January started with a workshop for fellowship candidates followed by a session and live demo by Dr. Mayur Dawda on 'Achieve higher standards in dental documentation' emphasizing the importance in documenting cases and the armamentarium required to do so. Phase One Examination of Academy of Cosmetic Dentistry India was conducted for fellowship candidates, concluding the conference with the launch of Programil, first time in India by IACDE president Dr Kidiyoor and EC member Dr Mahima

THE OXFORD DENTAL COLLEGE AND HOSPITAL, BENGALURU
DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

CDE - Lecture cum hands on course in collaboration with Mani Medical India was conducted by our Department on 24th Jan on Management of Endodontic complication.



EC Meeting at Hyderabad



AOFOCD

Asian and Oceania Federation of Conservative Dentistry

It is established to contribute to the promotion of oral health in the public interest and to facilitate communication and cooperation amongst the members in the Asian and Oceania regions by encouraging excellence in the clinical practice, teaching and research pertinent to the scope of Conservative Dentistry.

ConsAsia 2019

• WHY ATTEND?

- 01 It is the FIRST and ONLY conference in the Asia and Oceania region where the world of Conservative Dentistry comes together.
- 02 An upstart of the frontier of Conservative Dentistry in Asia and Oceania where innovative ideas will be exchanged.
- 03 Meet with new vendors and suppliers where the newest and best products and services will be introduced.
- 04 Make connections with friends and colleagues where you'll find the greatest opportunities to build professional connections with a just a few minutes' flight.

• WHO SHOULD ATTEND?

Dental professionals interested in recent developments in the field and wanting to make connections with relevant professionals and vendors in Asia and Oceania.

Scope of ConsAsia

Orthodontics, orthodontic management, preservation of tooth structure, operative dentistry, restorative dentistry, endodontics, periodontics, dental materials, aesthetic and cosmetic dentistry, minimally invasive dentistry, tooth whitening, preventive dentistry, and related learning and teaching areas.

ConsAsia 2019

• MEETING OVERVIEW

Title	The Inaugural Meeting of the Asian and Oceania Federation of Conservative Dentistry
Date	Nov 8(Fri) - 10(Sun), 2019
Venue	COOEX Convention Center, Seoul, Korea
Theme	Conservative Dentistry - The Path from Research to High-quality Care
Hosted by	Asian and Oceania Federation of Conservative Dentistry (AOFOCD)
Programs	Scientific Programs General Session Gala Dinner Commercial Exhibition
Main Topics	Orthodontics, Preventive dentistry, Minimally invasive treatment, Vital pulp therapy, Endodontics, Dental education, Adhesives, Resin based composites, Ceramics, Zirconia, CAD/CAM, Novel biomaterials, New technologies
Official Language	English
Website	www.consasia.org



ConsAsia 2019

Keynote Speakers

Alphabetical Order



Bart Van Meerbeek

• Professor
• Stomatology Department of Oral Health Sciences
• KU Leuven (University of Leuven)
• Belgium
Current Clinical Approaches for Adhesive Luting of CAD-CAM Block Restorations



Gaetano Paolone

• Professor
• Conservative and Restorative Dentistry
• University of Bari (Italy)
• Italy
Direct Restoration procedures in anterior and posterior teeth



Jack Ferracane

• Professor and Chairman
• Restorative Dentistry
• Oregon Health & Science University
• U.S.A.
Current Status and Future Advances in Dental Composite Restorative Materials



Lorenzo Breschi

• Professor
• Department of Biomedical and Biomedical Sciences
• University of Bologna
• Italy
Successful Bonding from Etching to Light Curing



Nick Opdam

• Professor
• Dentistry
• Radboud University Medical Centre
• The Netherlands
Severe tooth wear: when and how to restore?



David Manton

• Professor
• Faculty of Medicine, Dentistry & Health Sciences
• The University of Melbourne
• Australia
Dental Cakes - the new paradigm



Ivo Krejci

• President of the University Dental Clinic of the University of Geneva
• Switzerland
Dental Fitness - the paradigm change in dentistry



Junji Tagami

• Professor
• Cariology and Operative Dentistry
• Tokyo Medical and Dental University
• Japan
Minimally Invasive aesthetic restoration with innovative materials



Marino Sutedjo

• Endodontist
• Private Practice
• Indonesia
Minimally Invasive in Endodontics, Trend or Necessity?



NOT TO CROWN

**Dr SAMEER MAKKAR**

professor & HOD
Swami devidyal hospital & dental college
Barwala, Panchkula

Dental science is ever evolving and the concepts need to be reformed or adapted to keep in pace with the material and technological advancements. The post endodontic restoration concepts too have undergone significant changes especially in last two decades.

Today the aim is "conserve & preserve" which is backed by minimally invasive dentistry along with recent minimal invasive endodontics. With the introduction of magnifying loupes & microscopes, small head and long shank rotary instruments, the extent of tooth preparation has reduced. The ever evolving and improving adhesive dentistry has ensured to complement it further more, as better bonding and adhesion reduces extensive preparation for retention of the restoration.

Not every root canal treated tooth needs 'Crown'. In case of mild to moderately damaged teeth, restorative composites not only preserve the tooth structure thereby reducing the fracture susceptibility of the teeth, but also provide a good coronal seal and in such cases a crown preparation may rather expose the entire finish line to micro/nano leakages. Also, replicating the physiologic contours and contacts by crowns is a prosthetic challenge.

The placement of a crown after endodontic treatment should not be a compulsion but a rather comprehensively planned step so as to preserve the natural tooth structure and should be planned only in case where there is an absolute indication.

**Prof (Dr.) SHASHIREKHA .GOVIND MDS.**

Post Graduate Clinic.
Department of Conservative Dentistry and Endodontics
Faculty of Dental Sciences (IDS), Siksha 'O' Anusandhan
university.
Bhubaneswar.

TITLE: The clinical dilemma of "How to restore endodontically treated teeth?"

Endodontically treated tooth (ETT) are primarily weakened due to dental caries, trauma, or pre-existing restorations. Several clinical studies reported that cuspal-coverage restorations significantly improved the success rate of posterior ETT by reducing the chance of post-endodontic fracture.

As a conservative concept suggested by American Association for Endodontists, posterior ETT with minimal to moderate loss of tooth structure can be restored with direct resin composite as the final restoration. The amount of remaining tooth structure also help in decision making as regard type of indirect restoration, preferred material and the probable technique to be employed. Based on Tooth Restorability Index (TRI) where the scores of 0-3 is assigned to each tooth sextant '0'-None, '1'- Inadequate, '2'- Questionable, '3'- Adequate. (R.B. Bandlish et al, Jour of dent. 2006) decision can be made.

Nano-hybrid composite, short fiber-reinforced composite, bulk-fill flowable composite has been found to be useful in reinforcing roots of ETT. GC Light cure GIC (resin modified glass ionomer cement) and Tetric N Flow (flowable hybrid composite) in Sandwich Technique can be used as intra-orifice barriers which provides good fracture resistance. Placement of fiber posts in ETT has also been found to improve the prognosis in case of fracture. Nevertheless, a cuspal coverage restoration is still recommended in ETT with 3 to 4 surface tooth losses.

ETT restored with full-coverage crowns might show higher fracture survival rate but ETT restored with resin composite with 1 to 2 tooth surface losses, 2 proximal contacts and in cases requiring fiber post showed survival rates comparable with teeth restored with crowns.

A recent prospective study found that post and core restorations made as single units with substantial dentine height performed significantly better than those on teeth with less remaining tooth structure.

TO CROWN

**Dr ZARNASANGHVI. MDS**

Professor, Dept of Conservative Dentistry & Endodontics
Ahmedabad Dental College & Hospital,
Ranchhod Pura, Gandhinagar,
Gujarat, India.

To crown or not to crown an endodontically treated tooth has been a subject of debate from a long time. Despite of contradictory conclusions drawn from different research studies, it is very clear that it is the structural integrity of the tooth that counts in fracture resistance of the tooth rather than change in the physical properties of the tooth after endodontic treatment.

Preparation of an access cavity adds to the loss of tooth structure in an already carious tooth or tooth with extensive restoration. Intracanal instrumentation and obturation procedures further lowers the resistance to fracture. Endodontic treatment is considered successful only after long term survival of the treated tooth in an asymptomatic state in oral cavity.

Fracture of the tooth depends on several factors like pre treatment condition, location of the tooth, cuspal or coronal coverage and intraradicular reinforcement of the tooth after treatment. Placement of composite resin in the access cavities of otherwise intact anterior teeth may be adequate. At the same time anterior teeth restored with a cast post & core foundation and a crown has a higher risk of failure.

Different forms of coronal coverage for premolars and molars include gold, ceramic or resin inlay & onlay as an alternative to full cast crown. For endodontically treated Premolars & Molars, long term survival of tooth without full cast crown is always in doubt and different in vitro and randomized controlled trials have suggested that full crown coverage is mandatory after endodontic therapy on posterior teeth.

**DR. HANNAH ROSALINE, MDS**

Professor,
Department of Conservative Dentistry
and Endodontics
Faculty of Dental sciences,
Sri Ramachandra University, Chennai.

The post endo management has become one of the most studied and controversial topics in recent times and has become a subject of debate for some time now. My topic is "TO CROWN" an endodontically treated teeth.

Literature has proved that the dentin in endodontically treated teeth is more brittle because of water loss and loss of collagen cross-linking resulting in 14% reduction in strength and toughness, and alteration in physical and mechanical properties of dentin, especially the modulus of elasticity but recent studies disputes that. However, most of us clinicians agree that endodontically treated teeth are more brittle due to loss of structural integrity associated with access preparation, caries, and root canal irrigants. Cuspal deflection was found to increase with increase in cavity size and was greatest following endodontic access. Most of the clinicians do not follow the conservative endodontic procedures and the remaining width of the crown remains a question.

Endodontic procedures reduce tooth stiffness by 5% whereas an MOD preparation reduces tooth stiffness by 60%. Studies have proved success dropped from 97.8% for those with crown to 50% without crown in maxillary molar "Dentistry is not expensive but Neglect is"

Maximum bite forces in humans are 244 to 1246 N. Occlusal forces during normal chewing are generally accepted to be between 30 and 40 % of the maximum bite force. Though recent studies and systematic reviews have proved there was no significant differences between vital and endodontically treated teeth, the forces are different for individual teeth, arch, tooth position, occlusion, races and even individual people just like their own fingerprint. When a crown is cemented, the extra-coronal restoration covers the entire outer surface of the clinical crown protecting from various occlusal forces which is proved by many long term studies. I strongly suggest that crown supports the best treatment outcome in an endodontically treated teeth.

"Every man's tooth is more valuable than diamond"



A reliable method for cementing ceramic veneers

Adhesive cementation using the leading-edge luting composite Variolink Esthetic
Dr Roberto Carlos Tello Torres, DDS, Lima/Peru

Achieving the most perfect adhesive cementation possible for ceramic restorations depends on the interplay between ideal cementation material and correct application procedure. Only in this way can durable esthetic results be attained.

Adhesive luting composites are used for the permanent cementation of ceramic restorations. Given the trend towards minimally invasive treatment methods, today's resin cements fulfil important additional functions: they must establish a firm bond between the restoration and minimally prepared tooth structure. Often only fragment ceramic restorations or ultrathin veneers are inserted. As restorations in ever thinner thicknesses of ceramic are used, it is important to ensure that the cementation material does not have an adverse effect on the esthetic result. In some cases, a colour-matched luting composite may even be used to bring the restoration closer to the desired tooth shade.

Selection of the luting material is an important task of the dentist.

The dentist is responsible for the cementation procedure and should be aware of the advantages and disadvantages of the individual materials and their indications. Resin cements have been undergoing consistent further development over the years with the result that adhesive luting composites have become an integral part of restorative dentistry today.



Fig. 1: Discoloured composite restorations on teeth 11 and 20 d 21

Versatile applications

Variolink® Esthetic is available in a LC (light cure) and DC (dual cure) version and effectively combines the beneficial properties of the predecessor product, but not only: the field of application of Variolink Esthetic has been extended to include a large number of clinical indications. The working time has been optimized and excess material can be removed in a reasonable amount of time. In addition, the product features an ideal consistency and allows restorations to be placed without strain or tension.

The LC version is suitable for translucent glass-ceramic restorations having a thickness of up to 2 mm. The dual cure version Variolink Esthetic DC should be used if the restoration is thicker or made of a less translucent glass-ceramic material.



Fig. 2: Restoring the cavity after removal of the restoration and of the carious tissue on tooth 21

Good communication with the dental technician is of advantage here. Not only the shade but also the translucency and opacity of the ingot used for the ceramic restoration should be known to the dentist. This information assists in selecting the appropriate luting composite.

Esthetic requirements

Ideally, an adhesive luting composite should maintain its esthetic properties for many years. Until recently, esthetic stability has been an issue with luting composites as they were prone to discolouration due to the tertiary amines contained in them. Variolink Esthetic is an adhesive luting composite that does not comprise tertiary amines. Consequently, a durable stable shade is ensured. The LC version results in a neutral shade effect, which completely "camouflages" the ceramic restoration and thereby provides an effective chameleon effect.

Radiodiagnosics

Excess removal is another challenge associated with the adhesive cementation technique. Residual material accidentally left on the tooth may cause the gingiva to recede. Given its radiopacity, Variolink Esthetic facilitates the X-ray identification of cement residues, which are difficult to spot by the naked eye. Additionally, the product supports long-term sealing or correction of clinically caused maladaptations.

Compatibility

Using a high-quality ceramic material (e.g. IPS e.max®) for the restoration and a leading-edge adhesive luting material forms the basis for attaining outstanding esthetic results. Variolink Esthetic is compatible with Tetric N-Bond® Universal – an adhesive that can be used on both enamel and dentin and is suitable for all etching techniques: selective-etch, total-etch (etch and rinse) and self-etch. The adhesive is thoroughly scrubbed into

the tooth structure for 20 seconds and then dispersed and polymerized for 10 seconds. This procedure does not interfere with the accuracy of fit of the restoration, as it results in an ultrathin film of only 10 µm.



Fig. 3: Polishing the tooth after initial treatment

Case report

A 29-year-old patient consulted our practice about having her restorations on teeth 11 and 21 replaced (Fig. 1). The restorations showed noticeable staining and deformation. To make an accurate diagnosis, I began by determining the actual extent of the restoration surface. It is advisable to use pictures taken with a polarization filter (polarized light) to do this.

For the actual treatment, the teeth were isolated with a rubber dam and the secondary caries was removed (Fig. 2). A cavity liner (Vivaglass® Liner) was applied to tooth 21 to protect the dentin and pulp. For additional protection, I applied an adhesive, Tetric N-Bond-Universal, and a thin composite layer of IPS Empress Direct® Color A1 Dentin. Once the initial treatment was completed, the tooth was polished (Fig. 3). I removed the rubber dam and placed a retraction cord to take an impression (Fig. 4). Before placing the temporary restorations, the dentin shade was determined. I then consulted with the dental technician and we decided



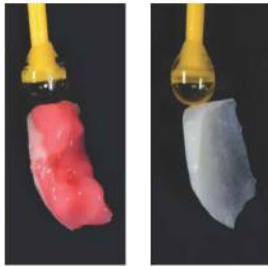
Fig. 4: Prepared teeth with retraction cord in place, ready for impression-taking



Fig. 5: Lab-fabricated glass-ceramic veneers



Fig. 6: Try-in with try-in paste (in shade "neutral")



Figs 7a and b: Conditioning the veneers with 5 % hydrofluoric acid and silane

that the permanent restorations should be manufactured using IPS e.max Press LT ingots (Low Translucency) in shade BL4. This shade was ideal to block out the dark backdrop caused by the seethrough effect of the diastema. In addition, it was decided to build up the incisal area with the IPS e.max Ceram layering ceramic (Fig. 5).

At the second appointment, the ceramic restorations were ready for seating. Once the temporaries had been removed, the prepared teeth were cleaned and the fit of the restorations checked on the patient. I then

assessed the shade match using one of the try-in pastes. I selected the neutral shade because I did not want the shade of the restoration to be altered by the adhesive luting composite (Fig. 6).

For their permanent cementation, the ceramic restorations were conditioned with 5 % hydrofluoric acid for 20 seconds (Fig. 7a). The acid was rinsed off into a container and the contaminated water was neutralized to prevent any environmental risk. Next, a silanating agent (e.g. Monobond N) was applied (Fig. 7b). This step was carried out with the help of an application instrument that has an adhesive tip (e.g. OptraStick®).



Fig. 8: Rinsing after application of 37 % phosphoric acid

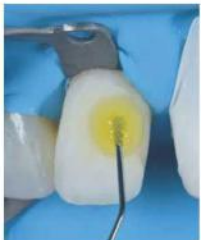


Fig. 9: Applying Tetric N-Bond Universal adhesive



Fig. 10: Inserting the veneers loaded with Variolink Esthetic LC



Fig. 11: Light-curing the luting composite



Figs 12a and b: Final polishing and result immediately after cementation



Fig. 13: Four months later. Harmonious integration of the ceramic veneers



Fig. 14: Final view of the lips

The sticky tip prevents the miniscule restorations from falling off the instrument. Once the restorations were prepared, I completely isolated teeth 11 and 21 using a rubber dam and additional isolation with Teflon tape. Next, 37 % phosphoric acid was applied (e.g. N-Etch), rinsed off (Fig. 8) and dried.

Once dried, the preparations were coated with Tetric N-Bond Universal adhesive (Fig. 9). The solvent was evaporated with a strong stream of air to achieve a thin adhesive film. This was followed by light-curing for 10 seconds. Next, the actual cementation procedure with Variolink Esthetic in the shade "neutral" was carried out. I placed the restorations with the help of an OptraStick, removed any excess with a brush and then polymerized the luting composite (Fig. 10). I then carried out the same steps on the other tooth. After both restorations were placed, glycerine was applied to prevent the formation of an oxygen inhibition layer during final light-curing of the luting composite (Fig. 11). After rinsing, I removed any remaining residual material with the help of a scalpel. Once the isolation was removed, I polished the restorations using special rubber polishers as per the recommendations of the manufacturer. Polishing should be performed using an appropriate rotational speed and adequate cooling (Fig. 12a). At the end, I took pictures of the final result after cementation (Fig. 12b).

Four months later, the patient came for her first check-up (Fig. 13). I re-polished both restorations lightly and examined them again. Photographic documentation taken in polarized light confirmed the successful integration of the restorations.

Conclusion

We succeeded in achieving an optimum level of synergy between the materials presently available (Fig. 14). The glass-ceramic, adhesive luting composite and adhesive have all contributed to the lifelike esthetic appearance of the final restoration. The patient gives us a natural and harmonious smile.



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**Dr. REUBEN JOSEPH**

has done his Masters in Endodontics & Restorative Dentistry.
He runs a practice in Chennai limited to Endodontics and Restorative Dentistry.

ERGONOMICS AND MICROSCOPES**Ergonomics, as it is understood in endodontics,**

Is the ability to sit upright and practice dentistry without slouching and twisting your spine.

What it really means is...

The study of people's efficiency in their working environment.

Can having an operating microscope make endodontics ergonomic?

No. It becomes ergonomic only if one trains himself to use it efficiently.

Which endodontic procedure is a microscope indicated for?

Unlike what many do by using a microscope primarily as an observation tube to evaluate a endodontic procedure at different stages, a clinician you must train to perform all endodontic procedures entirely from start to stop under the microscope. It is only at this point that we can begin to discuss ergonomics.

So what is ergonomics in micro-endodontics?

This is a huge topic to discuss, so I am just going to PIN and POST 3 points that make most sense to me.

An ergonomic endodontist is

- an efficient endodontist who can do all his endodontic work without moving his eyes off the eye piece
- one who has made the effort to train his support staff to seamlessly work alongside him throughout the procedure
- onewho has created a microscope-centered operatory ensuring a comfortable procedure for the patient, armamentarium in well-planned accessible locations for a hassle free work flow and also has a stress-free environment for the chair-side assistants as well.



Cons Asia ~ Another mile stone for IACDE Welcome to the promotional meet at Sharjah

Dear Colleagues in India,

Hope you find this message well. I am Byeong-Hoon Cho from Seoul National University School of Dentistry, Seoul, Korea. I am contacting you in my official role as the Inaugurating President of the Asian and Oceanian Federation of Conservative Dentistry (AOFCD), the President of the Local Organizing Committee (LOC) for ConsAsia 2019, Seoul, Korea, and the immediate past president of Korean Academy of Conservative Dentistry (KACD). I am establishing the AOFCD and organizing its biennial scientific meeting, ConsAsia 2019.

In the early days of 2016, the ConsAsia initiative was proposed by the KACD to construct a network among the clinicians, researchers, and scholars of Asian and Oceanian countries in the field of Conservative Dentistry, and as a result, to contribute to improving the oral health of the populations in these areas. Hence, the KACD proposed to establish AOFCD and to hold biennial ConsAsia scientific meetings.

At first, scholars from 9 countries (Australia, Hong Kong, India, Japan, Korea, Singapore, Malaysia, New Zealand, and Taiwan) agreed with the initiative and met first in Seoul, Korea, on Oct 21, 2016 (First preparatory meeting). Professor Takashi Matsuo attended the meeting as the president elect of JSKD. According to the decision of the first preparatory meeting, the LOC for the first ConsAsia 2019 meeting was composed in Korea in January, 2017. We prepared the Constitution and Bylaws of AOFCD and Guidelines for ConsAsia scientific meeting (attached). The scope of Conservative Dentistry was the critical issue in organizing the AOFCD. However, most participants agreed to include all aspects of Operative Dentistry and Restorative Dentistry. In addition, Endodontics is included in the scope of ConsAsia, as is in most Asian countries, which is different from the scope in USA and some Asian and Oceanian countries.

Until now, we ConsAsia team attended 4 international meetings for promoting ConsAsia initiative. The ConsAsia team including 4 Korean professors, Dr. Mohan from India, and Professor Hamama from Hong Kong attended at ConsEuro 2017, Bologna, Italy with a nice Brochure (attached). Professor Stephen Dunne from Great Britain, the Immediate Past President of European Federation of Conservative Dentistry (EFCDD) and Professor Lorenzo Breschi from Italy, the President of EFCD, supported our promotion and promised to support the ConsAsia initiative. I attended at the joint meeting of SEAADE, IADR-SEA and CTADS, Taipei, Taiwan. Professor Allen Ming-Lun Hsu, the President of the LOC of the joint meeting, agreed to the ConsAsia initiative and kindly supported ConsAsia initiative with a complimentary booth. We Korean researchers also attended at the annual joint scientific meeting between KACD and Japanese Society of Conservative Dentistry on Oct 25-28, 2017, at Morioka, Japan and promote the ConsAsia initiative with posters and brochures. In April, I also attended the IDEM 2018, Singapore, to promote the ConsAsia meetings, that is, ConsAsia 2018, Sharjah, UAE (Regional meeting in the Middle East area), ConsAsia 2019, Seoul, Korea, and ConsAsia 2021, Cochin, India.

LOC of ConsAsia 2019 determined the venue (Grand Ballroom of COEX, Seoul, Korea). Different from the ConsEuro, the ConsAsia meeting will be supported by the Korean Academy of Endodontics, the Korean Academy of Adhesive Dentistry, as well as the KACD. We are constructing the homepage for the AOFCD and ConsAsia meeting 2019 (Please visit the homepage, www.consasia.org), to which we will add contents continuously. The corporation for the AOFCD was established in Seoul, in January 23, 2018. The membership application will be opened in Spring of 2018. The LOC will do its best for success of ConsAsia 2019, Seoul, Korea.

During the 2nd preparatory meeting in Sharjah, UAE, on Nov 16, the 21 participants from 8 countries (Hong Kong, India, Korea, Malaysia [Professor Mohamed Ibrahim Abu Hassan], Singapore, Taiwan, Turkey, UAE) agreed most of the agenda: the draft of Constitution and Bylaws of AOFCD and Guidelines for ConsAsia scientific meeting, the Keynote speakers, and the rough draft for the scientific programs were discussed and agreed. Main topics of ConsAsia 2019 were Cariology, Preventive Dentistry, Minimal invasive treatment, Vital pulp therapy, Dental education, Adhesives, Resin-based composites, Ceramic, Zirconia, CAD/CAM, Novel biomaterials, and New technologies. The LOC figured out 9 world-widely well-known Keynote speakers and is constructing the scientific programs (http://www.consasia.org/speakers/index_new.php). We are requesting each country organization for suggesting country representative speakers. Before the Seoul meeting, Professor Dean Hien Chih Ngo from University of Sharjah, UAE will organize the ConsAsia meeting at Sharjah in December 16-17, 2018 to promote the Conservative Dentistry in the Middle-East Region (www.consasia2018.com).

I believe the ConsAsia initiative will contribute to the research, clinic, education, and networks in the field of Conservative Dentistry, and as a result, contribute to the oral health of populations in this region.

Sincerely,

Cho, Byeong-Hoon, DDS, PhD.

Professor, Department of Conservative Dentistry

Seoul National University School of Dentistry

President, Organizing Committee of ConsAsia 2019, Seoul, Korea

Immediate Past President, Korean Academy of Conservative Dentistry

Editor-in-Chief, Restorative Dentistry & Endodontics

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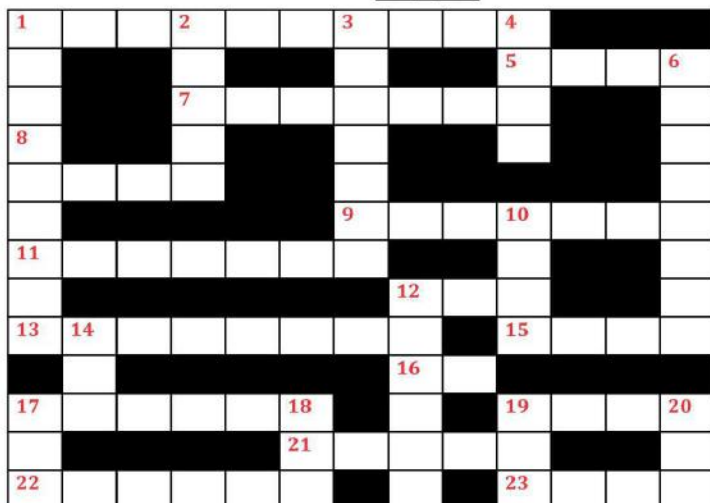


Abstract Submission Opens
1 May 2018

Abstract Submission Ends
30 June 2018

Acceptance Notification
28 July 2018

| www.consasia2018.com

CROSSWORD
IACDE - 8

CLUES ACROSS

1. Non-carious cervical lesion caused due to flexural forces.
5. Also known as carbamide.
7. Radiograph technique which reduces the exposure and has overtaken conventional film radiography.
8. End of the root.
9. One of the signs of inflammation.
11. This is the property of biomimetic material.
12. Secondary retention feature for amalgam.
13. Noble metal form used in restorative dentistry.
15. The apex of immature tooth.
17. Chemical element which is used to cure composites.
18. Endodontic instrument with triangular cross section.
20. An organization that oversees the standards of products in dentistry.
22. This type of bur is commonly used for removal of caries.
23. This person is credited with the classification of apical constriction.
24. Synonym of pain

CLUES DOWN

1. The method to remove the impurities from metal surface.
2. Presence of extra root in mandibular molar.
3. Material which sets by three mechanisms.
4. Hypothesis which states that there is no relationship between two groups.
6. Faulty tooth brushing is one of the causes for this lesion.
10. This unit of one billionth also shares its name with the car.
14. Natural aggregation of one or more metals
16. Common posture for holding a dental instrument which is not recommended.
18. Colour coding for No.25 size endodontic instrument.
19. Abbreviation for one of the types of resorption.
20. Association which provides standardization and specification for dental materials.
21. Pulp vitality test method which also is a favourite among children.

JUMBLE WORDS - 7

HRPADRIGOA



MEMENTCU



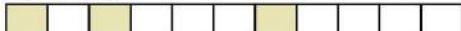
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Restoration of perfusion to a body part or organ that has suffered ischemia



POEM BY Dr. ARSHIA BAIG

ECSTASY OF LIFE
 Life Is Too Short To Waste It with Regrets,
 Treasure Good Times,
 Magnanimous People You Have Met,
 Knowledge They Gave You,
 Things You Have Seen,
 Cherish the Alluring Memories,
 And Places You Have Been.
 Envision the Laughter,
 Envision the Moon And The Sun,
 Rejoice the Beautiful Things,
 That You Have Done.
 Your Life, Your Choices,
 The Commitments You Made,
 Find Ecstasy In Each,
 And Smile As They Are Played.

By: DR.ARSHIA BAIG (BDS,MDS)
 (Lecturer)

Department of Conservative

Dentistry and Endodontics,
 CSMSS Dental College and Hospital, Aurangabad.
 (State-Maharashtra)

ORGANDIE ROSES

ORGANDY LILIES



The modest Rose puts forth a thorn,
 The humble sheep a threatening horn:
 While the Lily white shall in love delight,
 Nor a thorn nor a threat stain her beauty bright.

William Blake

Lilies have held a significant place in world history because of their aroma, grace and beauty. In most cultures in history, the lily represents purity, chastity and virtue. It is regarded as "the pure flower."

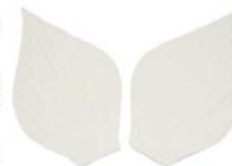
Here we to make learn how to make lilies for decorative purpose.

Materials

1. Organdy cloth
2. Flower making wire
3. Artificial pollens
4. Green tape
5. Green cloth for leaves
6. Scissors
7. Fevicol

Method

1. Take the cloth and cut out 5 petals from in the following shape
2. Now take the 5 wires of equal length. Wrap these wires with cloth. These these wires are going to act as the stems as well as the base for the petals
3. Now stick these wrapped wires in the middle of these petals
4. Take the pollens and stick to one of the wrapped wires
5. Now take all the petals with their wires and start braiding. The braided part forms the stem of the flower
6. Now cover the stem with the green tape
7. Cut out leaves from the green cloth and stick them to the stem
8. The lilies are ready for decoration



Ajita Rath
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CALENDAR OF EVENTS- 2018

Sl. No.	Date	Events	National / International	Venue
1.	25-26 May 2018	3rd International Conference On Prosthodontics And Restorative Dentistry	International	Las Vegas- United States
2.	26 May 2018	Endodontics And Other Disciplines, Italian Academy Of Endodontics	International	Verona-Italy
3.	28 Jun – 1 Jul 2018	Roots Summit	International	Berlin – Germany
4.	20-21 Jul 2018	23rd International Conference On Dentistry And Dental Materials	International	Rome-Italy
5.	20 – 22 July 2018	1st IACDE Central Zonal National Conference	National	Indore- India
6.	10- 11th Aug 2018	1st IACDE South Zonal National Conference	National	Chennai- India
7.	16-18 Aug 2018	20th World Congress In Dental Traumatology	International	San Diego – United States
8.	17-18 Aug 2018	Annual Congress On Endodontics And Prosthodontics	International	Tokyo – Japan
9.	July/ Aug 2018	1st IACDE East Zonal National Conference	National	Kolkata- India
10.	1-2nd Sept 2018	1st IACDE West Zonal National Conference	National	Jaipur- India
11.	20th- 22nd September 2018	1st North Zonal Conference	National	New Delhi- India
12.	4-7 Oct 2018	IFEA 11th World Endodontic Congress	International	Seoul- Korea
13.	4-6 Oct 2018	26th National Congress, Italian Academy Of Endodontics	International	Florence-Italy
14.	14-16 nov 2018	33rd IACDE National Conference	National	Vijayawada, India
15.	18- 19th Jan 2019	3rd National Conference of Academy Of Cosmetic Dentistry	National	Hyderabad- India

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Dear Friends and Colleagues,
Greetings from the Organising Team of 20th IACDE PG Convention 2019.
It is our great honour and privilege to invite and welcome you all the 20th IACDE PG Convention 2019, hosted by Bhoja Dental College & Hospital, Baddi, H.P.
We express our sincere thanks to the office bearers of IACDE for giving us the opportunity to host his convention. The event will be held from 8th March to 10th march 2019 at Inderdhanush Auditorium, Sector 5, Panchkula, Haryana.
Extending a very warm welcome to all researchers, academicians, clinicians and students for an exciting and thoughtful scientific exchange. We request you all to make this convention a huge success with unforgettable experience and memories to cherish.
We are sure that the convention will be magnificent event, an amalgamation of learning, teaching and exploring. Looking forward to seeing you all at the convention.

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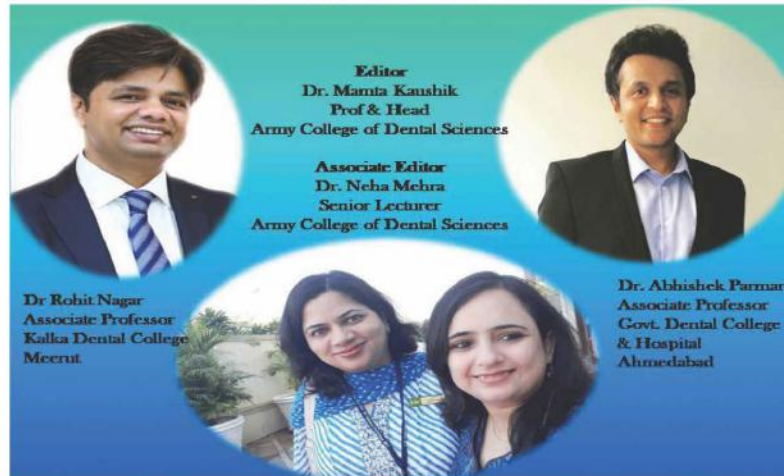


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NEWS LETTER OFFICE

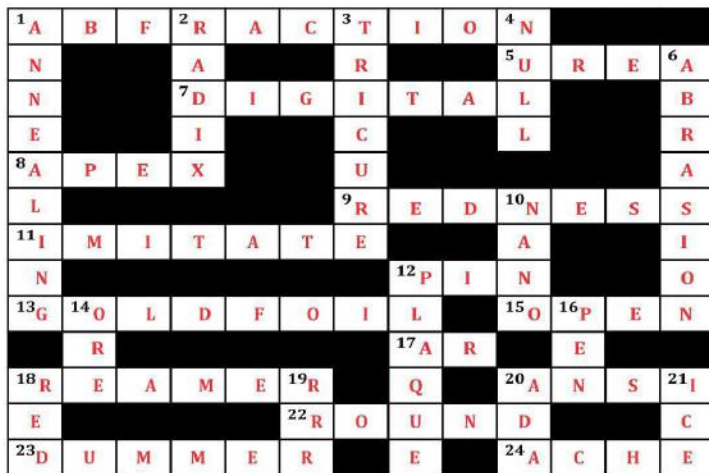
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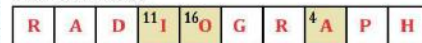
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CROSSWORD IACDE
8 ANSWERS

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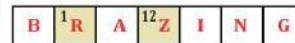
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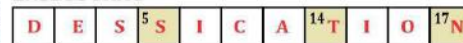
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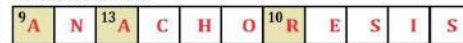
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