



PINS & POSTS

AN OFFICIAL NEWS LETTER OF IACDE



VOLUME - II

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IACDE STUDENT EXCHANGE PROGRAM

A STEP AHEAD IN EDUCATION

Mission Matters... Action Speaks... and Legacy Continues...

"Education is the passport to the future, for tomorrow belongs to those who prepare for it today"

The fundamental purpose of an association is to impart education and form a strong scientific platform for exchange of knowledge. This Students Exchange Program initiative was crafted to fulfil today's education demands and opening of new horizons to students. We profoundly thank

1. **K.M. Shah Dental College, Vadodara.**
Dr. Nimisha Chinmayi Shah and Dr. Ajith Krishnan.C.G
2. **Vishnu Dental College, Bhimavaram.**
Dr. Girija Sajjan and Dr. Suresh Sajjan
3. **King George Medical University, Lucknow.**
Dr. Anil Chandra and Dr. Tikku.A.P
4. **Oxford Dental College, Bangalore.**
Dr. Srirekha A
5. **I.T.S Dental College, Ghaziabad.**
Dr. Sonali Taneja
6. **M.S. Ramaiah Dental College, Bangalore.**
Dr. Sreenivasa Murthy B V and Dr. Sylvia Mathew

for coming forward to accept students for training. We also thank the following colleges which had the open mindedness for sending the students for training.

1. **Ahmedabad Dental College, Ahmedabad.**
2. **Chhattisgarh Dental College & Research Institute, Rajnandgaon, Chhattisgarh.**
3. **Government Dental College, Thiruvananthapuram.**
4. **K.L.E's Institute of Dental Sciences, Belgaum.**
5. **Swami Devi Dyal Hospital and Dental college, Haryana.**
6. **D.A.V. (C) Dental College, Haryana.**
7. **K.M. Shah Dental College, Vadodara.**
8. **Panineeya Institute of Dental Sciences, Hyderabad.**
9. **Army College of Dental Sciences, Secunderabad**
10. **J.N. Kapoor D.A.V. (C) Dental College, Haryana.**
11. **DJ College of Dental Sciences and Research, Modinagar.**
12. **Regional Dental College, Guwahati.**
13. **Maharana Pratap College of Dentistry and Research Centre, Gwalior.**
14. **Himachal Institute of Dental Sciences, Himachal Pradesh**



Dr. Vallari Jain
Third Year MDS
Army College of Dental Sciences, Secunderabad

A visit to Faculty of Dental Sciences, M.S Ramaiah University of Applied Sciences, Bengaluru for a five day educational student exchange program.

A well planned and meticulously organized program full of theoretical as well as practical knowledge. It included interactive and educative sessions with highly qualified and experienced faculty members. On day 1, we were taught about pedagogy, critical appraisal of an article for journal club and how to conduct undergraduate classes. The second day comprised of a live demonstration of periapical surgery, apicoectomy and root end filling on frozen cadavers followed by hands on. On the third day, an insight about basic molecular biology techniques in the department of biotechnology was given where we performed DNA extraction followed by agar gel electrophoresis. CBCT imaging and the correct use of the software for diagnosis and treatment planning was taught to us on the fourth day. Lastly a visit to the genotypic lab and introduction to the PCR technique and the newly emerging nano-pore-sequencing was given. All in all it was an amazing learning experience. Thank you IACDE for making my PG more interesting.



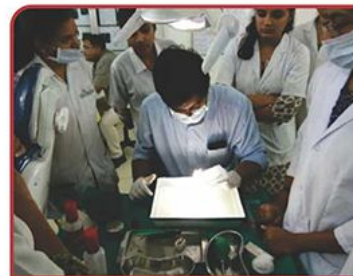
Dr. Aparna Mohan E
Third Year, MDS
Government Dental College, Trivandrum.

When we were allotted to KM Shah Dental College, Vadodara, a city far from our homeland, by IACDE for student exchange programme, we were literally scared as the people, language, culture everything would be unfamiliar to us...

But once we reached there the welcome we received by the Department was warm and felt as if we were in our own home college.

5 day course was all about an opening into the world magnification, simple regenerative techniques, and proper isolation, three dimensional visualisation using CBCT and examination perspectives... It was a wonderful experience altogether, sharing of knowledge, culture and experience altogether...

Thank you IACDE for the opportunity and the whole Endodontic Department of KM Shah Dental College, Vadodara. Looking for more successful ventures.



Dr. Nimisha Chinmayi Shah



K.M. Shah Dental College, Vadodara.



Dr. Srirekha A



Oxford Dental College, Bangalore.



**Dr. Sreenivasa Murthy B V and
Dr. Sylvia Mathew**



**M.S. Ramaiah Dental College,
Bangalore.**



**Dr. Girija Sajjan and
Dr. Suresh Sajjan**



Vishnu Dental College, Bhimavaram.



Dr. Mohan B
Hon. Gen. Sec IACDE



PINS & POSTS

IN THE SPOT LIGHT



Dr V Gopi Krishna, Vice Principal (Academics) and Professor at Dr MGR Educational & Research Institute University, Chennai has been awarded the degree of PhD in Conservative Dentistry & Endodontics for the thesis work "Factors Affecting Irrigation Dynamics in Endodontics" done in collaboration with IIT-Chennai and University of Zurich.



Dr Ajay Saxena, Professor and P.G Guide at Sharad Pawar Dental College has been awarded the degree of PhD in Conservative Dentistry & Endodontics, for his thesis titled "Comparative evaluation of forces generated by different rotary NiTi file systems with an experimental file design- a Finite Element Analysis"; at 8th convocation of Datta Meghe Institute Of Medical Sciences.

He is the first PhD in Endodontics in Vidarbha region of Maharashtra.



Dr. Niladri Maitri successfully completed a 2 year course with thesis on laser dentistry and was awarded with M.Sc in Laser Dentistry at University of Genoa, Italy.



Lt Col Sonali Sharma has been awarded with Chief of the Army Staff Commendation Card (COAS CC) on 15 Aug 2017.

The Commendation Cards are badges awarded for "individual acts of gallantry or distinguished service or devotion to duty performed either in operation or non-operational areas."



Dr Priti Desai, Dr Debojyoti Das and Dr Shashirekha have been awarded with PG Diploma in Clinical Research by IDA, a fellowship online course.



Dr. Aditi Jain, Senior Lecturer at Maitri Dental College and Research Centre, Durg (Chhattisgarh) was awarded "THE OUTSTANDING YOUNG ENDODONTIST OF THE YEAR" at Indian Dental Awards 2017, Bengaluru on May 7th 2017 by Soha Ali Khan.

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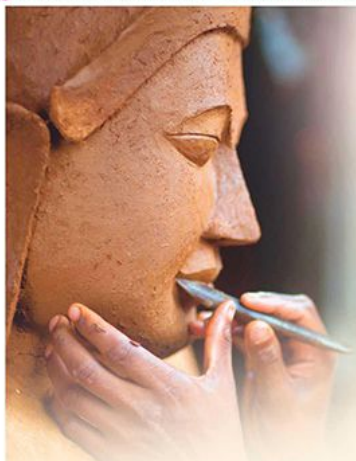
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DENTAL COUNCIL OF INDIA
INDIAN ASSOCIATION OF CONSERVATIVE DENTISTRY
& ENDOODONTICS

DCI - IACDE
PANEL DISCUSSION on
MERCURY FREE DENTISTRY



PANELIST

Reinhard Goerge
Schaan
Trade Representative

Dr. Dibyendu Mazumdar
President DCI

Dr. Anil Chandra
Professor KGMU, Lucknow
Dr. M. Kavitha
Professor & HOD GDC, Chennai

Date :
24-11-2017

Venue :
Mahatma Mandir Convention Center, Gandhi Nagar, Gujarat

Time:
11 am to 1 pm

(Part of Our Gujarat National Conference)

Dr. Vimal K Sikri
President, IACDE

Dr. MOHAN B
Hon.Gen.Sec, IACDE

Dr. Girish Parmar
Organising Chairman

Dr. Shikha Kanodia
Organising Secretary

All are Welcome
BE A PART OF THE FUTURE



Dr Mamta Kaushik
Editor

The Continuing Struggle of Professional Women – A Catch 22 situation

"Nobody objects to a woman being a good writer or sculptor or geneticist; if at the same time she manages to be a good wife, a good mother, good looking, good tempered, well dressed, well groomed and unaggressive"

Marya Mannes

When it comes to gender equality and growth, I often find myself in a catch 22 situation.

Feminism – feminist is one of the most ill-defined words – quite literally it means - "the advocacy of women's rights on the ground of the equality of the sexes." Somewhere along the years it is being misread and misused as a man hater. Quite frankly, today, we are all feminists – be it man, woman or child.

Indian Society and Dentistry in India gives a very neutral platform to women and there is no reason to complain.

In spite of this, I write an editorial dedicated to women in our profession. The profession, which has equal if not more women than men.

This editorial is not intended to discriminate or criticise men, but to honour the role of women in the field of Dentistry and Life.

The situation of professional women has changed dramatically. Women have expanded their career aspirations. This integration; however, does not necessarily mean acceptance and equality nor does it mean that the stress created by work-family conflict has been resolved. This editorial will examine some of the issues that continue to plague women as they attempt to progress in their profession.

"Second generation bias"

Subtle gender bias persists in organizations and society – disrupting the ability to rise to full potential as leader.

I know of an institute where at teacher's day celebration a few years ago, the men received pens and the women pearl earrings as a token of affection; unintentionally proving that our highly educated society is still struggling at recognising women as equals!

Women have to face the challenges not in an abstract way but in the day-to-day business at hand, while they struggle to make their identities as competent individuals.

"Role Trap" – seductress, mother, pet, iron maiden – which limit behavioural repertoires of women.

Many women have worked hard to take gender out of the equation—to simply be recognized for their skills and talents. But, they very easily get categorised into a label – of being very aggressive, very motherly, or over enthusiastic; by both men and unfortunately women colleagues too. Character assassination of a woman is easy and inhibits her growth potential instantaneously.

Counter argument –

In our society, we ourselves have nominated the man the primary bread earner, and the woman as a supporting system.

The reason women earn less than men is because they choose easier jobs, shorter hours, and less responsibility; women as an aggregate group have different interests than men, and this is reflected in their career choices and salaries.

We all start at the same beginning point and somehow our fellow men race ahead leaving us (the woman) behind to handle the issues of marriage - in-laws – home – children - school etc. No doubt the men do their fair share of help with all the activities; but we don't have a man having to give up a career opportunity because he's expecting a baby!!

Certain physiologic things we cannot control or modify; but we can honour the role of women in the society and life.

What can we do about the situation?

Men and women as a unit have to dedicate equal time and take responsibility for the management of home and family. Only then will we be able to bring all at the same platform.

It's not enough to identify and instill the "right" skills and competencies. The context must support a woman's motivation to lead and also increase the likelihood that others will recognize and encourage her efforts.

The categorizing of women into various roles has to stop, and respect and honour should be the norm rather than exception.

Integrating leadership into one's core identity is particularly challenging for women, who must establish credibility in a culture that is deeply conflicted about whether, when, and how they should exercise authority. There should be an atmosphere of respect and dignity at work. And high social respect in society. The subordinates who do not honour a woman's authority as a leader should not be supported and abetted.

There should be a safe and secure work location with proper facilities.

We as educated men and women have to change our outlook – and instill equality in our generation and the generation getting groomed and nurtured by us.

I dedicate this issue of newsletter to the women in our branch.

"I am grateful to all the women before me, the current and previous generation who have lived in the man's world, who fought for my rights and made life so much easier for me."



COLLOQUIUM 2017



The third edition of PG Colloquium of CEAT was held on 7 & 8 of August 2017 in Chennai. The Conference was successfully organized by the Department of Conservative Dentistry & Endodontics, Meenakshi Ammal Dental College. Six Guest Lectures were given by National & International Faculty. 182 delegates from all over Tamil Nadu attended the Conference. Postgraduate students participated in Scientific Paper/Poster presentations.

IACDE Specialty Convention, EndoCon 2017



A Specialty Convention, EndoCon 2017 was held on 5th and 6th August in Visakhapatnam. The event was organized by the Department of Conservative Dentistry & Endodontics, GITAM Dental College & Hospital. IACDE president Dr Vimal K Sikri (topic: Restore sweetly), General Secretary IACDE, Dr Mohan Bhuvaneshwar (topic: Secrets of predictable composite restorations), Vice President IES, Dr V Gopi Krishna (topic: Microscopic endodontics) and Editor of IACDE newsletter, Dr Mamta

Kaushik (topic: From the sword to the shield- Redefining Caries Management) had delivered the keynote lectures. More than 230 delegates, including post graduate students had participated in this specialty convention.



GDC&H AHMEDABAD

Government Dental College, Ahmedabad organized a CDE Programme on 22nd July 2017

The proceedings started with a lecture on Infection Control Measures by Dr. Girish Parmar, Dean and HOD, Conservative Dentistry and Endodontics, GDCH Ahmedabad.

Dr. B. Mohan, the invited speaker, lectured on Smile Designing with Composites followed by an interactive session with the attendees describing the core concepts of smile designing and motivating them to take the field of Conservative Dentistry and Endodontics forward by adopting a Biologist perspective and perceiving an end vision for every patient they treat.

This was followed by a live demonstration on a patient by and case discussions on two other patients.



Mahatma Gandhi Mission's Dental College and Hospital, Kamothe, Navi Mumbai, Maharashtra

The Department of Conservative Dentistry and Endodontics, Mahatma Gandhi Mission's Dental College and Hospital, Kamothe, Navi Mumbai, Maharashtra organized a Lecture cum Live Demonstration on "Mastering composites artistry" by Dr. Mohan Bhuvaneshwar on 21st July 2017.

The lecture by Dr. B Mohan highlighted the various aspects of understanding and practicing esthetic dentistry and elaborated the procedure of performing an anterior composite build up.

The lecture was followed by a live demonstration.

The CDE program was well attended by clinicians and PG students from adjoining 5 Dental Colleges of Navi Mumbai contributed to the success of the event. The Maharashtra State Dental Council granted 6 CDE points for the event. A total of 67 delegates attended the CDE. The CDE was beneficial for one and all with a very good feedback from the delegates.



Bhojia Dental College and Hospital, Baddi CDE Programme on Smile Designing with Composite Restorations

Government Dental College, Ahmedabad organized a CDE Programme on 22nd July 2017

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CONSERVATIVE DENTISTRY & ENDODONTICS – OPEN ESSAY COMPETITION 2017



D.Y. PATIL
UNIVERSITY
SCHOOL OF
DENTISTRY
Navi Mumbai

In keeping with the academic, innovative and progressive tradition of Dr. D. Y. Patil Dental College & Hospital, Nerul, Navi Mumbai, the Department of Conservative Dentistry & Endodontics announces Season 4 of their Annual Essay Competition, **Conservative Dentistry & Endodontics – Open Essay Competition 2017**. On behalf of the department and on the occasion of the birth anniversary of Dr. G.V. Black (the Father of Conservative Dentistry), I cordially invite you all to participate in this innovative scientific competition that has made its mark as a first of its kind in competitive scientific writing in the country. We hope that your enthusiastic participation will make this a truly enriching experience for all budding authors in our profession.

Particulars of the Competition.

Category I	Undergraduate Dental Students and Interns Topic: Day Scholars Vs Hostelites
Category II	Dental Surgeons, PG students and MDS in all branches except Conservative Dentistry. Topic: The Role of Continuing Dental Education in Clinical Practice.
Category III	PG students and MDS in Conservative Dentistry & Endodontics Topic: Traditional Vs Technology-driven Endodontics.

Prizes.

First prize in each category: Cash prize of Rs. 5000/-

Second prize in each category: Cash prize of Rs. 3000/-

Last date for entries:

Entries should be submitted online to openessaycompetition@gmail.com by 3rd October 2017 addressed to the Convener – CDE-OEC.

Every submission must include the registration form completely filled by the participant. Entries without the form or incompletely filled form will be disqualified.

Visit our facebook page CDE – OEC for registration form and other details.

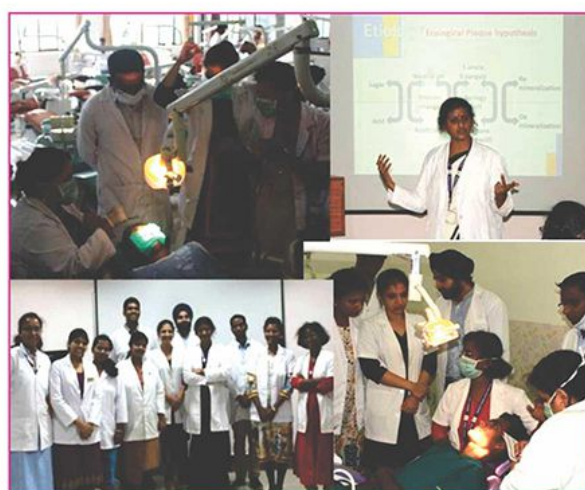
For further assistance mail us at openessaycompetition@gmail.com

Dr. Sumita Bhagwat

Prof
Dept of Conservative Dentistry
Convener – CDE – OEC

Dr. Leena Padhye

Prof & Head
Dept of Conservative Dentistry
Chairperson – CDE – OEC



CARIOLOGY EXCHANGE PROGRAMME

The Department of Conservative Dentistry and Endodontics, IGIDS conducted student exchange program in Cariology with M.S. Ramaiah Dental College, Bengaluru, on the 25th- 26th May 2017.

The programme began with an ice breaking session of introduction between the host postgraduates and Postgraduates of M.S. Ramaiah Dental College. The programme consisted of lectures by Prof. Carounanidya Usha on Cons Vs Endo and Dental Caries-Current concepts. Dr. Geena Mary delivered a lecture on Protocol of Cariology clinic of IGIDS. Dr. Chandana demonstrated fluorescence camera used for detection of dental caries.

Day 2 began with lecture by Prof. Carounanidya Usha on Caries Risk Assessment and treatment decisions based on Caries Management by Risk Assessment. Dr. Geena Mary demonstrated on patient, chair side learning: Caries Risk Assessment case sheet. Program feedback through online was collected. Picture quiz was conducted on ICDAS -II. The session ended with reflection writing and photographic session. The feedback of the programme was given by online method.



Dr Ida de Ataíde de Noronha
Professor and Head
Govt. Dental College and Hospital
Goa

INTRACANAL MEDICAMENT

Calcium hydroxide is popularly used as an interappointment intracanal disinfectant, for its antibacterial, tissue dissolving and hygroscopic properties. It has the potential to prevent multiplication of microorganisms left in inaccessible areas of the root canal system and therefore favours the healing process. $\text{Ca}(\text{OH})_2$ increases the pH within the root canals and in the surrounding dentin and periradicular tissues, but has limited effect against *E. Faecalis* and *C. Albicans*.

Calcium hydroxide serves as a physical barrier to prevent bacterial recontamination and is thought to create favourable conditions for periapical repair and stimulate hard tissue formation. Souza et al. suggested that the action of calcium hydroxide beyond the apex may be four-fold:

- (a) anti-inflammatory activity
- (b) neutralization of acid products
- (c) activation of the alkaline phosphatase, and
- (d) antibacterial action

APEXIFICATION

The average time for apical barrier formation using calcium hydroxide ranges from 5 months to 20 months.

Some of the postulated mechanisms are as follows:

1. Presence of high calcium concentration increases the activity of calcium dependent pyrophosphatase
2. Direct effect on the apical and periapical soft-tissue
3. High pH, which may activate alkaline phosphatase activity
4. Antibacterial activity

RESORPTION

Since calcium hydroxide has an alkaline pH, it actively influences the local environment around the resorptive area by reducing osteoclast activity and stimulating repair. When used for the treatment of internal resorption the alkaline calcium hydroxide neutralizes the acidic environment which exists in the region of resorption, reversing the reaction and thus stimulating hard tissue formation. The diffusion of hydroxyl ions through the dentinal tubules directly communicates with periodontal space thereby raising the pH of the periodontal space.

In the management of external resorption calcium hydroxide as an intracanal medicament induces the formation of a new cemental apical barrier thus preventing over-extension of the root filling material.



Dr Roshni
Reader
Army College of Dental Sciences
Secunderabad

Close your eyes for a minute and think of your practice without Calcium Hydroxide....incomplete right? Calcium Hydroxide has pervaded our twin specialties of Conservative Dentistry and Endodontics since nearly a century. The material is used for preservation of vital pulp and in disinfection of the pulp less root canal; such is the vast scope of its application.

Clinical success rates for direct pulp capping of asymptomatic teeth without radiographic lesions remains 58-80%. The high pH of Calcium Hydroxide causes necrosis of the adjacent dentin and somehow manages to stimulate Dentin-Bridge formation. The problems of acid dissolution and tunnel defects within this layer have, to some extent been addressed with the advent of light cured Calcium Hydroxide.

The alkalinity of Calcium Hydroxide also contributes to its antimicrobial activity as an intracanal medicament; the paste like consistency and non volatility enhance it. It is suggested that Calcium Hydroxide hydrolyzes the lipid component of lipo polysaccharide, damages the cytoplasmic membrane of bacteria, denatures their proteins or damage their DNA thus degrading inflammatory potential.

Calcium Hydroxide based sealers with their hydroxyl ion based antibacterial activity and probability of formation of root end hard tissue are expected to be beneficial over a prolonged period of time

Many clinicians will vouch for the alacrity with which Calcium hydroxide seems to be able to console a weeping canal. Alkalinity that changes the acidic pH of periapical tissues to basic, bone build up in the periapical area due to its calcifying potential and cautery of the residual chronically inflamed tissue by the caustic action of calcium hydroxide are some of the proposed mechanisms. It is the same magic that works in resorption and expeditious repair of perforation.

Well the list can go on and on. However I suggest the following books for further information.

P Carrotte. Endodontics: Part 9 Calcium hydroxide, root resorption, endo-perio lesions British Dental Journal 2004; 197: 735 - 743

1

Minju Song et al. Clinical and Molecular perspectives of Reparative Dentin Formation :Lessons Learned from Pulp-Capping materials and Emerging roles of calcium .Dental Clinics of North America :Clinical and Scientific updates .January 2017;Volume 61.Number1:93-110.

Mohammadi Z .Dummer PM .Properties and applications of calcium hydroxide in endodontics and dental traumatology .International Endodontic Journal2011August; 44(8):697-730.



Dr. Nimisha Shah
Professor&Head,
Dept. of Conservative Dentistry&Endodontics
K.M Shah Dental College & Hospital,
Sumandeep Vidyapeeth
Baroda

$\text{Ca}(\text{OH})_2$ is widely used as an intracanal medicament in endodontics owing to its bactericidal effect making it a safe material. At times it is pushed beyond the apical foramina, so its gets absorbed and aid in the healing process. Many times it results in adverse reactions such as nerve and soft tissue lesion of varying degree, oedema, and even oral paraesthesia. These effects are more commonly observed when injectable system and non-setting form of $\text{Ca}(\text{OH})_2$ is used along with different vehicles.

Pogrei in 2007 stated three main reasons for these adverse reactions. (1) Over instrumentation which facilitate extrusion of $\text{Ca}(\text{OH})_2$, (2) mechanical pressure exerted by extruded material which causes nerve compression and (3) its chemical neurotoxic effects due to its high alkalinity. $\text{Ca}(\text{OH})_2$ also has low solubility at the body temperature and remains in contact with tissue for a long period. Several experimental models showed nerve damage with $\text{Ca}(\text{OH})_2$ when exposed even for less than 1 hour. Release of Ca and OH ions which leads to destabilization of nerve membrane potential is the main reason for the same. More severe reactions are observed when $\text{Ca}(\text{OH})_2$ is injected in large quantities, in molar region due to presence of cancellous bone with numerous vacuoles and existing periapical infection which weakens the trabecular pattern of bone and increases diffusion of the material.

Surgical intervention for removal of the extruded material is the treatment of choice. At times recovery of sensory function of IAN is not observed. Using alternate method of injection of the material like bi directional spirals/lenturo spirals, and strictly observing the working length while working is recommended.

Another problem of Ca (OH)₂ is associated with its prolonged use as intra canal medicament which results in dissolution of organic matrix, and breakdown of protein structure of radicular dentin. This leads to fracture of the root particularly with incompletely formed root. This effect is intensified when used in conjugation with NaOCl & EDTA. Hence, it is recommended to use Chlorhexidine as an irrigant as it promotes the integrity of collagen fibrillar network and inhibits the action of MMPs, thus it prevents Ca and PO₄ loss after long term exposure to $\text{Ca}(\text{OH})_2$. $\text{Ca}(\text{OH})_2$ is a two bladed sword, when used with conviction can work miracles or else can cause disasters!!!

References

MRG Ribeiro et al Chlorhexidine Prevents Root Dentine Mineral Loss and Fracture Caused by Calcium Hydroxide over Time. International Journal of Dentistry 2017.

S.H. Byun et al Surgical management of damaged inferior alveolar nerve caused by endodontic overfilling of calcium hydroxide paste. International Endodontic Journal 2015.

J.J.Olsen et al Nerve lesions following apical extrusion of non-setting calcium hydroxide: A systematic case review and report of two cases. Journal of Cranio-Maxillofacial Surgery 2014; 42(6): 757-762



Dr. Vijeyta
Professor and Head,
Mamata Dental College, Khammam
Telangana

Calcium hydroxide has been used almost since a century in endodontics and has a wide range of applications. Pure $\text{Ca}(\text{OH})_2$ is a white odourless powder and is chemically classified as a strong base.

As an intracanal medicament, many studies have confirmed the efficacy of $\text{Ca}(\text{OH})_2$ against endodontic bacteria, other studies have questioned its effectiveness. It has limited effect against *E. faecalis* and *Candida albicans*. The effectiveness of calcium hydroxide against bacterial biofilms is uncertain and needs to be further elucidated. Calcium hydroxide alone seems to be less effective than a combination of $\text{Ca}(\text{OH})_2$ with CMCP or Chlorhexidine against fungi. There is no compelling evidence to suggest a reduced incidence of postoperative pain and better long term outcome of treatment with multiple visit endodontics and use of calcium hydroxide as an intracanal medicament in teeth with necrotic pulps and teeth with periapical lesions. The inhibitory effect of dentine, hydroxyapatite and remnants of necrotic pulp tissue as well as inflammatory exudates on the antibacterial potential of $\text{Ca}(\text{OH})_2$ has been demonstrated. Several studies have attested the inefficacy of $\text{Ca}(\text{OH})_2$ in eliminating bacterial cells inside dentinal tubules.

Another concern when $\text{Ca}(\text{OH})_2$ is used as an intracanal medicament is that it cannot be completely removed from the root canal system and thus prevents the close adaptation of the obturating material with the root canal walls. Further, caution should be taken to prevent the overextension of the paste beyond the tooth apex and avoid the harmful side effects.

The biocompatibility of $\text{Ca}(\text{OH})_2$ sealers is controversial and their antibacterial effects are lower than zinc oxide-eugenol based and resin-based sealers. Apart from that, they exhibit solubility, leaving voids and hence have poor sealing ability. It is clear that there is no superiority for $\text{Ca}(\text{OH})_2$ based sealers over other group of sealer.

When used for repair of crestal and furcation perforations, $\text{Ca}(\text{OH})_2$ causes inflammation and subsequent breakdown of the supporting tissues resulting in pocket formation.

Dentine exposed to $\text{Ca}(\text{OH})_2$ for prolonged periods (6 months to 1 year) results in reduced flexural strength and lower fracture resistance. Therefore other treatment modalities such as apical barrier technique using mineral trioxide aggregate should be used to manage teeth with non vital pulps and open apices, following a short period of $\text{Ca}(\text{OH})_2$ where indicated.

$\text{Ca}(\text{OH})_2$ is of great value in endodontics but is not a panacea. It undoubtedly is a miracle material but with advances in material science and research on regeneration, its applications need to be revised and limited.



The exact reproduction of natural dentition

All-ceramic crowns in a complex anterior restoration
An article by Yuji Tsuzuki, Kyoto/Japan

The wide variety of materials and manufacturing techniques available provide the ideal fabrication method for every indication. In combination with dental technical skills and a good understanding of shades and colours, this leads to outstanding restorations.

Imitating natural dentition is the greatest challenge in the fabrication of prosthetic restorations. A natural appearance is always determined by a number of different individual characteristic features, so the technique applied for the reproduction of the teeth cannot always be the same. This is the reason why it is essential for us to observe, learn and recognise fine details and continue to develop, step by step, every day. The basis for imitating nature is an understanding of the characteristics of healthy teeth and of ceramic materials. The reproduction of light-optical properties in particular is a challenge which requires an in-depth perception of colours. Properties such as light reflection, transmission and fluorescence contribute significantly to a successful result.

When imitating the light-optical properties, the basic structure consists of three different layers: translucent, semi-translucent and opaque. The surface colour is then applied based on a three-dimensional colour concept. Even though state-of-



01 - The situation after the implants in the regions 11 and 21 had healed.

02 - The zirconium oxide framework. The translucency of the framework provides a good basis for the esthetics and shade effect of the restoration.



03 - IPS e.max ZirPress G4 was used for the gingiva imitation. The basic opacity of the crowns was defined with IPS e.max Ceram Deep Dentin A3. Then, (1) IPS e.max Ceram Dentin A3.5, (2) IPS e.max Ceram Power Dentin A3.5 and (3) IPS e.max Ceram Selection Light Absorber fog (LA fo) and Light Absorber taupe (LA ta) were applied in a layered build-up. We were able to create a wonderful contrast in the "ivory-coloured" layer.



04 - Next, (4) IPS e.max Ceram Special Incisal grey and Cervical Transpa orange, (5) IPS e.max Ceram Selection Special Enamel quartz (SEqu) and IPS e.max Ceram Opal 2 (OE2) were applied to imitate depth within the neck of the tooth. For the characterization of the incisal edge we used: (6) IPSe.max Ceram Mamelon light, (7) IPS e.max Ceram Selection LA salmon, (8) IPS e.max Ceram OE 1, (9) IPS e.max Ceram Selection LA taupe, (10) IPS e.max Ceram Power Incisal and (11) IPS e.max Ceram Deep Dentin (DD) BL3+OE2.



05 - In addition, the mamelons were applied directly in the labial and lingual areas. For this we used (12) IPS e.max Ceram DD A3 and OD orange, in order to achieve an illusion of depth to the incisal edge. Note: The translucency of an incisal edge is determined by the proportion of layered ceramic on the labial side and by a cut-back on the lingual side.

For functional integration, the upper anterior crowns had to be placed in a narrow mesio-distal area. The implants were inserted in region 11 and 21 taking surgical and prosthetic requirements into consideration. After osseointegration, the implants would be restored with a splinted, screw-retained all-ceramic restoration.

Inspiration during the build-up

When building up all-ceramic crowns, the following steps must be carried out with great care:

1. Control of the opacity, which influences the brightness
2. Characterization of the incisal edge with translucent or opaque materials.

Concerning the first point: Depending on the opacity of the framework material, the appropriate brightness can be achieved by means of Deep Dentin or Power Dentin (IPS e.

the-art materials (e.g. polychromatic zirconium oxide) have become very popular due to advances in materials science, layering ceramic, built-up by hand, is still indispensable for esthetic restorations. In this article, well proven techniques will be presented based on two case reports. The wonderful IPS e.max® Ceram Selection Enamel and Effect materials were used together with the practical IPS Ivocolor® stains and glaze. Both situations proved to be a challenge in terms of the reproduction of light-optical properties. However, imitating nature is possible!

Patient Case 1

Starting situation and treatment plan

The approx. 50-year-old patient had suffered a fracture of the roots of teeth 11 and 21 as a result of an accident. The teeth could not be saved. After careful extraction, considerable resorption of the labial soft tissue was observed. After consultation, the patient opted for implant treatment. Prior to this, however, an "intervention" had to be carried out in the area of the labial soft tissue. The aim was to adjust the gingival contours, so that a perfect result could be achieved despite the high smile line ("gummy smile"). Due to the advanced soft tissue resorption, a removable implant superstructure made from gingiva-coloured ceramic was produced, taking esthetic and hygienic aspects into account.

The two upper central incisors occupy an important position from an esthetic point of view, since the prominence of these teeth expresses the patient's individuality. Furthermore, the central incisors are the starting point, which determine the continuity and the symmetry to the other teeth. Therefore, the restoration specifically requires these teeth to be unique and crafted carefully. In this case, from a prosthetic point of view, it was important to integrate the asymmetrical anterior teeth. The lower anterior teeth were crowded and there was no contact with the antagonists.

max Ceram), even in materials with a high translucency. In order to reproduce the natural tooth shade, it is important to understand light transmission and reflection. Likewise, the skilled application of light-optical effects (e.g. fluorescence, opalescence) is of significance. This is where the new IPS e. max Ceram Selection Enamel and Effect materials are of use. With this outstanding set of materials, life-like tooth characteristics can be reproduced even better. Figs 3 to 5 illustrate the layered build-up.

In order to achieve full esthetic integration of the implants, in addition to the shade and shape of the tooth, it is also important to ensure that the surface texture is adjusted to suit the oral environment. To allow the surface texture to appear as natural as possible, fine characteristics (e.g. surface gloss) must be adapted. Note: The surface gloss changes the light reflection; it therefore affects the shade. For this reason,

it is imperative to adjust the surface texture carefully. In this case, the staining and glazing system IPS Ivocolor was used for surface finishing.



Results

The finished crowns were screw-fixed to the implants and the result was assessed. The natural appearance was enhanced, amongst other factors, by a conscious asymmetry of the teeth. The gingival contours were ideally adjusted. The teeth (crowns) and soft tissue complement each other beautifully. Individuality! This is shown here perfectly. This was a challenging and complex case. The results were pleasing for all involved. It exceeded the pre-treatment prognosis.



06 and 07 - It was possible to restore the teeth and soft tissue esthetically and functionally. The ceramic enabled excellent shade reproduction with many individual characteristics.



08 - Starting situation. In addition to the mismatch of shade and morphology, functional problems were also identified.



09a and 09b - Before and after the intervention in region 22. The soft tissue situation was managed by surgical treatment and temporary restorations.

Patient Case 2

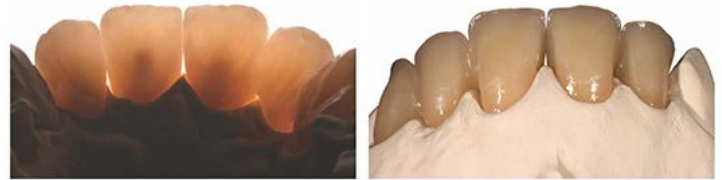
Starting situation

This patient was also around 50 years old at the time of treatment and came to the practice with an esthetic problem in the anterior region. The existing restorations covering teeth 23 to 12 were defective, strongly discoloured and no longer suited the patient's requirements. A slight overbite was noted. Tooth 23 had inadequate contact with the antagonist. In addition, a vertical and horizontal resorption of the alveolar ridge in region 22 was observed. Resorption of the soft tissue due to tooth loss also affected the situation. This patient needed extensive treatment in order to achieve an esthetically pleasing result. First, an alveolar ridge augmentation procedure was performed.

On the basis of the preoperative examination, a soft tissue reconstruction was carried out. The aim was to create a harmonious gingival area. In this case, sufficient tissue was important, since the horizontal resorption of the alveolar ridge adversely affected the vestibular extent of the crowns. By the time the temporary restoration had been made, the final result had already been defined and the framework for the final restoration was planned. It should be pointed out that in the case of esthetic restorations, a close cooperation between dentist and dental technician is essential. Of course, the patient must also be involved in planning and treatment. The treatment goals are determined together in order to achieve outstanding and satisfactory results for all involved.

Fabrication of the restoration

The frameworks (crowns and bridge) were produced from the lithium disilicate glass-ceramic IPS e.max Press (Fig. 10). Since the reproduction of translucency is a challenge in a layered ceramic restoration, contrast effects were applied within the crown during a previous staining process (Fig. 11).



10 and 11 — Framework made from an IPS e.max Press LT A1 ingot. The contrast within the crown was enhanced by applying the stains inside the crown.

The advantages of a framework made from IPS e.max Press are the high material strength and the freedom of shade reproduction and adjustment using the cut-back technique. For example, the basic opacity is determined by the translucency of the ingot.

In addition, an appearance which underlines the material advantages can also be achieved by means of a partial cutback. IPS e.max Press offers countless possibilities for the production of esthetic restorations. In this case, the framework was specifically reduced and therefore a perfect basis was created. The vestibular regions were then built up with ceramic layers.



After the internal shade composition and adjustment of the tooth morphology was complete, IPS Ivocolor was used to replicate the surface characteristics. In contrast to conventional stains, these stains can be fired at a lower firing temperature of 710°C.

The actual reasons for staining are:

1. adjustment of the degree of saturation
2. characterization and
3. correction of the internal structure.

IPS e.max Ceram is a low fusing ceramic. In order to adjust the surface texture during the glaze firing it is necessary to handle carefully and manage the firing programs. In cases such as this, in which a distinctive characterization is required, the stain firing sequence must be lengthened. Texture control then becomes more difficult. In view of this, IPS Ivocolor is a good product which allows characterization at a low temperature. It can therefore be applied without losing the surface texture. During the final glaze adjustment, the delicate surface characterizations and the stained areas were retained. By applying the individual characteristics of natural teeth, we aimed to create a natural appearance.

IPS e. max Ceram Selection was also used here. A successful combination of light transmission and reflection was achieved: a perfect reproduction of natural shade with the effect of depth (Figs 12 to 14).

Conclusion

The most important advantage of IPS e.max Press is the combination of a high level of esthetics and exceptional strength. With IPS e.max lithium disilicate, the incident light behaves in a similar way to natural teeth. This ensures maximum esthetics. In addition, the material offers ideas and inspiration. The integration of IPS e.max Selection and IPS Ivocolor, as well as IPS e.max Ceram Power Dentin and Power Incisal ceramic, greatly expands the range of esthetic possibilities. In the future, the clinical indications for the IPS e. max system will be increased even further!

Acknowledgements: We would like to extend our gratitude to Dr Hiroyuki Takino and Dr Yusuke Yamaguchi, who provided the two patient cases.



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

Dear folks,

Erratum

Full version of Kandy's Corner of last issue printed in this issue .
Apology for the printing error

A year back when I was giving a lecture, I remembered having read somewhere, that enamel was the third hardest naturally occurring substance, the first being diamond and I mentioned it in my lecture. At the end of the lecture, somebody asked me what is the second hardest substance. I didn't know the answer, so I went and searched for the answer and to my surprise, Enamel is the second naturally occurring substance. But kindly don't ask which is the third hardest substance which I really don't know. And I was amazed that such a hard substance can be destroyed by bacteria to cause dental caries. Then the question arises is dental caries, a bacterial disease? To answer it in a simple way, any disease to be qualified as a bacterial disease it should be caused by the toxins of a particular bacteria. Even though bacteria is responsible for dental caries we can't classify it as a bacterial disease. But then are these bacteria that powerful to destroy such a hard substance. So I did a little search into the bacterial lifestyle and I found recently they found the remnants of the ship – Titanic on the ocean floor, they have also found some resticles on the ship. When they analyzed these resticles, they found close to 27 species of bacteria out of which one new bacteria was named after the ship and they named it as 'Halomonas Titanicae' and the prediction is these 27 species of bacteria in the next 25 years or so will completely reduce the ship to a rusted spot in the ocean floor. Imagine such a huge ship has to be recycled into a biodegradable form manually, what a gigantic task it will be. Then the thought came to be, this is the power of bacteria, then it's no wonder, they will destroy enamel. But then I learnt a few other facts about the bacteria which made me appreciate that they are very smart. The first proven fact today about bacteria is each bacteria has a communication molecule which helps in intraspecies and interspecies communication. They also have a quorum sensing ability that is they exactly know the total number of bacteria present and also number of like-minded bacteria around them. So when they are in small numbers, these bacteria never make an effort to cause a disease, because they know they will not be successful. But they also have gained strength when they grow in numbers and also support from like-minded bacteria, then only they get into a destructive mode. In initiation of dental caries, it is not the toxins of the bacteria, but the acids that are produced by them, which are responsible. Infact the destruction of the 2nd hardest substances begins by the softest deposit that occurs on it, the dental plaque, which is the source of biofilm formation and acid production. The bacteria came into existence in this earth atleast 2 billion years before the human beings. They are primitive, single celled organisms, which have no evidence of brain-like structures. The human brain is the highly evolved and developed structure with billions of cells. Ever since Alexander Fleming discovered penicillin, a war started between the most primitive single cell brainless organism and the most evolved brilliant of cells, human brain and guess who is winning, obviously it's the Bacteria. So if we have to win this battle against the bacteria, we have to effectively form a strategy by taking a clue from the enemy. The bacteria never fight the humans alone. So they take on the human beings only when they are billions strong. Because when they were getting killed by the antibiotics, the remaining bacteria are quickly study the molecule and form resistance which multiply and make the antibiotic redundant. So, if we have to fight them, we should not fight this bacteria all alone. We should use billions of our brains combined together to evolve the strategy. That simply means, raise the common research question for the country to eliminate this caries producing bacteria and entire research community in this country should work together to answer this question. IACDE message – as Unity is strength, so let's stand united and win this battle.

Thank You.

ASK THE EXPERTS



Dr Mahalaxmi Sekar
Professor and Head
SRM Dental College
Chennai

1. What is the ideal film thickness for luting cements? Does it vary based on type of cement?

Ans: Ideal film thickness for luting cements is 25-50 μ . Different components of the cement, its particle size, viscosity, type of fillers, and setting reaction substantially influence the film thickness of the luting cement.

According to ADA Specification No. 8, type I materials (film thickness of 25 μ) are "designed for the accurate seating of precision appliances and for other uses." ADA type II materials (maximal film thickness of 40 μ) are "recommended for all uses except the cementing of precision appliances".

Current ISO standards state that at the time of seating, a film thickness of no greater than 25 μ m for water-based luting cements, and no greater than 50 μ m for resin-based cements is required.

2. Are there any contraindications for particular type of cements and the restoration type to be used?

Ans: Yes. All adhesive restorations based on composite resins and metal free ceramics including zirconia are luted with dual cure resin based cement. Glass ionomer cements should not be used to lute all ceramic restorations. GIC tends to absorb water and swell, generating tensile stresses (Hoop's stress) within the ceramic crown resulting in its fracture.

3. Which is the right type of cement for metal free ceramics?

Ans: Adhesive resin cements are the best to lute metal free ceramic restorations. The inner surface of the prosthesis is etched with hydrofluoric acid and silanated. The tooth is also treated as for adhesive restorations that depends on the type of adhesive used.

Either the conventional dual cure resin or currently available self-etching adhesive resin cements can be used.

4. How to use dual cure cement for esthetic post cementation?

Ans: The root canal should be coated with dual cure adhesive and blot dried, the post should be cleaned and silanated for 1 min before the dual cure resin cement is mixed. The canal should not be coated with the cement, rather the cement has to be picked up with the help of the silanated post and placed in the canal and gently pumped with short amplitudes to force the cement ahead and coat the canal evenly. Initial coating of the canal with cement should be avoided as it tends to set faster as soon as it comes in contact with the adhesive.

5. With the present day advancements, does Zinc Phosphate play a role in luting restorations and posts?

Ans: No. However, until cast metal restorations become obsolete, zinc phosphate cements do find a place in our materials cabinet.

6. What are the things to be considered while selecting a luting cement for esthetic restoration?

Ans: a) Type of restoration – veneers can be luted with light cure cement provided they are thin enough to transmit the curing light. All other esthetic restorations require dual cure cement for luting.

b) Type of tooth structure – luting to enamel or superficial dentin is more predictable than to deeper layers of dentin including radicular dentin. It is preferable to use self-etch self cure resin cement in such cases.



18TH IACDE & IES PG CONVENTION, 2017, 19TH APEC 2017



The scientific congress of the Asian Pacific Endodontic Confederation is a biennial event. It is one of the most sought after event in the field of Endodontics in Asia Pacific region due to its excellent scientific content and presence of cutting end technologies by exhibitors from all over the world. The 19th Scientific Congress of Asian Pacific Endodontic Confederation was held along with 18th IACDE & IES PG Convention, 2017 at Hotel Hyatt Regency, Gurgaon from 5th to 8th April, 2017. The congress was held under the aegis of APEC, Indian Endodontic Society and Indian Association of Conservative Dentistry and Endodontics. The theme of the congress was "Preserve to stillness". The congress exhibited a plethora of the latest insights into basic science, clinical research and therapeutic interventions in Endodontics.

The congress experienced a prodigious response and was graced by the presence of over 2000 dentist from India and 40 other countries. The 2017 congress was the APEC's biggest event ever with two concurrent sessions including a combination of science, technology and research bringing together leading national and international endodontic experts who presented and contributed to the program with information about the latest science, research and clinical data pertaining to endodontics.

The congress was inaugurated by Lt. Gen. T K Bandyopadhyay VSM PHDS in the august presence of Dr. Ibrahim Abu Tahun, the immediate past president of APEC, Dr. Muna Al Ali, Secretary, APEC, Dr. Dibyendu Mazumder, President, DCI, the office bearers of IES and IACDE, Dr. Anil Kohli, Congress Chairman and Dr. Sanjay Miglani, Congress Secretary and President elect of APEC. Lt. Gen. Bandyopadhyay in his speech stressed upon a patient centric approach while planning for such events. He also said that we need to ensure a cost effective treatment for our patients.

The learning program included scientific sessions presented by students and delegates on the first day which encouraged an interactive and inspiring exchange between participants. Over 1000 student and delegate papers and posters were presented which underlined the recent researches and technological advancement in the field of Endodontics. 5 hands on workshops were also conducted on the first day on broken file retrieval system, microscopes, newer file system and basic life support. The workshops were full to the capacity and were widely appreciated.

Around 30 scientific keynote sessions were showcased in the convention, which included many eminent speakers from round the globe. Around 28 scientific sessions were conducted by foreign speakers, and 2 sessions were conducted by Indian speakers. Dr. Cliff Ruddle, Dr. Kishore Gulabivala, Dr. Yoshi Terauchi, Dr. Walid Nehme, Dr. William Saunders, Dr. Paul Dummer, Dr. Samuel O Dorn and many more legendary speakers also enriched the scientific sessions with their immense knowledge and words of wisdom. A wide diversity of topics including aberrant canal anatomy, ultrasonics in endodontics, endodontic treatment outcomes, regenerative endodontics, endodontic emergencies and challenges, and many more, were presented by the speakers.

We were all proud to be associated to this major event, which offered an excellent platform for getting acquainted with the latest technological developments related to conservative dentistry and endodontics. Thank you for your active participation and contribution which made this congress a success. Looking forward to see you for the next APEC congress in Istanbul, Turkey, 2019.

Humbly yours,
Dr. Sanjay Miglani, President, APEC
www.apecomweb.org

OBITUARY



Dr. Shashi Prabha Tyagi (1961-2017) was an eminent Endodontist and an academician. She secured her degree of Bachelor of Dental Sciences in the year 1985 from King's George Medical College and later joined the Department of Conservative Dentistry and Endodontics as a Post graduate student from the same institute in the year 1987.

After completion of her master's degree she started with her private practice in her home town Meerut. In the year 1998 she was motivated to share her knowledge and clinical experience with the students and joined academics. She was heading the Department of Conservative Dentistry and Endodontics in Kothiwal Dental College since 2009.

During her tenure as a Professor and Head of the Department she had more than 20 national and many international publications by her name. She has also served as DCI inspector and examiner in many reputed institutions. She has delivered keynote addresses at national and international conferences. Unfortunately due to malignancy and her ailing health we lost her on 15th May 2017. She will always be remembered as an eminent clinician and an academician with a noble and always helping heart. A lady with a golden heart.

(Courtesy : Dr UP Singh, Professor, Kothiwal Dental College)

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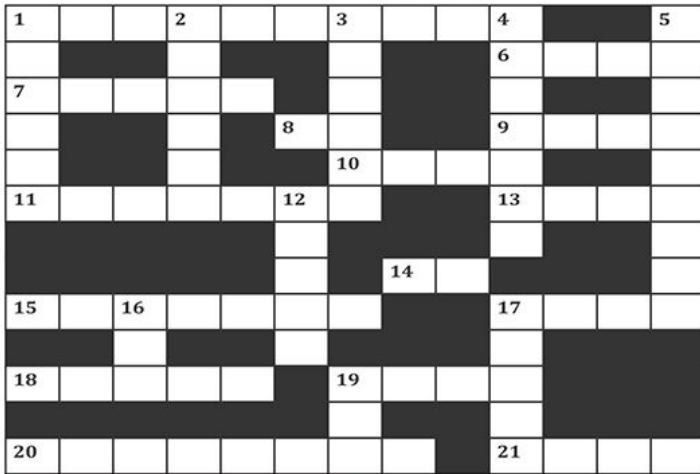
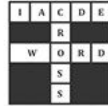
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CROSSWORD

IACDE - 5



CLUES ACROSS

1. Rubber like polymers used to make negative replicas.
6. Test to determine vitality of the tooth.
7. Method to reduce radiation exposure to operator.
8. Chemical element symbol of noble metal used for restoration in dentistry.
9. The shape of the bur also shares its name with a fruit.
10. This organization provides standardization for international acceptance for dental materials.
11. Branch of trigeminal nerve which supplies tongue.
13. Principles for cavosurface margin was given by
.....
14. Chemical element symbol for a component of amalgam.
15. Component of a dental cement which has an abundant effect.
17. One of the tools for diagnosis in dentistry.
18. One of the clamps in isolation shares its name with a wild animal.
19. Another name for cavity-restoration interface.
20. Surface above the junction of the crown and root of the tooth.
21. The common operator position for both right handers and left handers in dentistry.

CLUES DOWN

1. Hardest part in human body.
2. Test to determine the consistency of dental cement.
3. One of the methods of manipulation of amalgam.
4. Root canal preparation to facilitate cleaning and subsequent filling.
5. Non-carious lesion.
12. A mixture of metals.
16. A reflex contraction of the back of throat evoked during dental procedures of posterior teeth.
17. Micro-crystalline layer consisting of organic and inorganic debris.
19. Type of reinforced zinc oxide eugenol cement.

JUMBLE WORDS - 5

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Delegate Type	Till 30 th April 2017	Till 31 st August 2017	Till 10 th November 2017	Spot Registration
IACDE/IES MEMBER	10,000 /-	11,500 /-	13,000 /-	15,000 /-
NON IACDE/IES MEMBER	12,000 /-	13,500 /-	15,000 /-	17,000 /-
IACDE/IES PG STUDENT	8,000 /-	9,500 /-	11,000 /-	13,000 /-
NON IACDE/IES PG STUDENT	10,000 /-	11,500 /-	13,000 /-	15,000 /-
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ORGANIZING SECRETARY

CALENDAR OF EVENTS- 2017-18

Sl. No.	Date	Events	National / International	Venue
1	25 SEPT 2017	Cosmo-Vista 2017	National	Bagalkot - India
2	30 SEPT -2 OCT 2017	30th Annual Conference Of Indian Society for Dental Research	National	New Delhi - India
3	3-6 OCT 2017	11th IADR World Congress Of Preventive Dentistry	International	New Delhi - India
4	26-28 OCT 2017	Workshop on Developing Protocol for Cochrane Systematic Review	National	Bhubaneswar-India
5	10- 12 NOV 2017	1st Microscopic Dental Congress	International	New Delhi
5	23-26 NOV 2017	32nd IACDE-IES National Conference	National	Ahmadabad - India
6	5-6 JAN 2018	Academy of Cosmetic Dentistry India Annual Conference	National	Dharwad, Karnataka
6	16-18 FEB 2018	19th IACDE-IES National PG Convention	National	Kalaburgi - India



19th IACDE-IES PG CONVENTION 2018

DATE : 16th TO 18th FEBRUARY 2018

HOST : S. NIJALINGAPPA INSTITUTE OF DENTAL SCIENCE & RESEARCH, GULBARGA, KARNATAKA.

Greetings from Organizing Team,
19th IACDE-IES PG Convention 2018, Gulbarga.

We are privileged for being bestowed with the honour to organize the 19th IACDE-IES PG Convention 2018. We express our sincere thanks to the office bearers of IACDE and IES for giving us an opportunity to host this convention. The event will be held from 16th to 18th February, 2018 at Gulbarga.

It gives us utmost pleasure to invite you on behalf of the Organizing Committee to come and enjoy the various offerings of tourist interest along with social extravaganza and academic bonanza to be presented by the carefully selected blend of faculty having immense expertise in the field of modern Operative Dentistry and Endodontics. I do hope that the Convention will witness rich deliberations and concrete outputs in support of its theme.

We are sure that the convention will be a historic event leaving great reminiscences for times to come. Looking forward to have you with us in the convention and hoping to provide the best hospitality. We take immense pleasure to invite all the delegates and members nationwide to be our guest for the event.



Shri Basavaraj S Bhimahalli
Chief Patron



Dr. P. Ratnakar
Organizing Secretary

REGISTRATION DETAILS

Category	Up to 04 th April 2017	Up to 26 th June 2017	Up to 15 th Dec 2017	After 31 st Dec 2017
Student / IACDE / IES Member	Rs. 4,200/-	Rs. 4,300/-	Rs. 4,500/-	Rs. 4,800/-
Delegates / IACDE / IES Member	Rs. 7,200/-	Rs. 7,300/-	Rs. 7,500/-	Rs. 7,800/-
Student / Non Member	Rs. 4,200/-	Rs. 4,300/-	Rs. 4,500/-	Rs. 4,800/-
Delegates / Non Member	Rs. 7,200/-	Rs. 7,300/-	Rs. 7,500/-	Rs. 7,800/-
Overseas / Student / Delegates	\$ 150	\$ 175	\$ 200	\$ 220

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Account Name : 19th IACDE-IES PGCONVENTION 2018
KALABURGI
Account No. : 148811100001264
Account Type : Savings
Bank Name : Andhra Bank, #1488, HKE Society, Opp Toyota Show Room, Ring Road, Badepur Colony, Gulbarga, Karnataka - 585105
IFSC Code : ANDB00001488
MICR Code : 585011003

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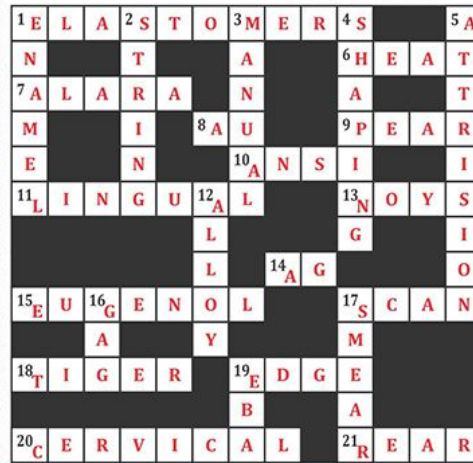
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DCI - IACDE Teachers Meet for revision of PG Curriculum

Shaping the future

Date : 16-02-2018
Time : 10am to 3pm
Venue : S. Nijalingappa Institute of Dental
Sciences & Research, Gulbarga,
Karnataka
Entry : Restricted to 3 staff members per
college
Fees : Free for all delegates registered for
the Convention For others Rs. 500/-
*Requesting participation from all
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