



 *Wishes a* 
Happy New Year
*to all its **Members...***





IACDE OFFICE BEARERS 2018



President

Dr. Kidiyoor.K.H

Immediate Past President

Dr. Vimal K Sikri

President Elect

Dr. Girish Parmar

Vice President:

Dr. Pradeep Jain, Dr. Ratnakar .P, Dr. Sonali Taneja

Hon.General Secretary

Dr. Mohan.B

Joint Secretary

Dr. Mohan Kumar.R.S

Treasurer

Dr. Rajeswari Gopal.K

Editor

Dr. Aditya Mitra

Newsletter Editor

Dr. Mamta Kaushik

Executive Committee Members:

Dr. Abhishek Laha

Dr. Parmar Abhishek Prabatsinh

Dr. Satish.S.V

Dr. Hasmukh Gosai

Dr. Priti.D.Desai

Dr. Shashin.J.Shah

Dr. Kamal.P.Bagda

Dr. Rana.K.Varghese

Dr. Shikha Kanodia

Dr. Mahima Tilakchand

Dr. Rohit Nagar

Dr. Swapnil.J.Kolhe

Dr. Pallav Chokshi

Dr. Santosh.I.Hugar

Dr. Venkatesh.A

Past President Members

Dr. Srinivasan .M.R, Dr. Karunakar .P, Dr. Murali Mohan .T



GUJARAT CONFERENCE

The 32nd IACDE and 25th IES National Conference was held from 23rd to 26th November 2017 in Ahmedabad, Gujarat. The Conference took place at the world class venue Mahatma Mandir Convention Centre.

The Pre-conference events were held on 23rd November 2017 at Government Dental College and Hospital, Ahmedabad. A total of 9 Pre-conference courses were conducted by renowned International and National faculties on varied topics of interest, ranging from occlusion to instrument retrieval under the microscope.

To ensure maximum benefit to the participants, especially the postgraduate trainees, all scientific presentations were held on 23rd November, itself. 500 scientific papers. 398 posters and 34 table clinics were presented by PG trainees from different parts of the country. Interestingly, the Conference also witnessed over 75 delegate presentations and for the first time in a National Conference, the best presentations by delegates also were suitably rewarded along with the best student presentations.

The Conference was inaugurated on 24th November in the august presence of our Chief Guest, The Hon'ble Governor of Karnataka, Shri Vajubhai Vala, Guests of Honour, DCI President, Dr. Dibyendu Mazumdar and Chairperson, Sarvodaya Seva Trust, Shri Somabhai Modi who is also the elder brother of Hon'ble Prime Minister of India, Shri Narendra Modi. The 2000 strong audience were welcomed by the Organizing Chairman, Dr. Girish Parmar.

Over the 3 days, there were numerous scientific sessions conducted by renowned guest speakers from India and abroad. The Star Speaker of the Conference was Dr. Nicola M. Grande, a renowned Endodontist and celebrated academician, the man behind Mtwo and Reciproc file systems.

A first of its kind panel discussion was held on 24th November to discuss the burning issue of Mercury Free Dentistry.

This was accompanied by a grand trade exhibition featuring best brands from across the globe. A total of 51 different traders from across the globe presented the latest material and technology.

The banquet was organized on the evening of 25th Nov celebrating the different hues of the culture of Gujarat through song and dance, food and festivity.

The valedictory function was held on 26th Nov. to appreciate the efforts of the Organizers and the winners of the scientific presentations by the hands of DCI President, Dr. Dibyendu Mazumdar, IACDE President, Dr. Kidiyoor, IACDE Past President Dr. Karunakar. On the occasion, IACDE Secretary Dr. B. Mohan applauded the efforts of the entire Organizing committee and especially the Organizing Chairman, Dr. Girish Parmar, the Captain of the Ship, who seamlessly sailed the ship through tumultuous storms.

Dr Shikha Kanodia
Organizing Secretary



CASE REPORT OF THE MONTH – 2017

MONTH	AUTHORS	COLLEGE
January	Dr.Ayush Goyal Dr.Vineeta Nikhil Dr.Ritu Sigh	Subharti Dental College, Merrut
February	Dr.Meet Kumar Dedania Dr.Nimisha Shah Dr.Ankit Arora Dr.Dhaval Bhadra	K. M. Shah Dental College & Hospital, Vadodara
March	Dr.Aditi Jain Dr.Yogesh Sahu	Maitri College of Dentistry and Research Centre, Durg
April	Dr. P. Chitra Dr. M. Kavitha	Tamil Nadu Government Dental College & Hospital, Chennai.
May	Dr.Ritu Rana Dr.Uday Kumar Dr.Mamta Kaushik Dr.Prateeksha Chowdhary	Army College Of Dental Sciences, Secunderabad
June	Dr.Ravulakol Sravanthi Dr.Smita Reddy Dr.Shekar.K	Sri Sai College of Dental Surgery, Vikarabad, Telangana.
July	Dr.Girija. K Dr M. Kavitha Dr C.S. Shobana	Tamil Nadu Government Dental College & Hospital, Chennai.
August	Dr.J. Srilekha, Dr.B.Ramaprabha Dr.M.Kavitha Dr.A.Nandhini	Tamil Nadu Government Dental College & Hospital, Chennai.
September	Dr.Surendar S Dr. Abby Abraham	Saveetha Dental College And Hospitals, Chennai.
October	Dr. Vidhi P Shetty Dr. Balram Naik Dr. Amit Pachlag Dr. Mahantesh Yeli	SDM College of Dental Sciences, Dharwad
November	Dr.M. Rajasekaran	Ragas Dental College and Hospital, Chennai.
December	Dr Nagarjun M Dr P. Karunakar Dr.Umrana Faizuddin Dr M.S.Rangareddy	Panineeya Institute of Dental Sciences & Research Centre, Hyderabad



Dr. Neeraj Malhotra MDS, PGDHHM
Senior Lecturer
Faculty of Dentistry,
SEGI University, Kota Damansara,
Selangor, Malaysia

Dr. Neeraj Malhotra, has a copyright registration to his credit on "Classification of methods available to reduce and/or compensate polymerization shrinkage in dental composite restorations". US Copyright Office Reg No.: TX 8-400-356

Copyright title: "Classification of methods available to reduce and/or compensate polymerization shrinkage in dental composite restorations"

Copyright Agency: US Copyright Office

Registration No.: Reg No.: TX 8-400-356

Date: 10-05-2017



Dr. Sumita Bhagwat - Professor
Dept. of Conservative Dentistry & Endodontics
DYPU College of Dentistry, Nerul, Navi Mumbai, India

The International Dental Journal of Students Research under the aegis of Cephob Medline International Pvt. Ltd. organized a Pan-India Essay competition for Dental Students and Dentists called "Dentssay 2017".

The topic was "Burgeoning of CDE Programs in India - Boon or Bane".

Dr. Sumita Bhagwat was awarded with 2nd Prize of DENTSSAY 2017. She received the award and citation at the 8th Bitein Dental Awards hosted at the Marriot, Mumbai on 16th December 2017 from Dr. Ajay Kakkar.



Dr. Apurv, was awarded as the man of the match in the final match, of a recently conducted cricket tournament at lucknow. He scored 77 in 43 balls (not out), and 49 of 31 balls in the semi-finals.

He has also been awarded as the Man of the match for several other tournaments held.



Dr. Karunakar P

Professor and Head

Dept of Conservative Dentistry & Endodontics

Principal Panineeya institute of dental sciences and research centres

First Alumni of SDM College of Dental Sciences and Hospital to take charge as

Principal of a dental college

Dr. Karunakar has been nominated as external BOS member PG board to Dr. NTR University of Health Sciences.



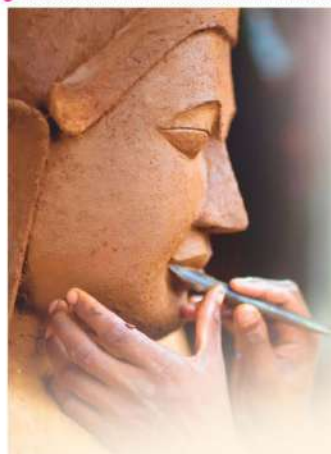
Dr. Kundbala M, Professor, Department of Conservative Dentistry and Endodontics at MCODS Mangalore, Karnataka, affiliated to Manipal Academy of Higher Education, was awarded as the most Proactive Senior Academician for the Year 2016-17 in Conservative Dentistry and Endodontics by Guidant at ICC New Delhi on 24th Dec 2017

RESEARCH GRANT FOR THE YEAR 2017

S.No.	Name	Designation	College
1	Dr. Srinidhi. V. B	Faculty	St. Joseph Dental College, Elluru, Andhra Pradesh
2	Dr. Peddi Shanmukh Srinivas	Student	JSS Dental College and Hospital, Mysore, Karnataka



Dr. Rupal Vaidya, Senior Practitioner, Ex Head of Dept, Ahmedabad, was awarded the second prize in 40-60 years women category in the 21Km Trail run held on 10th September 2017. She also won the gold medal in Khelmahakumbh women doubles lawn tennis, a state level championship, held on 1st November 2017 (this is her 5th Gold medal in above 40 yrs category). She also won the Be Safal Full Marathon in 40-60 yrs women's category, held on 24th December 2017, at Ahmedabad.



Introducing

SCULPT

(Self-polishing sculptable composite for single shade technique)
with GC's innovative HDM technology

Features & Advantages:

- Sculpt's HDM technology provides unsurpassed physical properties & most natural, life-like aesthetics with just 4 shades
- Universal composite for all cavity classification with improved wear resistance, handling & operability.
- Unique self-polishability & Gloss retention



SQUARE Sculpt - A1, A2, A3, A3.5



Case & Photo credit:
Dr. Mayur Davda, Mumbai



GC India Dental Pvt. Ltd.
Plot No. 233, Phase III, IDA Pashamylaram,
Pattancheru Mandal, Medak District - TS 502 307
Tel.: +91 8455 224 844 Toll Free : 1800-425-3132

Email : info@gcindiadental.com
Website : www.gcindiadental.com

GC INDIA App



for Android



for iPhone

Connect us on:

- <https://www.facebook.com/GCIndiaDental1>
- https://twitter.com/GCIndia_Dental
- <https://www.linkedin.com/company/gc-india-dental/a2/435/63/>
- <http://www.pinterest.com/gcindiadental/>
- <http://plus.google.com/+gcindiadental>

Partners of Sculpt:

SOLARE Flo

A traditional flowable composite with exceptional strength & optimal viscosity



SOLARE Universal Bond

Superior bonding agent for all etching modes with great strength, HEMA free for a durable bond over time.





Dr. Kidiyoor K H

Dear Members,

"Season's Greetings"

An Eventful year ahead.....

Visionaries are not born but futuristic visions are. It was a proud moment indeed for me to take over as the President of this esteemed association. It is a fact that our association IACDE is one of the biggest and most active in India. Our association has popular and powerful academicians as well as clinicians who hold prime posts in the field of dentistry. It is a proud moment for all to be associated with IACDE. It is imperative that we maintain the momentum we have gained as we confront the issues of the coming year and beyond.

Our association born in the year 1982 has now grown beyond imagination with the selfless contribution of many of them. At this juncture, I would like to thank each and everyone for bringing up the association to this level. I would like to thank our present President of Dental Council of India Dr. Dibyendu Mazumdar from the bottom of my heart for his contribution towards the Dental Profession and Conservative Dentistry in particular. All our past Presidents and Secretaries need a special mention. The New Head Office Team which took over in Kolkata in 2017 with the Presidentship of Dr. Vimal Sikri has taken up lot of activities and has given a new dimension to our Association. A special mention of the New Editor Dr. Aditya Mitra and his team to continue good work and to take our journal to greater heights.

Now in the year in front of us, our entire Head office team along with me would definitely like to bring out some healthy and necessary improvements to our association which will benefit the future generation. The entire head office team is now working with a VISION FOR THE FUTURE. On behalf of this team, I take the opportunity to request the support of all the members of our association that we all sail in the same boat towards future. You will be updated constantly with the actions of the head office. A few of the activities would include the DCI - IACDE Teacher's Meet at Hyderabad, Zonal Conference, Student's Exchange program and the Celebration of the Cons Endo Day.

Once again thank you all for giving me the wonderful opportunity to be with you.....

JAI HIND



DCI - IACDE Teachers Meet

"Touching Horizons, Creating Smiles, Marching towards future"

"Machine matters, Action speaks, Legacy continues"

The sole purpose of any association is to impart education and create a good platform to exchange knowledge. We hold the responsibility of shaping the future and working towards betterment of our profession. IACDE is involved in lot of activities in the recent years, one of the recent activity was the Panel Discussion in collaboration with the Dental Council of India. This DCI - IACDE Panel Discussion on Mercury Free Dentistry was held during our last National Conference in Gujarat. The Panel Discussion was well attended and created a healthy discussion towards Mercury Free Dentistry. Mr. Reinhard Goerge from Switzerland explained about the Minamata Convention and its implication in Dentistry. Later, Dr. Kavitha M., Dr. Anil Chandra proposed the changes in curriculum and exam pattern. Dr. A.P. Tikku, Dr. A.C. Bhuyan, Dr. Rajiv Chugh represented Dental Council of India and gave their inputs. In conclusion, decision was made to phase down amalgam in our curriculum. A few moments during discussion shared here with.

The legacy continues as DCI-IACDE teachers meet in Hyderabad next year.

PROGRAM SCHEDULE

Date : 24-03-2018	Time : 10am to 4pm	Venue : Mariagold Hotel, by Greenpark, Hyderabad
9:30 am	Registration	
10 am	Welcome Address by Dr. P. Karunakar, Presidential Address by Dr. Dibyendu Mazumdar DCI President	
10:30 am to 11:15 am	Handling students in the present era - Dr Venkata Ramaraju A, Professor, Prosthodontics, Vice Principal, Vishnu Dental College, Bhimavaram	
11:15 am to 11:30 am	Tea Break	
11:30 am to 12:15 pm	Conservative Dentistry Tomorrow and Day after - Dr Mohan.B	
12:15 pm to 1 pm	Endodontics Tomorrow and Day after - Dr Vivek Hegde	
1 pm to 2 pm	LUNCH	
2 pm to 3:30 pm	Discussion on the Proposed changes in the PG Curriculum - Dr. P. Karunakar Closing Comments - Dr. Dibyendu Mazumdar DCI President	
3:30 pm to 4 pm	Tea	

All Staff members are welcome to attend. The aim of the program is to revise the PG curriculum keeping future in mind. Dr. P. Karunakar, the organising chairman of this event is working along with a team consisting Dr. Anil Chandra, Dr. Mitra Hedge, Dr. Kavitha M., Dr. Shikha Kanodia, Dr. Jagat Bhushan. The team would give their proposal and same would be communicated to all colleges by Jan 15 2018. Every Head Of Department has 20 days to give their inputs to Head Office and same will be compiled for discussion. Everyone's presence and opinion matters.

We take this opportunity to welcome you all for Teacher's Meet at Hyderabad.

Thanking You,
Dr. B. Mohan
(Hon. Gen. Sec) IACDE



Dr. Mamta Kaushik

Editor

My Two Year Journey with Pins and Posts

"Nothing ever becomes real till it is experienced".

John Keats

If I look at things from where I am sitting everything is the same, yet all is different. I enrolled as a member of FODI long back and have been a silent spectator to the happenings and non happenings since then. Frankly, I never did realise its importance. That's primarily because I was an ignorant person and didn't really bother reading the annual report which was sent home to me.

So one fine day when I received a call from Dr. Karunakar telling me that the association was coming up with a newsletter and they would be happy to have me as Editor for the same; I was surprised, pleased and clueless as to what it was going to be like. I of course accepted it; and Yes, it scared me as I had no clue how to handle such a huge thing. I was assured that there would be a lot of support from all fronts and I was given a few names and phone numbers who were going to create this history with me.

I am very fortunate that I am here at a time when the Association is growing leaps and bounds. There is so much that is being done and everybody is getting involved and excited with the prospects and development.

The milestones being establishment of a National Cons Endo Day; all branches had one except us, the IACDE rewards, Establishment of a Speaker Bank, more International linkages. And, of course, the individual achievements of all our members.

The first call I made was to the secretary IACDE, Dr. Mohan; and understood that the association wanted to reach out to each and everyone in some form of printed matter.

We had the IDA news, ADA News, the Colleagues for Excellence and other newsletters to emulate from. But we couldn't be like those as our entire context was different from those. So, I called up my team members, Dr. Umrana, Dr. Prahlad, Dr. Sashirekha and Dr. Rohit Nagar. I introduced myself and we, a set of 5 strangers set about giving this new idea a shape.

The idea of a newsletter was Dr. Sashirekha's. She pointed out that reaching out to all the members through a print medium would bring all of us closer to each other.

I cannot forget the day that Umrana, Prahlad and I met in Panineeya Dental College and Dr. Karunakar added Dr. Jayadev to our team for all the technical support and we formulated a format for the pages, size and what the pages would include.

Dr. Karunakar Sir approved our format; gave us more inputs and information to take it from there. With constant support and guidance from Dr. Karunakar, Dr. Muri Mohan and Dr. B. Mohan, we became the architects for the format of this current newsletter.

Dr. Rohit Nagar helped with attaining the ISSN number - a milestone, for our online version and will soon be mobilizing it for the print version too.

Dr. Prahlad has independently done the crossword and jumble for the last two years besides helping with rest of the editing and information gathering. He is one person who works without any expectation from the sincerity rendered.

I will fail in my duties if I do not mention the amount of time and days Dr. Umrana and I spent editing the first issue.

Dr. Mohan needs a special mention, not just for the first issue but for all the issues, he's been guiding us and steering the Pins and Posts throughout. His invaluable support for this project is remarkable.

I felt blessed when Dr. Mohan suggested that I take on an Associate Editor and I selected Dr. Neha Mehra to help me out since then. Neha has since then been there with all her enthusiasm and tireless dedication.

For the next year, as now there was a change in the Editorial Team and I had the good fortune of getting to know Dr. Poorni, an exceptionally talented, sincere and pleasant person.

I thank all the team members of the two units that have made this journey of mine so comfortable and successful.

As Plato said "The beginning is the most important part of the work."

To new beginnings - Welcome to year 3 of "Pins and Posts".

I don't know what new magic we'll create here but we couldn't have been in a better place and time right now.



DCI-IACDE Panel Discussion on Mercury Free Dentistry- A Few Glimpses.



COSMOVISTA PROGRAMME



Indian Dental Association, [IDA] Bagalkot Branch in association with P.M.N.M. Dental College and Hospital, Bagalkot, Karnataka organised Continuing Dental Education [CDE] programme "COSMOVISTA-2017"- An Insight on Veneers and Laminates on 25th September 2017. The one day programme included four lectures, live demonstration and hands-on course on Porcelain Veneers and Laminates.

Dr. Mohan Bhuvaneshwar, Hon. Secretary IACDE and Dr. Mamta Kaushik, Editor, IACDE Newsletter, Pins and Posts were the guest speakers.

Dr. Mohan B gave information regarding the insight on porcelain laminates, its preparation and cementation. Dr. Mohan B also gave the live demonstration on preparation on laminates and conducted the hands-on course. Dr. Mamta Kaushik

gave information about the gingival tissue management, impression materials and procedures.

The CDE programme was attended by 100 delegates who included academicians from different specialities, post graduate students, private practitioners, interns and final year under-graduate students.

The programme was given the status of official CDE programme of IACDE and supported by Ivoclar-Vivadent & Colgate India.

The programme was a huge success and received a very positive feedback from the delegates.



Madha Dental College and Hospital, Chennai

...Out of The box solutions for Everyday routine practice and Research challenges "Green Trends-Natural Panacea"

CDE program was organized by the Department of Conservative Dentistry and Endodontics, Madha Dental College and Hospital on 7th October 2017. Just like a coin having two sides, scientific knowledge too has two sides: one the popular and the other less known. We strive to nurture this and encourage students to come up with "out of the box ideas" for routine practice and research, which includes other disciplines of dentistry in particular and healthcare in general such that the knowledge sharing ensures the perspectives are right and comprehensive. This 2nd Edition of "The Other" brought out an alternative perspective for treatment of dental diseases focusing on Conservative Dentistry from a practitioner of Alternative Medicine, Dr. Ganesh. The lecture delved into the concepts of Ayurveda, herbs and plant products used and the manufacture of active potions/powders. If the aim is to test the effectiveness of any therapy, then only a well-designed clinical study would establish the truth. The lecture on clinical trials by Dr. Niveditha Suresh, offered a step-by-step protocol on conducting and reporting a trial. The third lecture by Dr. Sai Shomini threw light on a new world of potential research, by reviewing the current literature on herbs and plant products in Endodontics and Conservative Dentistry. There were 34 presentations by 39 post graduates. 13 prizes including 3 special prizes (for presentation according to theme, Out of the box solution for problem and one Institution prize for maximal participation), were bagged by 10 students.



On 16th of DEC. 2017, Rajasthan Association of Conservative Dentistry & Endodontics (R.A.C.E.) organised a CDE programme in Jaipur under the aegis of IACDE.

The speakers were Dr. Jayant Kulkarni and Dr. Amit Potodiya who spoke on topics like "My 40 years of endodontic experiences" & "Hard tissue lasers" respectively. The programme was very well attended by over 40 delegates with good interactive session.



CONSERVATIVE DENTISTRY & ENDODONTICS – OPEN ESSAY COMPETITION 2017.

Department of Conservative Dentistry and Endodontics at D Y Patil University School of Dentistry instituted the first of its kind Open Essay Competition on a National level in August 2014. The purpose of this venture was to provide a platform for scientific minds from around the whole country to hone their penmanship and compete on a national level on 3rd August, the birth anniversary of Dr. G. V. Black, the Father of Operative Dentistry

The winners are awarded cash rewards and a citation.

Category I: Undergraduate Dental Students (including Interns)

Topic: **My choice for further studies after BDS.**

1st place – Reet Kapur (Intern)
Bharati Vidyapeeth Dental College and Hospital,
Kharghar, Navi Mumbai.

2nd place – Aneesh Shabu (4th BDS)
Srinivas Institute of Dental Sciences,
Surathkal, Mangalore.

Category II: Dental Surgeons (including postgraduates and students of specialities other than Conservative Dentistry)

Topic: **Current challenges in private practice.**

1st place - Dr. Vishal Karkamkar
(BDS-in private practice, Alumnus of DYP School of Dentistry)
Dombivli, Maharashtra.

2nd place - Dr. Paridhi Rawat (BDS)
Kotdwara, Dist.
Pauri Garhwal, Uttarakhand

Category III: Postgraduates of Conservative Dentistry & Endodontics (including postgraduate students)

Topic: **Why root canals fail?**

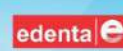
1st place - Dr. Vivek Sharma (2nd MDS)
Maulana Azad Institute of Dental Sciences,
Delhi.

2nd place- Dr. Mohit Gautam (3rd MDS)
Sri Guru Ram Das Institute of Dental Sciences,
Amritsar, Punjab.

Dr. Sumita Bhagwat
Convener- CDE-OEC

Composite Finishing Kit

Article No. 19050 SO



Offer Price Rs. 3800 /-



After the composite has been polymerized, excess is removed and contours are prepared with yellow-ring tungsten carbide finishers. The composite is then smoothed and polished to a high lustrum using TopGloss diamond-grit polishers.

Endo- Progress

Article No. 690016



Total Infection Control

Offer Price Rs. 190 /-



Features:

- The Endo Progress is an endodontic file holder which can accommodate all standard endo files and rotary instruments.
- The product is made by high quality material which can withstand autoclaving.

VIJAI DENTAL



Shop Online: store.vijaidental.com

For orders please contact Vijai Dental Deport Pvt. Ltd.

Mobile : 90940 25513

chennai@vijaidental.com / www.vijaidental.com



LAYERING TECHNIQUE



Dr. Jaysree Hegde Anil
Clinical Director

Ridgetop Dental International Pvt Ltd.

Veneers are the simplest and most reliable modality to obtain satisfactory long term aesthetic outcome. When a patient desires aesthetic make over, conservation of enamel should be our primary goal. "No prep" veneers which conserve all the enamel has many challenges like increased emergence profile and undesirable bulk at the gingival third. Also positioning of these veneers without definite margin was difficult during cementation. Moreover it is difficult to fabricate veneers that are less than 0.3mm thickness in the laboratory. These veneers could crack due to cement polymerisation especially when they wrap around the incised edge or proximal angles.

I believe minimum preparation should be done and "how much preparation" depends on the existing clinical presentation and the desired outcome.

As a clinician, our main focus is to preserve enamel as it is well documented that porcelain bonded to enamel has shown to withstand tensile and shear stress.

Minimum preparation veneers are excellent choice when minor changes are required in alignment and teeth requires addition, like in retroclined teeth and diastema closures. The underlying tooth structure should have good colour. Light chamfer is placed as the finish line and the margins are placed at the gingival margin. On the labial aspect the minimum thickness of veneer should be 0.5mm. The amount of reduction depends on the shade change required, which ideally should be 0.2-0.3mm thickness for each shade change.

To conserve enamel, bleaching and be performed prior to preparation. Proximal wrap should be placed labial to the contact area except in cases of diastema closures where it is placed lingual to the contact allow the ceramist to build proper proximal contours. Also in these situations, the gingival finish line is placed slightly below the gingival margin. Incisal reduction should be around 1-1.5mm which allows the ceramist to create required incisal effects to match natural teeth. The incised finish line can be either a incised wrap which provides a definite stop but which creates a thin fragile veneer on the lingual aspect or an incised shoulder which is stronger and most preferred

Porcelain veneers with layering/staining is recommended as it allows the ceramist to recreate aesthetics close to natural dentition



Dr. B. Mohan

Accredited Member of AACD.

Designing a beautiful smile has been a challenge for many years and the invention of Veneering has been a break through in this aspect. DrPinus introduced this concept on veneering in 1937, but it gained lot of popularity in the mid nineteen seventies. The

different approaches included the direct layering with composite, veneering with prefabricated composite and indirect custom made ceramic veneer. Each of this having their own advantage and disadvantage, the clinician should choose the correct plan according to the needs of the patient.

Direct Aesthetic restorations require careful techniques combined with creative and artistic skills and considerable chair side time. In direct techniques using lab fabricated restorations outsource the skills to provide an esthetic outcome. Nowadays, direct techniques have improved a lot with new generation of composites and the adhesive techniques. The concept in today's aesthetic practice is minimal intervention. When addressing minimal intervention composite is the material that comes to our mind. The clinician creativity and the skills are best show cased in direct composite veneering.

On the contrary to make the job easy prefabricated composite veneers have entered the market. But unfortunately they are a monotony in the Dentist hand and there is no concept of customisation. Moreover they require a special adhesive to cement the restoration which obviously increases the interface the failure rate.

Most often the placement of direct composite veneering require nil tooth preparation compared to the prefabricated composite veneers. In order to create a restoration that practically cannot be distinguished from the tooth substance, a composite system is needed which offers the shades in sufficient levels as well as multiple opaque and translucent shades. These composites help in creating a poly chromatic resorptions. There are composite systems that consists of over 30 different shades and transcuencies. Ofcourse this procedure requires a short learning curve, butane mastered they deliver the best aesthetics. The learning curve includes the knowledge on tooth anatomy, colour and materials optical and physical properties. The tooth structure is so much different from individual to individual and also within the individual. There are age related changes too which have to taken into account.

Overall, composite system can be classified according to the number of layers applied together with their specific optical parameters. It includes the following

1. Mono layer - just using one body (dentine)shade of composite, the level of esthetics is bare minimal
2. Bi layer - this includes body and incisal shades
3. Tri -layer - Body shade, chromatic enamel and incisal shades = excellent esthetic outcome is seen
4. Multi Layer - Bddys shade, chromatic enamel, incisal shade and effects (opal effect or colours) Just mimics nature
5. Penta layer (Histo - anatomic layering) - Depp dentin - Superficial dentin, DEJ Liner, deep and superficial enamel and effects - the ultimate system to mimic nature. (materials in this segment yet to be developed - the future lies here)

The layering concepts evolved from a primitive approach to emulate nature - anatomy and optical properties. Its very important for the clinician to understand and master the various layering concepts to have a predictable success in direct bonding. The effect that can be achieved with layering is unmatched to the prefabricated composite veneers as shown in the images. The prefabricated in addition requires a quite a few clinical steps and also and extensive armamentarium. Simplicity and predictability are undoubtedly the new driving forces to continuously improve the quality of the direct composite restorations.

MINIMAL PREP VENEERS



Dr. Deepak Mehta

BDS, MDS, PhD

Research Scholar

Tohoku Graduate School of Dentistry

Sendai

Prefabricated Veneers

The beauty lies in its similarity with nature...

Direct resin veneers are more affordable for many patients, but they present their own set of challenges. They are very technique sensitive and time consuming to do correctly. When considering the restoration of anterior teeth, with an eye on minimizing tooth preparation, the use of prefabricated composite veneers offers a material alternative that can yield a highly aesthetic appearance. Other advantages of this method include single-appointment restoration, no lab fees, and restorations that can be easily maintained. A prefabricated, or direct, composite veneer that has a highly polished and anatomically correct facial surface provides an ideal alternative to the more laborious direct composite veneers.

For the first time in the history of dentistry, it is now possible to work with prefabricated veneers and occlusions made from homogeneous nano-hybrid composite using modern laser technology.

The prefabricated veneers present an obvious potential in the following indications:

1. Single Facial Restorations
 - large restorations/decays with loss of natural tooth buccal anatomy/color
 - nonvital, discolored teeth
 - traumatized, discolored teeth (without endodontic treatment)
 - severe/extended tooth fracture
 - extended tooth dysplasia or hypoplasia
2. Full-Smile Rehabilitation
 - moderate to severe discolorations (ie, tetracycline staining and fluorosis)
 - generalized enamel hypoplasia/dysplasia (ie, amelogenesis imperfecta IIIA)
 - large serial restorations/decays with loss of natural tooth buccal anatomy/color
 - attrition of incisal edges (after proper occlusal and functional management)
 - financial limitations
 - young patients with immature gingival profiles

This advancement can be regarded as a milestone in operative dentistry, as it will contribute

tremendously to direct composite applications, helping a larger number of our patients to receive esthetic restorations that are more conservative and affordable.

In my opinion they must be considered as a new generation of anterior composite restoration to simplify freehand technique and to increase the quality of anterior restorations. Their best advantage is the thickness of the shells... just 0.3 mm

So we can use them like contact lens concept, just in addition, without preparing the teeth.

The prefabricated veneer systems do not aim to systematically replace the well-established layering techniques, but rather offer an alternative to direct, freehand composite veneers, which is a delicate and time-consuming technique.



Dr. Nikhil Bahuguna

MDS

Professor and Head

Department of Conservative Dentistry and Endodontics.

Kalka Dental College.

Meerut. U.P.

Board of Director and Accredited Member - Indian Academy of Aesthetic and Cosmetic Dentistry.

Member - American Society for Dental Aesthetics.

**"Build a man a fire; he will be warm the whole night,
Set the man on fire, He will be cold till eternity"**

Times have changed and so has the philosophy of restoring teeth. We have moved a long way from EXTENSION FOR PREVENTION to CUTTING FOR IMMUNITY. The focus currently is on preserving biology and at the same time providing best aesthetics and function. Minimum or no prep, prefabricated composite veneers are no longer just an interim treatment option for the same.

Directly layered veneers are artistically challenging and lab fabricated indirect ceramic veneers require multiple steps and an adequate tooth preparation for fabrication. Combined with astute impressioning, shade matching and technical craftsmanship, the bonding protocol has to be error free for clinical success.

Prefabricated composite veneers (e.g EDELWEISS VENEERS) are a far simpler and an equally aesthetic option to create life like aesthetics. They demonstrate a balanced combination of the minimal preparation requirements and ability to achieve enhanced aesthetics of direct composites, along with the convenience and predictability of indirect restorations.

Fabricated with a laser sintering process, such veneers are perfectly baked for maximum degree of conversion to make it stable. The heavily filled resin along with glass infused surface makes it stable inside and highly polishable outside.

The best aspect is the conservative nature. Seldom is a margin required as the blend is perfect due to the thin cervical dimension. Also they permit internal characterization, staining and shading along with external polishability for perfect aesthetics. All this coupled with minimum or no prep, makes available many a times, an all enamel surface which gives the best to bond preventing minimizing bonding failures as they require a heavily filled composite rather than a resin cement for bonding.

"PRESERVE NATURE.....RESTORE FUNCTION AND ESTHETICS...ENSURE IMMUNITY"



From digital planning to the mock-up and final restoration

Presentation of a modern work concept on the basis of a veneer fabrication

A report by Cyril Gaillard and Jérôme Bellamy, Bordeaux/France

"Never promise what you can't deliver!"

Particularly when undergoing esthetically motivated dental treatment,

patients should be given a realistic visualization of the final outcome to avoid raising undue expectations.

The demand for cosmetic treatments is also increasing in dental practices. Today's communication media provide patients with virtually limitless access to a wealth of information on this topic. And with it comes an increase in expectations.

This can pose a conundrum to the dentist: patients want to be promised the desired results yet they should not be given undue expectations in the run-up to the treatment.

The challenge

One of the challenges in day-to-day dentistry is the fact that the mock-up presented to the patient is produced from a wax-up and is often not consistent with the final outcome of the treatment (e.g. ceramic veneers). Several research studies have been initiated to overcome this problem. The SKYN concept is a result of this research.

The solution

The SKYN concept is based on a unique approach: it uses natural tooth shapes to create a mock-up directly in the patient's mouth. A wax-up is created on the basis of tooth shapes that reflect the anatomy and morphology of natural teeth in terms of height, width, curvature and surface texture. The predictability of the result is ensured by using CAD/CAM.



01a and 01b — Preoperative situation. Severely stained restorations in the upper anterior region. It does not bother the patient that her upper lip is asymmetrical and her gum line is visible when she laughs.

technology to scan the mock-up, make adjustments in the oral cavity and then mill the veneers to achieve lifelike results. The reproducibility of the mock-up and the accuracy of the result arise, among others, from the performance of the CAD/CAM system, allowing the expectations of the patient to be met both promptly and effectively.

CAD/CAM technologies have brought about a revolution in dentistry. They enable the efficient manufacture of customized ceramic veneers with high accuracy and within a short period of time.

Furthermore, the restorations present an accurate copy of the esthetic wax-up. The different working steps involved in the SKYN concept are demonstrated below on the basis of a clinical case.

Clinical case

Preoperative situation

The patient visited the practice with a request that mainly concerned esthetic criteria. She felt that her anterior restorations looked too yellowish and their shape did not fit in. The restorations had been in her mouth for several years. They should now be replaced.

First, a series of digital pictures was taken to examine the situation more closely. The patient had a high smile line. However, the fact that her gums were visible when she smiled and her upper lip was asymmetrical did not bother her (Figs 1a and b). The periodontal apparatus was healthy. The soft tissues did not show any signs of abnormalities either.



02 — S

wax-up



03 —

key.



and surface texture on the model.

Treatment planning

We recommended the patient to have the anterior region restored with veneers stretching from teeth 15 to 25 and advised her to have the premolars included in the restoration to achieve a harmonious appearance. The patient agreed with our proposal. We drew up the following treatment plan:

- Wax-up using composite veneers to reproduce the natural shape and texture of the teeth
- Mock-up according to the SKYN concept using a light-curing nanohybrid composite (IPS Empress® Direct)

- Intraoral digital data scan of the mock-up
- Preparation of the teeth with the help of the mock-up
- Digital impression of the preparation using an optical camera
- Fabrication of the temporaries
- Machining of the glass-ceramic veneers (IPS Empress CAD)
- Incorporation of the veneers



05

05 — The mock-up is placed in the mouth. The surfaces are being reworked slightly.



06

06 — Completed mock-up. Photos and videos are used to assess it.



07a



07b

07a and 07b — The surfaces of the mock-up are being reworked slightly.

Fabricating the wax-up

The aim of the ceramic veneers was to give more volume to the teeth. The teeth should appear stronger and longer. Adjusting the dental proportions was requisite to creating a harmonious appearance between the teeth and the smile on the patient's face. To create the wax-up, we used the SKYN models ("Anterior Model Set" by Dr Jan Hajtő) as reference (Fig. 2). This is a reproduction of natural teeth. Upon request by the patient, tooth selection was performed with the help of both the DSD program (Digital Smile Design) and the VisagiSMile design and visualization software.

Transfer to the mock-up

We created a silicone key of the vestibular surfaces with the help of the wax-up and applied a thin layer of composite material into the key using a spatula (IPS Empress Direct) (Fig. 3). Once light cured (Bluephase® with Polywave® LED), the resulting composite veneers for teeth 15 to 25 were placed on the model and stabilized with wax (Fig. 4). Once the wax-up was finalized, it was duplicated and cast in stone. We created a silicone key from this model to assist the dentist in the preparation of the teeth. The silicone key was created in two steps using two different silicone materials, one with a high hardness (Silico Dur, Cendres+Métaux) and the other with a low hardness (3M ESPE Express). The silicone key served to create the mock-up and the temporaries.

Tooth preparation and data transfer to the lab

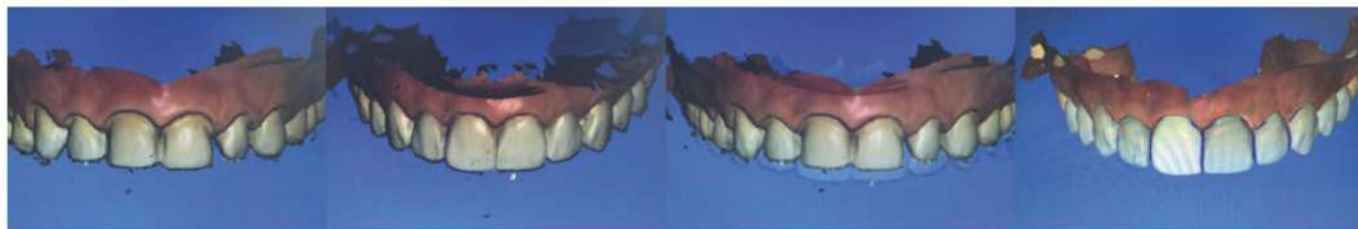
The mock-up was inserted with the help of the silicone key and the surface texture was reworked using a polishing system (Astropol®) (Fig. 5). The esthetic effect was validated with photographs and videos. The patient could also inspect the pictures (Figs 6 and 7). Then, the teeth were prepared using a ball-shaped bur whilst the mock-up was in place (Galip Gurel 2003) (Fig. 8). This procedure meets the requirements of minimally invasive dentistry. An impression of the prepared teeth (Fig. 9) was taken using an intraoral scanner and the temporaries were fabricated with the help of the silicone key.



08 — Targeted preparation of the teeth with the mock-up in place



09 — Close-up of the prepared anterior teeth



10 — The CAD data of the digital impressions of the prepared teeth and the mock-up are superimposed.

At this point, the dentist is required to take two optical impressions: first, an impression of the prepared teeth and, second, an impression of the temporaries in the mouth. In addition, a conventional silicone impression of the prepared teeth is taken. The dental technician will use this impression to produce a physical model to check the fit and contact points of the milled ceramic veneers.

Creating the final restoration

For the CAD construction, the two data sets (temporaries, prepared teeth) were superimposed in the software (Fig. 10).



11 — Veneers ready for placement



12 — Restorations on the model after CAD/CAM-supported fabrication of the ceramic veneers

Subsequently, the shape of the temporaries was matched to the preparation margins. Each component was examined (preparation margin, thickness, contact points, etc.) separately before the data was transmitted to the milling unit for machining (Fig. 11). For the fabrication of the veneers, we decided to use the IPS Empress CAD Multi blocks, which feature a lifelike shade transition from the dentin to the incisal. We selected a block in shade A1. Each veneer was positioned in the block in such a way that the translucency of the incisal area matched our requirement. Once the veneers were milled, we checked their fit on the prepared dies of the model and assessed their contact points with each other. The surface texture was lightly reworked (Fig. 12). To achieve a highly esthetic result, we additionally characterized the veneers with Stains and Essence materials (IPS Ivoclar®) before we glaze-fired them (Fig. 11).

Seating the ceramic veneers

At the try-in, the shade and fit were checked. All ten veneers showed an excellent fit in the mouth. The next step was adhesive bonding. Prior to the bonding procedure, a rubber dam was placed to isolate the treatment field and keep it



13 — Adhesive cementation of the ceramic veneers with a rubber dam in place



14 — Close-up of the veneers after seating



15 — Texture and tooth shape look natural and harmonize with each other.

dry. As the natural teeth were not discoloured, we were able to use a translucent luting composite (Variolink® Esthetic) to insert the veneers (Fig. 13). The veneers were seated using the following protocol:

- The restorations were etched with hydrofluoric acid for 60 seconds, rinsed under running water and dried with compressed air.
- The veneers were then conditioned with silane. A universal primer (Monobond® Plus) was applied, allowed to react for 60 seconds and dried.
- The prepared teeth were etched with 37% phosphoric acid gel (Total Etch) and rinsed.
- Fluoride-releasing Excite® F DSC adhesive was applied (without light-curing).
- The veneers, which were coated with luting composite, were seated.
- The luting composite was tack-cured for 1 to 2 seconds (Bluephase with Polywave LED) to facilitate the clean-up of excess luting composite.
- Final light curing of all veneers for 40 seconds
- Removal of the rubber dam and occlusal check. At the last step, the restorations were polished.



16 — Lip appearance and portrait picture (below) with the completed restorations. The expectations of the patient have been met.

The ceramic restorations show an appealing esthetic appearance in the mouth and harmonize beautifully with the smile of the young patient. The planned situation was accurately transferred to the final restoration (Figs 14 to 16).

Conclusion

Modern materials in esthetic dentistry allow pleasing results to be achieved with considerably more ease than before. It may be considered a substantial progress that the resulting restorations meet not only high esthetic requirements but also essential functional criteria. State-of-the-art planning tools, digital auxiliaries, CAD/CAM-supported manufacturing and promising materials lead to excellent results and ensure high patient satisfaction. However, never mind the CAD/CAM technologies, the skills and experience of a seasoned dental technician will remain indispensable.



Cyril Gaillard
Jérôme Bellamy
14 Rue Montesquieu
33000 Bordeaux
France
contact@cyrilgaillard.com



NEW

Cention N

Powder-liquid filling material



For permanent fillings in posterior teeth

- More esthetic than amalgam
- Stronger than glass ionomer cement
- Time-saving replacement of tooth structure in only four working steps

www.ivoclarvivadent.com

Ivoclar Vivadent AG
Bendlerstr. 2, 79184 Schaan, Liechtenstein | Tel. +423 235 25 25 | Fax +423 235 33 60
Ivoclar Vivadent Marketing (India) Pvt. Ltd.
102/204, Nehru Plaza, 75/8, Shah Industrial Estate, 2nd Floor, Durgam Chattri Road, Andheri (W), Mumbai 400 053, India
Tel. +91 22 2673 0302 | Fax +91 22 2673 0301 | E-Mail: CustomerCare@ivoclarvivadent.com

ivoclar
vivadent
passion vision innovation



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

Till 2016, our undergraduate students had performed their pre-clinical exercises in the tooth model made of Plaster of Paris [POP]. For the past two years students were taught to modify the model pouring by adding dental stone with plaster as a first layer, which mimics the enamel; and for the second layer - food colour [light yellow] is added to plaster, which mimics the dentin.

By doing this modification students could learn two concepts, 1] to make out the difference while chiselling through the plaster with dental stone, which is harder and to leave the pulpal floor in the layer of plaster with food colour, which is comparatively less harder and mimics the dentin. 2] to understand the colour difference of enamel and dentin while cavity preparation in pre-clinical exercises.

I wish it is a very useful tip and I suggest every teacher to follow this for better knowledge of students in pre-clinical curriculum.



ASK THE EXPERTS



Dr Vivek Aggarwal
Assistant Professor
Faculty of Dentistry
Jamia Millia Islamia, New Delhi

1. What are the alternative techniques to be used to anaesthetize a "Hot Tooth", if IANB is not effective?

The term 'hot' tooth is used when the patient is having a symptomatic irreversible pulpitis with moderate-to-severe pain. Studies have shown that amount of preoperative pain adversely affects the anesthetic success rates of inferior alveolar nerve block (IANB). Therefore it is advisable to use additional anesthesia in the beginning of the management of 'hot' tooth.

- The first strategy would be to change the injection site. Higher injections, such as Gow-Gates injections, provides better success rate than a traditional IANB.
- Increasing the dose of anesthetic solution to 3.6 mL can also improves the anesthetic efficacy.
- Another option is to give a supplemental buccal infiltration of 4% articaine. Articaine, when used as a primary IANB injection, is not superior to 2% Lidocaine. However when given as a buccal infiltration, Articaine improves the anesthetic efficacy.
- Next strategy would be using intraligamentary PDL injections. The PDL injections can be given via a standard dental anesthetic syringe. The trick is to insert the needle between the crestal bone and the tooth and forcefully inject the solution in to the periodontal space. If the clinician does not get a back-pressure, the injection shall not help.
- Intraosseous Injection also improves the anesthetic success rates. However it requires special equipment such as X-Tip system or Stabident system.
- The last option is to inject the solution directly in the pulp under back-pressure. The effect is almost immediate and works like a charm. However it requires a small opening in the pulp chamber. The procedure is painful and the patient should be warned to expect pain during the initial stage of the injection.

2. Should we or shouldn't we use intraligamentary technique for supplemental pulpal anaesthesia? Can intraligamentary technique be used as a primary injection technique?

Intraligamentary injection is a type of intraosseous injection. It works well in patients with 'hot' tooth. Two things have to be kept in mind while using this injection.

- To achieve a strong back pressure while injecting between the alveolar bone and the tooth.
- To inject solution in each root.

For example mandibular molar requires two intraligamentary injections, one for each root.

Intraligamentary injections, as a primary injection, have been successfully evaluated in patient requiring dental restorations. However in patients with 'hot' tooth, Intraligamentary injection should be used as supplemental/ additional anesthesia.

3. I was doing a single visit root canal treatment for a mandibular first molar, after cleaning and shaping, during master cone selection, the gutta-percha points were short by 2mm in all canals, but on instrumentation beyond that point, the patient experienced severe pain, even though there was profound pulpal anaesthesia in all the other teeth. What may be the cause and what will be its management?

The duration of anesthesia of 2% lidocaine is almost 60 minutes. If the patient starts to experience pain during the end stage of the treatment, repeat anesthetic injection should be given.

4. If patient gives a history of allergy to Local Anaesthetic agent, what can be the alternative agents to be used?

True allergic reaction to local anesthetic agents is very rare. Majority of the patients may wrongly identify syncope as anesthetic allergy. However it is always advisable to perform an intracutaneous test while injecting the local anesthetic agent for the first time. The solution can be diluted to 1/10 with normal saline and a small amount (0.02ml) should be injected on the extensor surface of the arm.

In patients with true allergy to lidocaine, diphenhydramine can be an alternative. However use of diphenhydramine still requires extensive clinical research.

The last option is to perform the dental treatment under general anesthesia.

5. What may be the cause of incomplete pulpal anaesthesia for mandibular second premolars, even though there is profound anaesthesia on the other adjacent molars?

This is not true! Using IANB along with a buccal infiltration can provide success rates as high as 80% in 'hot' mandibular premolars. Nevertheless the chances for failure of mandibular anesthesia are high especially in molars and incisors. The reason for this can be attributed to the activation of peripheral nociceptors by the action of inflammatory mediators.



ASSOCIATION UPDATE

IACDE EXCELLENCE AWARD

HUMANITARIAN AWARD



DR. SRINIVASAN M R

RISING STAR AWARD



DR. HARDIK MAKKAR



DR. NOOR SAIRA WAJID



DR. SOORIAPRAKAS C

CLINICAL EXCELLENCE AWARD



DR. JOJO KOTTOOR



DR. REUBEN JOSEPH

OUTSTANDING ACHIEVEMENT AWARD



DR. GOPIKRISHNA V



DR. WADHWANI

ACADEMIC EXCELLENCE AWARD



DR. ANIL CHANDRA



DR. MAHALAXMI S



DR. SRINIVASAN M R

LIFETIME ACHIEVEMENT AWARD



DR. RAMACHANDRAN S

UNDERGRADUATE AWARDS



DR. PADMINEE KRISHNAN



DR. VINITA GOYEL



DR. SEMBAGA LAKSHMI.T

POSTGRADUATE AWARDS



DR. SIBI. S



DR. PRATIK PRAKASH KOTADIA



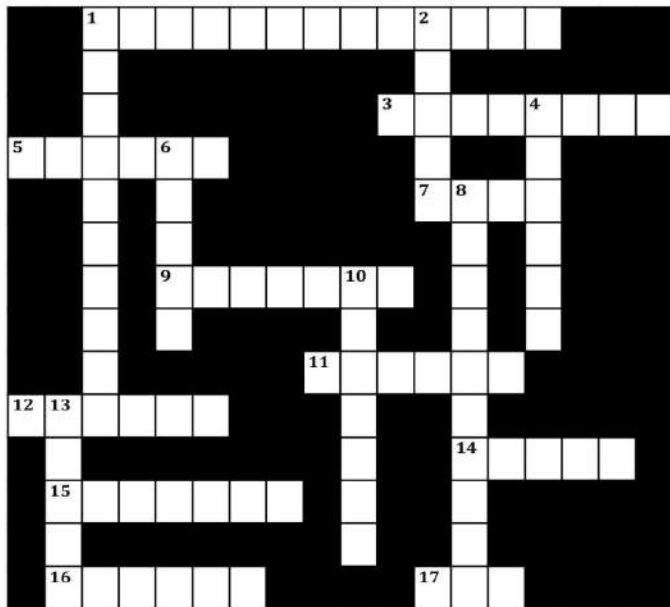
DR. KRUTIKA SHEKHAWAT



PINS & POSTS

REST-ORE-TAINMENT

CROSSWORD IACDE - 7



CLUES ACROSS

1. Change in ambient pressure cause pain in pulp
2. Tendency of dissimilar surfaces to cling together
5. Intracanal irrigant that is radiographically visible
7. A chelating endodontic irrigant.
9. Negative pressure irrigation
11. A monochromatic light source for hard & soft tissue treatment
12. Faster conducting myelinated nerve fibres.
14. Proliferative growth from pulp or gingival
15. Medicament used to reduce intracanal bacterial load.
16. Band used to restore anatomical proximal contours
17. Molecular technique to amplify DNA

CLUES DOWN

1. Bioactive Tricalcium Silicate based material
2. Iatrogenically created irregularity in the root canal that impedes access of instruments to the apex,
4. A substance applied to a surface to a coat or adherent to filling material
6. An allergy which develops to certain proteins found in natural rubber gloves.
8. Calcification in dead or degenerated tissue
10. Restorative material of concern in Minimata Convention.
13. Digital method for storage & Transmission of medical images

JUMBLE WORDS - 6

IEHPXNO



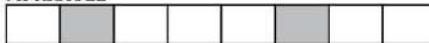
OTMSEARLIEC



GNAEACLSI



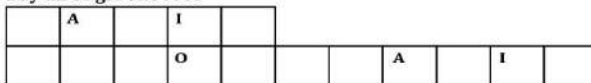
MPRRAOEL



GOENTNEISENISD



Buy three get one Free



Sanma



Loupes

2.5x / 3.5x / 4.0x



"One of the best optics I have used and I am personally using them in my practice and for training" - Dr. B. Mohan

* Rs. 1000/- off for IACDE members, Quote your IACDE number to avail this offer.

Sanma Medineers

#20, Brahmin street, Korattur, Chennai - 80.

Ph: 09444 444 624 / 09444 444 625 / 09444 006 818

E-mail: sales@sanmas.com / Web: www.sanmas.com



PROTAPER•GOLD™

The same winning technique
with **greater flexibility**



+
**WE
KNOW
ENDO.**

Dentsply Sirona India

15th Floor, Building No. 9A, DLF Cyber City, Phase 3, Gurugram, 122002, Haryana, India

Direct Board Number: +91 124 6630000 • Toll Free Number 1-800-208-0208

www.dentsplysirona.com



19TH IACDE-IES PG CONVENTION 2018

DATE : 16TH TO 18TH FEBRUARY 2018 | VENUE : HKE SOCIETY'S CONVENTION CENTRE, GULBURGA

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



ROTATE – RENOVATE – REJUVENATE



Shri Basavaraj S Bhimahalli
Chief Patron
President HKE Society Kalburgi



Mr. C H Malla Reddy
Patron
Member of Parliament
Chairman Malla Reddy Institutions,
Hyderabad



Dr. Veeranna Charantimath
Patron
Chairman Shri BVV Sangha Bagaikot



Dr. Dibyendu Mazumdar
Patron
President DCI



Dr. Preeti Kore
Organising Chairman



Dr. Ratnakar P
Organizing Secretary



Dr. Karunakar P
Convention Secretary



Dr. T. Murali Mohan
Convention Convener

Registration Details

Category	Up to 10 th Jan 2018	After 10 th Jan 2018
Student : IACDE Member	Rs. 6,500	Rs. 7,000
Delegate: IACDE Member	Rs. 8,500	Rs. 9,000

Bank Details

Account Name : 19th IACDE-IES PGCONVENTION 2018
KALABURAGI
Account No. : 148811100001264
Account Type : Current
Bank Name : Andhra Bank, #1488, HKE Society, Opp
Toyota Show Room, Ring Road, Badepur
Colony, Gulbarga, Karnataka - 585105
IFSC Code : ANDB0001488
MICR Code : 585011003

Conference Secretariate

Department of Conservative Dentistry H.K.E. Societies
S. Nijalingappa Institute of Dental Science & Research
Sedam Road, Gulbarga, Karnataka

CALENDER OF EVENTS- 2018

Sl. No.	Date	Events	National / International	Venue
1	5- 6 Jan 2018	2nd ACDI Annual Conference	National	Dharwad- India
2	12-13 Jan 2018	XIV National Symposium Of AEDE, Spanish Endodontic Society	International	Madrid-Spain
3	25-26 Jan 2018	Annual Scientific Meeting, Irish Endodontic Society	International	Dublin-Ireland
4	16-18 Feb 2018	19th IACDE And IES National Post-Graduate Convention	National	Kalaburgi [Gulbarga] India
5	17 Feb 2018	Pain Diagnosis And Management In Clinical Endodontics, Italian Academy Of Endodontics	International	Bologna-Italy
6	24 Mar 2018	DCI-IACDE Teachers Meet	National	Hyderabad-India
7	25-26 May 2018	3rd International Conference On Prosthodontics And Restorative Dentistry	International	Las Vegas- United States
8	26 May 2018	Endodontics And Other Disciplines, Italian Academy Of Endodontics	International	Verona-Italy
9	28 Jun – 1 Jul 2018	Roots Summit	International	Berlin - Germany
10	20-21 Jul 2018	23rd International Conference On Dentistry And Dental Materials	International	Rome-Italy
11	16-18 Aug 2018	20th World Congress In Dental Traumatology	International	San Diego – United States
12	17-18 Aug 2018	Annual Congress On Endodontics And Prosthodontics	International	Tokyo - Japan
13	4-7 Oct 2018	IFEA 11th World Endodontic Congress	International	Seoul- Korea
14	4-6 Oct 2018	26th National Congress, Italian Academy Of Endodontics	International	Florence-Italy
15	14-16 Nov 2018	33rd IACDE National Conference	National	Vijayawada, India

33rd National IACDE Conference
2018, Vijayawada



CAPITAL CITY
AMARAVATHI
WELCOMES YOU



SIGNING OFF

NEWS LETTER OFFICE

Dr. Mamta Kaushik,
Editor, News Letter - IACDE
Prof and Head
Conservative Dentistry and
Endodontics
Army College of Dental Sciences
CRPF-Chennapur Road; Jai
Jawahar Nagar
Secunderabad; Telangana- 500087
Please send your
Inputs,
Scientific and academic
achievements,
Activities in your state/city,
Awards,
Jokes, cartoons &
Questions or Queries to :
newsletter@iacde.in

EDITORIAL TEAM



IACDE HEAD OFFICE

Z-279, 5th Avenue,
Anna Nagar, Chennai,
Tamil Nadu - 600040
Mobile: 99400 86289
Landline: 044 45566289

Head Office
timings 10 am to 5 pm on
all working days
Sunday holiday
Email: info@iacde.in
Website : www.iacde.in

DCI IACDE teachers meet

Shaping the Future

Date : 24th March 2018

Time : 10am to 4pm

Venue : Hotel Marigold, by Greenpark,
Hyderabad

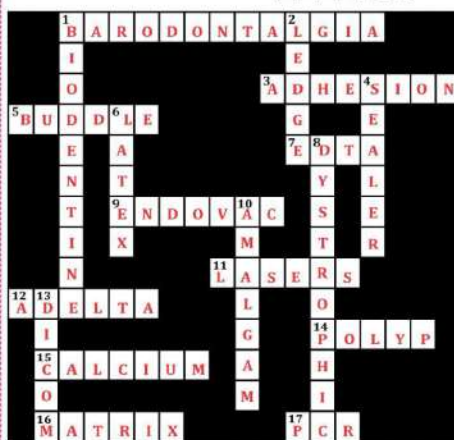
Entry : 3 Staff Members, every College

Fees : Rs 500 for all staff members

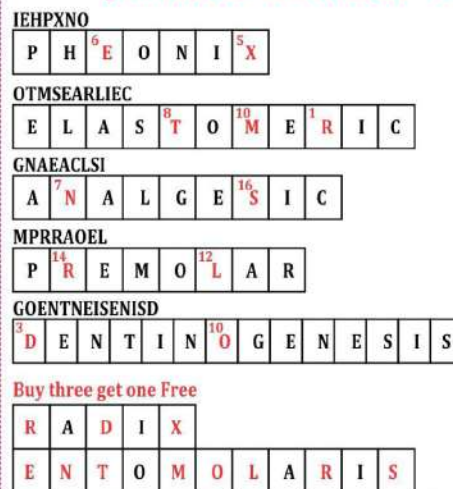
*Requesting participation from all
Colleges*

Visit www.iacde.in for further details

CROSSWORD IACDE 7 ANSWERS



JUMBLE WORDS - 6



How the best perform

HU-FRIEDY MFG. CO., LLC,

(India Liaison Office)

GE-8, 2nd Floor, 1834, Rajdanga Main Road,
Kolkata – 700 107

Contact Person : **Kaushik Basu**

Country Manager – India

Mobile Number : +91 98310 11088 , Email : kbasu@hu-friedy.com

PLEASE BUY ORIGINAL HU - FRIEDY INSTRUMENTS

DISCLAIMER

The views and opinions published in Newsletter Pins and Posts are those of the authors and do not reflect the policy or position of the publishers, editors, or members of the editorial board. The content of the advertisements is solely the responsibility of the advertisers. IACDE does not take responsibility for any unsolicited publication material. All disputes are subject to the exclusive jurisdiction of the courts and forums in Chennai only. No part of this publication may be reproduced without the express written permission of the publisher.