



Editoriaal

Is een cursus orthodontie relevant voor de omni-practicus? Wij dachten van wel. Ook al behandel je deze patiëntjes niet, het kaderen en begeleiden is wel een taak van de "huistandarts". Tips en tricks om vroegtijdig te interveniëren kunnen extra behandelingen en kosten besparen. Inschrijven kan nog!

De verkiezing is achter de rug. Een nieuwe samenstelling van het orgaan dat onze beroepsfaciliteiten en organisatie zal regelen is vastgelegd. De zwakke deelname van de tandarts aan dit festijn van medezeggenschap is wel het meest opvallend.

Een verkiezing wordt hier "democratie" genoemd doch niemand stelt zich vragen over de relevantie. Een gedreven minderheid duidt aan, een ongeïnteresseerde meerderheid ondergaat. Waarom niet geïnteresseerd? Zou dit kunnen dat die meerderheid niet langer gelooft in het systeem? Falen van de "democratie"? Misschien eer een duidelijke blijk van wijzen naar de tekorten van de vele commissies en raden die echte vooruitgang belemmeren.

Eric Vandenoostende



2015 NR 21

Vlaamse Wetenschappelijke Vereniging voor Tandheelkunde vzw.
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NAJAARSCURSUS 2 EN 3 OKTOBER 2015

“Orthodontics: the Biologic Principles. What the general dentist must know.”

Prof. Dr. Roberto Justus
President World Federation of Orthodontists

Antwerpen Expo
Jan Van Rijswijcklaan 191
2020 Antwerpen

Accreditering DG 5 AE 60

Inschrijven:

Leden in orde met lidgeld: 350 euro
Niet-leden: 550 euro
Lidgeld 2015: € 150
Ter plaatse: Inschrijvingsgeld + € 25 administratiekost

Iedereen dient voor deze activiteit verplicht in te schrijven via website, e-mail of brief aan secretariaat.
INSCHRIJVING IS PAS DEFINITIEF NA REGISTRATIE EN BETALING!

Betaling gebeurt op dit adres:
VWVT - Izegemstraat 2/4 - 8770 Ingelmunster
o.v.v.: uw **naam** en uw **RIZIVnummer**

Uiterste datum inschrijving: **25 september 2015**
IBAN: BE52 2200 0188 8809 BIC: GEBABEBB
BRENG UW INSCHRIJVINGSBEVESTIGING MEE

Orthodontics: the Biologic Principles What the general dentist must know

This two day seminar will emphasize:

- Evidence-based practice.
- Excellence in finishing.
- Long-term stability.

The course content will include:

- Early orthodontic diagnosis for anterior open bite correction, ankylosis of deciduous teeth, impacted canines, posterior cross bite correction, Class II/III treatment.
- Possible treatment by the general practitioner: extraction therapy using driftodontics, space maintainers, tongue spurs, combination headgear use.
- Retention: fiberotomy, interproximal reduction, and retainers.
- Methods to Achieve Excellence in Orthodontic Treatment. American Board of Orthodontics' Standards/Criteria/Methods for Approval of Clinical Cases – Clinical application to our practices
- How to minimize iatrogenic effects from orthodontics.
- Deproteinization of Tooth Enamel Surfaces to Prevent White Spot Lesions and Bracket Bond Failure: A Revolution in Orthodontic Bonding
- The Anterior Open Bite: Conservative orthodontic treatment with stability Dentofacial Orthopedics - Correction of Class II Div 1 Malocclusions with Severe Skeletal Problems in the Early Mixed Dentition
- Correction of Posterior Lingual Cross-Bites in Children and Adults, using Maxillary Sutural Expansion

PROGRAMMA 2015

Najaarssymposium: 28 november 2015

**Aangeboren en verworven tandafwijkingen:
Diagnostiek en opties voor herstel**

Prof. Dr. Peter De Coster (UGent)

La Reserve Knokke

PROGRAMMA 2016

Voorjaarssymposium: 5 maart 2016

Mindfulness

Björn Prins

Voorjaarscursus: 15 en 16 april 2016

Grensverleggend adhesief restaureren

Prof. Dr. B. Van Meerbeek (KUL)

Prof. Dr. M. Peumans (KUL)

Najaarscursus: 7 en 8 oktober 2016

De uitneembare gebitsprothese

Prof. Dr. Merickse (Bern)

Dhr. M. Bosshart

Najaarssymposium: november 2016

Druggebruik en tandheelkunde

Prof. G. Dom



Effects of Acid Treatment on Dental Zirconia: An In Vitro Study.

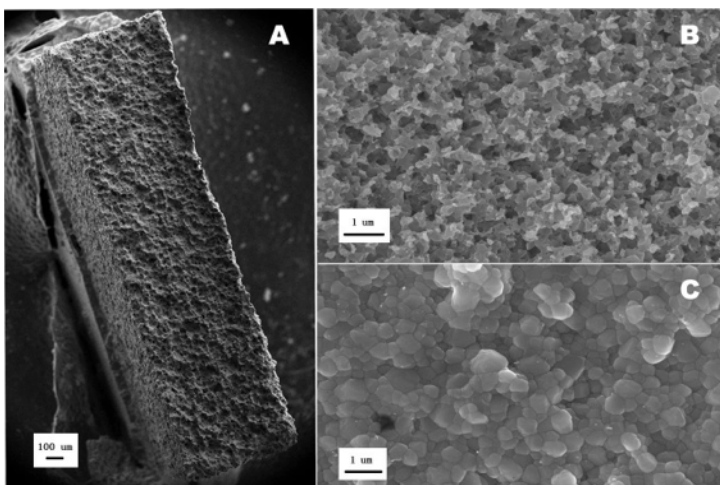
Xie H1, Shen S1, Qian M1, Zhang F1, Chen C2, Tay FR3.

Author information

Abstract

The aim of this study was to evaluate the effects of hydrofluoric (HF) acid, acetic acid, and citric acid treatments on the physical properties and structure of yttria-stabilized tetragonal zirconia polycrystal (Y-TZP) at ambient temperature. In total, 110 bar-shaped zirconia specimens were randomly assigned to 11 groups. The specimens in the control group (C) received no surface treatment, while those in the Cage group were hydrothermally aged at 134°C and 0.2 MPa for 20 h. Ten specimens each were immersed at ambient temperature in 5% and 40% HF acid for 2 h (40HF0), 1 day (5HF1, 40HF1), and 5 days (5HF5, 40HF5), while 10 each were immersed at ambient temperature in 10% acetic acid and 20% citric acid for 7 (AC7, CI7) and 14 days (AC14, CI14). X-ray diffraction (XRD) was used to quantitatively estimate the monoclinic phase. Furthermore, flexural strength, surface roughness, and surface Vickers hardness were measured after treatment. Scanning electron microscopy (SEM) was used to characterize the surface morphology. The Cage group specimens exhibited an increased monoclinic phase and flexural strength. Furthermore, 40% HF acid immersion decreased the flexural strength and surface hardness and deteriorated the surface finish, while 5% HF acid immersion only decreased the surface hardness. All the HF acid-immersed specimens showed an etched surface texture on SEM observations, while the other groups did not. These findings suggest that the treatment of Y-TZP with 40% HF acid at ambient temperature causes potential damage, while treatment with 5% HF acid, acetic acid, and citric acid is safe.

PMID: 26301413 [PubMed - in process] PMCID: PMC4547786



Scanning electron microscopic images of representative specimens from the hydrofluoric (HF) acid-immersed groups (A, B) and the other groups (C).

As shown in A and B, a cellular texture with round, shallow concavities can be observed. In contrast, no etched morphology can be observed in C.

post-content



Najaarssymposium



AANGEBOREN EN VERWORVEN TANDAFWIJKINGEN DIAGNOSTIEK EN OPTIES VOOR HERSTEL

Prof. Dr. Peter De Coster (UGent)

28 november



Knokke

De algemeen practicus heeft traditioneel weinig ervaring met het correct diagnosticeren en geïndiceerd behandelen van gebitsafwijkingen die niet gerelateerd zijn aan meestal banale orale infectieprocessen, zoals cariës of parodontitis. Aan de basis hiervan ligt een gebrek aan gerichte academische opleiding terzake waarbij het uitdiepen van de algemeen-medische kennis van de fysiologische en pathologische processen die het gebit tijdens de groei van het individu vormgeven, onvoldoende werd uitgebouwd. Het doel van deze voordracht is het leren herkennen en evalueren van de grote variatie in gebitspathologie in functie van een tijdige diagnose en een op objectieve parameters gebaseerde therapiekeuze.

Aan de hand van klinische voorbeelden wordt de genese van zowel frequente als zeldzame vormen van gebitspathologie geïllustreerd en worden tips verstrekt om een tijdige en correcte diagnose ervan mogelijk te maken. Achtereenvolgens wordt ingezoomd op afwijkingen in tandaantal, doorbraaktijden en tand- en wortelvorm, en wordt aan de hand van een evidence-based stroomschema de diagnostiek en therapiekeuze ingeval van tandverkleuringen en glazuur- en dentinedefecten uiteengezet. Centraal in het didactisch concept staat het koppelen van oorzaak (lokale, metabole of genetische storing) en gevolg (klinische symptomen). Het actief beleven van deze voordracht moet de cursist in staat stellen met een aantal kant-en-klare 'recepten' voor diagnostiek en behandeling huiswaarts te keren.



Associations between poor oral health and reinjuries in male elite soccer players: a cross-sectional self-report study.

Solleveld H1, Goedhart A1, Vanden Bossche L2.

Author information

Abstract

BACKGROUND:

Although it is well known that oral pathogens can enter the systemic circulation and cause disease, it is largely unknown if poor oral health increases the risk of sports injuries. The purpose of this study is to investigate the association between poor oral health and reinjuries in male elite soccer players, adjusted for psychosocial problems and player characteristics.

METHODS:

184 Players in premier league soccer clubs and 31 elite, junior soccer players in the Netherlands, Belgium and England, were enrolled in a retrospective cross-sectional study. The Sports Injury Risk Indicator, a self assessed questionnaire, was used to obtain information on reinjuries, age and player position, oral health and psychosocial problems. The number of different types of oral health problems was used as an indicator of poor oral health. (SumDental, range 0-2: 0 = no oral health problems, 1 = one type of oral health problem and 2 = two or more types of oral health problems). Multivariable logistic regression was used to investigate whether SumDental was associated with reinjuries, after adjustment for psychosocial problems and player characteristics.

RESULTS:

37% of the players reported no oral health problems, 43% reported one type of oral health problem and 20% reported two or more types of oral health problems. After full adjustment for age, player position and psychosocial problems (i.e. injury anxiety, psychophysical stress, unhealthy eating habits and dissatisfaction with trainer/team), poor oral health (SumDental) was positively associated with all kind of reinjuries whether analyzed as a continuous variable or as a categorical variable. The fully adjusted odds ratios for SumDental analyzed as a continuous variable were: in relation to repeated exercise-associated muscle cramps: 1.82 (95% confidence interval (CI): 1.07, 3.12), in relation to muscle or tendon reinjury 1.57 (95% CI: 1.01, 2.45) and in relation to multiple types of reinjury 1.88 (95% CI: 1.19, 2.97).

CONCLUSION:

The results from this study justify a thorough examination of the effects of oral health problems on the injury risk of playing elite soccer.

KEYWORDS:

Dental caries; Dental plaque; Gingival diseases; Oral health; Psychosocial factors; Soccer; Sports injuries



Assessment of volatile organic compounds and particulate matter in a dental clinic and health risks to clinic personnel.

Hong YJ¹, Huang YC, Lee IL, Chiang CM, Lin C, Jeng HA.

Abstract

This study was conducted to assess (1) levels of volatile organic compounds (VOCs) and particulate matter (PM) in a dental clinic in southern Taiwan and (2) dental care personnel's health risks associated with due to chronic exposure to VOCs. An automatic, continuous sampling system and a multi-gas monitor were employed to quantify the air pollutants, along with environmental comfort factors, including temperature, CO₂, and relative humidity at six sampling sites in the clinic over eight days. Specific VOC compounds were identified and their concentrations were quantified. Both non-carcinogenic and carcinogenic VOC compounds were assessed based on the US Environmental Protection Agency's Principles of Health Risk Assessment in terms of whether those indoor air pollutants increased health risks for the full-time dental care professionals at the clinic. Increased levels of VOCs were recorded during business hours and exceeded limits recommended by the Taiwan Environmental Protection Agency. A total of 68 VOC compounds were identified in the study area. Methylene methacrylate (2.8 ppm) and acetone (0.176 ppm) were the only two non-carcinogenic compounds that posed increased risks for human health, yielding hazard indexes of 16.4 and 4.1, respectively. None of the carcinogenic compounds increased cancer risk. All detected PM₁₀ levels ranged from 20 to 150 µg/m³, which met the Taiwan EPA and international limits. The average PM₁₀ level during business hours was significantly higher than that during non-business hours ($P = 0.04$). Improved ventilation capacity in the air conditioning system was recommended to reduce VOCs and PM levels.

KEYWORDS:

Cancer risk; dental clinic; health risk assessment; particulate matter; volatile organic compounds

Efficacy of air polishing for the nonsurgical treatment of peri-implant diseases. A systematic review.

Schwarz F¹, Becker K², Renvert S^{3,4,5}.

Abstract

FOCUSED QUESTION:

In patients suffering from peri-implant diseases, what is the efficacy of air polishing on changing signs of inflammation compared with control treatments (i.e. alternative measures for plaque removal with or without adjunctive antiseptic and/ or antibiotic therapy)?

MATERIAL & METHODS:

After electronic database and hand search, 10 full-text articles were independently screened by two reviewers. Finally, a total of 5 studies (6 publications) fulfilled the inclusion criteria. The weighted mean difference (WMD) [p; 95% CI] in bleeding on probing- (BOP) (primary outcome) and probing pocket depth- (PD) reductions was estimated using a random effect model.

RESULTS:

All studies reported on residual BOP scores after therapy. A narrative data synthesis did not reveal any major improvement of bleeding index/ BOP or disease resolution following air polishing over mechanical debridement at mucositis sites. At peri-implantitis sites, WMD in BOP reduction between test and control (mechanical debridement with or without local antiseptic therapy, Er:YAG laser) groups was -23.83% [p=0.048; 95% CI (-47.47, -0.20)] favouring air polishing over control measures.

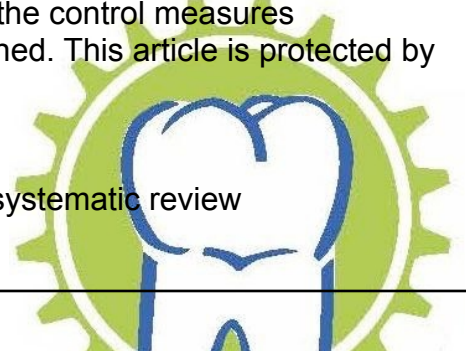
CONCLUSIONS:

While glycine powder air polishing is as effective as the control treatments at mucositis sites, it may improve the efficacy of nonsurgical treatment of peri-implantitis over the control measures investigated. A complete disease resolution was commonly not obtained. This article is protected by copyright. All rights reserved.

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KEYWORDS:

air abrasion; clinical studies; peri-implant mucositis; peri-implantitis; systematic review



Three-Dimensional Printer Technology Approved for Dentures

Laird Harrison

August 18, 2015

The first-ever three-dimensional (3D) printer system to manufacture denture bases has been [cleared for marketing](#) by the US Food and Drug Administration.

Although currently designed for use in laboratories, the Dentca *Denture Base* may soon allow dentists to make dentures in their offices, said Dentca Chief Executive Officer Sun Kwon in a news release. "This clearance completely revolutionizes the denture manufacture process, which has barely changed in over 100 years," he added.

As currently approved, the system begins with a traditional casting impression of the oral region in the dentist office. This impression goes to a dental laboratory for conversion to a digital image in an optical impression system. The denture base is then made layer by layer in a stereolithographic laser printer, after which it is fitted with preformed plastic teeth and cured in a light chamber. The dentures are then sent back to the dentist to be fitted and for final adjustment.

In clearing the Dentca system, the US Food and Drug Administration ruled it was similar enough to the Dentsply *Trubyte Denture Base Resin System* that Dentca did not need to show evidence of safety and efficacy.

In both the Dentca and Dentsply systems, the bases are created in multiple layers, each of which is light-cured before adding the next layer, with postcuring added in a light chamber.

In the Dentca system, however, a stereo lithographic additive printer creates the layers, while in the Dentsply system, they are created manually by laboratory technicians.

"3D dentures have a huge potential to provide above-standard-care quality of denture treatment in underserved areas anywhere in the world by improving much more standardized digital denture protocols and measurements," Hiroshi Hirayama, DDS, DMD, told *Medscape Medical News*.

Dr Hirayama experimented with the new technology both at Tufts University in Boston, Massachusetts, where he conducted prosthodontics research until retiring last year, and in his private practice, also in Boston.

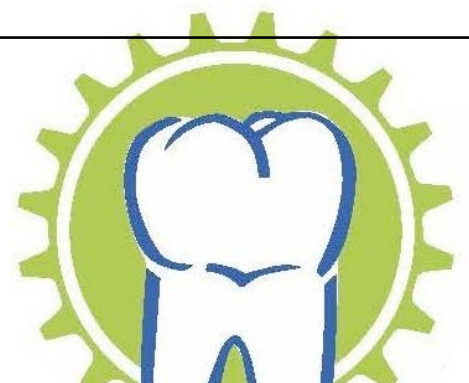
Patients were very satisfied with the 3D printed dentures, except when they had unstable bites resulting in a poor fit, he said.

"Dental schools should get the digital dentures in the curriculum and teach students how to do it," he said.

In the future, digital scanning, such as the systems used in computer-aided design and manufacturing, may facilitate the digital construction of denture bases as well, said Dr Hirayama.

But even those dentists who become comfortable with the technology may not be ready to install 3D printers in their offices because of the expense, he added.

Still, the potential is large, Dentca says. In its press release, Dentca cited an estimate by SmarTech Markets Publishing that dental hardware, materials, and components enabled by 3D printing will constitute a \$2 billion market in 2016, rising to \$3.1 billion by 2020.



PROGRAMMA 2016

5 maart

Voorjaarssymposium

Mindfulness

Björn Prins

3 Square Gent

15 en 16 april

Voorjaarscursus

Grensverleggend Adhesief Restaureren

Prof. Dr. B. Van Meerbeek (KUL)

Prof. Dr. M. Peumans (KUL)

La Réserve Knokke

7 en 8 oktober

Najaarscursus

De uitneembare gebitsprothese

Prof. Dr. Mericske (Bern)

Dhr. M. Bosshart (MZT Zürich)

3 Square Gent

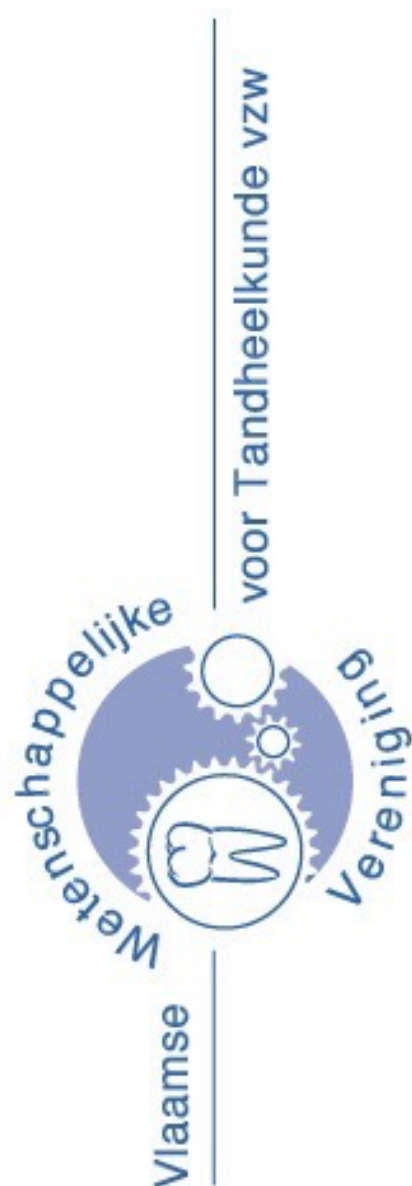
19 november

Najaarssymposium

Druggebruik en tandheelkunde

Prof. G. Dom

Antwerpen



PEER REVIEW

Vergaderingen 2015

West Vlaanderen

Combi sessie 1/2:

donderdag 26 februari om 10.00u

Combi sessie 3/4:

donderdag 12 maart om 10.00u

NIEUWE DATUM!

Combi sessie 5/6:

donderdag 10 december om 10.00u

Coördinator: Kris Lenoir

E-Mail: ict@vwvt.be

Telefoon: 050 71.26.57

Locatie: "Di Coylde" Beernem

Oost-Vlaanderen

Combi sessie 7/8:

donderdag 19 maart om 10.00u

Combi sessie 9/10:

donderdag 24 april om 10.00u

Combi sessie 11/12:

donderdag 22 oktober om 10.00u

Coördinator: Eric Vandenoostende

E-mail: ict@vwvt.be

Telefoon: 09 230.10.93

Locatie: "Patyntje" Gordunakaai, Gent

Vlaams Brabant

Combi sessie 13/14:

dinsdag 15 september om 16.00u

Coördinator: Marc Quisthoudt

E-Mail: ict@vwvt.be

Telefoon: 02 377.55.84 of 02 520.52.79

Locatie: Bistro "Ouddorp" Huizingen

Antwerpen

Combi sessie 15/16:

donderdag 5 maart om 10:30u

Coördinator: Kinga Kakol

Telefoon: 0476 949459 of 03 219.25.31

Combi sessie 17/18:

vrijdag 9 oktober om 10u30

Coördinator: Luc De Maesschalck

E-mail: ict@vwvt.be

Telefoon: 051 30.40.17

Locatie: Royal Beerschot Tennis & Hockey club, Antwerpen

Limburg

Combi sessie 19/20:

vrijdag 24 april om 10:30u

Coördinator: Luc De Maesschalck

E-mail: ict@vwvt.be

Telefoon: 051 30.40.17

Locatie: Het Koetshuis, Bokrijk

OPROEP

Om onze administratie zoveel mogelijk te beperken vragen we om inschrijvingen voor ICT (peer-review), symposia of cursussen via de website te doen. Gewoon inloggen met je inlognaam en wachtwoord. Het is ook belangrijk dat ieder de correctheid van het RIZIV-nummer nakijkt. Nog steeds komen bij opladen van aanwezigheden foutieve nummers boven.

Wij vragen ook de einddatum voor inschrijving te respecteren. Het bijwerken van databestanden voor de accreditering met de handtekeningen dient vlot te verlopen. Het eigenhandig bijschrijven van de naam met handtekening is administratief niet correct te verwerken.