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Dr. Sina Saygıli
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Dear fellow IADS Magazine readers,

Farewell is always a pity, unless you have an impactful achievement that will sustainably honor your contribution during the office term. The Editorial Board is the masterpiece of all what I have achieved so far for this organization. It all began two years ago, as tens of hours were dedicated to learn and consult about the best maneuver to functionally form a task force (working group) that is able to undertake all needed duties collaboratively and sustainably. Every member of the board has own skills, experience and preferences, so just try to imagine the outcome quality of twenty two creative editors.

Talking about the IADS Magazine issue in your hands;
First and foremost you are invited to join the upcoming IADS Mid Year Meeting that will be hosted by UNECD next March in Strasbourg, meanwhile you can enjoy interesting introductory article about the world cup winner France. Then Ave Pold takes you for another exciting tour among the walls of World Health Organization (WHO) in Geneva where she honorably represented IADS this May at the World Health Assembly (WHA) which is the highest governing forum that combines all health policy makers worldwide together to let the future be shaped. After that Alexa and Silvi will discuss the stereotype conflicts between medical and dental students. While at the renowned Human Rights section you can read ‘Dental Insurance Coverage: A Life-Saving Measure or Mere Luxury?’ which is written by Alakyaz and Banoub. Yes don’t forget to chill and check the IADS Lite section and laugh a bit.

Last but not least, I would like to extend thanks to every prominent leader contributed to establishment and development of this organization, every leadership colleague I worked with during my editor’s office term, every delegate supports the mission of IADS in her/his own domain and to every student believes in the value of IADS.

Yours,
Respectfully!

editor@iads-web.org

Dear readers,

It’s my pleasure to address you one last time as a president of this organization. It was a fruitful year in office for me and my colleagues, and for organization as a whole. I’m very grateful for the delegates who granted me with an honor to lead this organization and i tried to do my best to contribute to its success. My presidential medal was hanging on the wall just over my PC screen to remind me about my duty every day. During the year it was some intense work we had, and here are the few numbers: we’ve had over 50 online meetings and 3 offline ones just this year, countless emails were sent/answered, we’ve managed to grow the number of people working for IADS almost 7 times(from 17 to 117), raised over 10,000€ for Association directly and it’s projects, developed and accepted a new constitution, developed better relations with partners and sponsors and i can go on an on... All of it would not have been possible without the efforts of the Leaders. I can describe this year’s leadership team with just one word “the best”, I could not wish for a better one to work with! I want to thank every leader and every committee member for their input in IADSs success this year.

It is almost an end of the journey for me and it’s feels both sad and good. Sad, because my 5 years journey with IADS is about to end, and good because I feel IADS will be in good hands and it will become better, bigger, wealthier and prettier. I want to wish the next generation of leaders good luck(which we know comes only with hard work), I wish that they would be even more dedicated to develop this organization and contribute to the worldwide dental student community. I can’t wait to see you in our next meeting in Taiwan later this month, where we would as always work, learn, mingle and have fun. As we know there are no good-byes in IADS, only “see you somewhere in the world later on” so see you in Taiwan and then somewhere, where IADS would be.

Cheers!

president@iads-web.org
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Luggage in their hands, enthusiasm in their heads, ambition in their hearts and sparkle in their wrists yet they were in full willingness to expose their souls and minds and seize the first moment till the last one of TNT Beirut. That is how we bonded with our nine international trainees as they laid their feet in Beirut International airport on the 22nd of June flying all the way from UAE, Jordan, Iran, Iraq, Sudan and Egypt.

They began as trainees, stepped out as devoted trainers, vowed to pass their legacy to other IADS members. This was the cherished pursuit of Ismail Rifai (Chairman of IADS TNT/SRT Beirut 2018, Training officer at LADS, and IADS certified trainer from Lebanon), Julien Issa (IADS certified trainers from Lebanon), Gabriel Toma (IADS certified trainer from Romania) and Anthony Nmer (Old IFMSA trainer from Lebanon). Hand in hand, the trainers presented a series of guidance about 11 personal attributes linked to emotional intelligence about leadership, stress and time management, self-confidence and stress and time management, self-confidence and presentation skills for 9 international and 9 local trainees.

Not only did they plan an ingenious, mastered skills schedule for each of the 7 days but also they arranged interactive outings to a number of places in the mesmerizing nature of Lebanon. Through this week, between training by day and amusement by night, the affiliation, teamwork and unity was increasing among the trainees and trainers where their relationship surpassed empirical values to become a noble, lofty one.

Part of TNT training, was indulging the trainees to exhale insecurities and inhale self-confidence, to repel negativity and cohere with positivity. Thus, TNTx was the module where trainees allocated their experiences about several perspectives of life, how they did manage to pull off fear and stand face to face to their responsibilities. Utterly, having such people still in action within their societies brings peace of mind and optimism of a prosperous future to our world.

**How did it end?**
The SRT was held in BAU (Beirut Arab University) where the trainees presented five different topics considering building a better association such as fundraising and project management.
What about Lebanon?
Lebanon is a small country, which you may have heard of, or not, but for sure you still have a lot to know about. Lebanon is a country with around 4 million citizens but also more than 2.5 million refugees and is still the country of hospitality. It is the country where people gather from all over the world to beach all day or party all night, cruise during summer or ski during winter. It is the country where the sound of church’s bells go along with the Athan of mosque and its people belong to more than 18 religions all living on these 10,452 km² of land. We can talk about Lebanon for hours but I think you should come and discover it by yourself. Gratitude and appreciation to everyone who was part of the triumph of TNT Beirut. You made it true! Mainly, we thank BIOREPAIR for their tangible support, IADS and particularly IADS chairman Ms. Deniz Yenidönья, sincerely LADS family and BAU faculty of dentistry.

The Dean of the faculty of dentistry in BAU, Pro.Essam Osman, who was an old IADS member and the number one supporter of LADS (Lebanese Association of Dental Student) currently, attended the closure ceremony and helped us in delivering the certificates to our trainees; announcing that they are officially well-deserved trainers, ready to pass the pennant to a newer generation of trainers. Also, emphasizing that we, as dental students in general and IADS in particular, are robust and influential adults fully responsible of our jobs as dentists and doctors treating people and have our egos along with our identities up high. Farewell moments were sonorous, yes! TNT Beirut we’ve become a family.

Written by:
Rajaa Antar Training Office Editor
Ismail Rifai Chairman

Designed by:
Abdelrahman Magdy (Egypt)
The underlying intentions of concluding such deal between International Association of Dental Students (IADS) and Dental Tribune International (DTI) publishing group were forcefully driven by the belief in IADS role as the only and largest connecting hub of dental students all around the world. This IADS missionary role can’t be fulfilled without investing sustainable efforts to expand the reach and enhance the engagement of IADS with local and national networks of dental students.

IADS Magazine

As the oldest-standing and widest-spreading publication of dental students globally, “IADS Magazine” is now published by Dental Tribune at its E-papers section alongside with notable corporate publications like “World Dental Daily” of FDI. So you can easily find all publications since Nov’17 by simply visiting DTI E-papers.

DTI News Section

Now you can find recent updates about IADS activities and projects at the News section of DTI website of different regions/languages.

DTI World Dental Calendar

IADS key events are regularly promoted by DTI Calendar which comprises all major congresses, conferences, symposia, exhibitions and meetings of interest of dental practitioners and students.

Last but not least, I would like to express my sincere gratitude to DTI team who are constantly supporting IADS mission to bridge the gaps between dental students. Thank You DTI!
Z-Experience 2018 was truly an amazing experience, although I attended the 2017 program. In 2018 I attended as an organizer but not as an attendee. This time I really felt how hard it is to manage and organize such a program and it was only 20 people! I can never imagine how much harder would be a congress with 100 people and I have to thank and congratulate all the LOC team of our MYM and Annual meetings for that. It was an honor to work for IADS and with Dr. Nicholas Charles in Zhermack company to organize this event for the dental students.

The program started in a very calm evening in Venice San Marco square. I was sitting there waiting for the participants with a lovely Aperol Spritz in front of me! They came one after another and we started to meet and get to know each other better, though some of us we knew each other from before. Nicholas came after all of us gathering and we went to have dinner in a lovely restaurant in Venice. We came back to the hotel early to get ready for tomorrow morning when the real program began. After being transferred to the Zhermack company the next morning, Zhermack program started with an introduction of the CEO of the company introducing its history and success to dental students. Following with Nicholas who presented the impression materials and basics that are necessary for dental students to be familiar with. In the afternoon of the first day, there was a hands-on impression workshop. Using the Zhermack products students took impression of a prepared bridge on a model. There were alginate impression, heavy body and soft body and of course putty impressions. Students learned about the undercuts and escape channels as an important factor in impressions. The whole workshop was posted live on IADS Webinar Facebook channel! The day ended with a smooth visit to the city of Romeo and Juliette (Verona). All students, including myself, enjoyed it. Gelatos were truly something to remember.
The second day started with a lecture regarding infection control, sterilization methods and disinfection products of the company. Students received a bag full of samples including alginate, disinfection wipes and etc. In the afternoon there was a nice and full visit to the Zhermack factory itself. Students learned the how the dental materials are made and how much man work, instruments and technology is needed to make a simple putty, alginate of heavy body! I got surprised myself even though I had visited last year as well.

There was a large building just dedicated to making formulas of the products and chemical labs for experiments! We finished the day with a lovely dinner at Bernando’s with amazing Italian pizza and wine.

On the third day students said their goodbyes in the morning and took the shuttle back to Venezia Santa Lucial! They learned a lot. Experienced science, industry, food, culture and etc. Special Thanks to IADS and Zhermack for providing this opportunity for all the dental students! CIAO!

Written by: Shayan Darvish (ISO) / Iran
Designed by: Sereykosarak VUDH / Cambodia
This year the 72nd WHA took place in Geneva May 21-26. For the first time ever IADS was represented there as part of the IFMSA delegation of mostly 50 medical students from 33 different countries. This week was truly life changing and motivational for me as a young oral health professional and hereby I would like to share my experience with all of you and get you motivated as well.

The World Health Assembly is an amazing event held once a year in the United Nations office but also in several other institutions all over Geneva. It is the highest assembly of international health leaders and country representatives where the newest global health plans are being discussed. This year’s WHA was focused on Universal Health Coverage (UHC). It basically means that in the future every single person in the world should have access to healthcare. Here is the official wording as well:

“UHC means that all individuals and communities receive the health services they need without suffering financial hardship. It includes the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care.” (WHO)

Our delegation’s WHA started off 5 days before the actual event with a training on global health organized by the IFMSA. This time was already the sixth preWHA and I must admit that it was an extremely educational and active intro to the big assembly. Those were five days that featured multiple global health specialists speaking in thematic sessions. The sessions were divided into 4 streams: Universal Health Coverage (UHC), Non-Communicable Diseases (NCDs), Antimicrobial Resistance (AMR), and Ending Discrimination in Healthcare. Most certainly our delegation didn’t just dive in but had already been working for several months before the event within these streams writing policy briefs and statements to be presented at the WHA.

During the World Health Assembly committee sessions, where also the before mentioned statements were read out, are held at the Palais des Nations and hundreds of side events and meetings occur all over town. As representatives of the future generation of healthcare professionals, our delegation was also actively present during all kinds of events at the WHA. The aim was to contribute to different talks from a youth perspective and also actively state that we, the future of global health, are knowledgeable and motivated enough to be taken as equal partners.
Thanks to the new Director General of the WHO, Dr. Tedros Adhanom Ghebreyesus, this organization has become more open and welcoming for youth to join in and give their input. As a great example a new WHO entity, the Youth Hub, was initiated at the end of last year of which IADS is also a member of together with several student and young professional organizations in healthcare. As you all can imagine then these kinds of big global events are places where to spot important people and have meetings to advocate for what you care about most. In my case that is oral health. Listening to various panel discussions and presentations I never saw a single oral health specialist being included among the speakers nor oral health problems even being mentioned among all the others. At first this made me very sad but eventually I understood that this should be taken as motivational material and an open opportunity to actually do something for oral health globally. So I went through the agenda and managed to schedule some meetings for the week. The first meeting was after the gerodontology conference organized by the Taiwanese Dental Association. There were very interesting presentations and it was literally the only oral health event at WHA. But there was present also Dr Corrado Paganelli, the past president of ADEE and current president of IFDEA with whom we chatted quite a lot about the future of dental education and dentistry. During the week I also visited the FDI Office to discuss about further plans for cooperation and advocacy work. Our mutual aim is to become more open and incorporate our members also into the everyday work and advocacy work done about oral health. All these big organizations are just the voices of their members and in order to make meaningful decisions it is of utmost importance not to leave anyone out. Last but not least I also met the Director of the Oral Health department of the WHO- Dr Benoit Varene. As mentioned previously, the WHO is becoming more and more welcoming towards the youth and during this meeting those were also the take home messages.

It is important for us as dental students to understand that the dentistry of tomorrow stands for global health and collaborates tightly within and outside the healthcare system. In order to be knowledgeable about the future a new generation of dentists will be needed to pave the road. This means that starting from this year IADS will be focusing more on bringing global health issues to the everyday work of the association. We are planning trainings, webinars and maybe some cool internships for our members, so most certainly- stay tuned! Now is the time for change and IADS is proud to start training a new generation of global oral health leaders.

By Ave Põld,
External Relations Committee Chairperson
Imagine breath-taking landscapes, historical buildings and all sorts of artworks, world famous museums, natural splendours galore: you are in France, the world’s leading tourist destination.

The hardest, or maybe the best, part will be to make your choice! Sea or mountain? City or countryside? Sun or snow? Past, present or future? Starred restaurant or local bistro? Music festival or traditional carnivals?

Because here, diversity reigns as master, often for the best.

Brittany and its windy coast, the colourful Basque Country that reaches out to Spain, Paris and its Eiffel Tower, the Côte d’Azur and its seaside resorts, snowy Mont Blanc, isolated Mont-St-Michel, the Loire castles Loire ... the list is endless.

France is a mosaic of regions with marked identities, rich in know-how and own traditions. Join the festivities that animate the small villages, meet the artisans and sit at their table, because the most delicious gastronomic specialties, including wines and cheeses, are waiting for you all over the Hexagon, especially in Paris for the pre-congress and in Strasbourg for the congress!
Do you know Strasbourg?

Strasbourg in Alsace is one of the most beautiful cities in the world – because of its landmark, the cathedral (in French: Cathédrale Notre-Dame de Strasbourg), which celebrated its millennium in 2015. The place in front of the cathedral is one of the most beautiful marketplaces in whole Europe, also because picturesque half-timbered houses with four two five floors can be found here. The “Maison Kammerzell “, one of those houses, is a real symbol of this place.

The whole city centre of Strasbourg, which is also named "Grande Île "(Big Island) has been declared world cultural heritage by the UNESCO because of its interesting architecture. Last but not least, there are numerous institutions of the European Union in Strasbourg, as the European parliament, the Council of Europe and the European Court for Human Rights, because Strasbourg is the European capital.

Did you know that the National Union of Students in Dental Surgery (UNECD) is the representative association of French students in dental surgery and nationally federates the 16 representative associations of the 16 schools of dental surgery?

UNECD was created in 1961. We have 3 annual meetings with the students who represent their schools. Participation is open to all dental students who want to attend the meeting. During these meetings, we have discussions about our studies, about the reform etc. We also provide training sessions to the students, about communication, creating projects, managing the funds or their association, and lot of other thematics. We have two projects of international solidarity during the summer, one is in Nepal, the other in Morocco.

Moreover, we have a big prevention project called "Gardez le sourire" (Keep the smile) to provide prevention by dental students to students of our cities.

We also bet you didn’t know that with the oldest dental student association, French dental students were the founders of IADS in February 1951.
From the IADS History Book: In February 1951, the French Dental Students invited some students from other countries to attend their Annual Meeting in Paris where the Danish, Dutch and Swedish representatives proposed to establish an International dental student’s organization.

French dental students hosted IADS three times in Paris:
- Mid Year Meeting (Business Meeting) 1951
- Annual Congress 1967
- Mid Year Meeting 1994

Guess you could say it’s the event of the ‘century’ with the 4th IADS meeting being held after 25 years, again, in Paris! See what we did there?

Did you know that in France dental studies last 6 years and prospective students are elected by a contest? Also, that clinic starts in the 4th year and starting from the 5th year students can compete at an internship if they want to become an orthodontist or oral surgeon?

Surely, dental students here graduate with a DDS (Doctor of Dental Surgery) academic degree. While it is known that dental studies are pretty expensive, here in France we pay our inscription to university, which compared to other private schools could be defined as negligible. It is around 350€/year, but we pay for our own equipment which rounds up to 1000€ for the whole education period. In France dentistry is taught in around 16 public universities. We study theory during the whole 6 years and while we have practical training during our 2nd, 3rd and 4th year, we also start treating patients in our 4th year. After their 6th year, dental students have to defend a thesis in order to graduate, but there is no vocational training required to get your work license after graduation. What you could do, is proceed with post-graduate studies, which by the way are the only programs also offered in English.

You probably didn’t know all these things, and you probably don’t know most of the real French way of life! Come to the next IADS Mid-Year Meeting to discover this singular sensation of feeling French, to taste wine, eat cheese, taste our food, party the French way, attend the lectures of our teachers and researchers, compete with us at the dental Olympic Games and the lecture contest... etc. There’s only one way to do it: come to Strasbourg from the 17th to the 21st of next March! French Delegation is waiting for you!
Sina Saygili’s journey in IADS started in August 2013 when he was assisting the Local Organizing Committee (LOC) of the 60th IADS Annual Congress that took place in Istanbul. In that year he was elected as a Treasurer, next year in the 61st IADS Annual Congress he was re-elected to the same position. In 2015 he started to work as a General Secretary and in 2016 he became a President of IADS. This year Sina is working as a Past President, so in total he has spent 5 years in IADS Leadership! He is definitely one of the most hard working, determined and motivated people as well as a person with a good humour sense and super nice personality! One of the editorial board members did a live interview by "Skype" and had a chance to meet him for the very first time!
1. The most interesting moment in IADS?
Exchange fair was really interesting because every person was wearing its’ cultural costume and there were so many mixture things... I mean I have been to summer camps before but it was the most multicultural event I have ever attended. Though I think more interesting was election in Italy because it changed my life. Even though no one knew me, in my first congress ever, I applied for a President post and somehow it happened.

2. What did you gain within IADS?
I believe there are some steps in your life. Firstly you finish high-school, later you learn how to work by yourself and so on. So IADS for me was like building something, like let's say a video game where you can achieve something, putting stones on the other ones. For the first time I experienced that I am doing something by myself without anyone's help. I have been in social clubs of high-school, in both local/national association of dental students but it felt different because people spoke in the same language and they were from the same culture. But IADS taught me how to rule my team, how to set up goals and how to put my steps in order to achieve something, it taught me how to struggle in life and how to be successful in the long term. I'm known as a guy who plans everything but thanks to IADS I can do it very accurate now.

3. What will you miss the most as you are leaving IADS?
I am not leaving IADS! I am leaving the Executive Committee but I will attend some events in future. I can say that those moments like G.A. which most people find boring, I really liked because I have learnt how to convince people, how to manage conversations. Also in IADS I will miss the fun part - social part, this is the moment where I don’t want to tell a lot [laughing] but IADS gives you both: if you work hard, you play harder [laughing]. I remember in Slovakia (it was one of the wildest congress) after first day in G.A., we went out and thanks to Peter Dzupa, Peter Mourad we had so many shots, that in the end black-out appeared, I was forgotten in the club. So some friends brought me back. Then in the morning I had to read some documents in G.A. which I prepared and it was super hard... When you work hard, you know you deserve to rest, so you party even harder. I can definitely say that I will miss everything.

4. When did you start to feel that IADS is enough for you?
I started to work late in IADS. When I joined it, I was 4th year in 2013 but the moment when I attended my first congress as IADS President in Lebanon 2017 I saw a lot of younger students there and remembered my first time in IADS. I was thinking about them and why they are here. After this congress I decided I should stop coming to IADS because this association belongs to students and now it is already two years when I am working as a dentist. I mean, in my practice I am doing those cases which students are following lectures in the congresses. So that’s the moment when I told myself that there is a limit to IADS, that I should go one step forward and I give a chance to younger generation work in this association.

5. What were the biggest challenges you faced during the years you’ve been working in IADS? And how did you manage to handle it?
IADS exists from 1951 but when I joined it was 2013. When I was elected as General Secretary, I come to a point that many people just want to continue with old projects or create new ones but my aim was trying to reach another level in IADS. Everyone was so obsessed with the Hardware, no one remembered the Software of association, so I wanted something better for organization, that’s how I decided to re-code IADS Software. The biggest challenge was trying to understand how can we change destiny of IADS. In that moment I was pretty lucky to work with amazing team but I saw that we don’t have an actual plan for it and everything what we were doing was just for one year because every year
new people are coming to positions and then leaving. So for the very first time, I managed to bring executive committee before Mid Year Meeting Lebanon 2017 and we shared ideas, the missing point of IADS and how to be more professional association, avoid problems related with members, leadership and its’ existence in the future. As I have noted sometimes people lack interest to work, so they don’t reply emails, etc. That’s why I wanted to make an actual plan for at least five years term which during last two years we were working on: rebuilding everything, “taking away trash from the house” let’s say. Now we have four walls and we are trying to put old and new things there. We have planned everything from the scratch back then. Now IADS has a new face which I intended to see in the beginning and now I can really see the feedback. People who didn’t attend IADS 1-2 years ago, will only see how are things managed more ideally and professionally. So I am really happy for the structure and structural plan we have now. Hopefully next leadership will follow it and realize the importance of this, so that IADS would have a definite future, destiny and would be much more bigger in a couple of years. Continuity is a gold for IADS now!

6. What are the things you most like and most dislike about IADS?
Let’s start maybe what I dislike. This is biggest problem actually which I have learnt is that it can ruin your friendships and relationships. Some people just like to play "dirty" which is not really nice, they "played games" behind doors, so that’s why I believe IADS is in a better place right now. I mean, we have changed the elections system which was one of the key points there. Now people have to apply by themselves for the positions in IADS, it is not something people can choose with their political games anymore. People get chosen for the positions because of who they are not where they are coming from. What I like the most about IADS is people around you, learning so much from them about everything. You meet different cultures there and become a better person for sure. I got lifetime friends now all around the world. On the dentistry point of view you follow up all new features, technologies, people who are at your age can achieve something different, widen your horizon about you profession and life.

7. If you go back in time 5 years, would’ve you be joining IADS? What would you do differently?
YES, YES, YES! I would join earlier, do more, learn more and help more to those who have less experience than me. Also I would be more beneficial for IADS in this way.

8. When will you shave your moustache?
Haha... That’s how I started IADS without it, a very young student from Istanbul. Then when I had my moustache it’s almost like people recognise me with it, so it will be with me until I retire dentistry. people recognise me with it, so it will be with me until I retire dentistry.

9. What advice can you give to younger student?
Well... I would love to tell a lot, not easy to shorten this. I met with amazing professionals in dentistry who attended as many events as a regular dentist can in his life, so here are the 3 gold tips I can tell. First have a mentor in your career. Maybe more than one but for example if you go start placing implants, have someone superior and expert to learn. Dentistry is a field of medicine but also have the side master apprentice relationship. Second, information is really easy to access, go ask for it, do research, be curious about your profession. Don’t be the one who just eat whatever served to you. Lastly sharing is caring, share your knowledge, share your experience, share what you know, what you can do for your environment, for the future in dentistry. Put yourself goals, do plans and dream. Have a balance in reality and fantasy world. There are very famous mottos as “impossible is nothing”, “just do it”. But here is my favorite one from Netflix: “Spend more time searching, than actually watching.” Search for better every day, every hour, every second! See you somewhere in the world.

#TOGETHERISBETTER

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As the world advances towards a digitalized way of life, dentistry cannot fail to do so. CAD/CAM technology is now a well-established practice for dental restorations, yet with so much space to grow and develop. Taking an impression for the CAD/CAM device to work on remained unpractical with all the impression trays, the putty or the alginate, until the first dental scanner was invented at the university of Zurich, then marketed by the German company, Sirona. [1]

Intraoral scanners (IOS) are devices for capturing direct optical impressions in dentistry. Similar to other three-dimensional (3D) scanners, they project a light source (laser, or more recently, structured light) onto the object to be scanned, in this case the dental arches, including prepared teeth and implant scanbodies (i.e., cylinders screwed on the implants, used for transferring the 3D implant position) [2, 3]. The images of the dentogingival tissues (as well as the implant scanbodies) captured by imaging sensors are processed by the scanning software, which generates point clouds [3, 4]. These point clouds are then triangulated by the same software, creating a 3D surface model (mesh) [3, 4]. The 3D surface models of the dentogingival tissues are the result of the optical impression and are the “virtual” alternative to traditional plaster models [2, 4, 5].
WHERE ARE INTRAORAL DENTAL SCANNERS USED?

Intraoral scanners are not only used for diagnosis and better communication, since they have a wide range of utility from fabricating resin inlays/onlays [6] to single crowns in all-ceramic [7], metal ceramic [8] or lithium disilicate [9] to whole frameworks and partial/total dentures [10,11].

IOS can also be successfully used to capture the 3D position of dental implants and to fabricate implant-supported restorations. At present, implant-supported single crowns [12,13] bridges [13,14] and bars [15] can be successfully fabricated from optical impressions. Even in orthodontics the popularity of these dental scanners is increasing rapidly with digital records of the diagnosis, treatment planning, 3D models of the dental arches and monitoring treatment progression, expected to substitute hard-copy records for good [3].

In our article we would like to compare the optical and convectional devices of impression taking. When we are thinking about comparison of the scanners, we have to think about few factors such as scanning speed, user-friendliness, image capture, size of scanner, etc.

WHAT ARE ADVANTAGES AND DISADVANTAGES?

Advantages:
1. Less patient discomfort. The conventional physical impressions can cause momentary discomfort for the patient due to the inconvenience and hardship stemming from the materials positioned on impression trays (whether generic or individualised). Some patients (e.g. patients with strong gag reflex, or children) appear to not tolerate the classic procedure. For such patients, replacing conventional impression materials with light is an advantage.
2. Time efficiency. Several studies have shown that optical impressions are time-efficient, as they enable reduction of the working times (and therefore costs) when compared to conventional impressions.
3. Simplified procedures for the clinician. In fact, when the learning curve has been completed the use of IOS may confer further clinical advantages, simplifying impression-making in complex cases, for example in the presence of multiple implants or severe undercuts that may render the detection of a conventional impression difficult and insidious. Moreover, if the clinician is not satisfied with some of the details of the recorded optical impression, they may delete them and recapture the impression without having to repeat the entire procedure; this aspect is time-saving.
4. No more plaster casts. For the clinician, optical impression allows the skipping of an otherwise unavoidable step (the conventional impression is based on the detection of physical
impression is based on the detection of physical impressions and subsequent casting of gypsum models with a time-saving effect.

5. Better communication with the dental technician. With IOS, the clinician and the dental technician can assess the quality of the impression in real-time. If the dental technician is not convinced of the quality of the received optical impression, he/she can immediately request that the clinician make another one without any loss of time and without having to call the patient for a second appointment.

6. Better communication with patients. With optical impressions, patients feel more involved in their treatment and it is possible to establish more effective communication with them; this emotional involvement may have a positive impact on the overall treatment, for example, by improving patient compliance to oral hygiene.

Disadvantages:
1. Learning curve. Older clinicians with less experience and passion for technological innovations could find using the devices and related software more complex for. It should be kept in mind that it is still unclear whether one scanning strategy is better than the other, as manufacturers provide little information about their scanning strategies.

2. It can be difficult to detect deep margin lines in prepared teeth and/or in case of bleeding. [16] In some cases, in fact, and especially in aesthetic areas where it is important for the clinician to place the prosthetic margins subgingivally, it may be more difficult for the light to correctly detect the entire finishing line.

3. Intraoral scanners lack fixed references. All subsequent images are “stitched” to the previous one by a best-fit algorithm that represents the best possible overlap of images. Each overlap has an inherent error; as a consequence, the final error should be gradually increased with every stitching process. Hence, it can be anticipated that the longer the scanning field and the more stitching processes completed, the larger the errors would be presented. [17]

4. Purchasing and managing costs. Depending on the model, the cost of purchasing an IOS may be between 15,000 and 35,000 euros.

It seems that intraoral scanners could be a really good replacement of a conventional impression system in the future. Of course, as every single thing it has both advantages and disadvantages, so each dentist should decide by himself/herself whether he/she wants to use it in oral practice.

REFERENCES:
DR. NELSON PINTO, ODONTÓLOGO EXPERTO EN MEDICINA REGENERATIVA QUE HA REVOLUCIONADO EL CONCEPTO DE LA REGENERACION DE TEJIDOS
La cicatrización de heridas ha sido siempre una prioridad en cirugía bucal. En un esfuerzo por mejorar y acelerar la cicatrización de tejidos duros y blandos, se han empleado tradicionalmente sustitutos, incluyendo factores de crecimiento y materiales biológicos. También se introdujeron membranas para separar los tejidos. Investigaciones recientes indican claramente que L-PRF (Leukocyte -Platelet Rich Fibrin, una segunda generación de concentrados plaquetarios) mejora significativamente la cicatrización de heridas en tejidos blandos y duros. La evidencia científica apoya la afirmación de que esto tiene el potencial de reemplazar a los sustitutos mencionados en muchas situaciones. Los procedimientos clínicos se benefician de los últimos avances con los protocolos de concentrados plaquetarios incluyendo, pero no limitado a: cicatrización de tejidos blandos, cirugía periodontal, aumentos gingivales, MRONJ, regeneración de defectos infra-óseos, preservación crestal, elevación sinusal, colocación inmediata de implantes y oseointegración. Una ventaja adicional es que estos protocolos de concentrados ofrecen soluciones de tratamiento de costo significativamente más reducido a nuestros pacientes, debido a su facilidad de uso y preparación barata.

El Dr. Nelson Pinto, odontólogo, profesor universitario, conferenciante y fundador y presidente del Centro de Investigación de Medicina Regenerativa e Ingeniería de Tejidos, en Chile. En su currículum destaca el desarrollo de una técnica que permite regenerar los tejidos duros y blandos de la cavidad bucal.

¿Qué ventajas tendría respecto a otras técnicas de regeneración empleadas actualmente?

No existen ni un tratamiento ideal ni una técnica única para resolver las situaciones donde es preciso regenerar tejidos duros y/o blandos en la cavidad bucal. Por tanto, existe una búsqueda constante para encontrar las mejores opciones de tratamiento con este propósito. Pero los procedimientos son muy diversos, en costos, tiempo, predictibilidad, complicaciones y formación técnica del operador. La regeneración naturalmente guiada presenta varias ventajas sobre otras técnicas equivalentes en situaciones clínicas similares. En primer lugar, puede complementar cualquier técnica convencional existente, potenciando su resultado y disminuyendo el riesgo de complicaciones. Y, en segundo lugar, se puede utilizar sola consiguiendo resultados equivalentes a técnicas convencionales frente a una misma situación clínica, pero en menos tiempo, con un menor coste y con muy buena aceptación por el paciente.
Ni los estudios realizados hasta la fecha, ni mi experiencia personal de más de 12 años, ni los miles de aplicaciones de FRP-L en diversas áreas de la medicina evidencian registros de efectos adversos ni contraindicaciones generales. Se han realizado muchos estudios in vitro, aunque tan sólo en los últimos cuatro o cinco años se ha visto un interés real de la comunidad científica por investigar más este tema en aplicaciones clínicas. En este momento estamos realizando e iniciando varios estudios multicéntricos, que debieran entregar resultados interesantes a corto plazo. Entre ellos cabe destacar los de la Universidad Católica de Lovaina (Bélgica), la Universidad de los Andes (Chile), la Ohio State University (Estados Unidos) y el Centro de Investigación en Ingeniería Tisular y Medicina Regenerativa (Chile).

“Las aplicaciones de esta técnica en la cavidad bucal son muy diversas y abarcan cada vez más especialidades”

¿Podría aplicarse esta técnica para regenerar lesiones alrededor de implantes?

Obviamente sí, y ya se ha hecho con mucho éxito. Eso sí, hay que diferenciar si estos efectos alrededor de los implantes se producen en el momento de su colocación o se generaron en forma tardía, ya que su indicación, tratamiento y pronóstico serán totalmente diferentes. En el caso de exodoncia e implante inmediato, los resultados son muy buenos. Lamentablemente se precisa todavía de una mayor casuística, de más estudios multicéntricos y, sobre todo, de realizar un cambio en la forma de pensar los tratamientos, lo cual obligaría incluso a modificar nuestras técnicas quirúrgicas. Todo ello lo hemos podido apreciar tanto en medicina como en odontología. No obstante, es muy importante poder realizar una reunión de consenso sobre la evidencia de los usos y aplicaciones de esta técnica, así como sobre la adecuada formación de profesionales en el tema.
Dental Insurance Coverage
A Life-Saving Measure or Mere Luxury?

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'The mouth is the window into the health of the body', announced the American Dental Association in 2006. In this statement, there is nothing that is not in accordance to our existing knowledge regarding the link between oral health and general wellbeing for us as dental students. Thus, it is only reasonable that we do not underestimate the significance of the association of the oral cavity and oral health as an inseparable part of the human body and general health sustenance at any cost.

Poor dental health is known to negatively affect the cardiovascular and respiratory systems, reduce the self-esteem of individuals and increase their chances of getting oral cancer. Moreover, light is starting to shed on the oral health-related quality of life of individuals that is especially affecting the disadvantaged communities, children, the elderly and minorities.
Numerous risk factors, including the lack of proper oral health systems, increase the chances of acquiring common oral infections, such as dental caries; the most prevalent disease in the world affecting almost all adults and up to 90% of school children, and periodontal disease; the sixth most prevalent disease worldwide, affecting 15-20% of all middle-aged adults.

In addition to the widespread burden of oral and dental diseases on health, expenditure over curative dental care is a significant add-on burden for many high-income countries.

According to the National Association of Dental Plans (NADP), 23% of USA population had no Dental coverage by the end of 2016, which made the dentally uninsured rate increase about 4 times the medically uninsured rate. And that is mainly due to lack of dental coverage in traditional insurance plans. That led one third of the uninsured to avoid dental treatment they needed as they could not afford it privately.

Things are much worse in less developed countries, where dental care is not at all included in insurances and people only visit dentists in case of emergencies; which makes them more likely to have extractions and dentures than to receive preventive or restorative care.

Despite the fact that insurance with dental coverage is more expensive, it is still cheaper than seeking private dental care. And as dental students and young dentists, it is our role to spread awareness of the importance of regular dental checkups and preventive procedures, so people can seek and demand suitable insurance plans that have both dental and medical coverage.

References:
4. National Association of Dental Plans (www.nadp.org)
IADS Lite
Dental Anecdotes
Oh no, they didn’t!!!

« Student »
in the last 10 mins of the practical exam
- opens amalgam capsule with teeth
- places it in the cavity with bare fingers
- Maybe if I condense it with my tongue, I’ll be able to finish in time?

AMAGAM

THE DAY I DIE
« Assistant »
Dude, you’re a 5th student, you don’t even know how to live?

« Professor »
Why is this thing dying here, let him/her go die in the student clinic!

« Nurse »
- rolls eyes -

« Other assistant »
No but what kind of dying is this? You don’t even know how to die properly!

« Janitor »
Don’t forget to dispose of your friend in the medical waste bin.

TRUE STORY
« Dentist »
Your child is fine. Her teeth don’t require any orthodontic treatment.

« Parents »
Could you please put the braces anyway? She feels jealous that her friend has braces and she doesn’t.

- Why at Hogwarts School of Witchcraft and Wizardry they prefer dentists?
- Because a dentist who can memorize Aggregatibacter actinomycetemcomitans can memorize any spell...

TRUE STORY
Patient comes with a 3-rament bridge in hand

« Dentist »
You only have 1 missing tooth and two crowns on that area...How did this happen?

« Dentist » Now...?
« Patient » It came out...
1. You will see friends who graduated high school in the same year as you, graduate university and get married while you're still in the sim lab working on mannequins.

2. You start making a summary of the 500 page book you have to study for your final and you somehow end up with 750 pages of summary.

3. By the end of the term you are left with about 512Mb of free data in your brain, to the point that if you study one more page you're gonna have to delete your grandma or grandpa to create some more space.

4. If one assistant doesn't approve, ask the other one.

5. The moment you tell the patient you're doing a RCT, he/she feels the need to spit 10 times every 5 minutes.

6. The only child patient you find for fluorozation, turns out to have fluorosis.
Did you brush your dog's teeth today? Little known fact: the most common disease among cats and dogs is periodontal disease. Worse, most pet owners aren't even aware of their pet's oral condition, which brings to light the importance of veterinary dentistry and dental checkups in every vet appointment.

According to the American Veterinary Medical Association (AVMA), veterinary dentistry "includes the cleaning, adjustment, filing, extraction, or repair of animals' teeth and all other aspects of oral health care in animals." It's a branch of veterinary medicine pursued by graduate veterinarians that was previously mainly focused on equine dental care. A Doctor of Veterinary Medicine (DVM) who's undergone 3-6 years of specialty training is equipped to "remove sharp enamel points, treat occlusal problems, molar, and incisors, reshape teeth, extract first premolars and deciduous premolars and incisors; extract damaged or diseased teeth; treat diseased teeth via restorations and endodontic procedures; periodontal and orthodontic treatments; and take dental radiographs" of all animals. Gone are the days of simply tranquilizing followed by clean-and-pull or watchful waiting with fractured teeth. Nowadays, the same concepts of prophylaxis, diagnosis, and treatment of dental disease apply to both pets and their owners and all animals deserve adequate amounts of dental care.

Who is the Veterinary Dentist?

The word "Dentist" is generally referred to the person who treats human dental problems but just like medicine is a twin so is the discipline of dentistry. There are a lot of similarities between the human physiology and anatomy with that of animals. Animals do become sick so as we human-beings. As both of us have teeth, certain problems like caries, periodontitis, pulpitis will possibly occur in animals. The major of the patients complain at dental clinics is pain. Imagine a lion suffering from severe toothache due to class III caries, irreversible pulpitis or a recently fractured tooth. Imagine the pain it would have to go through for so long if nobody is there to care for it. It probably would die a very painful and agonizing death.

As a matter of fact, a Veterinary Dentist is critical for the oral health of animals. Like other Veterinary specialties, the Veterinary Dentistry field is comprised of professionals that have dedication and passion to care for animals. They are licensed in each State in the USA and must have extensive knowledge of animal anatomy, pharmacology, anesthesia, pathology, physiology, neurology and radiology – among many other medical specialties. The Veterinary Dentistry job duties include: Examination and cleaning teeth of animals, adjustments, oral surgery, treating periodontal disease in animals. After becoming a Doctor of Veterinary Medicine, a qualified candidate will enroll in a Veterinary Dentistry program monitored by the American Veterinary Dental College. The AVDC is recognized by the American Board of Veterinary Specialties as a specialist certification organization in the field of Veterinary Dentistry in North America and
works along with the Academy of Veterinary Dentistry in supporting training programs to achieve expertise in Veterinary Dentistry. Like other Veterinary specialties, dentistry is an invasive practice that often has a significant impact on the overall health of animals. Typically the use of tranquilizers, sedatives, and anesthetics are used in the treatment of animals – not only to reduce anxiety for the animals, but to assist the dentist in completing their work.

**Common Myth and Misconceptions about Veterinary Dentistry**
*(Sharon L. Hoffman et. al)*

**Myth** --- Veterinary dentistry involves minor procedures that require no special patient preparation or monitoring during anesthesia.

**Reality** — Dental patients often become hypothermic because of the cooling of a patient as a result of continuous use of water in the mouth from power scalers and high-speed drills, prolonged procedures, and metal tables. Very small animals (< 5 kg [< 11 lb]) are especially at risk of developing hypothermia because of their larger surface area-to-volume ratio, compared with heavier animals. Simple measures such as continuous monitoring of intraoperative temperature, use of circulating warm water blankets or forced-air warming devices, and IV administration of warm fluids will aid in the prevention and correction of hypothermia. Appropriate IV administration of fluids and monitoring of blood pressure, oxygenation, heart rate and rhythm, and body temperature are especially important in older or compromised patients.

**Myth** — A fractured tooth can always be treated with watchful waiting.

**Reality** — Animals have similar anatomy and physiology to humans. They suffer enormous pain just as much as we do but because of difference in our behaviour, they may not display any sign of pain and discomfort. A fractured tooth can be very painful but then the animal may not be able to show it. Early intervention is superior to late intervention or even the watchful waiting. Fractured tooth may lead to other complications like infection. So do not wait and watch, always take animals to the vet dentist for immediate intervention.

**Myth** — Dental radiography is not necessary prior to extraction of severely mobile teeth.

**Reality** — There are multiple causes of tooth mobility including periodontal disease, trauma, and neoplasia. The extent of periodontal disease; a fracture of the alveolus, root, mandible, or maxilla; and neoplasia are not always evident on oral examination alone. Preoperative radiographs are mandatory to assess the pathologic changes and identify morphologic abnormalities [e.g., curved or fracture roots, root resorption, or fractures] prior to exodontia.

**Myth** — Dentistry is an ancillary service veterinary practitioners provide for their patients.

**Reality** — An epidemiologic study conducted in 1995 at the University of Minnesota revealed that oral disease was the most common disease in all age groups of cats and dogs. In human medicine, periodontal disease causes increased insulin resistance, decreased glycemic control, cardiovascular disease, myocardial infarction, pneumonia, and other systemic diseases. There is now evidence that periodontal disease also affects the systemic health of veterinary patients. Dental care of animals is very important and may affect their life span or quality of life.

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In order to decrease the risk of dental caries and periodontal disease, time should be spent in home oral care. According to ADA (American Dental Association), an individual who visits the dentist twice a year for an oral exam and dental prophylaxis will spend approximately two hours per year in a dental chair. The time for that same person to brush his teeth each day might be estimated to be around 30 hours per year. Keeping into consideration, the time that is spent daily for the maintenance of oral hygiene, it is imperative to understand the scientific evidence which supports home oral care recommendations which are given to the patients.

In 2017, the ADA Council on Scientific Affairs defined three aspects of home oral care which the dentists should discuss with their patients. They are as follows:

1. General recommendations (applicable for most people)
   - Tooth brushing twice a day with a fluoride toothpaste

Literature review provided sufficient evidence which supported the fact that twice-daily brushing was optimal for reducing risk of caries, gingival recession or periodontitis. Studies also concluded that fluoride containing toothpaste was effective in caries control and that high level of fluoride (available with prescription) resulted in more arrest of root carious lesions than over-the-counter levels of fluoride. It was also found that a brushing duration of 2 minutes was associated with more plaque reduction than brushing for a single minute.

- Cleaning between teeth daily
  - Various methods to clean between teeth are flossing, use of interdental brushes, oral irrigators and wood sticks.
- Eating a healthy diet with limited sugary beverages and snacks
  - In the various studies, an association was found between the intake of sugar and dental caries. Hence, in order to reduce dental caries, it is recommended to take a healthy diet with less sugary intake.
- Seeing the dentist regularly for prevention and treatment of oral disease
There is a benefit in adjusting a patient's recall visit according to his/her individual need based on risk assessment. Dental care not only involves actions to reduce risk of disease, but also the formulation and execution of an effective treatment plan.

2. Personalized recommendations (for patients at a risk for caries and/or gingivitis)
Patient who have an elevated risk of caries and/or gingivitis must be given additional steps to reduce their disease extension. The Council on Scientific Affairs recommends that dentists:
- Design a home care regimen with specific recommendations for oral hygiene.
- Offer direction concerning lifestyle changes (discussed in the next section).
- Provide guidance on dental products and mechanical devices.
The Council on Scientific Affairs also provides the following information on products and mechanical devices that can be considered as adjunct therapies for caries and/or gingivitis:

a. Antimicrobials
Studies suggested that mouthrinses containing antimicrobials and toothpastes containing triclosan or stannous fluoride caused decreased risk of supragingival plaque and gingivitis.

b. Fluoride Mouthrinses
Fluoride mouthrinses have greatly decreased the risk of caries in children and that of root caries in adults.

c. Power Toothbrushes
Patients who require care for daily activities and those who lack manual dexterity for tooth brushing have a convenient way of using power toothbrushes which provides effective removal of plaque and reduction in gingival inflammation.

d. Interdental Cleaning Devices
Studies indicated that people who used floss or cleaned between their teeth were less likely to have periodontitis.

3. Lifestyle considerations (to enhance oral health and wellness)
Lifestyle considerations include the following:
- Consumption of Fluoridated Water
In 2016, the US Surgeon General expressed the view that community water fluoridation was an important factor in preventing disease and ensuring optimal health for all.

- Use of Tobacco Products
Cigarette smoking and the use of smokeless tobacco can produce adverse effects on gingival health, enamel discoloration and erosion and oral cancer. Hence the use of tobacco products is not recommended.

- Oral Piercings
The literature on the consequences of oral piercings show tooth fracture, tooth wear and gingival recession. The ADA has established a policy discouraging the use of oral piercings since 1998.

Following the above stated recommendations for home oral care will significantly reduce dental caries and gingival disease in individuals coming from all walks of life. Therefore it is strongly recommended that one must try to implement these home oral care regimes in order to live an oral disease free life.

Reference:
https://www.ada.org/en/member-center/oral-health-topics/home-care
The first dental school was opened on February 21st, 1828 in Bainbridge, Ohio. For various reasons, our dental education has become separate from the general medical studies, even though it is still a medical specialty. Whether some people agree with it or not, the oral cavity cannot be treated without extended knowledge of the whole body physiology and pathology. This is why, during our studies we take most of the subjects that are related to other parts of the human body, from Anatomy to Cardiology, Neurology, Endocrinology and so on. But, even so, how many of us haven’t at least once heard a joke that implies our medical education is incomplete?

“Why did you choose dental school? Because I couldn’t get into medical school!” — is a classic “joke” that is made about us.

Speaking for myself, as Alexa, I always wanted to be a dentist ever since I was a child, and I am sure there are many of my colleagues from around the world who can say the same. For some reason, this is a bit hard to understand for some of our colleagues in medical school. They should not be generalized though since most of them understand the importance of treating the oral cavity in cooperation with other medical specialties.

Ruxandra, a 4th year medical student in Bucharest, Romania, told us that in her surroundings we are considered just like medical students, the main difference from them being that we need to do way more practice than them, especially from early years.

Franci, a 5th year medical student in Ankara, Turkey had quite an expressive opinion when asked if a dentist could be considered a doctor. In his words, “Medicine is potentially the largest field in academics. Only the number of divisions, specialties and subspecialties is enough to understand how broad it is, without even considering the amount of time and training required to become a specialist in any of the fields. I believe the department of dentistry is a branch of medicine which is broad, complicated and specialized enough to be separated by academicians as its own faculty. Dentists are essentially doctors studying one of the most difficult specialties. There is a clinical part to it, there is a surgical part to it, there is a diagnostic part to it and there is a public health component in dentistry. Which one of these makes dentistry unqualified to be called medicine, or dentists unqualified to be called real doctors? None of it. The main reason why medical students believe dentistry is not medicine (not the only one, flash news: med students are full of themselves) is that dentists go through a fast lane to become specialists. They don’t go through the long years of medical training before they start studying their specialty, stomatology. This makes the average med student feel cheated on, because they have to study countless books of pointless information in order to earn the right to study their specialty. Why does a dermatologist need to learn about pancreas cancer? Why does an ophthalmologist need to know contraindications to a colonoscopy? Or a brain surgeon about the ankle ligaments? The average med student will accept all these specialists as doctors because they went through all these years of memorization torture in order to get to their specialty. But I don’t believe suffering makes you a doctor. Your abilities and your knowledge do. And a dentist who is knowledgeable and specialized enough to perform their MEDICAL profession, is without a doubt a doctor.”

While it could be argued that being past the three first years of medical school, now more into the clinical part of it, Franci and Ruxandra have a better grasp of the concept and can approach the subject with more hindsight, we bring in the comment of another medical student on the subject.
Sara is a 3rd year medical student in Ankara, Turkey with these thoughts on the topic: “With the passing of the years medicine has passed from dealing with the disease to dealing with the patient who has the disease. By this modern and much-needed approach doctors came to the conclusion that indeed medicine could not do only by its own and to treat the patient we needed to have a more interdisciplinary understanding of the patient as a whole. To better treat diseases like diabetes or hypertension, apart from medicine, we need a regulation of the diet, therefore the assistance of a dietician; obesity needs physical rehabilitation more than anything else, etc. Dentistry on the other hand is a branch of medicine even though since created has been seen as a different profession. That artificial division is bad for the public’s health. It’s time to bring the mouth back into the body. Today, dentists use sophisticated methods for prevention, diagnosis and treatment. They implant teeth, pinpoint oral cancers, use 3D imaging to reshape a jaw, and can treat some dental decay medically, without a drill. There are many cases where teeth infections being hidden would cause the patient symptoms unrelated to the cause, proving that there is an intimate connection between oral health and overall health. Dental infection can lead to the potentially serious blood infection known as sepsis. Despite having applied to the hospital, the patient must also be seen by a dentist.

Nowadays jaw malformations are common. In these cases, an orthodontist is needed to assist the surgery room as much as the maxillofacial surgeon. As I stated in the beginning to be able to give our patients a better health, we as doctors must cooperate and accept that “the mouth is part of our body” and as such it must be treated.”

Yet, even though the majority, if not, all of them understand this, there seems to be a “trend” for some to make comments regarding our education.

It appears to have spread worldwide, from Malaysia to Romania and all the way to the United States, as medical students seem to have caught up with this “trend”. Ben is a dental student in New York, USA. Some of the comments he heard during his studies are “If I fail anatomy,
EDSA Summer Camp Malta 2017

EDSA Summer Camp Malta is all about fun! Over the past 4 years we have opened our doors to European students and invited them over to our Maltese islands. It has been a great opportunity for dental students across Europe to meet, discuss their approach about the profession and mingle in social events.

Our camp in 2017 was filled to the brim. With workshops ranging from crown preparation techniques to Pediatric modalities of treatment, social outings at our iconic clubbing village ‘Paceville’ and last but not least leisure events such as our Sunset BBQ, a day trip to our sister island Gozo and the mostly anticipated Boat Party on a 65-foot sea cruiser!

Our choice of accommodation was The Plaza Hotel in Sliema, right at the centre of the touristic hub and only a few minutes away from Paceville. Our endeavors as a committee were all done in collaboration with the University of Malta and local sponsors who granted us funds and equipment for use during workshops.

Be sure to visit our Facebook page EDSA Summer Camp Malta 2018 for this year’s edition on our sunny and blissful island of Malta. See you soon!

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