

ISSN 2456-2041

# PINS & POSTS

An Official Newsletter Of IACDE

**VOL 8, ISSUE 1**  
**DEC '22 –FEB '23**



HAPPY  
NEW YEAR

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# Editor's Desk



Wishing all the IACDEians a happy, prosperous and healthy New Year.

After 2years of silent, scary and restricted movements we had to adapt to, all thanks to the COVID-19 pandemic..... this year brought in a different set of vibes.

For a second, these vibes felt different...not weird different, but simply different. After two years of apprehension, the mind could not settle or figure out this feeling. It took time to understand that these natural thoughts and emotions that were pushed back and covered by the dark shadows of the pandemic were bursting to come out but with a slight hesitation.

*Was this even normal???!?!?*

Like a sign, the clock ticking seconds into 2023, the vision of fireworks up in the sky...suddenly had me jumping up and down like a child. Every form of emotion expressed on faces around reminded me of the movie 3 IDIOTS "All is well". We are OK and we are here!

For all those reading this, bring out the child in you this year. Life is too short for grudges and emotional baggage.

***Have a blasting 2023!!!***

Dr. Rashmi Nair

**EDITOR**



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Professor, HOD  
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# President's Desk



Dear members of IACDE,

I hope this message finds you all in good health and spirits. As the President of this esteemed association, I am honored to address you all through this newsletter. Pins and Posts has undergone significant growth since its inception in 2016. Its initial purpose was to serve as a means of connecting academic and clinical achievements while keeping our association's members worldwide informed about its developments. Additionally, the publication has evolved to showcase our members' diverse talents and hobbies, making it an engaging and multifaceted resource. Pins and Post team has come up with a wonderful newsletter and I sincerely appreciate the efforts put in by team under leadership of Dr. Rashmi Nair.

Friends, as we conclude our celebrations of Cons and Endo day with the theme of ENDOrsing CONSerVation and International Women's Day, I am thrilled to see the overwhelming response to our activities held during these days. The enthusiasm and passion demonstrated by our members were truly remarkable, and it is a testament to the dedication and commitment of our organization towards our goals.

I would like to extend my heartfelt congratulations to all members who participated in these events. Your hard work, determination, and relentless efforts have made a significant difference in our specialty. Your contributions have deservedly got the due attention and appreciation, and I am proud to be associated with such a committed and motivated group of individuals.

Our academic activities and patient awareness programs have also been a great success, and we are proud of the impact that they have had on the community. By sharing our knowledge and expertise, we have been able to make a real difference in the lives of patients, and this is something that we can all be proud of.

As we move forward, I would like to encourage all members to keep going with the same enthusiasm and passion that we have witnessed during these events. Let us continue to work together towards our goals, leveraging the power of our collective expertise and knowledge to make a positive impact on our community.

Together, I am confident that we can accomplish even greater things over the upcoming years. We have a bright future ahead of us, and it is up to us to seize the opportunities that come our way and make a real difference in the world.

In closing, I would like to express my gratitude to each and every one of you for your unwavering commitment and dedication to our goal. It has been an honor supporting this goal with you all, and I look forward to working with you all in the future.

Thank you.

**Dr. Jagat Bhushan**  
President, IACDE

# 37<sup>th</sup> IACDE NATIONAL CONFERENCE

## BHOPAL

The 37<sup>th</sup> IACDE National Conference was held at the Peoples University, People's Dental Academy; Bhopal (M.P.) from 17<sup>th</sup> – 20<sup>th</sup> November 2022. The conference was well attended with participation of more than 1200 delegates from different parts of India.

On the first day of conference i.e. 17<sup>th</sup> November 2022, the pre-conference courses were conducted by eminent speakers like Dr. Mohan Kumar (Chennai), Dr. P.D. Joshi (Mumbai), Dr. Vinay S. (Muscat), Dr. Hammo (Jordan), Dr. Walled Kurdi (Egypt), Dr. Sachin Gupta (Lucknow), and Dr. Vivek Hegde (Pune). All the pre-conference courses were attended by more than 200 participants and were very well appreciated by all. The scientific activity included 851 presentations under the categories of e-paper, e-posters and table clinics, all conducted on the same day. Best paper and posters were also awarded as per session. Staff paper presentations were also scheduled on the same day.

The conference was inaugurated by Dr. Prabhu Ram Chaudhary; Public Health and Family Welfare Minister of Madhya Pradesh, Guest of Honour Dr. Dibyendu Mazumdar, President DCI; Dr. Ratnakar P., President, IACDE; Dr. Prahlad Saraf, Secretary, IACDE; Dr. P. Karunakar, Conference Secretary; Dr. Suparna Ganguly, Organizing Chairperson and Dr. Sanjeev Tyagi, Organizing Secretary. The welcome address was given by Dr. Suparna Ganguly Saha. The latest edition of the Pins and Posts was released by Dr. Rashmi Nair, Editor, IACDE newsletter. During inauguration, various colleges were awarded for having conducted various scientific activities throughout the year for the celebrations done under the banner of IACDE @ 40 by the headoffice of IACDE. Souvenir of the conference was also released by chief guest, guest of honour and other dignitaries who were present on the dais .

Conference was a major scientific event, that spread over 4 days and brought together some of the eminent speakers like:-Dr. Mohammed Hamo, Dr. Shishir Singh, Dr. Mohan Kumar, Dr. Walled Kurdi, Dr. N. Velmurugan, Dr. Sanjay Tiwari, Dr. Ajay Logani , Dr.A.R.Pradeep Kumar, Dr. Aditya Mitra, Dr. Vibha Hegde, Dr. Arvind Shenoy, Dr. Mitra Hegde , Dr.Chikoy Wang, Dr. Vivek Hegde , Dr.Sai Kalyan, Dr. Abhishek Laha, Dr. Kiran Kumar, Dr. Vandana Kumar, Dr. Jay Lakshmi.

An exhibition of dental products represented by more than 22 reputed companies was an integral part of the conference.

The presidential dinner was organized at Imperial Sabre on 18<sup>th</sup> November 2022 where IMBRE fellowship was awarded to the 7 registered IMBRE fellows by Dr. Dibyendu Mazumdar, President, DCI.

The grand gala banquet was arranged in TAJ, People's Mall, with variety of entertainment on 19<sup>th</sup> November 2022.



This exclusive 4 day conference had provided the platform to the postgraduate students to express their views and ideas as well as learn valuable information and knowledge from eminent national and international speakers.

The conference was concluded by having Valedictory function on 20<sup>th</sup> November 2022. The Valedictory function was held in the presence of Dr. Jagat Bhusan, Newly elected President IACDE; Dr. Ratnakar P., Immediate Past President IACDE; Dr. Prahalad Saraf , Secretary, IACDE; Dr. P. Karunakar, Conference Secretary; Dr. Suparna Ganguly Saha , Organizing Chairperson and Dr. Sanjeev Tyagi, Organizing Secretary.

The feedback obtained at the end of the program was excellent.



## IACDE EXCELLENCE AWARDS 2023

*Life Time Achievement Award –*  
DR. D. KANDASWAMY

*Academic Excellence Award -*  
DR JOJO KOTTOOR

*Clinical Excellence Award -*  
DR.C.S.KARUMARAN

*Humanitarian Award—*  
DR. KAVITA DUBEY  
DR. MAHIMA DAND

*Rising Star Award--*  
DR. KRISHNAMACHARI JANANI



## Best Case Report

*First Place -*

Dr. SHANMATHY BABU

*Second Place -*

DR. YADNESH DONDULKAR

*Third Place -*

DR. NIDHI PISAL

*Third Place -*

DR. SHAILI MEHTA





**Young Achiever Award**

**Undergraduates**

*First Place* - DR. DIVYA GUPTA

*Second Place* - DR. SMRITIKANA BISWAS

*Third Place* - DR. NEHA CHOUDHARY

*Third Place* - DR. ASHUTOSH PANDA

**Young Achiever Award**

**Postgraduates**

*First Place* - DR. SHRUTHIKA M

*Second Place* - DR. DEV VEER VIKRAM SINGH

*Third Place* - DR. AISHWARYA V.

*Third Place* - DR. DILSHAD MANDVIWALA



# Head Office

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**Hon Gen Sec:** Dr Prahlad A Saraf

**President Elect:**  
Dr. Deepak Kumar Sharma



**Immediate Past President:**  
Dr. Ratnakar P.



**Vice President:**  
Dr. Mohan Kumar, Dr. Arvindkumar A,  
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**Past President Members:** Dr. Vibha Hegde, Dr. Chandrasekhar V, Dr. Girish



# IBMRE @ IACDE

During the 37th IACDE National conference held at Bhopal, India, Fellowship awards were conferred to the first batch of students. Dr Abhishek Parmar, Dr Adarsha M.S, Dr Ameya Paralikar, Dr Chandrashekar V, Dr Shikha Kanodia, Dr Snehal Sonarkar and Dr CJ Vejai Vekaash were conferred Diplomat in Micro-restorative and Endodontics by our honourable DCI President Dr Dibyendu Majumdar. Dr Ratnakar, immediate past president and Dr Prahlad Saraf shared the podium with the DCI President.

IBMRE was founded in 2018 and is focused on enhancing skills under magnification for members of IACDE. This program has a very structured training and curriculum that will focus not only on micro details in endodontics, but also in restorative procedures. Dr Girish Parmer, Dr Shishir Singh, Dr Mohan RS, Dr Sai Kalyan and Dr Jayshree Hegde who are the members of the Board got the best out of the fellow students.

***The Head Office Congratulates all the Diplomats,  
IBMRE.***



# Full Pulpotomy in an adult permanent tooth —

## When and How?

Since the last decade there has been a paradigm shift in the management of teeth with symptomatic irreversible pulpitis. This has been possible because of a better understanding of pulp biology, where in now we understand that the pulp tissue has edema preventing mechanism and that pulp inflammation proceeds in compartments (coronal to apical) rather ‘*intoto*’ as previously thought. Furthermore, alternatives to root canal therapy are possible due to the availability of calcium enriched materials like mineral trioxide aggregate and Biodentine. These materials are bestowed with bio conductive and inductive properties and can achieve a bacterial tight seal in the presence of blood and moisture. This has allowed the clinicians to perform pulpotomy in adult teeth with moderate and severe pulpitis. Full pulpotomy is complete removal of the coronal pulp and application of a biomaterial directly onto the pulp tissue at the level of the root canal orifice(s), prior to placement of a permanent restoration.



**Dr Ajay Logani**  
Professor and Head  
AIIMS, New Delhi

### ⇒ **When to perform full pulpotomy**

#### ▪ **Indications**

- Preferred to do it in young and middle-aged adults (12-45 years)
- Mature permanent maxillary /mandibular teeth with either deep occlusal or proximal carious lesion (radiographic) and a pulpal diagnosis of symptomatic irreversible pulpitis.
- Teeth **without** radiographic signs of periapical rarefaction (PAI score  $\leq 2$ ).
- Teeth responding positive to either electric pulp or cold test.
- Teeth non tender to percussion and palpation.
- Teeth which are periodontally healthy and restorable.

#### ▪ **Relative Contraindications**

- Preferred not to do it in immunocompromised patients (uncontrolled diabetic patients, bleeding disorders).
- Teeth with pulp necrosis.
- Teeth with radiographic signs of periapical rarefaction (PAI  $\geq 3$ )
- In patients who are not willing to undergo pulpotomy and would prefer pulpectomy\*

**\*Always take an informed consent**

⇒ **How to perform full pulpotomy**

- Administer inferior alveolar nerve block/ appropriate nerve block/infiltration to anaesthetize the tooth. Wait for 15 minutes (specifically after INAB). Perform an electric pulp test. Negative response indicates pulpal anaesthesia.
- Isolate the tooth under rubber dam (**Mandatory step**).
- Before caries excavation, disinfect the coronal tooth structure with 5.25% sodium hypochlorite(NaOCl) cotton swab.
- First, excavate the caries circumferentially using a round diamond bur operated under air water coolant and/or a spoon excavator.
- De-roof the pulp chamber completely. Bleeding confirms the clinical diagnosis of vital inflamed pulp

**Note**-Absence of bleeding is considered as an indicator of necrotic pulp, and the pulpotomy should not be performed, patient should be informed and clinician should opt for pulpectomy.

- Remove the inflamed coronal pulp tissue up to the level of the root canal orifice(s) with a high-speed **sterile** round diamond bur under air water coolant.
- To control the bleeding from the remaining radicular pulp tissue, apply gently without pressure a cotton pellet moistened with 2.5% NaOCl initially for two minutes and if required repeat it with fresh 2.5% NaOCl solution for a **maximum time period of five minutes**.

**Note- If the haemostasis cannot be achieved within five minutes,pulpotomy should not be performed, patient should be informed and clinician should perform pulpectomy.**

- If haemostasis is achieved, the pulp chamber should be flushed with 2ml of 2.5% NaOCl solution for 15-30 seconds.
- Mix calcium silicate-based cement (CSC) material(MTA, Biodentine) following manufacture instructions under aseptic conditions .
- Apply a 2-3 mm layer of CSC over the remaining radicular pulp tissue and on the floor of the pulp chamber and gently adapt it using a moist(saline or distilled water) cotton pellet.
- Leave a moist cotton pellet over the layer of CSC for 10-15minutesto achieve the initial set.
- Remove the cotton pellet. Place a 2-3 mm layer of resin modified glass ionomer cement over the CSC and light-cure for 20 seconds.



- Apply the one step self-etch bonding agent to the cavity walls with a micro brush, agitate for 20 seconds, and light-cure.
- Restore the tooth with resin composite material using incremental layering technique.
- Remove the rubber dam.
- Do the occlusal adjustment as required and finish the restoration using 16 fluted tungsten carbide bur and polished with rubber abrasive points and prophy cup.
- Take the immediate postoperative radiographs.
- Prescribe analgesics (400mg Ibuprofen 1 bd for 48 hours) by the clock
- Antibiotic regimen is not recommended after treatment.
- If full coverage prosthesis is required delay it by 3 – 6 months. Give an interim prosthesis

Follow up regularly

Pulpotomy procedures should be assessed 6 and 12 months postoperatively and at yearly intervals (if necessary) for 4 years thereafter. At the follow-up visits clinical examination, electric pulp sensibility tests and radiographs should be done. Only teeth with no clinical signs and symptoms (pain, tenderness to percussion, sinus tract, swelling) and no evidence of pathosis such as root resorption, furcal or periapical rarefaction on the recall radiographs should be categorized as successful. In case the patient is clinically symptomatic and there is evidence of radiographic periapical pathosis, inform the patient and perform non-surgical endodontic therapy

### **Take office message**

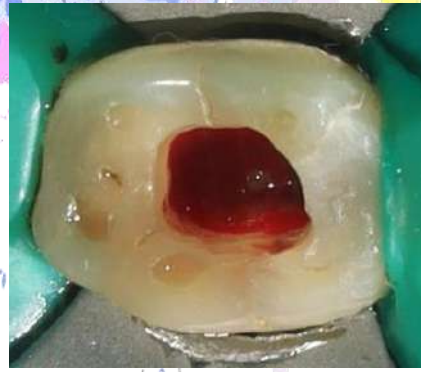
The full pulpotomy performed in mature permanent teeth with symptomatic irreversible pulpitis has been shown to have a higher success rate of 90-100%. It is a promising modality in treatment of permanent teeth with symptomatic irreversible pulpitis.

**Case selection and maintaining an asepsis chain is the key to success**

# REPRESENTATIVE CASE OF FULL PULPOTOMY



Deep carious lesion



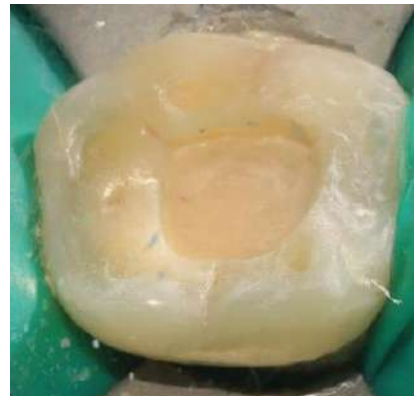
Access opening under rubber dam isolation



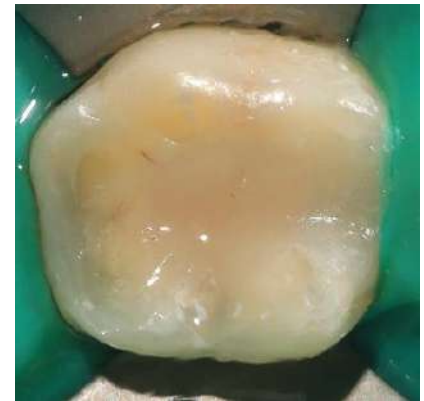
Complete excision of coronal pulp and haemostasis with 2.5% NaOCl



Placement of 2-3mm thick layer of MTA



Adapt resin modified glass ionomer cement



Final restoration with composite restorative material



Pre-operative IOPA radiograph



Post-operative IOPA radiograph

# Activities @ IACDE

## National Symposium-'22, Lucknow

The Dept of Conservative Dentistry & Endodontics, Career Dental College, Lucknow under the banner of IACDE conducted a symposium on 10<sup>th</sup> Dec 2022 . The **National Symposium-'22** was well organized event under the guidance of Principal Dr. Balasundari Shreedhar ma'am. The organizing team headed by Dr Ramesh Chandra (Head of Department, Organizing Chairman), Dr. Supratim Tripathi (Professor, Organizing Secretary), Dr. Ankita Mehrotra, Dr. Mariyam, Dr. NooRayz, and Dr. Aditya Narayanan.

Chief Guests were Honourable Chairman Mr. Azmat Ali , Respected Shree Yogesh Shukla and Dr. A P Tikku. The IACDE Delegates who attended the program were Dr. Ratnakar P and Dr Jagat Bhushan. The Guest Speaker for the program was Dr. Harpreet Singh. Other Guests of Honour were Dr. Shadab Mohammad, Dr. Pradyumna Misra, Dr. Praveen Samant, Dr. Arun Verma, Dr. Sanjeev Srivastava, Dr. Promila Verma, Dr. Rakesh Yadav , Dr. Shailja Arya , Dr. Hena Rahman. IDA Lucknow Delegates attending the program were Dr. Mohit Seth, Dr. Rajeev Kumar Singh.



Two Workshops were conducted by: Coltene, Mani and Meditis by Dr. Harpreet Singh and Dr. Supratim Tripathi. With 700 registrations and more than 100 scientific presentations, it was *Academics and Fun*.

Dr. Asheesh Sawhny, Dr. Vishesh Gupta, Dr. Preeti Shukla, Dr. Harpreet, Dr. Swapna, Dr. Manoj Hans, Dr. Rahul Pandey, Dr. Anurag Jain were some of the eminent endodontists who attended the program. Members of Lucknow Endodontist Club were also a part of the event. Gala night at Dayal Paradise was a great evening spent with live music. Second day was a sunny day spent at Career Cricket stadium with a Spectacular Cricket match which was won by Career Post Graduate Institute of Dental Sciences & Hospital versus IDA-LUCKNOW.



# Conservative Simulated Instruments Centre, Indore

In collaboration with IACDE, the Department of Conservative Dentistry and Endodontics, Sri Aurobindo College of Dentistry, Sri Aurobindo University, Indore, (M.P) inaugurated a unique compilation of operative instruments designated as 'Conservative Simulated Instruments Centre' on 3<sup>rd</sup> January 2023.



The centre was inaugurated by Hon'ble Chancellor, Sri Aurobindo University (SAU), Indore, Dr. Manjushree Bhandari, Founder Chairman, SAIMS, Dr. Vinod Bhandari in the presence of Registrar, SAU, Dr. Anand Misra, Principal, SACD, Dr. Kanteshwari I. K., all Heads of Dental Departments, other faculty members, guests, and PG and UG students. The centre is the first of its kind in India and houses 20 operative dentistry instruments created in approximately 5 feet size. It is situated in the Department of Conservative Dentistry and Endodontics and has the colossal replicas of following instruments:

1. Straight Probe
2. William's Probe
3. Enamel Hachet
4. Spoon Excavator
5. Diamond Carver
6. Ball Burnisher
7. Hollenback Carver
8. Ward's Carver
9. Cement Spatula
10. Plastic Filling Instrument
11. Explorer
12. Mouth Mirror
13. Chisel
14. Hoe Excavator
15. Cylindrical Condenser
16. Parallelogram Condenser
17. Gingival Margin Trimmer (Mesial)
18. Gingival Margin Trimmer (Distal)
19. Tweezer
20. Amalgam Carrier



This centre was developed to create an interest among students about dental instruments, to improve their knowledge and in-depth understanding of the fine details of instruments. The herculean task of preparing the mega size replicas of instruments was done by 2<sup>nd</sup> year BDS students after under the guidance of Head of Department, Dr. Pallav M. Patni, Dr. Sonal Singh Arora who was the Project in-charge and all the departmental faculties (Dr. Pradeep Jain, Dr. Swadhin Raghuvanshi, Dr. Sanket Hans Pandey, Dr. Katya Pandey & Dr. Shilpi Awadhiya). The undergraduate students spent extra time and efforts to grasp the microdetails of the instruments and enjoyed creating these replicas.

# CDE @ GCOD, Indore



Under the banner of IACDE, the Department of Conservative Dentistry and Endodontics, Government College of Dentistry, Indore conducted a two day CDE Program on Endodontic Decoded with Magnification on 15th&16th February 2023. The Patron of the program was Dr Dibyendu Majumder, President, DCI. The program was well organized by Dr Deshraj Jain, Principal, GCOD, Indore and the organizing committee headed by Dr Arvind Jain (HOD, Organizing Chairman); Dr Kuldeep Singh Rana Organizing Secretary & the entire dept. On the first day, the program

was inaugurated by chief guest Dr Nishant Khare, very distinguished plastic surgeon who is state in-charge of COVID in MP government. The special guest was Dr Sanjay Dixit, CEO & Dean MGM Medical College. The topic of CDE was 'Endodontic Decoded with Magnification' by eminent speaker Dr Prashant Bhasin Prof & Head, Sudha Rastogi Dental College and Research Centre, Faridabad. The CDE program was scheduled for 2 days where 40 enrolled participants were trained under the Microscope.



# Ask The Expert- Systemic Review Simplified



**Dr Biji Brigit**  
Associate Professor  
GDC&RI, Bengaluru

A systematic review is a critical appraisal of all the available literature pertaining to a specific research question. It is considered as the highest level of evidence and is of great importance in this era of evidence-based medicine. It gives a summary of available evidence after thoroughly investigating the existing research in the field. Reviews with Meta-analysis include statistical methods utilized to collate numerical data from individual studies.

Conducting a systematic review can be quite challenging and this article is aimed at simplifying the procedure.

## CONDUCTING A SYSTEMATIC REVIEW

While reporting a systematic review, Preferred Reporting Items for Systematic Reviews & Meta Analysis (PRISMA) guidelines can be used. Cochrane has developed Methodological Expectations of Cochrane Intervention Review (MECIR) guidelines for reporting reviews of interventions.

The systematic reviews on human or animal studies ideally should be registered prospectively in PROSPERO (International Prospective Register of Systematic Reviews). This helps to avoid duplication of reviews. Registration details has to be included in the final article.

Following are the steps involved:

### 1. Framing the research question

The success of the review greatly relies on a clearly and rightly framed research question. The question should be focused on information that will fill the gaps in existing knowledge. For reviews on interventions, the research question should be based on the **Population, Intervention, Comparison(s) and Outcome** components (PICO).

**Population-** Targeted group of patients/ participants

**Intervention-** The plan of action which may be a treatment procedure or a diagnostic test or a medication

**Comparison-** Alternative considered to the intervention

**Outcome-**What result you are focusing at.

## 2. Selection criteria for the studies

The investigator should clearly define the criteria for inclusion of research articles in the review. If the search includes articles of a particular time frame, that has to be stated. Whether there is a language restriction (example: only studies published in English language) or in clinical trials, if only randomized controlled trials are included, such details should be pointed out in the review.

## 3. Literature search

The search should be comprehensive enough to include all relevant literature, at the same time, be precise, so as to eliminate irrelevant studies. Extensive and exhaustive search of large citation databases is carried out for primary research related to the research question using specific keywords. Examples for such databases are MEDLINE, PubMed, Embase, Scopus etc. A minimum of 2 databases should be used. Key words should be based on the key concepts in the research question. Free text and Medical Subject Headings & Emtree should be used. The search can be targeted to specific fields, .ti- title, .ab- abstract, .kf- author supplied keywords, .tw- text word. Text mining using software has been shown to be of help in identifying studies of relevance. Grey literature refers to literature disseminated outside conventional commercial publishing. It includes conference abstracts, dissertations, newsletters etc. Searching the grey literature is essential to ensure that no important documentation related to the topic is missed.

## 4. Screening the articles.

This can be done in phases. In first phase, duplicates can be removed followed by title and abstract screening to eliminate irrelevant studies. In the next phase, full text screening is done. The entire search process citing all the databases included, should be documented in detail in the review. PRISMA flow diagram can be utilized for schematic representation of the process. It includes the number of articles **Identified** after initial search, the number remaining after **Screening**, articles which got **Eligibility** after full text screening and articles **Included** finally for the review.

## 5. Quality Assessment/ Risk of Bias

The findings of systematic review greatly rely on the quality of articles which were assessed. To ensure that the selected studies are relevant and free from bias quality assessment should be done using risk of bias tools. Risk of bias should be done by at least two separate assessors so that the judgement is not influenced by one person's preconceived notions. The disagreements arising between the assessors should be resolved by discussion. If discussion fails another author can be approached to make the final judgement. For clinical trials, five forms of bias are considered.

**Selection bias:** Bias in assigning patients to study groups.

**Performance bias:** When patients or clinicians are not blinded and are aware of the intervention

**Detection bias:** When outcome assessors are not blinded and are aware of the intervention

**Attrition bias:** Due to non -random withdrawal of participants from the study

**Reporting bias:** When all the findings are not reported.

The popularly used tools are Cochrane's Risk of Bias tool (RoB) for RCTs and ROBINS-I for Risk of Bias in Non randomized Studies. For in vitro studies author devised tools which include questionnaire related to the study methodology and result assessment can be utilized. Based on the scoring obtained after using the tools, the studies can be classified as low risk, moderate risk and high risk.

## **6. Synthesis of results and presentation of data**

Synthesis in systematic review stands for compiling the data obtained from the selected studies so that inference can be drawn about a body of evidence. The PICO characteristics of the studies should be summarised in a tabular form to simplify the process of synthesis. Grouping of studies can be done based on this 'Characteristics of the studies' table. The outcomes which can be subjected to meta- analysis are identified. Meta analysis improves precision and helps in drawing conclusions when conflicting researches are involved. Meta analysis is done in two phases, the first phase being the calculation of intervention effect summary of each study and second phase being the estimation of weighted average of these summaries. Review Manager software (Rev Man version 5.2,The Cochrane Collaboration) can be used for carrying out meta - analysis.

## **7. Interpreting results and final conclusions**

The results should be interpreted in the discussion and a 'Summary of findings' table should be included which will provide information in a quick and accessible format. This table should have sufficient description of studies and the meta- analysis done. The discussion should summarize the positive and negative findings, the potential biases involved in the review process, the completeness and certainty of the evidence and conflicts if any with other studies or reviews. The conclusion should be drawn based on the evidence derived from all the articles and meta -analysis. The discussion and conclusion should be well written so that it can be utilised by health care professionals to decide while considering application of related interventions.



# Spotlight

**Dr Karunakar, Principal &HOD**, Panineeya Dental College, Hyderabad, Former member DCI ,Senate Member Kaloji Narayan Rao university, has made us proud with two of his remarkable achievements.

DR KARUNAKAR received VAIDYASREE AWARD, for his outstanding contribution to Dental profession. From Mother's foundation, this prestigious award was received from BC COMMISSION CHAIRMAN Mr Vakulabharanam Krishna Mohan Garu and a famous personality Mr Daivagna Sharmaji.

In continuation with his remarkable contribution to the society, to bring about a change to the differently-abled section of the society, a MOU was signed with the Federation of Special Care Dentistry in the presence of Former Vice President of India, Shri M. Venkaiah Naidu.

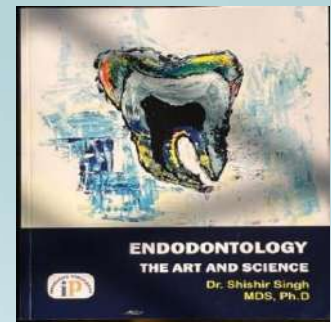


**Dr. Shishir Singh MDS, Ph.D**

**ENDODONTOLOGY: THE ART AND SCIENCE** covers all the latest and novel concepts in Endodontics.

Each chapter has an outline with a numbered flow chart for ease of understanding and reference.

The various techniques are explained point wise and backed with clinical and in vitro illustrations and diagrams to understand better. The book will be helpful to BDS and MDS students as well as clinicians.



## NEWSLETTER OFFICE

Dr. Rashmi Nair.  
Professor, HOD  
Department of Conservative  
Dentistry and Endodontics.  
CDCRI, Chhattisgarh

IACDE members are requested to send the inputs, activities in your state, news, views, scientific and academic achievements, awards, jokes, cartoons & questions for the newsletter to:  
newsletter@iacde.in

**Dr Neha Jain**, Senior lecturer at KLE Society's Institute of Dental Sciences has Co-founded Dento Solve Pvt Ltd. Dento Solve is developing an innovative dental device-'Unidam'.

Unidam is a self-retracting, hands-free dental isolation system that can be universally used in all dental procedures. Dento Solve was funded by Startup India & Government of Karnataka for development of Unidam. She recently received INR 3 lakhs for securing runners up position for pitching Unidam at a competition organized by Government of Karnataka.



**Dr. H. D. Adhikari** completed his BDS (1981) from the premier Dr. R.Ahmed Dental College and Hospital and MDS (1984) from BHU. After rural service for 2 years, he joined teaching cadre in 1986 and served 3 Government dental colleges of the state as faculty, HOD and Principal (Burdwan Dental College and Hospital). He was instrumental for the infrastructural development and academic excellence of those institutions. In eastern India, he was one of the forerunners who worked widely on application of hard tissue LASER in the subject and was 1st to explore Regenerative Endodontics Procedure replacing root canal therapy. He got superannuated from Dr. RADC&H on 28/02/2023, after 41 years of illustrious Govt. service. He carries a social responsibility of running a charitable dental clinic at his native place in rural Bengal in the name of his demised father since 2001.



## ACDE JUMBLE WORDS

1. MICANERG

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2. HOAMRC

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3. MOTORYRELIC

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4. CRESENTI.UOF

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1. SUNEML

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2. SUNTRACCLENY

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# Messages to Editor

“Pins and Posts”, our very own newsletter has so much to offer, thanks to the diligent efforts of our versatile editor, Dr Rashmi Nair

At a glance, we have a panoramic view of the various activities of IACDE across the nation. “Panel Discussion” gives us experts perspectives regarding challenging clinical situations vastly enriching our knowledge. The journal is also a wonderful platform to showcase the hidden talents of our members. Peppered with interesting tidbits, “Pins and Posts” is an eclectic blend of scientific information and fun elements making it an interesting read.

Congratulations to Dr Rashmi and her entire team for their exemplary work



**Dr Ramya Raghu**

Prof. and HOD

Bangalore Institute of Dental Science,  
President, ACE Karnataka



**Dr P Karunakar**

Former President IACDE

Former Dental Council of India Member

Senate Member, KNR Univ

Principal & HOD

Panineeya Dental College

It gives me immense pleasure to appreciate the efforts and skills of Pins & Posts Team of IACDE as the edition is a mixture of science, exhibiting students talent and achievements of our faculty being showcased in different format being mouth piece of our speciality, place where Fun and Frolic is displayed at its best ,especially the Editor Dr Rashmi Nair is doing commendable job , maintaining high standards for her passion to achieve perfect results and excellent execution, which is well appreciated across the world. They are like Herbs and Spices which are very important for any cooking as they not only add taste to it but also benefits our health in so many ways. Congratulations for the excellent work and wishing the team good luck for the future editions. One of the famous quote that the Pins and Posts issue brought by Dr Rashmi Nair reminds us is **“EDUCATION IS MOVING FROM DARKNESS TO LIGHT...”**

Postgraduate students and practicing dentists are always looking for ways to enhance their knowledge and stay up-to-date with the latest advancements in the field of dentistry. "Pins and Posts" is a newsletter that aims to provide us with valuable insights, research findings, and practical tips that help us excel in academic and professional life. From the latest trends in restorative dentistry to new techniques in endodontics, it covers a wide range of topics that are relevant to postgraduate students and practicing dentists alike. It is an excellent way to stay informed and up-to-date with the latest news, trends, and research in the field of dentistry. The newsletter offers practical tips and advice on how to succeed in your academic and professional life. From managing your time effectively to building your professional network, Pins and Posts provides valuable insights to help one excel in their career.



**Dr N M Dhanyakuma**

Professor and HOD

CODS, Davanagere.

*The Pins & Posts Editorial team is grateful for the appreciation penned down by a few of our members*

*Thank you so much for your words*



**38TH ANNUAL CONFERENCE OF  
Indian Association Of Conservative  
Dentistry and Endodontics**

**30<sup>TH</sup> NOVEMBER TO 3<sup>RD</sup> DECEMBER, 2023**

Organising Chairman  
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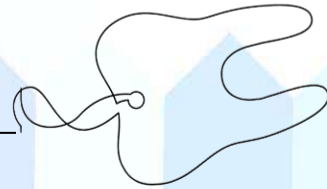
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# Chronicles of Access Cavity



## The Era of 1960s

**Dr N Rajeeva Shetty MDS** (Endo-Pedo, Univ of Pennsylvania) completed his post-graduation in Bombay Nair in 1964. Former Dean of GDC, Bangalore and RTD Director of Medical Education, Govt of Karnataka.



The dictum for PREPARING ENDODONTIC ACCESS cavities was 'TO NOT LEAVE ANY UNEXPLORED AREAS'. THE PRIMARY FOCUS WAS TO REMOVE ALL INFECTED TISSUE AND NOT TO LEAVE ANY REMANANTS OF PULP TISSUE .

The position of the pulp horns were used as a blue print for Endodontic access cavities resulting in sufficiently wide access. But at the same time to take caution not to weaken the tooth and to not solely depend on the final restoration.

*Penned down by Dr Ashish Shetty, Prof BIDS, S/O Dr Rajeeva Shetty.*

## The Era of 1970s to 1980's



**Dr K.S Gohil** completed his post graduation in 1972 from Govt Dental College & Hospital, Ahmedabad

This was further followed by his student **Dr Girish Parmar** presently Dean, GDCH , Ahmedabad who completed his post graduation in the year 1987



The purpose of access cavity preparation in endodontics is to gain entry, remove the roof of the pulp chamber, to visualize the floor and locate the canal orifices. In this process, the shape of the cavity is modified as per need, to take care to preserve the tooth structure while obtaining straight access. Sound knowledge of morphology of tooth and anatomy of pulp along with diagnostic intra oral x-ray is essential. Age of the patient and the amount of secondary dentin deposition around the pulp will greatly decide the size of the access opening. Following diagrammatic presentation is made to show the access opening in maxillary and mandibular teeth.



Access cavity is triangular in shape



Access cavity has rhomboid shape



Access cavity is triangular in shape, in case of three canals  
Access cavity is rhomboid, in case of four canals

## The Era of 1990's



**Dr. Balaram Naik** completed his Post graduation in 1994.

*Author's POV:* During our PG days the sciences of Endodontics had just then started developing. Tooth morphology & access cavity preparations were understood to have closely related in root canal therapy. But RVG's, CBCT's were not available. There were no Surgical loupes & Microscopes available. There were not ultrasonic tips available. The laws of access cavity preparation were not known & understood. The only weapon available was Endodontic Explorer & digital sensation. Radiographs in two different angulations were not accurate identifying orifices. Since the main objective was to locate the orifices inadvertent reduction of coronal tooth structure was being done. In orders to gain straight line access more of coronal reduction was practiced. Since no mercy shown to the coronal tooth structure during access preparation the fracture tendencies were more.

## Epilogue



### Minimal Invasive Endodontics (MIE)– The Rationale



Dr. Reuben Joseph, MDS  
Endodontist  
Private practioner, Chennai

Disclaimer: I recommend that all endodontic procedures be done using a microscope. Minimal Invasive Endodontics especially should not be attempted without a microscope.

It is wise to begin a discussion beginning with the acclaimed limitations.

#### **Inadequate straight line access which could lead to instrument separation**

CBCT is more accessible and all that is required is a pre-operative imaging procedure to know where to find these canals precisely without digging around for it. Improved metallurgy has made our rotary instruments flexible



and to access these root canal spaces from seemingly odd angles. So the term conventional root canal preparation techniques that was formerly practiced and still advocated with outdated technology, has to give way to a modern approach which will soon become the routine. The sooner we adapt the easier it is going to be

#### **Inadequate cleaning of the pulp chamber and root canal system.**

The efficient use of a dental microscope needs some patience and understanding that what extra tooth structure that is cut for the sake of our convenience can never be got back. What needs more time should be given the extra time. Understand that, no procedure can become e predictable unless you put in the years to master it.



Some conservative access preparations

An obliterated and well-centered pulp chambers in a maxillary 2<sup>nd</sup> molars



A few more considerations in favour of MIE.

RCT is one procedure where there can never be any absolutes simply because not all teeth come in the same size and shape and so it is anatomy dictates protocol. No one person or book can propose a generalised approach to handle it.

For example, doing an RCT in a molar with a obliterated pulp chamber where the orifices are more centrally located extending the access wide in the name of straight line access is pointless.

So what happens if we cut more dentin? Peri-cervical dentin is structure that is 3-4mm above and below the crystal bone. All access cavity preparation and canal shaping in this zone weakens a tooth significantly. The question is only how much are we willing to sacrifice to achieve our end goal?

The long-term prognosis of the tooth has to be kept in mind and not merely the operator's convenience when these decisions are made.

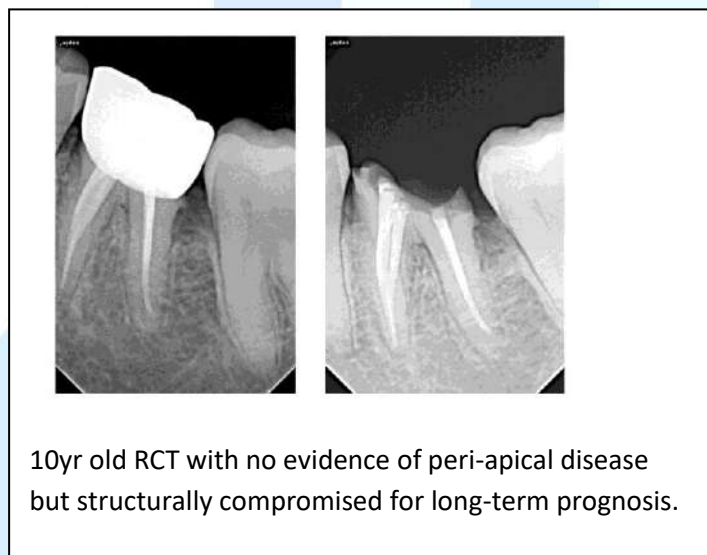
Modern molar endodontic access and directed dentin conservation, David Clarke and John Khademi an article published in DCNA, April 2010, 54 (2) is a good read.

Also read

1. Molar access : Shape and outline according to orifice location, Wilcox et al, JOE, 1989, Vol 15 No 7.
2. Endodontic access to the maxillary lateral incisors, Richard M, et al Oral Surgery 1981
3. Straight line Endodontic access to anterior teeth, Sandra AL et al OOO, Vol 59, 1985

Inference: Orifices tend to be centered mesio-distally and do not extend into the marginal ridges. Only 10% of the maxillary central incisors allowed SLA when approached lingually. 0.8% of the maxillary lateral incisors favoured a lingual access cavity preparation. These are very old citations but remember the tooth anatomy has not changed but the way we treat it has to.

Minimal Taper Preparation for a Thin Canal preserving radicular dentin



10yr old RCT with no evidence of peri-apical disease but structurally compromised for long-term prognosis.

As a private practitioner who does a lot of retreatments it is only the tooth that isn't structurally sufficient that I have advised removal citing poor prognosis as the cause. If an endodontically treated tooth failed for a microbial reason, I've always given it a second chance. So even if the belief that with conservative preparations we cannot sanitize the root canal system adequately is valid, it still makes sense to practice minimal invasive protocols.

To sum up dentin is vital, more dentin = greater strength. We really don't these journal references to prove this. It is common sense "Nothing ever got stronger by removing more of it"

# The Chile Diary :A Tale Of The Patagonian Trail



**Dr Savitha B Naik**  
Associate Prof, GDC  
Banglore

2019,2020,2021... the years of the pandemic. The years that shook us to our very core and got seared into our memories. The years which made us realize that nothing is permanent. The years of misery & tragedy and also retrospection and gratefulness. Sometimes one wonders how we survived those tumultuous

times and how we had taken everything, even the air that we breathed, for granted.



**Dr Charithra Shetty**  
Consultant Endodontist,  
Mysuru

We survived. We lived to see another day. It was time to move on and start a new chapter. It was time to travel again after a three year sabbatical. It was time for another expedition, another trek...

After much discussion and many suggestions, our team of eight ladies finalized on The Patagonian trek in Chile, South America. Though the planning of the trek was being meticulously done, the biggest hurdle we faced was getting the visa and plan the flight routing and itinerary. All these turned out to be a herculean task and had us running from pillar to post. Ultimately, we did manage to get everything sorted in the nick of time and we what we hoped to be an embarked on the 36 hour Chile in January 2023 excitement and Santiago we went to the Natales from where our Chile's proudest national mecca for outdoor The O-circuit trek of Paine National park



we were all set to go on epic adventure. We long flight to Santiago, with mixed feelings of apprehension. From quaint city of Puerto reserve, Patagonia, is a enthusiasts worldwide. Patagonia's Torres del basically comprises of an



8 days complete loop around the scenic Cordillera del Paine mountains. The 126km long trail is full of challenges- steep inclines, erratic weather (0-13°C/32-55°C), treacherous routes, snow, rain, intense heat and gusty winds (110-180kph). Though we were mentally and physically prepared for the formidable route, nothing prepared us for the visual

Beyond Dentistry





overload of stunning sights and spectacular views. The towering granite spires, sunlit snow-capped mountain tops, multiple blue lakes, gushing waterfalls, the beautiful “lenga” trees, mesmerizing landscape, diverse wildlife- nature in its full glory.

The highlight of the trek was definitely the Glacier Grey. At an altitude of 1220m at the John Gardner pass, this 24km long glacier made of icy blue snow and ice was a sight to behold. It was like looking at a different planet. A transcendental new world. ominous and beautiful at the same time.

Each day we experienced something new and exciting. If on one day we were looking up at the 3 distinctive tall granite peaks of the Torres del Paine, then on other days we saw the turquoise blue coloured Lake Pehoe and Lake Paine. And then there were the sprawling glaciers of Grey, Pingo and Tyndall and finally the glory of the French Valley. It’s no wonder that this trek is regarded as one of the best in the world.



Besides facing and enduring the unrelenting challenges of the trail during the 8-12 hours trek every day, we sought solace, relaxation and enjoyment in the company of our team and other fellow-trekkers at the campsites. The kind of comradery and understanding that exists between all trekkers is something that needs to be experienced.

As the trek drew to its final leg, we all experienced a gamut of emotions - euphoria, happiness and sheer exhaustion. With a heavy heart we bid adieu to the majestic mountains and the serene lakes.

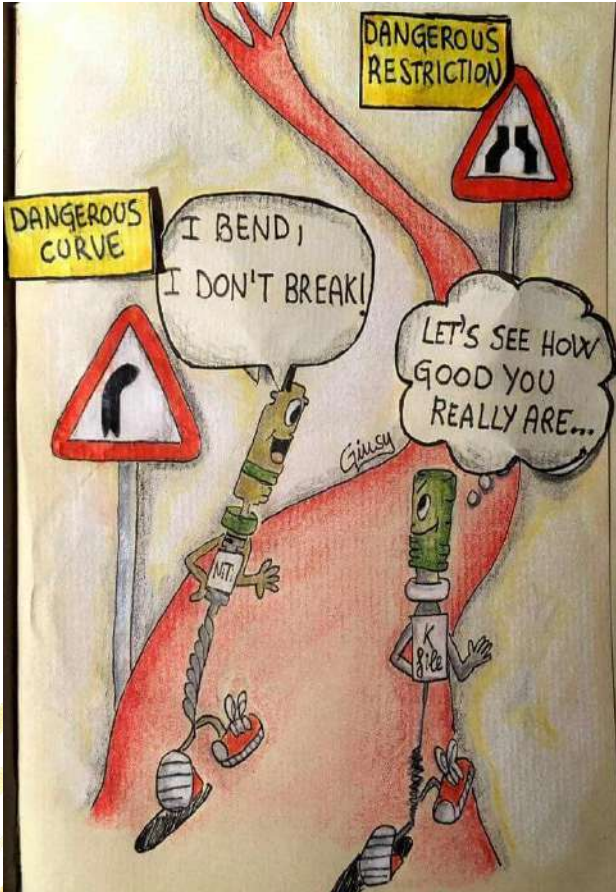
A trek is an experience. It’s not everybody’s cup of tea as it involves enduring a lot of discomfort and is physically challenging. But once you get bitten by this trekking ‘bug’, there’s no looking back.

As John Muir famous quote goes:

“The Mountains are calling and I must go”



# ENTERTAINMENT



K C O R M A S P M O R F I N C R E S S E N T  
 S P R T A P E P S F O R M O C R E S S O L A  
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## IACDE JUMBLE WORDS ANSWERS

1. CERAMING
2. CHROMA
3. COLORIMETRY
4. FLUORESCENT
5. MUNSEL
6. TRANLUCENCY