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DCI - IACDE Teachers Meet
Shaping the Future

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

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

Dr. Mohan
Secretary IACDE
In The Spotlight

An Official Newsletter of GCACDE was released under the guidance of Executive Committee Member of GCACDE and DDI Member "Dr. Anshita Singh Gupta".

GULBERGA PG CONVENTION BEST PAPER AWARDS

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Dr. Anshita Singh Gupta was awarded as The Dental Specialist (Endodontist) of the Year at the Indian Dental Diva Awards held at Mumbai, on 22nd February 2016.

Sculpting a Smile

Introducing SCULPT
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3. Dr. Prachi Shekhawat
4. Dr. Shruti Verma
5. Dr. Shalini Verma

CONTACT GC ASSOCIATES FOR INTRODUCTORY OFFER

ISSN 2456-2041
MESSAGES

GULBERGA PG CONVENTION

19TH IACDE-IES PG CONVENTION 2018, GULBARGA.

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

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

Convention was attended by close to 1000 participants including students and delegates. Out of them, around 950 students were involved in paper and E-poster presentations as authors and co-authors. On the first day of convention, 16th February 2018, inauguration of Convention was held in the auditorium, Chief guest were Dr. Gita K. Kamat, President, Dental Council of India and Shri Basaveshwaranohale President, HKE Society. Other dignitaries on the dias were, Dr. Prasad, Member DCI, Dr. Vikram Reddy, Member DCI, Dr. K H Reddy, President, IACDE, Dr. M. Mohan Secretary, IACDE, Dr. Swati Purwar President, IES, Dr. Jayashree Mudia Principal, KLIES’s SNC, Dr. Pratik Khosle Organising chairman, Dr. Karanakar P convention secretary, Dr. Murali Mohan convention convenor, Dr. Ratanakar P Organising secretary and Dr. Venkatesh Patil Co-organising secretary.

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

On day 2, 17th Feb, Best papers and E-Posters were awarded session wise, followed by key note lectures by Dr. Mohan S. Nikhate (Umk), Dr. V. V. Gopikrishna R., Dr. Pavankumar K, Dr. K. Suraj, Mr. P. D. Joshi, Dr. Kamal Bagla, Dr. V. V. Gopikrishna, Dr. S. Mahalakshmi and Dr. Vithalakshmi. The grand gala banquet was arranged at premises of HKE Society’s Convention Centre in the evening. On day 3, 18th Feb, key-note lectures were continued by Dr. K. R. Anup, Dr. J. K. Patil, Dr. V. V. Gopikrishna R., Dr. Kamal Bagla, Dr. D. D. Patil, Dr. S. Mahalakshmi, Dr. S. Mahalakshmi, Dr. S. Mahalakshmi, Dr. S. Mahalakshmi.

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

Valedictory function was held in the auditorium.

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

Dr. Ratanakar P
Organising secretary

HAPINESS AND MEANINGFULNESS

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

Roy Baumeister

Happiness and Meaning are two of the most central motivations in our lives. Happiness and meaning are strongly correlated with each other, and often feed off each other. The more we find in life, the happier we feel, and the more we feel encouraged to pursue even greater meaning and purpose. For most people, feeling happy and finding life meaningful are both important and related goals.

But do happiness and meaning always go together?

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

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

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

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

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

If we look at it materialistically, money can buy happiness; but money cannot buy meaning. Our relationships with other people are related to both how happy we are as well as the meaning of our lives. Feeling connected to others improved both happiness and meaning. The role we add in our relationships makes an important difference. “Takers” are happier and “Givers” have more meaning.

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

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

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

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

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

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

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

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

There is happiness with labour and meaningfulness without sacrifice.

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

- Dr. Mamta Kaushik

PINS & POSTS
Activities

2nd National Conference of Academy of Cosmetic Dentistry India

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

On 5th of January, the program commenced at 6am which was inaugurated by the chief guest Dr. Niranjan Kumar. The session started with Dr. Anil Rajagopalan delivering a lecture on topic ‘A key to success with all ceramic restorations’ exploring different kinds of ceramic restorations which can be done in different scenarios. This was followed by a session on ‘Essence of Shade in Restorative Dentistry’ by Dr. T.C. Prasath throwing light on importance of shade matching and knowledge on elements of colour in dentistry. Afternoon session commenced with a heated debate on the topic ‘Composite veneering: Layering VS Polymerized’ stated by Dr. B. Mehta who spoke for polymerized technique and Dr. Jashwita Hegde for layering technique. The first day ended with a Live demo on Digital Dentistry by Jeevan Vaidya demonstrating CAD/CAM milling machine which is compact and can be used by general dentists.

On 6th January started with a workshop for fellowships which followed by a session and live demo by Dr. Majid Davoudian on ‘Achieving higher standards in dental documentation’ emphasizing the importance in documenting cases and the summarization required to do so. Phase One Examination of Academy of Cosmetic Dentistry India was conducted for fellowship candidates, concluding the conference with the launch of ‘ProtoString’, first time in history IACDE president Dr. Nitya Goyal and EC member Dr. Mahima

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

The Department of Conservative Dentistry and Endodontics, Sir Ramachandra Dental College, Sir Ramachandra Medical College and Research Institute in association with the Indian Association of Conservative Dentistry and Endodontics conducted their 8th Annual Road Review Program “Finis Line 2018” from March 10th–11th 2018. Around 275 postgraduate students from various universities enrolled for the program and benefited greatly. 23 dedicated faculty from various universities across India delivered exam oriented lectures over the three days. A webinar session with our international faculty from New Zealand was a highlight of this year’s program. At the end of this 3-day program, postgraduates acquired exam-oriented confidence and confidence to face their university practical and theory examination effectively.

FINISH LINE 2018

ConsAsia 2019

AOFCD

Keynote Speakers

ConSasia 2019
PINS & POSTS

Panel Discussion

To Crown or Not to Crown

NOT TO CROWN

Dr. Sameer Makkar
Professor & HOD
Swami Devidyal Dental Hospital & Dental College
Barwala, Panchkula

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

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

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

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

TO CROWN

Dr. Zarnasanghvi, MDS
Professor, Dept of Conservative Dentistry & Endodontics
Ahmedabad Dental College & Hospital
Ranchhodpura, Gandhinagar, Gujarat, India.

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

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

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

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

Prof (Dr.) Shashirekha Govind, MDS
Post Graduate Clinic
Department of Conservative Dentistry and Endodontics
Faculty of Dental Sciences (IDS), Siksha O' Anusandhan University
Bhubaneswar.

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

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

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

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

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

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

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

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

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

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

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

“Every men’s tooth is more valuable than diamond”
A reliable method for cementing ceramic veneers

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

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

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

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

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

Cases report

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

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

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

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

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

Esthetic requirements

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

Radiodiagnosis

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

Compatibility

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

Fig. 3: Polishing the tooth after initial treatment

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

Fig. 5: Lab-fabricated glass-ceramic veneers

Fig. 6: Try-in with try-in pastel (in shade “neutral”)

the tooth structure for 20 seconds and then dispersed and polymerized for 10 seconds. This procedure does not interfere with the accuracy of fit of the restoration, as it results in an ultrathin film of only 0.5 µm.
assessed the shade match using one of the try-in pastes. I selected the neutral shade because I did not want the shade of the restoration to be altered by the adhesive luting composite (Fig. 8).

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

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

![Fig. 9: Applying Tetric N-Bond Universal adhesive](image)

![Fig. 10: Inserting the veneers loaded with Veriolink Esthetic LC](image)

![Fig. 11: Light-curing the luting composite](image)

![Fig. 12a and b: Final polishing and result immediately after cementation](image)

![Fig. 13: Four months later: Homogeneous integration of the ceramic veneers](image)

![Fig. 14: Final view of the lips](image)

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

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

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

**Conclusion**

We succeeded in achieving an optimum level of harmony between the materials presently available (Fig. 14). The glass-ceramic, adhesive luting composite and adhesive have all contributed to the lifelike esthetic appearance of the final restoration. The patient gives us a natural and harmonious smile.
Cons Asia ~ Another mile stone for IACDE Welcome to the promotional meet at Sharjah

Dear Colleagues in India,

Hope you find this message well. I am Byoung-Hoon Cho from Seoul National University School of Dentistry, Seoul, Korea. I am contacting you in my official role as the Honorary President of the Asia Pacific Federation of Endodontics (APFED) and President of the Local Organizing Committee (LOC) for ConsAsia 2018, Seoul, Korea and the immediate past president of Korean Academy of Conservative Dentistry (KACD). I am writing this letter to organize the IACDE and to promote ConsAsia 2018, Seoul, Korea.

In the early days of 2018, the ConsAsia initiative was proposed by the KACD to construct a network among the clinicians, researchers, and scholars of Asian and Oceanian countries in the field of Conservative Dentistry, and as a result, to contribute to improving the oral health of the populations in these areas. Hence, the KACD and other related organizations established the AOFCD and held a number of ConsAsia scientific meetings.

At the first, second, third, and fourth ConsAsia meetings, the major topics of the scientific sessions were the conservation of teeth and endodontic treatment. As a result, I would like to extend the ConsAsia initiative and promote ConsAsia 2018, Seoul, Korea.

Until now, four ConsAsia meetings have been held, including the first ConsAsia meeting in Seoul, Korea. The second ConsAsia meeting was held in Tokyo, Japan in 2016, and the third ConsAsia meeting was held in Singapore in 2017. The fourth ConsAsia meeting was held in Seoul, Korea in 2018.

I am writing this letter to promote ConsAsia 2018, Seoul, Korea, and to invite you to attend the ConsAsia meeting. The ConsAsia 2018 will be held in November 2018 in Seoul, Korea. The conference will cover a wide range of topics related to endodontics and conservative dentistry.

I would like to invite you to attend the ConsAsia meeting, which will be held in Seoul, Korea in November 2018. The conference will cover a wide range of topics related to endodontics and conservative dentistry. I look forward to seeing you in Seoul, Korea.
ASSOCIATION UPDATE
IACDE proudly welcomes you to the first zonal conference
A new mile stone in the history of IACDE
Come join hands when we march towards a progressive future and a quality learning platform

1st IACDE ZONAL CONFERENCE (SOUTH)
August 10th and 11th 2018
Hotel Sherwin, Chamaraj

Indian Association Of Conservative Dentistry and Endodontology (IACDE)
In Co-ordination With
Conservative Dentistry And Endodontics
Association Of South India (CEATI)

www.thecosit.com

1st IACDE WEST ZONE 2018
1st & 2nd September 2018
Hotel Minerva & Narai

1st IACDE NORTH ZONAL CONFERENCE 2018
Date: 20th & 21st September 2018

VENUE: R. M. Ohdia Science & Technology Centre
Sheba Chitra, Guntur

IACDE EAST ZONE CONFERENCE 2018
4th & 5th August, 2018

VENUE: DR R AHMED DENTAL COLLEGE
Kolkata

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OBITUARY
Dr. Sharadkumar Bhagat
5th Nov 1946 - 14th March 2018
It saddens to acknowledge the passing of a beloved teacher, a supportive colleague and a just administrator. Dr. Sharadkumar Bhagat. His academic career spanned from 1965 to 2010. There are very few among the senior Endodontist faculty in India who have not received his guidance, affection or a dose of his jovial nature, either as a teacher, a guide, a colleague, an examiner or a DCI inspector. He leaves behind a legacy of students in GDC Mumbai, GDC Nagpur, Gauhati University, Lyumba Dental College Davangere, KLE Institute of Dental Sciences Belgaum, Rural Dental College Lon and People's Dental College Bhopal. May his soul rest in peace.

Courtesy: Dr. Sumita Bhagat MDS (Daughter-in-law)
REST-ORE-TAINMENT

CROSSWORD
IACDE-8

ORGANDE ROSES
ORGANDE LILIES

CLUES ACROSS
1. Non-carious cervical lesion caused due to friction forces.
2. Asknown as carotid ocular.
3. Radiograph technique which reduces the exposure and uses a transilluminated film radiography.
4. End of the week.
5. One of the signs of inflammation.
6. This is the property of some materials.
7. Secondary intention feature for a amalgam.
8. Native metal form used in restorative dentistry.
9. Teeth of immature tooth.
10. Chemical element which is used in various compositions.
11. Endodontic instrument with a triangular cross-section.
12. An organization that oversees the standards of practice and dentistry.
13. This type of burn is commonly used for removal of casts.
14. This person is credited with the classification of apical constriction.
15. Sympathetic pain.

CLUES DOWN
1. The method to remove the impurities from metal surface.
2. Preservation of extracted mandibular molar.
3. Material which sets by three mechanisms.
4. Hypothesis which states that there is no relationship between two groups.
5. Fracture due to stress. It is one of the causes of this fracture.
6. This unit of tetrachloroethane shares its name with this term.
7. Natural aggregation of certain metals.
8. Common practice for holding a dental instrument which is not recommended.
10. Abstraction from the types of description.
11. Association which promotes standardization and specification for dental services.
12. Pulmonary test method which also is a favourite among children.

JUMBLE WORDS - 7

HIRAPRIGOA

MEMENTCU

ZGRADHN

ENDOSOTIAC

ISSHEINAACO

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

POEM BY DR. ARSHIA BAIG
ECSTASY OF LIFE
Life is too short to waste it with regrets,
Treasure good times,
Magnum nuous People You Have Not,
Knowledge They Gave You,
Things You Have Seen,
Cherish the Alluring Memories,
And Places You Have Been,
Emanate the Laughter,
Embrace the Moon And The Sun,
Rejoice the Beautiful Things,
That You Have Done.
Your Life, Your Choices,
The Commitments You Made,
Find Ectasy In Each,
And Smile As They Are Repaid.

By DR. ARSHIA BAIG (BDS, MDS)
(Lecturer)
Department of Conservative Dentistry and Endodontics,
CSMSS Dental College and Hospital, Aurangabad,
(State-Maharashtra)

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PINS & POSTS

CALENDAR OF EVENTS

33rd National IACDE Conference 2018, Vijayawada

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WELCOMES YOU

CALENDER OF EVENTS- 2018

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<th>Sl. No.</th>
<th>Date</th>
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<th>National / International</th>
<th>Venue</th>
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<td>3rd International Conference On Prosthodontics And Restorative Dentistry</td>
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<td>Endodontics And Other Disciplines, Italian Academy Of Endodontics</td>
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<td>23rd International Conference On Dentistry And Dental Materials</td>
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<td>Rome-Italy</td>
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<td>20 – 22 July 2018</td>
<td>1st IACDE Central Zonal National Conference</td>
<td>National</td>
<td>Indore-India</td>
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<td>10-11th Aug 2018</td>
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<td>16-18 Aug 2018</td>
<td>20th World Congress In Dental Traumatology</td>
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<td>San Diego-United States</td>
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<td>17-18 Aug 2018</td>
<td>Annual Congress On Endodontics And Prosthodontics</td>
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<td>July/ Aug 2018</td>
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<td>20th-22nd September 2018</td>
<td>1st North Zonal Conference</td>
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<td>New Delhi-India</td>
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<td>4-7 Oct 2018</td>
<td>IFA 11th World Endodontic Congress</td>
<td>International</td>
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<td>4-8 Oct 2018</td>
<td>26th National Congress, Italian Academy Of Endodontics</td>
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<td>Florence-Italy</td>
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<td>14</td>
<td>14-16 Nov 2018</td>
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<td>National</td>
<td>Vijayawada, India</td>
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<td>15</td>
<td>18-19th Jan 2019</td>
<td>3rd National Conference Of Academy Of Cosmetic Dentistry</td>
<td>National</td>
<td>Hyderabad-India</td>
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**CROSSWORD IACDE**

**8 ANSWERS**

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**JUMBLE WORDS - 7**

HRPADRIGO  
MEMENTCU  
CGMENTUM  
ZGRAIN  
BRAZING  
ENDSOTIAC  
RSSHEINAACO  
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