Contents

Welcome from the Federal President ........3
Welcome from the President and
Treasurer ANZSPD Qld....................4
General Information .......................5
Social Events ................................8
Venue Map ..................................9
Exhibition list & profiles ..................10
Invited speakers .........................13

Program

Thursday 15 February ..............18
Friday 16 February .................19
Saturday 17 February ............20
Sunday 18 February .............21
Friday Abstracts ......................23
Saturday Abstracts ..............27
Sunday Abstracts ...............30
Colgate ANZSPD
Research Award Recipients ....33

Thank you to our Sponsors
and Exhibitors

Principal Sponsor

Exhibitors

ANZSPD2018 Congress
Secretariat

Conference secretariat
ICMS Australasia
PO Box 3599
Brisbane Qld 4101

Ph: +61 (0) 7 3255 1002
Fax: +61 (0) 7 3255 1004

Email: info@anzspd2018.com.au
Welcome from the Federal President

About twenty-six years ago I attended my first ANZSPD Biennial meeting as a first year post graduate student in paediatric dentistry. Attending the Congress were a handful of specialists, because that’s all there was a quarter of a century ago. There were a handful of post grad students eagerly soaking up, but critically analysing each word spoken, because that’s what we were taught to do. However, just as it is today, the body and soul of both the Society and the meeting was the large number of general dental practitioners, dental therapists and hygienists from the School Dental Services through to private practice, with everyone present for two common goals: the participation in the advancement of the oral health care of our children, and, I think equally, to catch up with new and old friends whilst soaking up the collegiate atmosphere.

In 2018, we are privileged to be attending the Australian and New Zealand Society of Paediatric Dentistry’s 19th Biennial Congress here in Sea World Resort on the Queensland Gold Coast. Our Society has changed significantly over the years. It has increased in membership size and the membership mix has also changed, but the quintessence of the Society remains rock solid. We are all here to enjoy and further our knowledge so we can continue to offer our little patients the very best of contemporary oral health care. Of equal importance, and I believe something very unique to our Society, is the opportunity to again be together with friends and to catch up on each other’s lives, families, and endeavours. The Australian and New Zealand Society of Paediatric Dentistry in 2018 remains a Society of Friends with a common objective.

Steve, Greg, and their committee have prepared an excellent and wide-ranging academic program with the most eminent of speakers in their chosen fields. I congratulate the Queensland branch of ANZSPD on their hard work in putting this meeting together. It truly is an honour that I now welcome everyone to the 19th Biennial Congress for science, for practice, for friendship, and maybe a seal or two.

Timothy Johnston
Federal President
Australian and New Zealand Society of Paediatric Dentistry (Inc.)
Welcome from the President and Treasurer ANZSPD Qld
On behalf of the Queensland Branch of ANZSPD, we are very proud to host the 2018 Biennial Conference and welcome all of our interstate and international guests to Queensland. We are confident that you will enjoy the special venue, which promises a great environment for our conference blended with exciting surrounds for you and your family, hence the theme “Fissures and Seals”.

A stimulating programme has been put together, addressing many challenges faced in modern paediatric dentistry. The invited keynote speaker is Professor Nicola Innes, a name which would be well known to our attendees. Her presentation will focus on minimally invasive dentistry for children, but will also incorporate other topics. We are very excited to have her with us. Numerous other expert speakers including Professor Ian Meyers, Dr Desmond Ong, Dr Hannah Burns, Dr Bill Kahler, Dr Mike Foley, Dr Julie Chichero and Dr Kathryn Elsworthy will complement Professor Innes’ lecture programme. These speakers are of very high calibre and will present on many diverse contemporary topics.

The social programme will give us all the opportunity to relax and enjoy catching up with colleagues and making new acquaintances. The activities are very special, with a chance to meet the dolphins and experience the renowned hospitality of Sea World.

We would like to take this opportunity to thank all who assisted us in organising the conference, and we are confident the support and enthusiasm will continue through the year for our dinner meetings.

So, let’s get ready for a fantastic four days!

Drs Steve Kazoullis and Greg Ooi
General Information

Venue
Sea World Resort & Conference Centre
Sea World Drive, Main Beach QLD 4217
Tel: +61 7 5591 0000

Registration Desk
The ANZSPD2018 registration desk will be located on the Veranda of the Sea World Conference Centre. The registration desk will be open at the following times:

- Thursday 15 February 1600 - 1800
- Friday 16 February 0700 - 1700
- Saturday 17 February 0700 - 1700
- Sunday 18 February 0700 - 1330

Wi-Fi
Complimentary Wi-Fi is available in the Sea World Conference Centre for ANZSPD2018 delegates. Please see signage around the venue for the Wi-Fi details. Free Wi-Fi is included throughout Sea world Resort for Guests staying in house.

Presentation upload/Speakers prep
Presenters will be able to load their presentation slides with an AV technician in the presentation room. It is suggested that you do this prior to your presentation to ensure all is working correctly.

ATMS
An ATM is located in the reception area of the Resort.

Parking
Self-parking is available at the Sea World Resort & Conference Centre and is free of charge.

Emergency
In an emergency telephone 000 for Ambulance, Fire Service or Police.

Lost and Found
Any found item may be turned into the registration desk located on the veranda. Enquiries about lost items can be directed to the registration desk also.

Name Badges
For security purposes, delegates, speakers, sponsors and exhibitors are asked to wear their name badges to the sessions. Entrance into sessions is restricted for registered delegates only. If you misplace your name badge, please go to the registration desk to arrange a replacement.

Mobile Phones
Delegates are asked to switch off their mobile phones or set them to silent when attending sessions.

Taxis
Taxis can be ordered through the Concierge desk in the reception area of the Resort.

Shopping
The closest shopping facilities are located at Marina Mirage. A range of shopping, dining and fashion stores are available in this centre. The Centre is located 1.6km away towards Main Beach. It is a leisurely 20 minute walk or short taxi ride. Australia Fair Shopping Centre is located 4.7km away and is a larger shopping centre including cinemas.
General Information

Catering
Morning tea, lunch and afternoon tea will be available in the Exhibition area located in SWRCC 3. Please refer to the program for the catering times.

Dietary requirements
If you have advised the Congress secretariat of any special dietary requirements, please speak to a member of the catering staff during the catering breaks. Catering staff will have a list of those with special dietary requirements.

Disclaimer
The Congress Committee reserves the right to make changes to the Congress program at any time without notice. Please note that this program is correct at the time of printing.

Duplication/Recording
Unauthorised flash photography, audio taping, video recording, digital taping or any other form of duplication is prohibited during the Congress sessions.

Exhibition
The Congress Exhibition is located in SWRCC 3 located off the veranda. The exhibition will be open at the following times;

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thursday 15 February</td>
<td>1600 - 1800</td>
</tr>
<tr>
<td>Friday 16 February</td>
<td>0700 - 1700</td>
</tr>
<tr>
<td>Saturday 17 February</td>
<td>0700 - 1700</td>
</tr>
<tr>
<td>Sunday 18 February</td>
<td>0700 - 1230</td>
</tr>
</tbody>
</table>

Smoking
Smoking is not permitted in the Conference Centre.

Membership
You can obtain further information on the Australian and New Zealand Society of Paediatric Dentistry (ANZSPD), membership and membership application forms from the ANZSPD website http://www.anzspd.org.au

CPD
A Certificate of Attendance will be issued after the Congress via email.

Resort Amenities
SeaWorld Resort includes a variety of amenities and experiences for guests staying in house.

Massage & Beauty Salon
The Salon is located in the Bay Wing, next door to the Sauna, Gym and Kids club and offers a range of massage and beauty treatments.

Gymnasium
A fully equipped Gym is located in the Bay wing, next door to the Salon.

Restaurants
Shoreline restaurant is open for breakfast from 6.30am – 9.30am daily and open for dinner from 5.30pm – 9.00pm daily. Hatsuhana is open from Wednesday through Sunday 6.00pm – 9.00pm. The lobby lounge is open daily from 10.00am until late. Waterfall café is open daily from 11.00am – 5.00pm (depending on weather).
**Dolphin Discovery Presentation**
Sea World Resort’s exclusive Dolphin Discovery Presentation is free when you stay two nights or more and is a wonderful experience the kids will never forget. For bookings please see the Reception desk.

**SpongeBob SplashBash Light Show**
Every evening at Sea World Resort, you can take part in our very own LED light show at the SpongeBob SplashBash. The kids can dance and sing along to their favourite SpongeBob songs under the musical water fountain. Every night from 8PM.

**Meet a Character**
Kids are lining up to meet their favourite Nickelodeon characters at Sea World Resort. Exclusive and free for Sea World Resort guests, the appearances happen every morning from 9am where SpongeBob SquarePants and Patrick Star or Dora the Explorer greet guests at The Gazebo (Garden area outside The Lobby) providing plenty of photo opportunities and excitement!
Welcome Reception
Date: Thursday 15 February 2018
Time: 1900 - 2100
Venue: Dolphin stadium, Sea World
Cost: Included with full registration.
      Additional tickets can be purchased for $90 per ticket.
Dress Code: Festive/Casual

1845 departure time for 1900 sharp start.
Please meet in the main resort reception foyer by no later than 1845 to be escorted to the Stadium and seated for the show by 1900.

Congress Gala Dinner
Date: Saturday 17 February 2018
Time: 1900 - 2300
Venue: The Plaza, Sea World
Cost: Included with full registration.
      Additional tickets can be purchased for $150 per ticket.
Dress Code: Black tie optional (cocktail for ladies)
Adult only event

1845 departure time for 1900 pre-dinner drinks.
Please meet in the main resort reception foyer by no later than 1845pm to be escorted to Shark Bay for pre-dinner drinks at 1900.
Exhibition Map & List

Company Name ......................... Booth No.
Colgate Oral Care....................... 9 and 10
Henry Schein Halas...................... 3
Hu-Friedy Mfg. Co., LLC............... 8
NSK Oceania ............................ 7
Team Medical Supplies............... 4
Colgate Oral Care

**Principal Sponsor**

**Booth Number 9 and 10**  
Contact: Jenny Morgan  
Phone: +61 2 9229 5600  
Email: jenny_morgan@colpal.com  
Web: www.colgateprofessional.com.au

Colgate-Palmolive is a global company dedicated to oral health. Colgate works alongside the dental profession, international experts and universities to deliver the most up to date scientific research and innovative products to meet the evolving needs of dental professionals and their patients. Colgate actively engages with key professional groups to educate dental professionals and allied health professionals to raise oral health awareness and the importance oral health has on general health and wellbeing.

Henry Schein Halas

**Booth Number 3**  
Email: info@henryschein.com.au  
Web: www.henryschein.com.au

Henry Schein Halas provide Australian Dental Professionals with many of the best dental products the market has to offer. You Can Rely On Us.

Hu-Friedy Mfg. Co., LLC

**Booth Number 8**  
Contact: Amanda Tomlin  
Phone: +61 401353295  
Email: atomlin@hu-friedy.com  
Web: www.hu-friedy.com

Hu-Friedy, “Improving lives through better dentistry—smile after smile”

Founded in 1908, Hu-Friedy has become a world leader in dental instrument manufacturing. We are focused on delivering the highest quality product, service, and community experience in the dental industry to help dental professionals perform at their best.

NSK Oceania

**Booth Number 7**  
Contact: Lofi Taumalolo  
Phone: 02 8306 3000  
Email: lofi@nskoceania.com.au  
Web: www.nskoceania.com.au

Since its establishment in the 1930’s NSK has drawn on its high speed rotational know how to continuously innovate its growing range of dental equipment.
Team Medical Supplies

Booth Number 4
Contact: Angus Simpson
Phone: 1300 22 44 50
Email: info@teammed.com.au

Team Medical Supplies is the exclusive agent for Throat Scope. An illuminated tongue depressor and oral examination light.
Nicola P T Innes

Nicola Innes is Professor of Paediatric Dentistry at Dundee Dental School and Chair of Department. Nicola initially qualified as a Registered General Nurse, completed a BSc in Life Sciences and BMSc in Molecular and Cellular Pathology. Following graduation as a Dentist from the University of Dundee, she spent seven years as a General Dental Practitioner in Scotland before returning the Dundee as a Clinical Lecturer where she now leads teaching and research in Child Dental and Oral Health. Nicola’s PhD was based on a randomised control trial set in general dental practices in Scotland investigating the Hall Technique as a novel method of managing dental caries in primary molar teeth. She sits on several national guidance development groups for managing dental caries in children and her research interests are around improving children’s oral health care and addressing inequalities in their dental care. Nicola has authored over 50 research papers, runs two UK-wide clinical trials and participates in US, Germany, Australia, Brazil, Lithuania and New Zealand based trials.

Dr Mark Robertson

Mark Robertson is the Senior Clinical Researcher on the NIHR HTA FiCTION Trial at Dundee Dental Hospital & School. Mark completed his undergraduate dental training at the University of Dundee in 2012. Subsequently, he completed his one year Vocational Training post in Scotland before assuming a further year of training in Dumfries & Galloway. This was split between Oral & Maxillofacial Surgery and Public Dental Services; the latter providing care for Paediatric patients and those with significant physical and/or learning disabilities. In late 2014, Mark obtained the Membership of the Faculty of Dental Surgeons from the Royal College of Surgeons of Edinburgh before working as a senior trainee in Oral & Maxillofacial Surgery. Mark is currently based in Dundee, Scotland, as the Senior Clinical Researcher on a UK-wide randomised control trial. He also provides clinical care to paediatric patients and is involved in the teaching and clinical supervision of dental undergraduates. His MSc is based on the management of dental caries in children with learning disabilities using the Hall Technique.
Invited Speakers

Dr Desmond Ong
BDSc (Hons), MDSc (Ortho), MOrthRCS (Ed), MRACDS (Ortho)

Desmond Ong is currently a Clinical Academic in the Discipline of Orthodontics at the University of Queensland School of Dentistry, where he is involved in both the Undergraduate and Postgraduate Orthodontic Programs. Desmond is also in full-time specialist orthodontic private practice in Townsville. Desmond received the Raj Prasad Award from the Australian Society of Orthodontists (SA) in 2016 and is a past winner of the Young Lecturer Award from the Royal Australasian College of Dental Surgeons.

Dr Bill Kahler

Bill maintains a full time specialist private practice restricted to Endodontics in Brisbane and Toowoomba. He works in a dedicated trauma clinic at Metro South for Queensland Health. In addition, Bill holds an honorary Associate Professor title at the University of Queensland. He graduated DClinDent (Endo) from the University of Adelaide and has a PhD from the University of Sydney as well as numerous Fellowships. Bill has published more than 50 papers in international dental, material science and engineering journals. Bill is a contributing author for book chapters on endodontic outcomes, dental trauma, and clinical regenerative endodontics including the Textbook and Color Atlas of Traumatic Injuries to the Teeth. Bill is an invited member of the ‘Regenerative endodontic translational research group’ at New York University. He has lectured extensively nationally and internationally and has research collaborations in all six continents. Bill also volunteers in remote aboriginal clinics as a general dentist.
Dr Julie Cichero

Dr Julie Cichero is a speech pathologist internationally recognized for her work in the field of feeding and swallowing disorders. For 26 years Julie has worked clinically and conducted research into dysphagia from infancy to old age in a range of public and private health settings. Julie is an Adjunct Professor with the School of Clinical Sciences (QUT), an Honorary Senior Fellow with the School of Pharmacy (UQ), and an affiliate with the Schools of Chemical Engineering and Food Technology at UQ. She provides specialist lectures for the University of Gothenburg, Sweden. Julie is an invited international speaker to speech pathology, dietetic, medical, nursing and pharmacy conferences. She is a reviewer for 26 international journals in diverse fields such as medicine, nursing, speech pathology, allied health, chemical engineering, acoustics, nutrition and food technology. She has published more than 48 journal articles and co-authored four books. Julie is co-chair for the International Dysphagia Diet Standardisation Initiative (www.iddsi.org).

Dr Hannah Burns

Dr Hannah Burns completed a BSc at Victoria University in Wellington, New Zealand before moving to Brisbane to study medicine. She graduated from the University of Queensland, and completed her internship and residency at the Royal Brisbane Hospital. She undertook advanced specialty training in otolaryngology and gained her fellowship from the Royal Australasian College of Surgeons in 2008. The following year she spent 18 months at Evelina Children’s Hospital in London sub-specialising in paediatric ENT, with a special interest in airway disorders. Following her return to Brisbane she held appointments at both the Mater and Royal Children’s Hospitals. She is now a visiting medical officer at the newly opened Lady Cilento Children’s Hospital (LCCH) in Brisbane and runs her own private practice. Dr Burns is a senior lecturer with the University of Queensland. Working as part of a team, both at the LCCH and also within the Otolaryngology community at large, Dr Burns is involved in a wide range of projects.
Invited Speakers

Dr Kathryn Elsworthy
Kathryn Elsworthy (previously Plonka) is an Oral Health Therapist. She spent 10 years working for public services in Metro South where she was awarded a 5 year Health and Medical Research Fellowship. She completed her PhD in paediatric caries prevention from The University of Queensland in 2013. She is currently working as a researcher at The University of Queensland on the One Step Trial.

Dr Raahib Dudhia
Dr Raahib Dudhia completed post-graduate training in Dento-maxillofacial Radiology at The University of Queensland after working in private dental practice for three years. The dental practice Raahib worked at installed one of the first Cone Beam scanners in Queensland, allowing him privileged access to this exciting technology from the very early days. Raahib has observed the development and maturation of Cone Beam technology with interest, and sees many significant benefits for dental practitioners and their patients through embracing 3D imaging. He has extensive experience in private radiology practice reporting Cone Beam Scans, CT Dentascans and MRI scans of the TMJs, in addition to OPGs and other dental and facial bones x-rays. Raahib has lectured at all Queensland Dental Schools and has been involved in research into airway morphology and growth. He regularly presents lectures throughout Australia and also presents internationally.

Professor Ian Meyers OAM
Professor Ian Meyers is a general dental practitioner and honorary professor at The University of Queensland School of Dentistry. Over the last thirty five years he has been involved in dental research, clinical dentistry, private practice, university and hospital based dental clinics. He is fellow of the International College of Dentists, Academy of Dentistry International, the Pierre Fauchard Academy, and the Royal Australasian College of Dental Surgeons. Among his previous positions are the inaugural Colgate Chair of Dental General Practice Dentistry, Chief Dental Officer for Queensland Health, and President of the Queensland Branch of the Australian Dental Association.
In January 2017 he commenced in the role of Chief Executive Officer of the Australian Dental Association (Queensland). Throughout his career as an academic, and as a clinical general dental practitioner, Ian Meyers has developed extensive experience in comprehensive patient care, diagnosis and management of worn and broken down dentition, geriatric and aged care dentistry, adhesive restorative dentistry and dental materials, and the management of patients through minimum intervention dentistry.

**Dr Mike Foley**

Michael graduated from the University of Queensland in 1982. He is currently the Director of Research and Advocacy for Metro North Oral Health Services after spending six years as Director of Brisbane Dental Hospital. Michael holds Masters degrees in Public Health and Epidemiology, and is currently studying for a PhD in dental public health through the University of Adelaide. He was ADAQ President in 2005 and has been involved in water fluoridation advocacy for many years.
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1600 – 1800</td>
<td>ANZSPD2018 Registration open, <strong>Veranda, Conference Centre</strong></td>
</tr>
<tr>
<td>1900 – 2100</td>
<td>Welcome Reception with the Dolphins, <strong>Dolphin Plaza, Sea World</strong></td>
</tr>
</tbody>
</table>

**1845 departure time for 1900 sharp start.** – Please meet in the main resort reception foyer by no later than 1845 to be escorted to the Stadium and seated for the show by 1900.
# Friday 16 February 2018

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>0700 – 1700</td>
<td>Registration desk open, <em>Veranda, Conference Centre</em></td>
</tr>
<tr>
<td>0800 – 0900</td>
<td><strong>Opening Session including Welcome to Country</strong></td>
</tr>
<tr>
<td>0900 – 1015</td>
<td>Plenary Lecture&lt;br&gt;<strong>Professor Nicola Innes &amp; Dr Mark Robertson</strong>&lt;br&gt;“Minimally invasive children’s dentistry with maximum success!” - Recognition of the Problem &amp; Behaviour Change</td>
</tr>
<tr>
<td>1015 – 1045</td>
<td>Morning Tea</td>
</tr>
<tr>
<td>1045 – 1200</td>
<td><strong>Dr Desmond Ong</strong>&lt;br&gt;Space maintenance and space management in the mixed dentition</td>
</tr>
<tr>
<td>1200 – 1300</td>
<td>Lunch</td>
</tr>
<tr>
<td>1300 – 1415</td>
<td><strong>Dr Bill Kahler</strong>&lt;br&gt;Efficacy of treatment approaches for immature permanent teeth with pulp necrosis</td>
</tr>
<tr>
<td>1415 – 1445</td>
<td>Afternoon Tea</td>
</tr>
<tr>
<td>1445 – 1600</td>
<td><strong>Dr Julie Cichero</strong>&lt;br&gt;Dysphagia, frena, oromotor function and lexical status</td>
</tr>
<tr>
<td>1600 – 1715</td>
<td><strong>Dr Hannah Burns</strong>&lt;br&gt;Pediatric airway – evidence, controversies and the unknown</td>
</tr>
<tr>
<td>1715 – 1815</td>
<td>Federal ANZSPD AGM</td>
</tr>
</tbody>
</table>
# Saturday 17 February 2018

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>0700 – 1700</td>
<td>Registration desk open, <em>Veranda, Conference Centre</em></td>
</tr>
<tr>
<td>0800 – 0915</td>
<td>Plenary Lecture <strong>Professor Nicola Innes &amp; Dr Mark Robertson</strong></td>
</tr>
<tr>
<td></td>
<td>&quot;Minimally invasive children’s dentistry with maximum success!&quot; - Cariology in the 21st century</td>
</tr>
<tr>
<td>0915 – 0945</td>
<td>Dr Kathryn Elsworth</td>
</tr>
<tr>
<td></td>
<td>Update on the SE Qld ECC project</td>
</tr>
<tr>
<td>0945 – 1045</td>
<td>Dr Raahib Dudhia</td>
</tr>
<tr>
<td></td>
<td>Low exposure 3D dental imaging vs traditional 2D imaging</td>
</tr>
<tr>
<td>1045 – 1115</td>
<td>Morning Tea</td>
</tr>
<tr>
<td>1115 – 1215</td>
<td>Dr Bill Kahler</td>
</tr>
<tr>
<td></td>
<td>Update on splinting following dental trauma</td>
</tr>
<tr>
<td>1215 – 1315</td>
<td>Lunch</td>
</tr>
<tr>
<td>1315 – 1430</td>
<td>Professor Ian Meyers</td>
</tr>
<tr>
<td></td>
<td>Tooth replacement with adhesive bridges</td>
</tr>
<tr>
<td>1430 – 1500</td>
<td>Afternoon Tea</td>
</tr>
<tr>
<td>1500 – 1730</td>
<td>Postgrad research presentations</td>
</tr>
<tr>
<td>1730 – 1815</td>
<td>AAPD AGM</td>
</tr>
<tr>
<td>1900 – 2300</td>
<td><strong>ANZSPD Gala Dinner in the Plaza, <em>The Plaza, Sea World</em></strong></td>
</tr>
<tr>
<td></td>
<td>1845 departure time for 1900 pre-dinner drinks. – Please meet in the main resort reception foyer by no later than 1845 to be escorted to Shark Bay for pre-dinner drinks at 1900.</td>
</tr>
</tbody>
</table>
## Sunday 18 February 2018

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>0700 – 1230</td>
<td>Registration desk open, <strong>Veranda, Conference Centre</strong></td>
</tr>
<tr>
<td>0900 – 1030</td>
<td>Plenary Lecture&lt;br&gt;<strong>Professor Nicola Innes &amp; Dr Mark Robertson</strong>&lt;br&gt;“Minimally invasive children’s dentistry with maximum success!” – Repair of Carious Lesions for Children</td>
</tr>
<tr>
<td>1030 – 1100</td>
<td><strong>Morning tea</strong></td>
</tr>
<tr>
<td>1100 – 1200</td>
<td><strong>Dr Desmond Ong</strong>&lt;br&gt;Autotransplantation: Appropriate dental recycling</td>
</tr>
<tr>
<td>1200 – 1300</td>
<td><strong>Dr Michael Foley</strong>&lt;br&gt;Fluoridation: A watered-down account</td>
</tr>
<tr>
<td>1300 – 1345</td>
<td><strong>Closing Ceremony</strong></td>
</tr>
</tbody>
</table>

---

**SUNDAY FUN-DAY!**

On Sunday 19 February we would love for you to don your brightest and happiest Hawaiian shirt to bring colour and cheer to the last day of ANZSPD2018!
IT'S CLINICAL EVIDENCE THAT SETS OUR VARNISH APART

Duraphat®. Proven Caries Protection

Colgate®
YOUR PARTNER IN ORAL HEALTH

www.colgateprofessional.com.au
Friday 16 February
0900 – 1015 | Plenary Lecture

“Minimally invasive children’s dentistry with maximum success!” - Recognition of the Problem & Behaviour Change

Professor Nicola Innes & Dr Mark Robertson

Children’s dentistry should be fun! Children have the same rights to general and oral health as adults yet managing dental caries can be challenging and often result in unsatisfactory outcomes for the child, the parent or the practitioner. This is because providing dentistry for children is not simply providing adult dentistry on smaller people. It can be challenging and it can be difficult to engage families in the process of changing behaviour to prevent further disease. Child Friendly Minimally Invasive Dentistry provides a framework to deliver high quality dental care for children, involving a change in focus from restorative to preventive/long-term care. Its core principles, adapted from minimal intervention dentistry, can be summarised as: Recognition (of disease contributory factors); Re-orientation (of contributory lifestyle factors); Remineralisation (of all lesions – visible and not visible, cavitated and non-cavitated); Repair (where no other solution is possible) and Review (of the child, their oral health and their life environment). A thorough assessment of the child’s individual situation is essential to support effective delivery of caries preventive interventions including, tooth brushing and controlling the frequency of dietary sugars, as well as ensure the success of restorative clinical care. Successful prevention for younger children almost totally depends on the parent/carer and, therefore, the ability of the OHC team to encourage long term behaviour change in the parent/carer as well as the child. There are several successful behaviour change strategies and other methods for integrating the keys to prevention into practice.
Space Maintenance and space management in the mixed dentition
Dr Desmond Ong

The best space maintainer is undoubtedly a patient’s natural primary tooth. When used appropriately, space maintenance appliances can prevent or reduce the severity of a developing malocclusion. There are many factors that may influence the clinician’s decision whether or not to provide a space maintainer appliance. Space management may involve regaining space that was previously lost or considering the utilisation of leeway space for future crowding resolution. Any form of interceptive orthodontic treatment must be carefully evaluated from the cost-benefit perspective. This presentation will outline the important patient-related factors to consider for mixed dentition patients with space issues and aims to provide a balanced overview of the potential benefits and limitations.

Efficacy of treatment approaches for immature permanent teeth with pulp necrosis
Dr Bill Kahler

Regenerative endodontic treatment of immature teeth is now advocated as first treatment choice for immature teeth with pulp necrosis. Traditionally, calcium hydroxide apexification and more recently MTA apical barrier techniques are alternative approaches. A disadvantage of these approaches is no further root development and a belief that calcium hydroxide may weaken teeth. The veracity of that claim will be examined. Clinical outcomes regarding resolution of signs and symptoms of infection are similar for all approaches. Immature teeth with pulp necrosis treated with REPs generally show further root maturation although the results are variable. Furthermore, patient-based criteria such as tooth discoloration, indications for changing the treatment option, and number of treatment appointments are all important parameters for discussion before electing the appropriate treatment plan for the management of immature teeth with pulp necrosis. Recommendations for which treatment approach are dependent on aesthetic requirements and stage of root development.
Infant oral feeding is critical to the development of intraoral structures used during feeding and speech development and has been likened to running a marathon in terms of its aerobic and exercise load. In acknowledging the many benefits of breastfeeding, factors that may affect feeding success have received attention. The potential impact of lingual, labial and buccal ties on both feeding skills and speech development has been highlighted in academic literature and social forums. This session will present information on normal infant feeding suckle-swallow patterns and how they change with maturity. Explanation of terms such as ‘tongue thrust swallow, reverse swallow and suckle-swallow’ will be addressed. The normal physiological stages of transition from milk feeds to solids, including development of chewing will be presented. The importance of exposing children to different food textures and their impact on chewing development will be highlighted. It is also important that normal infant feeding patterns are differentiated from dysphagia (difficulty with feeding and swallowing). The types of infant populations affected by dysphagia and their typical presentation will be provided. The results of systematic reviews regarding the impact of oral ties on feeding and speech development will be shared. This session will include ways to identify the functional impact of oral ties on feeding, speech and oral cleaning ability. Criteria to assist decision making to determine the need for tie release will be provided, including involvement of the inter-disciplinary team.

Sleep disordered breathing (SDB) is a spectrum of disease from simple snoring through to severe obstructive sleep apnoea. Although ten percent of children snore and three percent have obstructive sleep apnoea, less than a quarter of these seek treatment. Many parents are unaware that snoring is not normal and that waiting for their child to outgrow it may cause long-term and potentially irreversible complications. Luckily
paediatric SDB is easier to treat than its adult counterpart. In the majority of cases adenotonsillar hypertrophy and rhinitis are the underlying pathogenesis. Dentists have an opportunity to recognise the signs and symptoms of SDB and in doing so raise the awareness with the families they treat. Craniofacial development may be influenced by nasal obstruction. Contemporary management of nasal obstruction includes both medical and surgical approaches. In some cases orthodontic methods may be complimentary to those offered by otolaryngologists. High quality research exploring the interrelationships between orthodontic, maxillofacial, myofunctional and otolaryngological components of SDB is sparse. Likewise bruxism and tongue tie management suffers from a similar paucity of evidence.
“Minimally invasive children’s dentistry with maximum success!” - Cariology in the 21st century

Professor Nicola Innes & Dr Mark Robertson

Managing caries in the primary dentition can be challenging. Previous ideas about managing dental caries treated it as an infectious disease where all affected tissue had to be removed. Carious lesion occur when the rate of demineralisation is greater than that of remineralisation. Our two main tools for re-establishing this balance are encouraging best tooth brushing practice with an appropriately fluoridated paste, and reducing the frequency of dietary sugar intake each day. Topical application of fluorides by the OHC team also help. If a carious lesion has occurred, then the balance can still be tipped in favour of remineralisation to stop progress of the lesion, and also by managing the cariogenic plaque biofilm; either topically, or by sealing-in. While the enamel surface layer remains intact, remineralisation is possible without the need for restorative intervention, even if the lesion extends into dentine. Biological approaches to managing carious lesions allow us to avoid the traditional surgical approach yet deliver a high standard of care with good long-term results and using methods that children find easier to cope with. Different sealing methods for carious primary and permanent teeth include: fissure sealants over non-cavitated lesions; selective caries removal for cavitated dentinal lesions in primary teeth; stepwise caries removal for permanent teeth; and the Hall Technique for primary molars. Non-restorative cavity control has also been used but has limitations. There are pros and cons for each of these techniques that can help the clinician to decide which should be used when.

Update on the SE Qld ECC project

Dr Kathryn Elsworthy

This lecture will present findings of the 7-year birth cohort study in Queensland comparing caries development in children given different types of preventive intervention. Highlights of the discussion include the impact of the findings on prevention of early childhood caries and service delivery in Metro South Oral Health.
Low exposure 3D dental imaging vs traditional 2D imaging

Dr Raahib Dudhia

Radiographic assessment of paediatric patients is not without its challenges. Ideally, imaging needs to be fast and comfortable for the patient, to minimize movement artefact and ensure the best image quality can be achieved. It is important to select the lowest radiation exposure that will still provide the diagnostic information required. OPGs are always thought of as being the best option, but many modern Cone Beam CT scanners offer low exposure CBCT scans that are preferred in many instances. This lecture will discuss low dose CBCT options for paediatric patients, helping practitioners determine which of their patients will benefit from the extra diagnostic information offered by Cone Beam CT.

Update on splinting following dental trauma

Dr Bill Kahler

With advances in the understanding of healing processes of the periodontium, pulp and alveolar bone following various injuries, the role of splinting has become relatively well defined. This is generally reflected in the guidelines for trauma management published by the International Association of Dental Traumatology. While the widespread use of composite resin as an adhesive in various functional/flexible splinting systems has over many years allowed ease of application, removal of the material is not only time consuming but more seriously is accompanied by minor or major iatrogenic damage to enamel. Dental materials science has continued to provide new materials and amongst them the development of resin activated glass ionomer cement suitable for orthodontic bracket cementation has allowed the development of an alternative simplified splinting regimen for traumatised teeth which offers ease of application and removal with minimal or no iatrogenic damage to enamel.
Tooth replacement with adhesive bridges

Professor Ian Meyers

Premature loss of teeth in children, both deciduous and permanent, may lead to both functional and aesthetic problems if the teeth are not replaced. Missing teeth in the anterior and posterior regions may result in adjacent tooth migration, alterations in occlusion and mastication, alveolar bone loss and potential changes in speech. Due to dynamic nature of growth in children and adolescents, any restorative replacements must not hinder the development of orofacial system, and must meet adequate aesthetic and functional standards.

This presentation will discuss the use of fibre-reinforced composite resin bridges to provide a minimally invasive, predictable and cost effective approach for the management of missing teeth in the child and adolescent patient. A number of topics will be discussed including;

- Replacing lost deciduous teeth for aesthetics, for space maintenance, and for function.
- Replacing lost or missing permanent teeth, following trauma, for congenitally missing teeth, for closing spaces following orthodontics.
- Interim tooth replacement strategies prior to more permanent solutions.
- Interdisciplinary consultation and planning.
- Review, maintenance and monitoring of restorations

A number of clinical cases will be presented to highlight the techniques that can be implemented and the outcomes that can be achieved.
**“Minimally invasive children’s dentistry with maximum success!” – Repair of Carious Lesions for Children**

Professor Nicola Innes & Dr Mark Robertson

There are a number of different methods for repairing teeth with cavitated, dentinal carious lesions. These methods are all touched in the talk on Cariology in the 21st Century. This talk will focus on the Hall Technique as a simple method for using preformed metal (also known as stainless steel) crowns to manage carious primary molar teeth, by seating a correctly sized crown over the tooth and sealing the carious lesion in, using a glass ionomer luting cement. Local anaesthesia is not required, tooth preparation is not carried out, and no carious tissue is removed. The technique is highly effective and with success rates of over 90% at 2 years is a cost-effective solution to established decay. There is a strong, and growing, evidence from randomised control trials and observational studies that support the Hall Technique. It is now being widely used across the Europe, Australia and the US to manage dental caries in primary teeth. There are a number of online resources available to support those who wish to learn more about the Hall Technique and use it within their own clinical practice. Diagnosis and an awareness of the indications and contra-indications are also important to support case selection and an understanding of the steps in the process as well as how to explain it to children and parents helps ensure optimal delivery of treatment.

**Autotransplantation: Appropriate dental recycling**

Dr Desmond Ong

Autotransplantation of teeth in growing patients has the potential to provide significant advantages from the cost-benefit perspective, provided that the relatively strict selection criteria are met and a skilled surgeon is available. This treatment option does warrant serious consideration where the long-term prognosis of a tooth is questionable, where suitable donor teeth at the ideal stage of root development are present and where restorative implant placement is not possible due to expected future facial growth and dentoalveolar change.
Tooth autotransplantation is not a new concept. It is hoped that through greater clinician awareness and future technological advancement, autotransplantation will become a very reasonable and viable treatment option for appropriately selected adolescent patients.

Sunday 18 February
1200 - 1300 SWRCC 1 & 2

Fluoridation: A watered-down account
Dr Michael Foley

Water fluoridation has been practised around the world since 1945. In 1999, the US-based Centers for Disease Control described it as one of the top ten public health achievements of the 20th century because of its role in reducing dental caries in populations. Water fluoridation continues to be endorsed by the World Health Organisation and every leading medical, dental and scientific authority in Australia. So why the vehement opposition from anti-fluoridation groups? What is their beef, and what are their tactics? In the modern era with toothpastes, topical fluorides and better dental health, is water fluoridation still worth promoting? Or are there better ways to reduce dental caries, particularly by targeting higher risk individuals and families?
NSK ANZ SPDP SPECIAL

AIR TURBINES

S-Max pico
- Stainless Steel Body
- Cellular Glass Optics
- Ceramic Bearings
- Clean Head System
- Push Button Chuck
- Single Spray

OPTIC ORDER CODE: P1140
All other fittings RRP $1,472.62 Sale $1,104

Power: 9W
- Speed: 380,000-450,000 min⁻¹
- Head Size: φ8.6 x H9.0 mm
  For short shank burs / ultra short shank burs

NSK TiMax Z
- Titanium Body with Scratch Resistant DURAGRIP
- Cellular Glass Optics
- Clean Head System
- Push Button Chuck
- Microfilter

OPTIC ORDER CODE: C1126001
1:1 Direct drive
- Single spray
  For CA burs (φ2.35)
  Miniature Head
  Max speed: 40,000 mm⁻¹

CONTRA-ANGLES

NSK Oceania Pty Ltd  www.nskoceania.com.au
All prices quoted include GST.
Biodentine™: Leachate analysis in artificial saliva with differing pH

LM Bowdin¹, RP Anthonappa¹, NM King¹

¹ Paediatric Oral Health Research Group, UWA Dental School, The University of Western Australia

Objectives: Biodentine™, which is a calcium-silicate based material, produces calcium hydroxide as a byproduct of hydration, however, calcium may also be released following disintegration in solution. Consequently, this study investigated the leachate profile of Biodentine™ in artificial saliva solutions with differing pH.


Samples and Methods: Biodentine™ (Septodont, Saint Maur des Fosses, France) samples were mixed in accordance with the manufacturer’s instructions and condensed into 2ml RNA extraction tubes (9mm internal diameter) open at one end. After setting for 12 minutes, the samples (n=192) were randomly immersed in 15ml eppendorf tubes containing 10ml of artificial saliva at pH of either 4.4 (lactic acid/sodium lactate buffer), 7.4 (HEPES buffer) or 10.4 (glycine/NaOH buffer). Eight samples were removed from each pH solution after 0.5, 1, 3, 12, 24, 72, 168 and 336 hours. The calcium and silicon concentrations in the solutions were assessed using inductively coupled plasma atomic emission spectroscopy (ICP-OES).

Results: All solutions demonstrated increases in calcium ion release over time; The highest mean calcium release was 473mg/L in the acidic pH group. For all time periods the difference in calcium ion release from the acidic and neutral pH groups was significant (p<0.05). Most time periods demonstrated a significant difference in the calcium ion release between the acidic and basic, and the neutral and basic pH groups (p<0.05). Silicon ion concentration was significantly higher in the acidic solution across all time periods, compared to the neutral and basic groups (p<0.05).

Conclusions: Calcium and silicon ion release from Biodentine™ is significantly higher in acidic artificial saliva than in neutral and basic solutions. The higher concentration of silicon in acidic saliva indicates that some of the calcium release may be from cement disintegration, rather than calcium hydroxide precipitation.
Eye-tracking applications in paediatric dentistry

Gregory R. Celine¹, R.P. Anthonappa¹ & N.M. King¹

¹Paediatric Oral Health Research Group, UWA Dental School, University of Western Australia, Perth, Australia

Objectives: This study sought to (i) ascertain the visual search behaviours of clinicians, with varying levels of training, while reading panoramic radiographs, and (ii) assess children’s response to visual stimuli related to dental fear and anxiety.

Design: A screen-based eye-tracking monitor (Tobii X2-60, Tobii Pro, Sweden) was used to identify the fixations, saccades and pupil responses of the participants’ eyes 60 times per second.

Sample and methods: Twenty participants with different levels of training read 6 panoramic radiographs each, which had a range of tooth abnormalities. A series of images taken in the dental surgery were shown to 20 children to assess their responses. Descriptive statistics were used to identify visual search behaviours used by clinicians and to identify children’s responses to visual stimuli.

Results and conclusions: Data from 120 panoramic radiographs and responses from 20 children were available for final analysis. The data obtained objectively demonstrated different visual search behaviours used by participants reading panoramic radiographs, which was consistent with their level of training. Data obtained from children demonstrated that eye-tracking can be used to objectively measure responses to visual stimuli when measuring dental fear and anxiety. Eye-tracking is an objective biometric measuring tool that has several applications in paediatric dentistry research.
Adolescent oral health in New Zealand in 2009
William P Fogarty¹, WM Thomson¹, MG Brosnan¹

¹Sir John Walsh Research Institute, Faculty of Dentistry, University of Otago, New Zealand

Objectives: Adolescence is an important developmental epoch, yet data on adolescent oral health are scarce. The aim of this study was to describe the oral health (and its associations) of New Zealand adolescents.

Design: The current study was a secondary analysis of data from New Zealand’s most recent (cross-sectional) national oral health survey.

Sample and Methods: The New Zealand Ministry of Health conducted a national oral health survey in 2009. Data on adolescent oral health were gathered through interviews and dental examinations. The current study was a secondary analysis of data on the 354 12- to 17-year-old adolescent participants, representing 373,986 adolescents in the population at that time. Several oral health domains were investigated, including dental caries, periodontal disease, dental fluorosis, dental trauma, dental anxiety and oral hygiene. Analyses used survey weights and were conducted using Stata.

Results: The prevalence of dental caries in the 12- to 14-year-old and 15- to 17-year-old age groups was 45% and 66%, respectively. Their respective mean DMFT scores were 1.4 and 2.5. The prevalence of gingivitis was 72%; clinical attachment loss ≥4mm was seen in 11% (gingivitis and periodontal attachment loss were recorded in the 15- to 17-year-old group only). Dental fluorosis was relatively uncommon, with respective prevalence estimates of 17% and 10%, and dental trauma prevalence was 29% and 18%, respectively. Only a few of the 15- to 17-year-olds were dentally anxious, and oral hygiene in the 12- to 14-year-olds was generally fair/good. Various putative risk indicators/markers were identified for each domain.

Conclusions: This study gave an insight into the state of adolescent oral health in New Zealand in 2009, by describing several oral health–related domains, and identifying several putative risk indicators/markers for each domain. More research is needed; however, the findings can be taken as starting points for further investigation.
MTA and pulp therapy choices in the ANZ region

William Nguyen Ha¹, B. Kahler¹, L.J. Walsh¹

¹The University of Queensland School of Dentistry

Objectives: The purpose of this study was to assess the restorative choices for pulpal therapy by members of the Australian and New Zealand Society of Paediatric Dentistry (ANZSPD).

Materials and methods: Members of the ANZSPD were sent an online survey asking about the procedures that they performed and their choice of dental materials.

Results: The respondents were 31 general dentists (GD) and 55 specialist pediatric dentists (PD). Materials used for indirect pulp capping included Ca(OH)2 cement (CHC) GIC/RMGIC, Ca(OH)2 paste (CHP) and Mineral Trioxide Aggregate (MTA). Materials for direct pulp capping included MTA, CHP and CHC. Materials and techniques used for pulpotomies included MTA, ferric sulfate, formocresol and diathermy, CHP and CHC. GD and PD were similar in their choice of materials. However, there was no majority preferred product for pulp therapy. Most GD learnt how to use MTA from CPD lectures while some PD learnt how to use MTA from their postgrad training as well as CPD lectures. Many did not have hands-on training from their education on how to use MTA (GD: 80%, PD: 43%). Most would like to attend hands on MTA courses (GD: 86%, PD: 65%).

Conclusion: There was no clear most popular product for the various types of pulp therapy in pediatric dentistry. Education appears to be more the major barrier to the use of MTA rather than its cost.
The Management of Oral Mucositis in Paediatric Patients undertaking Cancer Therapy

Dr Lloyd Hurrell¹, Chief Supervisor: A/Prof Sam Gue

¹University of Adelaide

Objectives: To record and investigate the clinical characteristics, progression and management of oral mucositis (OM) in a paediatric population at the WCH, Adelaide. Further, to evaluate the agreeability of two scales used to assess patients’ OM.

Design: Prospective longitudinal cohort study.

Sample and Methods: The study was performed over 28 months and assessed 68 episodes of OM in 47 paediatric oncology inpatients at the WCH, Adelaide. Patients with OM were identified through regular ward rounds of oncology inpatients. Assessment of the severity of OM was made using the ChIMES and WHO scale. Additional information was collected from patient medical records.

Results: The mean time to onset of OM was 8.4 days (+/- 4.0) with a median duration of 7.0 days (4.0, 10.5) and median admission of 7.0 days (4.5, 13.5). There was a significant relationship between the severity of OM and the duration of symptoms and admission. With decreasing neutrophil count, the severity of OM and use of pain medications increased.

The ChIMES and WHO scale were found to have substantial agreement in measuring severity of OM.

There was a reduction in patient adherence to an established oral care protocol as severity of OM increased. Conversely, use of chlorhexidine mouthwash only increased. Pain management was a significant component of OM management. There was a significant correlation between OM severity and Opioid administration via PCA and NCA and the use of IV Ketamine. Paracetamol use was high in all grades. The use of antiviral and antifungal medication and the need for supportive care also increased with OM severity.

Conclusion: OM is associated with significant morbidity in paediatric oncology patients. Timely and effective management is important to reduce its burden. The management of OM should include basic oral care (involving an oral care protocol), multimodal pain management, management of secondary infections and supportive care.
Management of approximal and occlusal carious lesions in children and adolescents

T Keys¹, MF Burrow¹, S Rajan¹, DJ Manton¹

¹Melbourne Dental School, Faculty of Medicine, Dentistry & Health Sciences

Objectives: To determine at what stage Australian dentists surgically intervene on occlusal and approximal carious lesions of primary and permanent molars in children and adolescents. Once surgical intervention was chosen, the technique and restorative material used to prepare and restore the tooth was assessed.

Design: Ethics approval was obtained from the University of Melbourne. The 23 question survey was based on a previously utilised survey. The Australian Dental Association (ADA) emailed a link to the online survey on SurveyMonkey™ to approximately 11,000 active members. Attendees at the 2017 ADA Congress were surveyed in an ad hoc manner.

Results: A total of 887 dental practitioners completed and submitted the survey over a three-month period. For approximal carious lesions, 365 (41.1%) and 244 (27.5%) of respondents would restore lesions limited to enamel for primary and permanent lesions, respectively. For occlusal lesions, 203 (22.9%) and 295 (33.3%) of respondents would restore lesions limited to enamel. The box-slot preparation was the preferred preparation technique for primary (N=529; 59.6%) and permanent (N=417; 47%) approximal lesions. Removal of carious tissue only was the preferred preparation technique for primary (N=803; 90.5%) and permanent (N=743; 83.8%) lesions. Resin composite was the preferred permanent tooth restorative material for approximal (N=629; 70.9%) and occlusal (N=649; 73.2%) restorations. Resin-modified glass ionomer cement was preferred for approximal primary restorations (N=253; 28.5%) and resin composite for occlusal primary restorations (N=314; 35.4%). An arrested enamel occlusal carious lesion was correctly diagnosed by 343 (38.7%) respondents with 442 (49.8%) surgically intervening to manage the lesion.

Conclusion: Australian dentists intervened in approximal carious lesions limited to the enamel in approximately 41% of primary and 28% of permanent teeth. Occlusal lesions were restored when confined to the enamel in approximately 23% of primary and 33% of permanent teeth.
Fluoride release and staining potential of Silver Diamine Fluoride

Dr Jilen Patel¹

¹University of Western Australia

Objectives: This study sought to (i) compare the fluoride leachate profiles of silver diamine fluoride (SDF), 5% sodium fluoride varnish (NaF), SDF with Potassium Iodide (SDF+KI), and fluoridated toothpaste (TP), (ii) investigate the staining potential of SDF, and (iii) the influence of KI application in reducing SDF staining.

Samples and Methods: Fluoride Leachate Analysis: Sixty enamel specimens were randomly grouped to receive topical application of one of four fluoride agents (NaF, SDF, SDF+KI and TP); n=15/group. Following fluoride application five samples from each group were immersed into either neutral, basic or acidic artificial saliva solutions. The amount of fluoride release was measured at 24, 48, 96, and 168 hours post-application using a fluoride ion selective electrode. The data was analysed using one-way ANOVA and student t-tests.

Staining potential: Five matched pairs of carious primary teeth (n=10) received either SDF or SDF+KI application. Subsequently, the teeth were immersed in artificial saliva and time-lapse photography was used to assess staining over a period of 168 hours.

Results: Statistically significant differences were found in the fluoride leachate profiles of NaF, SDF+KI and TP groups depending on the pH of the saliva solutions (p<0.05). The overall fluoride release was statistically significant between the different groups (NaF > SDF > SDF + KI > TP) regardless of the differing pH solution. Noticeable black staining occurred rapidly following SDF application particularly in areas of caries or enamel irregularities. However, application of KI after SDF eliminated the degree and extent of staining.

Conclusions: Fluoride release varied among the different topical fluorides and was significantly influenced by the pH of artificial saliva. SDF application caused rapid black staining of the defective tooth structure, however this was mitigated with the use of KI immediately after SDF application.
Objective: To evaluate the caries preventive effect of hand-mixed GIC Fissure Protection (FP) placed on first permanent molars of 6-8 year-old children in Cambodia using two different protocols.

Methods: A school-based randomised controlled trial involved two cohorts. The first included an intervention group (Group A) who received FP using the original protocol and a control group (Group B) who did not receive FP. The second cohort involved an intervention group (Group C) who received FP using a modified protocol and a matched control group (Group D) who received FP using the original protocol. The modified protocol involved control of the temperature of the material, the timing of mixing and placement. Groups A, B, and C were followed-up at 1y and Groups C and D were followed-up at 2y. Data analysis examined differences in caries incidence by Group.

Results: At 1y and 2y, 62.8%, and 68.0% follow-up rates were achieved, respectively. The mean age was 8.1y (SD 1.2) for the first cohort, and 6.6y (SD 0.6) for the second cohort. The mean dmft for the first and second cohorts was 8.0 (SD 3.9) and 9.9 (SD 4.3) respectively. There was no significant difference in caries increment between Groups in the first cohort at 1y. A preventive fraction of 89.1% at 1y and 32.3% at 2y was achieved using the modified protocol (P<0.05). Children with extreme caries experience (dmft >8) realised half the preventive fraction at 2y compared to those with dmft <8 (22.3% and 45.8% respectively).

Conclusions: Children suffered from an extreme burden of dental caries. The modified FP protocol had a significant impact on the caries preventive effect although it was lower than that reported in other studies. A more holistic approach is needed to reduce the burden of dental caries in Cambodia.
We’ve been to the dentist every day for 25 years.

It’s fair to say we’ve made quite a few visits to the dentist, and they’ve all been for the same reason—we’re experts at making dental practices the best they can be.

Whether it’s transforming an existing practice or setting-up a new one from scratch, no other company in Australia can create, equip, service or supply a practice like we do.

If you want to redefine your space, book Optima in for a dentist appointment on 1800 266 515.

optimahg.com.au