



## CONS & ENDO DAY CELEBRATION 2019







**DIVYA JYOTI COLLEGE OF DENTAL SCIENCES & RESEARCH,MODINAGAR**  
**DEPARTMENT OF CONSERVATIVE DENTISTRY & ENDODONTICS**  
**ORAL AWARENESS ACTIVITY WEEK**

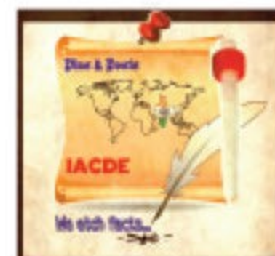






# PINS & POSTS

## AN OFFICIAL NEWS LETTER OF IACDE



VOLUME - IV

January - March 2019 ( 12 Pages )

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### 20th IACDE PG convention - A Huge Success

#### A memory filled farewell to PG Convention at Chandigarh

20th IACDE National PG Convention held at Chandigarh from 7th to 10th March 2019 focused on the theme "SHAPE SALVAGE SMILE" was well appreciated. The organizing committee headed by Dr.Ashu Gupta, Dr.Jaidev Singh Dhillon and Dr. Ajay Chhabra left no stone unturned to make the event a huge success. Over 1100 students and 250 delegates attended the convention, it was largely possible because of the efforts of IACDE head office and Dr.Sunandan Mittal.

The objective of PG Convention was to provide scientific exposure to students; hence under the aegis of Dr.Jagat Bhushan a scientific committee was created which arranged multiple events. There were 9 pre-conference courses organized by Dr.Sameer Makkar and Dr.Vivek Kapoor.

It was the first time in any National Convention that there were 750 papers and 280 poster presentations, kudos to the efforts of Dr.Jagat Bhushan's team and Dr.Tarun Kumar's team respectively. A Dental Quiz was conducted by Dr. P Karunakar in which 30 teams participated and the winners were awarded a cash prize of Rs.10,000/- along with a memento. Debate was organized by Dr.Sonali Taneja in which 12 students participated and winners were awarded cash prize of Rs.5000/-. Dr.Rajendra Bansal organized Table Clinic and winners were awarded with cash prizes of Rs.2000/- along with mementos. To add up to the scientific programs, there were Keynote lectures from 4 International Speaker and 32 National Speakers on recent topics. The event was embraced by the gracious presence of Dr. Dibyendu Mazumder, President DCI.

On the occasion of International Women's Day women delegates were facilitated with mementos. On 9th March, a walkathon was organized to embark Cons-Endo Day. We also saw an unprecedented 70 stalls for the Dental Exhibition, biggest ever for a PG Convention. Various dental products were offered at cheap prices for the benefit of students and delegates. For the recreation of students and delegates, a banquet night was organized. It started with a stand-up comedy followed by motivating words of Mr.Anurag Thakur (MP) and ended with a scintillating performance of Gary Sandhu. A two-day trip was also arranged for delegates to Shimla and Kufri which was attended by 100 delegates.







## IN THE SPOT LIGHT

### Winners Of Best Paper Presentations

Name	College
Dr.SajalAggarwal	Kothiwal Dental College, Moradabad. UP
Dr.SushmaShinde.S	Krishnadevaraya College of Dental Sciences, Bengaluru
Dr.AaronSarwal	National Dental College, DeraBassi, Mohali
Dr.Vinothini.K	Government Dental College.Chennai
Dr.Anjali Jayaraj	Navodaya Dental College, Raichur, Karnataka.
Dr.SheslaMuthalib	MeenakshiAmnal Dental College , Chennai
Dr.MohammadNaved	M.A. Rangoonwala College of Dental Sciences and Research. Pune
Dr.A.S.Arya	D. A. Pandu Memorial RV Dental College, Bengaluru
Dr.AnnuKumari	Mithila Minority Dental College And Hospital, Darbhanga, Bihar
Dr.DivyaTc	Amrita School Of Dentistry, Cochin.
Dr.ManreetKaur	Guru Ram Das Amritsar

### WINNERS OF QUIZ COMPETITION

S No.	Position	Name of Winners	College Name
1.	First Prize (Awarded Rs 10,000 as prize money)	Dr.Thendral Dr.Sahil Dr.Ashwath Dr.Akshita	Government Dental College, Shimla
2.	Runners Up	Dr.Rakhi Jindal Dr.NehaKapoor Dr.Deepanshi Dr.VandanaChikkara	PDM Dental College and Research Institute, Bahadurgarh, Haryana
3.	Runners Up	Dr. Syed Wali Ahmed Dr.NishatZaidi. S Dr.Aamer Khan Dr.Rasagna Reddy	Panineeeya Institute of Dental Sciences and Research Centre, Hyderabad

### BEST POSTER

S No.	Candidate Name	Topic
1	Dr.SelvakarthikEyan Dr. S. SarathSarathy	Standardization Of Tooth Culture Model For Assessing Early Mineralization With Pulp Capping Agents.
2	Dr.Athul Chandra Dr. Chandra Shekhar	Artificial Neural Networking in Endodontics
3	Dr. Pratik Haldankar Dr.NehaDeshpande	Influence of 2 Different Anti Oxidants on Microleakage of Composite Restoration after Non vital Bleaching
4	Dr.SreelekshmyChandrababu	3D Printing in Operative Dentistry and Endodontics imprinting The inner dimensions of Tooth with precision
5	Dr. Jaya Bharathi	A Viable Approach For Cyst Removal In Endodontic Surgery Using Piezo : A Case Report
6	Dr.Nishu Rani	Reshaping The Oral Microbiome
7	Dr SudeependerGehlot	"Novel Combination Of Simvastatin With Tricalcium Phosphate As A Pulpotomy Agent: A Cognitive Approach
8	Dr. Swati Markandey	Outcome of Regenerative Endodontic Procedure: A Case Series of 20 Teeth With 2yr Follow Up
9	Dr.Tummala Sri Harsha	A Non Stop To Perfect Endodontics
10	Dr.FarhanAriwala	Comparative Evaluation Of Flexural Strength Of Four Core Build Up Material
11	Dr (Maj) SummerdeepKaur	Non Surgical Management Of Iatrogenic Root Severance With Biodentin – A Case Report
12	Dr AvishaAgrawal	Effectiveness Of 2 Different Methods Of Activation Of Sodium Hypochlorite On Its Dentinal Penetration At 2 Different Temperature: A Confocal Laser Scanning Microscopic Study
13	Dr.Foram Patel Dr.AravindKumbhar	Apical Puff: 3 D Apical Sealing?
14	Dr. Akbar Khan	The Catalog to interpret CBCT
15	Dr.RajviJadav	"Canary System....Forewarmer For Caries"
16	Dr EshaAgarwal	Grease On The Pitch : An Endodontic Glitch
17	Dr.Mancher Kumar Dr.Akshita Singh	Statins-From Healthy Heart To Healthy Teeth
18	Dr.Deepika	Prf-A Promising Innovation In Regenerative Endodontics
19	Aishwariya.T	An Invitro Comparison Of Antibacterial Efficacy Of EquusAsinus Milk With Sodium Hypochlorite 2.5%-In Vitro Study

### WINNERS OF TABLE CLINIC

Position	Name	Name of College	Category
First	Dr.AnubhavChakrabarty	Army Dental Centre, RR Hospital Delhi Cantt	Endodontics
	Dr.Kinnari A. Kasabwala	MeenakshiAmnal Dental College	Conservative
Second	Dr.Aiyana and Dr.Aashu	DAV Dental College, Yamuna Nagar	Endodontics
	Dr.AnuradhaSawardekar and Dr. Jaya Singh	Kings George Medical University, Lucknow	Conservative

# ConsAsia

Asian-Oceanian Federation of Conservative Dentistry

December 6 -7, 2018

Al-Razi Auditorium - University of Sharjah  
SHARJAH, UAE

## CONTEMPORARY CONSERVATIVE DENTISTRY:

INNOVATIONS FOR TOMORROW'S PRACTICE

AOFCD  
Asian-Oceanian Federation of  
Conservative Dentistry

UNIVERSITY OF SHARJAH  
Sharjah, United Arab Emirates

DENTAL  
CONFERENCE

mci  
Conference Secretariat:  
MOI Middle East  
+971 4 311 6300

Abstract Submission Opens  
1 May 2018

Abstract Submission Ends  
30 June 2018

Acceptance Notification  
28 July 2018

www.consasia2018.com

# ConsAsia<sup>2019</sup>

The 1st General Meeting of  
The Asian-Oceanian Federation of Conservative Dentistry(AOFCO)

November 8(Fri) - 10(Sun), 2019

E-newsletter ver. 02

## SEASON'S GREETINGS

### Happy New Year

On behalf of the Organizing Committee of ConsAsia 2019,  
we wish you a joyous Holiday Season and a happy and prosperous New Year.  
We look forward to meeting you at ConsAsia 2019 General Meeting in Seoul, Korea!

# ConsAsia<sup>2019</sup>





## MESSAGES

## EDITORIAL



## SOCIAL MEDIA AND INTERNET

*"There are many things of which a wise man might wish to be ignorant"*

- Ralph Waldo Emerson

Social media as well as internet are an integral part of our lives. It's a part of our daily routine and used extensively both in our personal and professional life.

The impact of social media on our lives is unfathomable. Though it's easy to criticize, it has its tremendous benefits.

Personally I feel there would be no harm if the world was wiped off smart phones with a snap of Thanos fingers. It's alright to search a PC/laptop to buy things and book tickets or socialize. Why I feel this way is because we as humans have overdone it. My friend was mentioning the other day and I quote 'We (Human Species) have overused everything on the earth'. This was in relevance to all the resources, places, plastic and general condition of the planet today. I feel we overdo everything - especially the use of social media/network.

A phone should be a phone. I am myself a victim of the phone and shopping Aps. When I wrote my friends slambook I drew emojis as I felt that it conveyed expressions more accurately. We seem to be going back to stone ages where the scripts and communication was image oriented. Also, my screen time on the phone at weekends is quite high - will not quote the figure here but high enough to realise that, this could be family time or more productive time.

When I observe people I feel they're out to take pictures and to preserve memories later - lose the moment. Current scenario leaves you feeling that people are taking holidays, dressing up, and even eating, that they can post it on Instagram!

## Are social networking sites bad?

They are a very effective platform for education, spreading information, professional networking, and promotion.

**Professional networking** is fantastic - it's a platform to know whose where and contact your alumni and friends. It provides support, feedback and education to clinicians. Social media may help to increase 'belongingness', as it allows regular opportunities for social and professional interaction.

However, this must be used with caution. It may lead to overprojection by some individuals and make others depressed too.

Few examples of misuse of social media - one person in a group started posting these amazing cases of his and writing sagas with them - wow - the passion this person has - and the quality of work - commendable. Turns out our Dr X was copy pasting someone else's work and selling it as his own. Yes it leaves a bad taste - instead he should take inspiration from there and do his own good work.

Example 2 - just because it'll look good and complete on social media - Dr Y,

you can't justify CBCT.

Example 3 - Dr Z is probably a bounty hunter - working on any tooth that appears tough and posting on social media! Some people end up doing unnecessary treatment so that it looks good.

**Education.** Social media provides a large array of educational material to all - students, teachers, practitioners. Articles, videos and others, easy to access and at no cost. It helps broaden the outlook of all towards learning. Like everywhere else - caution while using it and filtering and verifying the data that we're accessing. Poor quality of information maybe a major limitation of the social media. Also the copy paste options sometimes clip the wings and ability of a candidate.

**Promotion.** Social media has shown to be widely used in self and business promotion, to develop a 'digital voice'.

LinkedIn, ResearchGate, Whatsapp, Facebook etc. Though they help us in knowing opportunities available everywhere and can be used for promotions of practice and self; there is overuse and misuse so extensive that it leaves us wondering. A music video of a Dental Centre in Bangalore somewhere went viral recently. It was made in such bad taste - but makes the sincere and ethical practitioner wonder about the gullibility of the public. Some innocent new users of the internet may end up with this person who is quite inappropriate a dentist.

So even as social media enables dentists to converse freely and sometimes anonymously, users must be diligent not to post any inappropriate or potentially harmful material which could be detrimental to their own reputation and that of the profession.

**Consent and legal issues.** Patient information and identity must be kept anonymous. Informed consent forms about the use is very crucial. Interacting with the patients on social network maybe violation of the professional boundaries.

Online discussions between patients and healthcare professionals can introduce legal complexities

## What can be done to control and correct the use of social media?

The code of ethics by the DCI will need another chapter on the usage of social networking and media. Also, the punishments and action on violations of these should be more forthcoming. There is a need for strict vigilance in our profession and proper conduct within the dental fraternity.

**To conclude,** I can say that Social media can be a key tool in enhancing education, growth and interactions. However, education regarding 'right and wrong; ethical and unethical, legal and illegal'; is very important a subject that has to be taught from this day on to all the youngsters who are our future.

*"Don't use social media to impress people, use it to impact people"*

- Dave Willis.org

## OBITUARY



## Dr. S. Ramachandran

Well renowned academician and senior Endodontist Dr. S. Ramachandran

Passed away on March 2nd 2019,

leaving a big void in the Endodontic fraternity.

He graduated from Madras Medical College in 1972 and completed Masters from Madras Dental College in 1978 and later joined as Staff at Ragas Dental College, Chennai. He then became Principal of the same institution in 2000 and served as Senate member of the Dr Tamilnadu MGR Medical University. He was elected as Member of Dental Council of India and also as Vice President of State Dental council. He has published several articles in leading journals, delivered guest lectures at National level and also contributed for few text books. He was Organising Chairman of the silver jubilee FODI Conference in 2010 and also served as President of IACDE 2011-12.

The Endodontic fraternity will miss a perfect gentleman, Senior Faculty, and an able administrator. May his soul rest in peace.

## BEYOND DENTISTRY



## 1. Your journey from being a dentist to a model and winner of Mrs India pageant?

First of all Mrs pageants are not about being a model, it's about being a role model who, inspires other married women to follow their passion which is buried deep in family and professional responsibilities.

My journey started way back in school days as Ms Tenth, Ms school and Miss fresher in college. Later long medical studies and family kept me occupied. After 10 years of

marriage, I got this opportunity to explore myself and I took the call.

## 2. How has your life changed after winning the competition?

Life changed from being a simple dentist to a queen. I received lot of attention and celebrity status. I am invited to many platforms to inspire students and women with my success story. I am enjoying every bit of it and yes my responsibility for society has increased multi fold after becoming a queen.

## 3. What ways can you bring about effective changes in society by virtue of being a dentist as well as Mrs India?

It's wonderful to be a dentist before a queen, a queen with a doctor degree receives that special wow factor everywhere. Beauty with brain is the best compliment one can ever cherish.

I am working with road safety as goodwill ambassador and make people aware about dental trauma in accidents and sports as well.

Working with Jaipur Nagar Nigam as brand ambassador is a big responsibility. I talk about health and hygiene in cleanliness programme. You become more influential to people when u adore professional qualification. I am working with election committee for voting awareness and with women and child development ministry for "betibachaobetipadao".

## 4. Are there any projects you are currently involved with?

Yes as, I mentioned, I am working for social cause as goodwill ambassador for road safety brand ambassador for Jaipur Nagar Nigam, brand ambassador for badminton association, sweep programmes, etc.

## 5. What are the challenges that women in dentistry come across, and how can they be corrected?

Important challenge is to resume practice after child birth when you are out of practice for long and start losing confidence if span is long. Best way is to, fix minimum hours of practice per week so that, female would be in touch of clinical work.

## 6. What is your argument to people who are against the concept of beauty pageant and call it harmful to society?

Fortunately, I did not get such experience. In fact, I was appreciated everywhere and it seems so good when females call you role model. Perception of society is changing for Pageants. Now days, pageants are considered a huge platform, to showcase your talent and gain confidence. You explore yourself. Families too are very supportive these days.

## 7. Is it true that the fitness requirement for beauty contestants is very strict? What kind of diet plan do you follow and recommend?

Fitness is important for every role you play in life. Fitness decides your work efficiency and your daily dealing with others.

Yes, when it comes to pageant, you get a reason to stay fit, eating balanced diet and regular exercise, and no starving is the key to stay healthy.

## 8. Do you have bad hair days? How tough is it to live up to the standard of being a beauty queen? Do you have days when it becomes stressful?

Yes, I do have. When lot of hair styling products are used and you skip your meals and short of sleep. Spending long hours in make-up n dress up is sometime very stressful.

## 9. What is your secret to success and how do you motivate yourself to achieve your goals?

Keep challenging yourself and remain passionate towards your goal, keeps you going. I believe, when you work with determination, dedication, devotion and diligence, destiny and Devine power will formulate their plans towards your success.

## 10. What are the responsibilities of Mrs. India?

Responsibility to influence people towards betterment of society.

## 11. What motivated you to participate in Mrs India?

My son's belief in me, to participate and win motivated me. his words 'mamma u can do this, trust me' ignited that flame of passion made me participate and yes I wanted to show him that I can live up to your expectation and now it's your turn.

## Dr. Anupama Soni

BDS, MDS & (Gold Medalist)

Endodontist & Cosmetologist

Mrs. Asia International 2018-19

Mrs. India 2018-19

Goodwill Ambassador for Road Safety

Brand Ambassador of Jaipur Nagar Nigam

Brand Ambassador of Jaipur Badminton Association





## ACTIVITIES

### ACDI, HYDERABAD

3rd International Conference of Academy of Cosmetic Dentistry India  
18th- 20th January 2019

The Department of Conservative Dentistry, ACDS organized the 3rd Academy of Cosmetic Dentistry India Conference, Hyderabad an affiliate of American Academy of Cosmetic Dentistry, in collaboration with Academy of Cosmetic Dentistry India, under the guidance of Dr. Mamta Kaushik, Organizing Chairperson and Dr. Roshni, Organizing Secretary.

The three day Mega international event was inaugurated at Hotel Marriott on 18th January 2019 and concluded on 20 Jan 19. The three day knowledge feast featured exhaustive lectures by renowned International speakers including Dr. Michael Sesemann, Dr. Elizabeth Bakeman, Dr. Mosz I. Khakiani, Dr. Bambang Agustono and Mr. Nasser Shademanon the current dimensions and emerging trends in Cosmetic Dentistry

The event received stupendous response with nearly three hundred International and National delegates attending the event.



### ACE, BENGALURU

Association of Conservative Dentistry and Endodontics of  
Karnataka inauguration  
26th Feb 2019  
Rapid recap- sculpting the future  
26th-28th Feb 2019, Bengaluru

Association of Conservative Dentistry and Endodontics of Karnataka was formally inaugurated on 26th February 2019, at Dayananda Sagar College of Dental Sciences, Bengaluru. The President, Dental Council of India, Dr.Dibyendu Mazumdar was the chief guest for the function. President IACDE, Secretary IACDE and many other senior members of the association from all over the country graced the occasion.

The association is being led by Dr.Roop R Nadig as the President and Dr.Mithra Hedge as the Secretary. The primordial aim of the association is to propagate scientific enquiry and continuing education by bringing all the members of our fraternity to share and gain, bind and bond, amalgamate and integrate. To perpetuate scientific knowledge for the benefit of the community at large. To commemorate the event, the first scientific program "Rapid recap- sculpting the future" for the exam going post graduate students was organized.

Theoretical knowledge, clinical acumen, skillful handwork & sharp oratory skills are indispensable for an exam going PG. Keeping this in mind; this three day power-packed program was designed to recapitulate rapidly what is learnt in the last 3 years, so that they can face the forth coming final examinations more confidently.

Eminent, experienced teachers and clinicians shared their knowledge and guided the students as how to prepare and face the theory, practical's and viva voce examinations effectively.

A total of 150 postgraduate students attended the programme. They all went back with full of knowledge and expressed their happiness and gratitude through their feedback forms.



### ENDOVISTA 2019, MUMBAI

Endovista 2019, a scientific extravaganza dedicated to the benefit of post graduate students, witnessed the participation of over 175 delegates from 30 dental colleges.

The honourable President of the Dental Council of India, Dr.Dibyendu Mazumdar presided over the inauguration ceremony, as the chief guest for the second time in a row. He also inaugurated the Tema Research Centre for Regenerative Endodontics, the first research centre of its kind in India.

The invited speakers were an impressive mix of senior academicians and experienced clinicians. Each of the scientific lectures was tailored, to best address, the problems encountered by the post graduate students. There were also scientific sessions where the delegates presented papers and posters.

At the end of each day's scientific session there was a Panel Discussion, where our mentors addressed the questions put forth by the post graduate delegates. All of the sessions not only gave an insight into how 'Conservative dentistry and Endodontics' is evolving and the challenges ahead, but also helped the delegates prepare for those challenges. The success of Endovista was the merit of having the best minds in the discipline to articulate a scientifically replete conference.



### FINISH LINES 2019, CHENNAI

The Department of Conservative Dentistry and Endodontics, Faculty of Dental Sciences, Sri Ramachandra Institute of Higher Education and Research, in association with Indian Association of Conservative Dentistry and Endodontics, conducted their Decennial National Rapid Review Program "FINISH LINE 2019" from February 11th -13th 2019.

Around 230 post graduates from all around the country registered for the program and benefitted immensely. Twenty-four dedicated faculty from various universities delivered extensive exam-oriented lectures diligently over the three days. A Grand Viva Voce session was conducted using Blended Learning which was a huge hit among the students, and they were able to enrich themselves in a fun way. We had a mega felicitation ceremony on the third day, commemorating the ten successful years of FINISH LINE and honouring our mentors who were stalwarts of our specialty. By the end of this threedays program, the post graduates were empowered with knowledge and attitude to face the university practical and theory examination effortlessly with utmost confidence.



### CURRENT UPDATES IN CARIOLOGY, CHENNAI

Sathyabama Dental College & Hospital, Chennai conducted a CDE program on "CURRENT UPDATES IN CARIOLOGY" on 12th April 2019. The program was organised by the department of Conservative Dentistry & Endodontics in association with Indian Association of Conservative Dentistry and Endodontics (IACDE) and Conservative Dentist and Endodontist Association of Tamil Nadu (CEAT).

As predicted by GV Black in 1896, "The day will come, and maybe you will all live to see it, where we will practice preventive dentistry rather than reparative dentistry", this programme was tailor made to provide the best understanding of

- \* The caries disease process and its etiological drivers.
- \* How to detect and diagnose the carious lesions.
- \* Recommendations on how to assess patient's risk for the disease.
- \* Non-invasive and Minimally Invasive protocols for management of the disease.



The invited speakers were Dr. Usha Sathyanarayanan and Dr. Krithika Dutta. Dr. Usha Sathyanarayanan is a passionate teacher, self-proclaimed cariolologist and a motivated clinician, who has designed and executed caries risk assessment and

comprehensive risk based management for the first time in India. Dr. Krithika Dutta is a passionate researcher and her area of interest is cariology. She is a member of the European Organisation for Caries Research (ORCA) and is currently working as a Reader at Meenakshi Ammal Dental College, Chennai.

The program attracted 172 participants, including interns, Post graduate students, teachers and private practitioners from across the state. The program was awarded 3 CDE Points by the Dental Council of India (DCI).

### CONTINUED DENTAL EDUCATION PROGRAMME, DHULE

ACPMDC, Dhule, Maharashtra

The annual CDE program was conducted by the Department of Conservative Dentistry and Endodontics, ACPMDC, Dhule in association with MACE.

Dr B Mohan, Secretary IACDE was keynote speaker for the program. The event included a lecture and demo attended by around 135 participants and hands-on workshop for 30 participants.

The event was graced by Dr. Ashish Patil, Chief Guest, Dr. Arun Dodamani (Principal, ACPMDC), Dr. Vibha Hegde, Guest of Honor (Gen. Secretary MACE), Dr. Anand Mohatta (President, MACE), Dr. Zinnie Nanda (Organising Chairman), Dr. Kavita Rudagi (Organising Secretary and EC member IACDE, MACE) and various other members of MACE.



### APEX 2019, KERALA

Apex 2019, the Academic and Professional Excellence programme for post graduate students was conducted by Conservative and Endodontic Society of Kerala (CAESOK) at Pushpagiri College of Dental Sciences, Thiruvalla on 16th March 2019.

The programme was attended by more than 80 post graduates from Dental Colleges across Kerala and 24 faculty members.

7 Guest lectures were delivered by eminent faculty drawn across the state. The programme was coordinated by the team lead by Dr. Devadathan from Pushpagiri College of Dental Sciences.



### IACDE FACULTY DEVELOPMENT PROGRAMME, CHENNAI

FULL MOUTH REHABILITATION

Conclave 2019-An advanced faculty development program on Full Mouth Rehabilitation was conducted on 15th & 16th April 2019 by IACDE & Department of Conservative Dentistry & Endodontics at Tamil Nadu Government Dental College & Hospital, Chennai. The event was presided by Dr. B. Mohan, Secretary IACDE, Dr. M. Kavitha, Vice President, IACDE & Head of Department and Dr. G. Vimala, Principal, Tamil Nadu Government Dental College & Hospital.

The course proved to be unique of its kind involving active participation of HODs, Professors, Associate & Assistant Professors from all over India. There was demo & hands-on course on Face bow transfer, centric relation recording and articulation by Dr. Vasanth.

Dr. Suresh gave elaborate sketch on TMD and its management. Dr. Mohan highlighted on restorative options in FMR and conducted demo & hands-on course on onlay preparation & temporary restoration fabrication. The meet enlightened the participants with holistic understanding on the longevity & success of full mouth rehabilitation, give an edge over in practice & guiding PG students.





**PANEL DISCUSSION****SIGNIFICANCE OF RUBBER DAM APPLICATION FOR ANTERIOR AESTHETIC RESTORATIONS  
MAY BE Vs MAY BE NOT****MAY BE****Dr. Girija S Sajjan**

Profesoor& Head  
Department of Conservative Dentistry & Endodontics  
Vishnu Dental College  
Bhimavaram A.P.

*"Aesthetic Smile is a fundamental measure of perfection and a measure of the divine".*

The anterior aesthetic work encompasses the bleaching of discolored teeth and restoration of defects of anterior teeth.

The idea of using a sheet of rubber to isolate the tooth dates back to 150 years. Dam benefits the operator, the assistant and the patient in many ways like improved access and visibility, protection of soft tissues, reduced operative time, containment of material, reduced stress: operator-patient-assistant, Secures airway and GI tract and Improved cross infection control.

Bleaching agents can accidentally adhere to gingiva and peripheral tissues leading to transient pain and whitish changes (M Furukawa 2015). Hydrogen Peroxide affects Gingival Fibroblasts and induces proinflammatory cytokines. The swallowed bleaching material may cause burning of palate, sore throat and gastro intestinal mucosal irritation (Phojola et al 2002). This can be prevented by dam application.

Development of proximal contours of anterior teeth demands use of clear matrix systems requiring adequate gingival tissue displacement. The placement of finish line and adaptation of material or veneers to that is best done in clean, clear field.

To develop a successful adhesion between resin and the tooth substrate in anterior esthetic work the adhesive substrate should not be contaminated. The salivary contamination affects adhesion before curing due to the occlusion of prepared surface by salivary proteins. Increase in the contact angle could decrease the bond strength. Contamination following adhesive polymerization leads to reduced bond strength owing to the deposition of salivary glycoprotein lessening the effective copolymerization.

Studies have reported that, blood contamination decreased bond strength as it creates a mechanical barrier owing to the inorganic and organic elements (Leinfelder&Kurdziolek, 2003) leading to restorative failure.

Opinion- Rubber dam application is an easy and incontestable supernova treatment modality which can be done in few seconds with good knowledge, skill and armamentarium.

**Dr. R S Mohan**

Professor  
Department of Conservative Dentistry and Endodontics  
Priyadharshini Dental College and Hospital  
Thiruvallur

Introduced in the year 1864 by S.C Barnum the significance of this simple yet crucial armamentarium in dental operator is underrated.

Rubber dam armamentarium and its placement may seem inconvenient or complex but with good understanding of placement technique it becomes one of the most notable aspects of any restorative or endodontic procedures.

It provides perfect isolation of the tooth to be restored, it minimises iatrogenic injuries, it prevents contamination of the pulp with oral fluids, improves dentist's efficiency by providing a dry /clean operator field, boosts the strength of dental materials and enhances access and visibility.

In this era of composites and ceramic restorations isolation becomes extremely crucial for adequate bonding which in turn determines the success of the restoration. Most of the time the dentist's apprehension in placement of the rubber dam precludes its use in their operator, learning the correct technique can help build confidence to exercise its usage in everyday clinical practice.

Studies have confirmed that there is an increase in shear bond strength and reduced micro leakage when rubber dam isolations were compared to cotton roll isolations.

We have accepted and adapted too many new inventions and technological advancements in the last century but understanding the pivotal role of rubber dam and incorporating it in treatment procedures seems to have been the hardest.

In my personal teaching experience, I have learnt the hard truth that enabling a dentist to place a rubber dam takes more effort than placing the dam itself.

**MAY BE NOT****Dr. Anitha Kumara**

Professor  
V.S Dental College & Hospitals  
Bengaluru

Even though rubberdam isolation has been commonly practiced for its advantages, its disadvantages remain lesser known.

Macroaesthetics are the principles which allow the teeth array in the dental arch to present an aesthetic look, encompass the inter-relationship between the face, lips, gingival and teeth to be incorporated for successful anterior aesthetics restoration. The interpupillary line, occlusal plane, commissural line, upper lip curvature, lower lip margin and facial midline are some of the principles to be followed. Use of rubberdam may lead to visual distortion of these principles making the successful restoration next to impossible.

Colour is nothing but the perception of light reflected from the oral tissues, making it an important component of restoration. On application of rubber dam the colour gets distorted during the direct restorative procedures it also produces abnormal colour contrast. Rubber dam sheets tend to decompose under high intensity light and on exposure to chemicals such as hydrogen peroxide, methacrylates& alcohol present in bleaching solution and adhesives.

Communication between the patient and dentist becomes almost impossible during restorative procedures. Many case reports are published, using alternatives to rubberdam such as high speed suction, cotton rolls, custom retraction devices, retraction cord systems and electrosurgery have been published. For the above mentioned reasons anterior aesthetics restorations can be performed without rubberdam application.

**Dr. Chi Koy Wang**

HOD & Prof  
Buddha Institute of dental sciences and Hospital  
Patna.

Few years back when I came across an you tube video on rubberdamology by Dr. Maxim Belograd, I was stunned and mesmerized by his clinical expertise in rubber dam application, and at the same time it gave me a feel that all my adhesive esthetic restorations are going to fail, as my isolation technique did not meet up his standard.

At present in India and many Asian countries, majority of the general dental practitioners do not use rubber dam routinely in their esthetic restorative work.

So, are their restorations doomed to failure?? Or is the placement of rubber dam absolutely necessary for esthetic restorations??

After going through all the research papers I found some interesting results which I would like to share with you all.

1. Studies have proved beyond doubt that rubberdam application is mandatory in endodontic procedures for it not only improves the prognosis but also protects the patients from various iatrogenic mishaps.
2. Contrary to endodontics the role of rubberdam in adhesive restorative dentistry is not an absolute indication. Wang Y et al, in his master review article revealed that isolation from moisture is very important for the outcome of adhesive restorations and for that cotton rolls with proper suctions can successfully compete with the isolation provided by the rubber dam.

So I would like to conclude by saying that rubber dam application during adhesive restorative procedures is an important adjunct for its multiple advantages but to say that its mandatory is not true.



## Two approaches and one goal

Digital expertise versus manual skill in the fabrication of ceramic veneers  
Dr Eduardo Mahn, Santiago/Chile

**State-of-the-art CAD/CAM materials are offering clinicians various possibilities of producing certain types of restorations (e.g. ceramic veneers). These can be fabricated directly in the dental practice or conventionally in the lab, for example.**

Recently developed restorative materials have opened up a myriad of exciting possibilities for dental practitioners. In the restoration of anterior teeth, clinicians have to select the most appropriate material for the case at hand on the basis of specific criteria. In situations where teeth show signs of erosion, abrasion, abfraction or a combination of these phenomena, practitioners will tend towards using ceramics or composite resins, depending on how much intact tooth structure remains available. Traditionally, composites are used for Class III, IV and V defects. However, ceramic veneers are preferred in cases where a large amount of tooth structure is missing or a major change is planned (e.g. smile makeover).

### The challenge

When two central incisors need esthetic enhancement, the choice of approach is not so clear. Irrespective of the material used a minimally invasive route involving very little preparation of the tooth structure can be taken nowadays due to the high strength of modern materials (e.g. lithium disilicate glass-ceramic). Nevertheless, it is important to remember that minimal preparation is an option only if the teeth are properly aligned. As long as the desired changes of the tooth shape and shade are small, preparation can be limited to the enamel. In many cases, however, orthodontic treatment is needed before the tooth position and/or shape can be optimized by means of restorative procedures. This minimally invasive approach requires the dental practitioner to convince the patient of the necessity of undergoing preliminary orthodontic treatment.

### The solution

It is our aim to remove as little of the tooth structure as possible in every case that we treat. With modern materials such as lithium disilicate or leucite-reinforced ceramics, we can confidently press or mill veneers that are as thin as 0.6 mm and even 0.3 mm. One of the main advantages offered by this type of ceramic is its wide range of applications. Until a few years ago, the treatment with indirect restorations required at least two appointments.

With the advent of CAD/CAM technology, clinicians now have the possibility of making semi-direct restorations.

Ceramic materials such as IPS Empress® CAD allow dental practitioners to produce polychromatic monolithic veneers and crowns in less than one hour, without having to glaze them. Nonetheless, many dentists still believe that dental technicians with their well-honed manual skills produce better esthetic results than a machine, and they do not see the need to embrace digital technology. As a result of this point of view and the high acquisition costs of the milling machines some clinicians are reluctant to invest in this technology. On the basis of the present clinical case study we would like to highlight the following aspects: the importance of having the right treatment plan, the possibilities currently available for the fabrication of veneers, the potential of the press and CAD/CAM techniques and the latest improvements made in the field of cementation.



Fig. 1: Initial situation: The patient was referred to an orthodontist.



Fig. 2: One year later when the patient returned to the practice, the teeth showed unsatisfactory composite veneers.

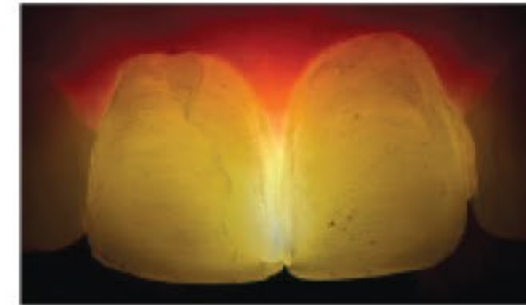


Fig. 3: The veneers were removed and the teeth were transilluminated to identify any composite residue.



Fig. 4: The two-cord technique was used for the impression. The retraction cords remained in the sulcus.

### Clinical case

#### Patient history

A thirty-one-year-old female patient came to our office because she was dissatisfied with her anterior teeth. She complained about the misalignment of the upper and lower central incisors (Fig. 1). A detailed clinical examination revealed that the composite restorations in these teeth were defective. As a result of erosion, a considerable amount of tooth structure had been lost. In addition, the misalignment of tooth 21 and 41 in particular was quite obvious. The treatment plan presented to the patient included initial orthodontic treatment followed by minimal preparation of the two central incisors for two ceramic veneers. The patient was subsequently referred to an orthodontist for treatment. Unfortunately, it took more than a year before she presented to the practice again. At this consultation, we were quite surprised to find that the two central incisors had been restored with poorly finished direct composite veneers (Fig. 2). Many clinicians simply underestimate the challenging nature of this type of restoration, and this was a case in point. In addition to preventing any contamination of the working field, the clinician must also accomplish the arduous task of creating an appropriate emergence profile, proper contours and contact areas and producing a suitable micro and macro-texture, and all this within a single appointment.

#### The treatment

The composite veneers had to be removed and replaced with new ones. In this particular case, the advantages of using the indirect technique were obvious. The patient agreed to have two ceramic veneers made for her. For this purpose impressions were taken and a master cast was produced. This working model provides the dental technician with the opportunity to evaluate the situation in detail. He or she has the time to think about possible ways of correcting the misalignment. Dentists do not have this "luxury" of time when they are treating a patient in the dental chair. They have to finish the restorations as quickly as possible in order to prevent contamination of the treatment field and keep chair time to a minimum for the comfort of the patient. In the present case, an additional hurdle had to be overcome: Any composite material that might have remained on the tooth structure had to be clearly identified and carefully removed without damaging the healthy tooth structure. Transillumination with white LED light came in useful for this purpose (Fig. 3). Next, the teeth were prepared, retraction cords were placed and an impression (Virtual®) was taken (Fig. 4). The patient was provided with a temporary restoration, which was made with a temporary crown and bridge material (Telio® CS C&B, shade A1) and cemented with a dual-curing luting composite (Telio CS Link) (Fig. 5).



Fig. 5: Temporary restoration





Fig. 6: Try-in of the IPS e.max Press HT A1 veneers (fabricated in the laboratory)



Fig. 7: Try-in of the polished IPS Empress CAD Multi A1 veneers (fabricated in the dental office)

### Fabrication of the restorations

Two different routes were pursued in the fabrication of the veneers. We instructed our lab technician to make two ceramic veneers using the press technique with IPS e.max® Press (shade HT A1, stained). At the same time, we milled two ceramic veneers with our in-office CAD/CAM machine using an IPS Empress CAD Multi block (shade A1). The veneers made in the dental office were not glazed, just polished. Figures 6 and 7 allow the results to be compared from a facial perspective. This experiment illustrates the esthetic potential of modern ceramics. Both types of restorations blend in beautifully with their surroundings.

The appearance of the veneers produced with the help of CAD/CAM technology came very close to that of the manually manufactured version. Nevertheless, in the end we opted for the lab-fabricated veneers (IPS e.max Press) with the consent of the patient, since we were able to achieve a slightly better match to the neighbouring teeth by staining the restorations.

### Placement

Figures 8 and 9 show the try-in pastes (Variolink Esthetic LC) on the prepared teeth. The most suitable composite cement was determined on the basis of two differently coloured pastes. Two extreme options were compared: Light+ and Warm+. The difference was clearly visible when the pastes were applied. Even though the darker shade (Warm+) was very close to that of the natural tooth structure and would have worked well with the veneers, we ended up choosing the lighter shade. This was a typical decision. In most cases,



Figs 8a and b: Try-in of the veneers with a light try-in paste (Light+)



Figs 9a and b: Try-in of the veneers with a dark try-in paste (Warm+)



Fig. 10: Enamel etching with phosphoric acid



Fig. 11: Application of a single-component adhesive (Adhese Universal)



Fig. 12: Removal of excess composite cement

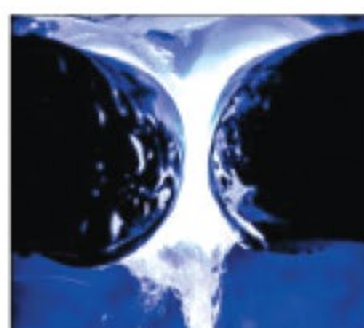


Fig. 13: Light-curing with Bluephase Style polymerization lights with water cooling



Fig. 14: The result: The patient with the ceramic veneers in place

we tend to prefer the lighter version, since it provides a better contrast to the tooth structure and therefore renders the removal of excess cement easier and faster. Before the veneers were seated, retraction cords were placed and the enamel was etched; the dentin remained unetched. Adhese® Universal was used as the bonding agent to place the veneers (Figs 10 and 11). Then the excess luting composite was carefully removed and a glycerine gel (Liquid Strip) was applied (Fig. 12). This gel prevents the formation of an oxygen inhibition layer at the margins. The luting composite was cured with two curing lights (Bluephase® Style) simultaneously and cooled with plenty of water (Fig. 13). Figure 14 shows the harmonious result produced by the lithium disilicate veneers (IPS e.max Press).

### Conclusion

State-of-the-art restorative materials have immense potential. Depending on the particular requirements of the patient and the indication, they allow a suitable treatment option to be found quickly and easily. The case presented here shows that highly esthetic ceramic veneers can be fabricated with minimal effort using in-office equipment (IPS Empress CAD Multi). Nevertheless, pressed ceramic veneers were chosen for this patient, since they offered the possibility of applying stains, through which a very close match to the neighbouring teeth could be attained. In principle, however, highly esthetic results can be achieved with both approaches if the appropriate treatment protocol is followed.



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## ASK THE EXPERTS



**Dr. Mithunjith**  
MDS  
Conservative Dentist & Endodontist  
Winner of IACDE Clinical Excellence Award 2018

### QUESTIONS ON PHOTOGRAPHY

#### 1. What should be the specifications to be used for clinical photographs?

Digital cameras are the most suitable type of cameras for dental photography. These cameras can be divided roughly into two main categories:

- Compact cameras & Single-lens reflex cameras

- Single-lens reflex cameras (DSLR) are the first choice cameras for dental photography because of its versatility.

- 85mm, 100mm or 105 mm macro lens are the options available for the lenses.

Any one of this Macro lens is a mandatory prerequisite.

- A wise investment would be to invest on a macrolens and a good flash system rather than getting a expensive body.

#### 2. Any specifications of the type of light source to be used in particular?

Proper illumination is one of the most significant factors in achieving a quality dental image. Since natural ambient light is inadequate to illuminate the dark shadows in most intraoral photographic situations, the most practical light source comes from a supplemental electronic flash source.

There are three types of electronic flash system configurations available for dental photography:

- Ring flash light source system

- Point flash light source system:

- Twin flash light source system.

In general ring flash system or twin flash system is preferred over point flashes.

#### 3. Kindly specify the settings required for both extra oral and intraoral photographs with the mentioned factors- ISO settings, shutter speed, depth of field, type of mode to be used, aperture dimensions, lens sharpness and distance.

**Intraoral photography:**

ISO- 100

Shutter speed: 1/100-1/150

F stop (aperture diameter/depth): F18-F32 (depending upon the clinical scenario)

Mode: Manual mode is always preferred.

As in dentistry mostly the magnification is fixed, distance matters in what magnification the shot is made. For instance 1:1 shots are made very close to the teeth whereas 1: 4 shots the distance increase.

**Extraoral photography:**

ISO- 100

Shutter speed: 1/100-1/150

F stop (aperture diameter/depth): F 5-F12

Mode: Manual mode is always preferred.

#### 4. Which are the best intraoral mirrors to be used for clinical photographs?

Getting the retracted occlusal photos using mirrors is especially tricky. You'll want them for everything from restorative treatment planning and evaluating arch form to observing the occlusal surfaces of teeth.

- Metal or glass is the only two options.

Metal mirrors are least reflective so metal mirrors will scratch easily and produce a slightly darker image compared to glass mirrors.

Glasses are available in three coatings; chromium, rhodium, and titanium and are all good choices. You can find conflicting information on the relative hardness and reflectivity of these coatings but all in all they are so close it doesn't make much difference.

- Front surface coating ensures that there are no double or "ghost images". Rear surface mirrors give you a reflected image as well as a "ghost image" that is reflected off of the glass. Front surface mirrors are the best for dentistry.

Rhodium, chromium or titanium plated, front surface glass mirrors becomes the gold standard.

Titanium has a higher reflectance than either chromium or rhodium. This means a brighter image that is easier to focus on when taking occlusal and buccal mirror shots.

- Studies have shown that the Titanium Dioxide coating is also more durable than chromium and rhodium. While it is impossible to prevent scratches from front surface plated mirrors, our Titanium mirrors held up better than the other surfaces

- Chromium occlusal and buccal shapes are double sided and mostly titanium coated are single sided.

#### 5. When should the flash be used for intraoral photographs?

Mostly for all the intraoral shots, flashes are mandatory as we are trying to get images of a darker area with a increased depth of field.

#### 6. What type of flash should be used for extraoral and intraoral photographs?

**Intraoral photography:**

- For anteriors/ esthetic cases documentation; twin flash system.

- For posteriors/quadrant dentistry/restorative works on posteriors; Ring flash system.

**Extraoral photography:**

- If you already own a twin flash, u can get additional brackets with pocket diffusers for the twin flashes and use it for decent extra oral shots.

- Studio lights (Strobe lights) are still the gold standard for extraoral portrait shots and high end dental glamour photography.

#### 6. Which is the preferred format to be used to save and share digital images?

Preferred format to save the image is always RAW+JPEG fine. And JPEG format is always the best for sharing. Now with cloud based sharing JPEG images with big storage space can also be shared easily.

#### 7. What can be the maximum value upto which we can zoom in to capture clinical images without distorting the pixels?

As a general rule, excess magnification is detrimental to image quality. This is because most macro lenses are incapable of resolving beyond a 1:1 magnification, and while it is possible to magnify objects to greater than life size using various attachments such as extension tubes the result is a deterioration of image quality. If a magnification greater than 1:1 is required it is better to enlarge the image, again within limits, using photo-editing software. This is one of the reasons to start with a high quality image that is capable of enlargement without loss of details

The major factor to consider when taking magnification views is that the depth of field is substantially reduced. This means that fewer teeth or parts of teeth are sharply focused, not forgetting that the depth of field is in front as well as behind the point of focus. Therefore, to ensure maximum depth of field it is advantageous to focus on a midpoint. While framing of a picture is not critical since the image can be cropped afterwards, incorrect focusing is difficult to rectify in photo-editing software. A certain degree of sharpening can be applied, but if an image is captured out of focus it will remain and appear out of focus no matter the amount of manipulation.

#### 8. How do we ensure that the angle, light and composition of picture are correct?

Composition of intraoral imaging is limited to the magnification which we use for making the intraoral pictures like 1:4, 1:2 and 1:1 for full arch, Aesthetic or extreme close up pictures respectively.

For the optimal light exposures, it's better to check with the histograms which are the part of the menu and can be displayed in the LCD of the DSLR.

As a general rule, Histogram of the correctly exposed image shows equal distribution of peaks and troughs from the midpoint.

Distribution of peaks either on right or left of the histogram denotes over exposed or underexposed image respectively.

#### 9. Does the camera need to be disinfected? If yes, how?

Dental photography requires strict adherence to cross-infection control measures. Routine cross-infection measures carried out for dental procedures are also applicable for dental photography. It is recommended that a specific zone be reserved for photographic equipment and accessories. All photographic equipment, including the camera, lens, tripod (if used) and cable releases should be draped with disposable cellophane covers, similar to that used for chair headrests and should be changed after each patient.

Mild surface disinfectant wipes can also be used to clean the body of the camera to avoid cross contamination.

### CRICENDO

#### ULTRASONIC TIPS

#### GENERATION X ULTRASONIC TIPS



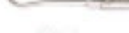
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For removal of dental overhang on Internal Wall / Caries Removal



#### No.4

For finishing pulp chamber & Cavity Walls



#### No.5

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## ASSOCIATION UPDATE

### CONS & ENDO DAY CELEBRATION 2019

"Dream Big, Work hard to make it happen" It's a great honor and privileged moment for entire fraternity of Conservative dentistry and Endodontics to celebrate the Cons&Endo day on 5th March to mark foundation of Indian Association of Conservative Dentistry and Endodontics(IACDE).

This enormous event started in 2016 and is celebrated every year with great enthusiasm, fun and frolic across the nation. Great diversified activities are held like marathon, awareness programs and camps for students and general population, various competitions for students etc. to spread the importance of our specialty.

This year the passion to celebrate was extended and continued during 20th IACDE PG convention held in Chandigarh, at Sukhnalake on 9-3-2019, 7:30 am(Walkathon & Cyclothon). Along with IACDE President, Dr.GirishParmar, Honorary secretary Dr.Mohan.B and many enthusiastic delegates and post graduates the program was inaugurated by Sri. Amardeep Singh Cheema. It was indeed a successful event organized by Dr. Ajay Chhabra and Dr. Pranav. The entire Sukhnalake was resplended in the shade of IACDE.

Across the nation wads of Cons & Endo events were held with joyous diversion among the fraternity making this event an unique one.

I take honor, on behalf of head office IACDE to thank all the members of our specialty for their sincere participation to uphold the honor, integrity, dignity, uniqueness and maintaining themselves as true clinicians and/or academicians.

I am grateful to Hon. Secretary Dr.Mohan for entrusting me with the responsibility as program coordinator for Cons & Endo events. In future I will continue to do the best for the benefit and growth of our Specialty.

Program coordinator

**Prof.Dr.Shashirekha.Govind**

Institute of Dental Sciences

Siksha 'O' Anusandhan Deemed to be University

Bhubaneswar

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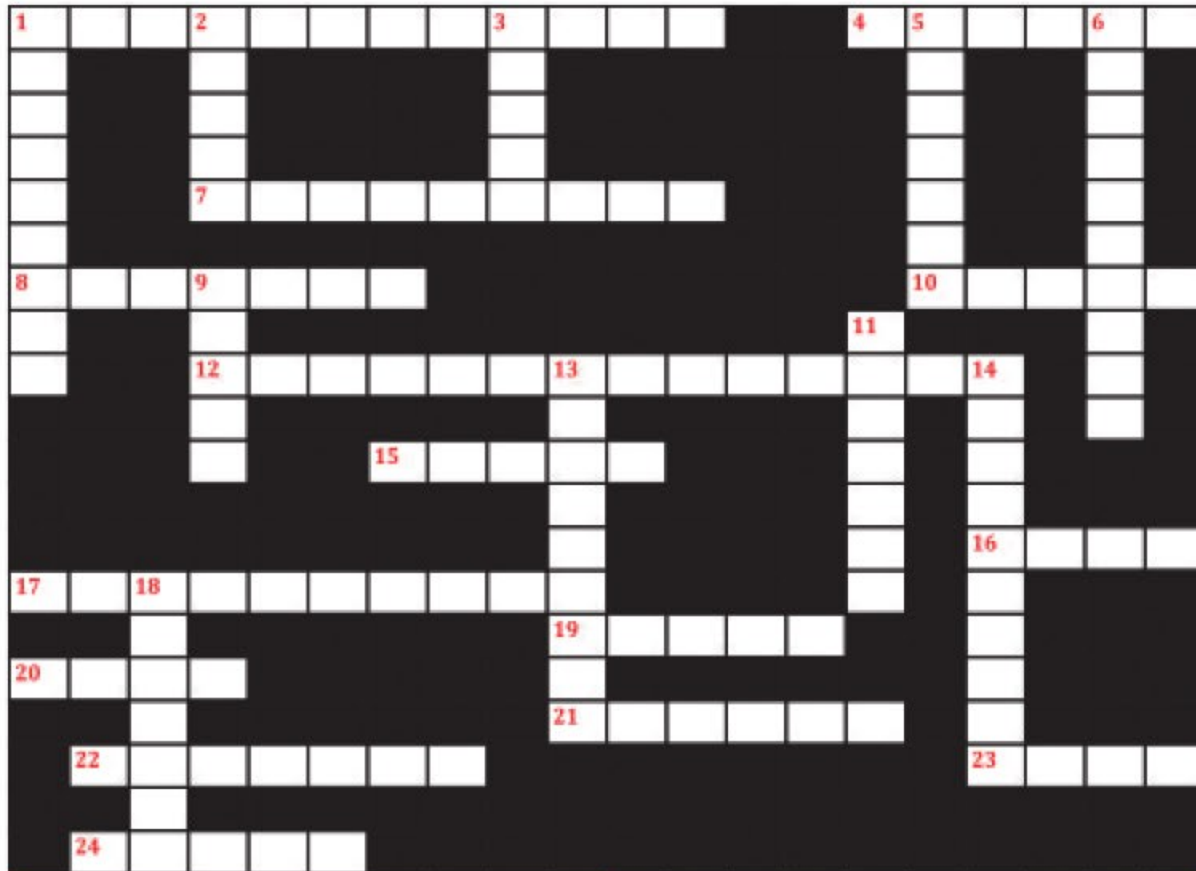






## REST-ORE-TAINMENT

### CROSSWORD IACDE - 10



ACROSS	DOWN
1. A process by which bacteria are transported in the blood / lymph to an area of tissue damage.	1. Process of removal of dissolved gases.
4. Polyketone compound, modified zinc oxide cement, root end filling material.	2. A self-cure temporary sealing compound for temporary restoration.
7. A Zinc oxide root canal sealant.	3. Retentive grooves on a horizontal plane.
8. Company producing 2nd generation indirect composite resin system TARGIS POWER.	5. Narrowest portion of a cavity.
10. Extensions from the primary flare onto the facial and lingual surfaces slightly beyond axial angles.	6. A paste of gutta-percha dissolved in oil of eucalyptus used as root canal sealer.
12. A smaller diameter file intermittently inserted to the measured apical length.	9. Chair side economical restoration uses CAD/CAM to take impressions quickly.
15. An abnormal channel that drains from a longstanding abscess.	11. Thread mate system pins.
16. A medium to maintain cell viability	13. Ability of a material to absorb elastic energy and to deform plastically before fracturing.
17. A Non carious lesion caused due mechanical loss of tooth structure near the gingival margin.	14. Composite resin containing fillers of size 0.005 to 0.01 micro meter.
19. Narrowest portion of zipped canal	18. 360 metal collar of a crown surrounding parallel walls of dentin till shoulder of preparation.
20. A premixed temporary restorative material	
21. An extracellular fluid important in controlling dental caries.	
22. Process which is a continuation of trituration.	
23. Endodontic explorer	
24. To create rapid separation during tooth preparation	

### IACDE JUMBLE WORDS

#### 1. ENRAEIEODGTN



#### 2. SIURBHN



#### 3. EBLVE



#### 4. IDTSMNETVE



#### 5. TNHECIG



CLUE: A metal alloy, where two elements are present in roughly equal atomic percentages and commonly used in endodontics



### Growing Orchids...Do's and Dont's



**Dr. Ashwini Santosh**  
Reader  
VS Dental College and Hospital  
VV Puram, KR Road  
Bengaluru

#### 1. Which type and how much light is required for orchids to survive and bloom? Can we grow them in warm climate?

Orchids one of the largest flowering plants (~28,000 naturally occurring species and more than 100,000 man-made hybrids).

There is a huge variation in the habitat of orchids. Some of Epiphytic (growing on trees/shrubs), some are lithophytic (rocks) and some are saprophytic (dead vegetation). Given the variation in their habit, they are naturally found in direct sun light (deciduous trees/open rock faces) to deep shade.

Most of orchids are found in tropical and temperate regions. In cultivation, they can do well in tropical and temperate weather

#### 2. What type of pots is best suited for orchids? Is there some special soil?

Orchids can be grown on plastic or clay pots with good drainage.

Baring terrestrial orchids, most of the orchids need suitable growing media that supports their advanced root system.

Typical potting mix for orchids could be Coconut husk chips, bark and charcoal.

#### 3. Do we need to fertilize orchids? With what fertilizer and how frequently?

Yes Orchids do need to be fertilized and in the natural habitat they get their fertilization from rain water, bird and animal droppings.

In cultivation, we could fertilize them once a week with a balanced NPK (Nitrogen-Phosphorus-Potassium)

#### 4. Watering instructions!

Most of the orchids are from tropical regions and thrive in high humidity and good air movement.

Watering whenever pot is dry is a best way to water orchids.

Using a bamboo skewer to understand the moisture levels inside the pot and watering them accordingly is the best way to water them.

Overwatering kills more than under watering and hence watering is the most important aspect of growing orchids

#### 5. How often do the orchids bloom?

Some Orchids can bloom monthly and some blooms can last a few months.

#### 6. What's the best orchid for beginners?

Hybrid Phalaenopsis (moth orchids) or Dendrobium hybrids or Oncidium hybrids (dancing doll) are rewarding for beginners.



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## CALENDAR OF EVENTS

### CALENDAR OF EVENTS- 2019

Sl. No.	Date	Name of Conference	National / International	Venue
1.	4th April 2019	International Conference on Dental and Clinical Dentistry (ICDCD-19)	International	Norway
2.	6th- 7th April 2019	International conference on laser dentistry and microscopic dentistry	International	Ranchi-Jharkhand
3.	24th- 27th April 2019	20th Scientific Congress of Asian Pacific Endodontic Confederation & 14th International Congress of Turkish Endodontic Society	International	Istanbul-Turkey
4.	2nd- 4th August 2019	12th Indian Society of Prosthodontics-Restorative-Periodontics National Conference 2019	National	Mysuru-Karnataka
5.	2nd- 4th August 2019	Zonal PG Convention (Zone II)	National	Raipur, Chattisgarh
6.	9th- 10th	Zonal PG Convention (Zone I)	National	Mangalore, Karnataka
7.	4th- 8th Sept 2019	ADA FDI World Dental Congress 2019	International	San Francisco, USA
8.	21st- 22nd Oct 2019	Annual Congress on 2nd Orthodontics and Endodontics	International	Melbourne, Australia
9.	8th- 10th Nov 2019	ConsAsia 2019	International	Seoul, Korea
10.	29th Nov – 1st Dec 2019	34th IACDE National Conference 2019	National	Navi Mumbai-Maharashtra
11.	8th -9th Jan 2020	4th Academy of Cosmetic Dentistry	International	Bhubaneswar, Odhisha

Ignition... Inquisition & Illumination...

## 2nd IACDE - ZONAL CONFERENCE Zone-2

**2-3-4  
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Dept. of Conservative Dentistry And Endodontics,  
Maitri College of Dentistry And Research Centre, Anjora Durg (C.G.)  
Email : dryogeshsahu@yahoo.co.in, Mob. : 7869627681

## IACDE 2<sup>ND</sup> SOUTH ZONAL CONFERENCE 2019 ZONE - 4

**9 - 10 August 2019**  
TMA Pai International Convention Centre  
MANGALURU, KARNATAKA, INDIA

## 34<sup>th</sup> IACDE — 2019 —

**29<sup>th</sup> November - 1<sup>st</sup> December 2019**

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## SIGNING OFF

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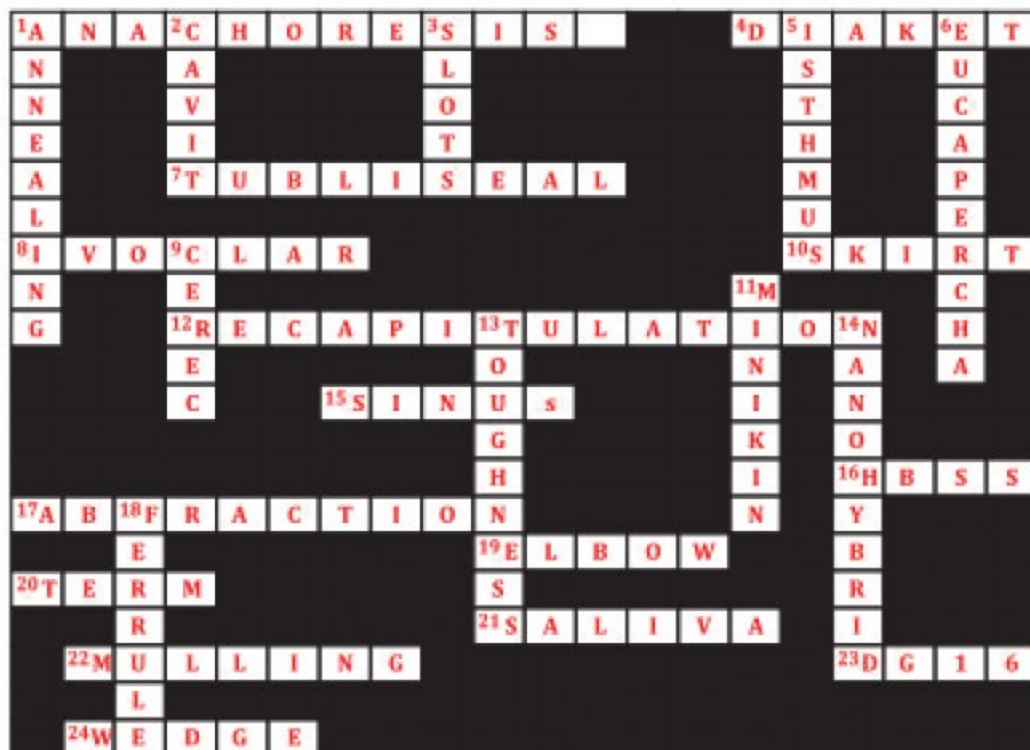
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### IACDE CROSSWORD ANSWERS



### ANSWERS TO JUMBLE WORDS - 9

#### 1. ENRAEIEODGTN

D E G E N E R A T I O N

#### 2. SIURBHN

B U R N I S H

#### 3. EBLVE

B E V E L

#### 4. IDTSMNETVE

D I V E S T M E N T

#### 5. TNHECIG

E T C H I N G

N I T I N O L

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