

EDSA

Magazine Spring 09

Students In Science

A Survey Of European Dental Students' Opinions On Their Local Anaesthesia Education

EDSA Interview

Professor Elizabeth Treasure:
Dean And Head Of School At Cardiff Dental Hospital

EDSA & IADS Meeting

1st - 7th March Ljubljana

Editorial

*“When we are dreaming alone it is only a dream.
When we are dreaming with others, it is the beginning of reality.”*

Dear EDSA friends and colleagues,

Once again I have opportunity to wish you an enjoyable journey through the pages of the EDSA Magazine. Since we established new concepts and topics, your opinion regarding the previous issue made us believe that we are on the right course.

It has proven to be a very productive year for EDSA as shown by the many interesting stories composed within this current issue.

On this note I would like to invite all of you to participate in the Magazine by providing us with your articles regarding your schooling system, social activities, city and country. These articles will allow all of us to gain an insight into the different cultures each country has to offer.

If you would like to attend the next meeting and become part of our EDSA family, you are more than welcome to join us at the 44th EDSA & 35th ADEE Meeting 23.-29. August in Helsinki, Finland.

As the Editor, I will use this opportunity to thank Magazine Co- editors, Maja Sabalic, Andrew Sullivan and Plamen Nenkov, for their professional approach, high efficiency and complete commitment to this project, in order to make high-quality Magazine.

Looking forward to seeing you all in Helsinki!

Best regards,

Marija Begovic!



Marija Begovic
EDSA Magazine Editor
School of Dentistry University of Belgrade
Serbia

Magazine Co-editors:



Maja Sabalić
majasabalic@yahoo.com
School of Dental Medicine
University of Zagreb
Croatia



Plamen Nenkov
plamenmn@abv.bg
Faculty of Dental Medicine
Medical University Varna,
Bulgaria









Andrew Sullivan
sullivan@cardiff.ac.uk
Dental Faculty, University of Cardiff
Wales, U.K.

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Executive Committee

**President**

Emiliya Taneva
em.taneva@gmail.com
**Faculty of Dental Medicine, Medical University Sofia
Bulgaria**

**Vice President**

Vedran Santak
vsantak@gmail.com
**School of Dental Medicine, University of Zagreb
Croatia**

**General Secretary**

Irina-Florentina Dragan
dragan.irina@gmail.com
**University of Medicine and Pharmacy "Carol Davila" Bucharest; Faculty of Dentistry
Romania**

**Treasurer**

Brian O'Donovan
brian.odonovan@dental.tcd.ie
**Trinity College Dublin, Dublin Dental School and Hospital
Ireland**

**Magazine Editor**

Marija Begovic
makihoki@yahoo.com
**School of Dentistry University of Belgrade
Serbia**

**Web Editor**

Sebastian Scarlat
sebscarlat@gmx.net
**University of Medicine and Pharmacy "Carol Davila" Bucharest; Faculty of Dentistry
Romania**

**Immediate Past President**

Lena Hosseinzadeh
lena.hosseinzadeh@gmail.com
**Institute of Odontology at the Karolinska Institute, Stockholm
Sweden**

EDSA Headquarters

Dublin Dental School and Hospital, Lincoln Place,
Trinity College Dublin, Dublin 2, Ireland
E-mail: edsa@globaldent.com

EDSA Website

<http://www.edsa.globaldent.com>

EDSA Mailing List:

<http://groups.yahoo.com/subscribe/EDSAfriends>

41st EDSA Meeting & 7th EDSA Congress

21st – 27th April 2008 Varna, Bulgaria

In the beginning of the spring, during the time that everything is flourishing, flourished the 41st EDSA Meeting in the sea capital of Bulgaria - Varna. From the 21st of April to 27th of April, 73 delegates from 11 full-member countries and 2 observer countries, representing dental schools from all parts of Europe were present at EDSA meeting. During this meeting was the 7th EDSA Congress, and the brand new event – EDSA Olympics. The faculty of Dental Medicine in Varna hosted the EDSA family on behalf of the three Bulgarian dental schools (Sofia, Plovdiv and Varna), and under the warm hospitality of the organization committee from Bulgarian Dental Students Scientific Association.

As there are a lot of different countries and respectively different perceptions about the EDSA events, we have the emotions, dynamics and results of three delegates of EDSA: Dieuwertje Kuin (Netherlands delegate), Dea Malicbegovic (Bosnian delegate) and myself, Plamen Nenkov (Bulgarian delegate).

Looking through Didi's (Dieuwertje Kuin) eyes during each

meeting, there is always slight chaos! Be it because of seeing good friends again, after several months, or just because it's hard to focus when you've had a little too much to drink the night before. Because of this, the Ex-Co decided that it would be more efficient to have working groups (and they were right), and let people attend the working group they're interested in. There were 3 groups formed: the magazine, sponsorship and volunteer working group.

At the magazine working group was decided that the Magazine Editor should become part of the Ex-Co, and take on the responsibility of leading the working group. They would also have the task of making sure articles will be handed in and edited.

The sponsorship working group had already done an incredible amount of work before the meeting (writing four sponsorship documents, contacting several companies and getting sponsorship already!) and the group decided to continue the work and contact more companies.

The volunteer working group has been in close contact with FDI. Documents were sent containing information about the projects' future goals and expected results.



The group will be in touch with professors and FDI, in order to move the project forward.

Everyone is welcome to join!

As with any association, or actually if you live in this age, the internet is indispensable. So to make EDSA more accessible, the website got an upgrade and the last touch was made on the Dental Guide (where information about each country and several dental schools can be found).

The scientific part of the event was the 7th EDSA Congress, where science projects, that had been developed in many countries, were presented to the EDSA friends in verbal and poster presentations. This was my first congress and the audience paid great attention to the projects showing their eagerness and desire to obtain knowledge about the topic. This inspired me to be involved with the EDSA Magazine group and strive to do my best with it. Moreover I presented a project of my own, which I believe is an unique opportunity for students from all part of Europe to have a look on the working processes and preferred techniques in dental schools far-away from them. So guys, show us your scientific experience more often in the future!

For the first time at EDSA meeting, there were the EDSA Olympics. For Dea and her friends, this was an event of great experience, which will never be forgotten. From speaking with her briefly, she could not hide her excitement and summarizes the main points.

She says:

Our Bulgarian colleagues wanted a relaxed day where we had a great opportunity to get to know each other better and enjoy our stay in Bulgaria.

We could choose one of these sports: football, basketball, volleyball and udball (game from Thailand). Girls mostly decided to play volleyball and udball, and boys played football and basketball. There were also mixed teams. I

participated in the volleyball, for which we had 2 teams. In team 1 were Zeljana, Alex and I. In team 2 were Zina, Amra and Tomaz. My team won the silver medal, and team 2 won the bronze medal! The Gold medal went to volleyball players from Bulgarian Dental Schools.

We were so happy and proud of our medals- I'm keeping



mine on the wall!

We all participated in the games, enjoying the whole day, which brought us closer together as friends. It was great idea to hold EDSA Olympic games for us and it was well organized. Our Bulgarian colleagues did their best to provide us with a great day and we thoroughly enjoyed it!

Of course, there was plenty to be discussed at the Varna meeting, but there is no way in telling you what happened- you'll have to experience it for yourself at the next EDSA meeting!

Special thanks to:

Dieuwertje Kuin – EDSA Past Vice President, Amsterdam
Dea Malicbegovic- EDSA delegate, Sarajevo



Plamen Nenkov

EDSA Magazine Co-editor

plamenmn@abv.bg

Faculty of Dental Medicine

Medical University Varna, Bulgaria



42nd EDSA Meeting & 34th ADEE Annual Meeting

Zagreb is the political and administrative capital of the Republic of Croatia and it was here that the 2008 EDSA Annual Meeting was held. From the 31st of August to the 6th of September over 90 delegates, representing dental schools from 23 countries across Europe, visited the city to attend both EDSA and ADEE Meetings.

Zagreb can offer its visitors the Baroque atmosphere of the Upper Town, picturesque open-air markets, diverse shopping facilities, an abundant selection of crafts and a choice vernacular cuisine. This city, of green parks and walks, with many places to visit in the beautiful surroundings, was the perfect host for the EDSA family, a family that is increasing year by year.

During the EDSA Meeting, sessions were held in the conference hall of the School of Dental Medicine, at the University of Zagreb. All members of EDSA felt very privileged to be given use of such a venue, considering that the University of Zagreb (1669) is the oldest and biggest university in South-Eastern Europe.

The months of preparation and organization had finally drawn to a close and after 5 months apart there was great excitement as old friends were reunited and new delegates were given a taste of the EDSA spirit! It was also the night when everybody, old and new, tasted the EDSA cocktail in the Hemingway Bar and shared our expectations for this

meeting that was getting off to an even better start than we had hoped.

During the 1st session, Ms. Marija Begovic (EDSA Magazine Editor) presented us the EDSA Magazine – Summer 2008 Edition, after two years of absence, with a totally new structure and impressive design. Everybody was very proud of the new publication and congratulated Marija on her great work. Another important moment was the welcoming into the EDSA family of three new dental students' associations: BDSA- UK, Kosice, Slovakia, and Varna, Bulgaria. In the 2nd and 4th Sessions we got the chance to improve our ability to work in teams and divided into Working Groups: EDSA Magazine, EDSA Projects, and EDSA Partnership. In these groups we wrote and then adopted two important documents: Guidelines for Organization of EDSA-ADEE Meeting and Guidelines for Organization of an EDSA Meeting & Congress.

Some potential new EDSA projects were also presented: Tooth Fairy, Annual Theme, Periodontal disease and diabetic patients along with results of current EDSA projects: Dental student situation in Europe, Local Anesthesia in Europe.

Important guests were present at this event and shared their invaluable experience with us: Dr Henk Kersten– ADEE General Secretary, Prof. Damien Walmsley– ADEE Treasurer and Mr. Brian Murray- CEO Dublin Dental School & Hospital, and with them we celebrated our 20th Anniversary. Happy birthday

EDSA!!!

The new Executive Committee was also elected- President: Emiliya Taneva (Bulgaria), Vice President: Vedran Santak (Croatia), General Secretary: Irina-Florentina Dragan (Romania), Treasurer: Brian O'Donovan (Ireland), Magazine Editor: Marija Begovic (Serbia).

After the EDSA Meeting had concluded, most of the delegates remained for the ADEE Meeting, which had the theme "Career Development in Dental Education", and participated actively during the sessions. One of the workshops where students and teachers worked together on improving the dental education was EDSA: Career Development in Dental Education - Student's Point of View, facilitated by Domagoj Vrazic-an EDSA Legend, who was at that time our Immediate Past President. The students also participated and facilitated together with educators one of the Special Interests Groups: Student & Staff Exchange - Dr. Juha Ruotoistenmäki and Emiliya Taneva.

This fruitful collaboration between EDSA and ADEE was very well illustrated on the last day of the meeting by Lena Hosseinzadeh, EDSA Immediate Past President, during the lecture: ADEE and EDSA: Past, Present and Future.

We would like to take this opportunity to thank the LOC in Zagreb for a job well done and also, to invite you, our dear reader to the next EDSA Meeting to be held in Ljubljana, Slovenia from the 1st to 7th of March 2009. This is going to be a joint meeting between EDSA and IADS, so if you are a



dental student it is an event you cannot afford to miss!!

For more details regarding our association visit our webpage: www.edsa.globaldent.com and if you want to see some pictures during our stay in Croatia please open: <http://picasaweb.google.com/edsa2008> & <http://picasaweb.google.com/ADEE2008ZAGREB>.

Looking forward to welcoming you into the EDSA family!



Irina Florentina Dragan
EDSA General Secretary
& Partnership Officer
dragan.irina@gmail.com
Faculty of Dentistry
University of Medicine and Pharmacy "Carol Davila" Bucharest, Romania

My First EDSA Experience

I was thrilled to be selected as the new EDSA delegate for Cardiff University. My first meeting was to be in Zagreb, Croatia, at the beginning of September and I couldn't wait to get involved with the EDSA (and to escape rainy Wales for sunny Croatia!).

We were greeted at the airport by the highly efficient Croatian EDSA organisers and whisked away to Hotel Laguna, in the centre of Zagreb, getting our first opportunity to see parts of the beautiful city along the way. As soon as we arrived, we met many other delegates from all across Europe. On our first evening we sat down to dinner in the hotel, where Lena, the EDSA president, from Sweden, briefed us on the activities of the week. Later we all made our way to a beautiful modern bar, Hemingway's, where we had welcome drinks and danced the night away!

For the next three days, the delegates from over 20 countries attended meetings at the University of Zagreb School of Dental Medicine. Many interesting presentations were given by students from different faculties, and it was great to hear about the projects being carried out all over Europe. I am sure they inspired many students to go back to their universities and start up similar projects. Talks were also given by the Croatian president of the International Association of Dental Students (IADS), Tomaz Spinlinder, and members of the Association of Dental Education in Europe (ADEE). It was good to see other organisations wanting to get involved with, and support, the EDSA. The sponsor, Colgate, also sent a representative who gave us two insightful talks. A current project being undertaken by the EDSA is the European Visiting Programme (EVP) in which students get the opportunity to visit different universities in Europe for a few days. There is a lot of interest and it has already met with great success.

Getting to know fellow dental students from around Europe and finding out about their courses was an informative experience. I was impressed with the high level of English spoken by the delegates and I was somewhat embarrassed that I could not converse with them in their languages!

Besides the meetings, we were also given the opportunity to have a tour of Zagreb with a local guide who showed us the stunning sights. Also, every evening an activity was arranged for us, which usually involved a meal, a few alcoholic drinks

and dancing. There was a Croatian night in at a rustic restaurant, Okrugljak, which specialized in traditional fine dining. We also visited the small historic town of Samobor, where we tasted a local aperitif and saw a small local craft factory. On the last night everyone took part in EDSAvision, showing off their musical talents! I am proud (and quite shocked) to say that the UK managed to sing their way to second place with Queen's Bohemian Rhapsody. Good job guys! Congratulations to Sweden, the winners!



After an amazing week I was really sad that my first EDSA meeting had to end. I would like to take this opportunity to thank all the Zagreb EDSA organisers and the EDSA committee for coordinating a fantastic meeting. Also I would like to thank all of the EDSA members for welcoming me into the EDSA and making my first meeting thoroughly enjoyable. I look forward to my second meeting in Slovenia and to getting even more involved in the work of the EDSA.



Lucy Monk
EDSA delegate
monkl@cardiff.ac.uk
Dental Faculty, University of Cardiff,
Wales, U.K.

EDSA & IADS Meeting 1st -7th March Ljubljana

Let's strengthen connection between IADS and EDSA

It is a great pleasure for Slovenia to be the host of the 43rd EDSA meeting. But this is not the only thing to be proud of. This meeting will be something special. After few years, IADS and EDSA will have meeting at the same time at the same place. The most important goal of upcoming meeting is to strengthen the bond between these organisations, to find connections in our projects and make a brighter future for the collaboration of EDSA and IADS. We share the same goal, to connect students of dental medicine all over the world. The second reason why you should visit us in March is that it would be just too bad to miss the opportunity to visit a country like Slovenia.

Ljubljana

The 43rd meeting will take place in our capital city Ljubljana, from the 1st March to the 7th March 2009.

Ljubljana is a dynamic Central European city, lying at an altitude of 298 m above sea level in a broad basin between the Alps and the Adriatic Sea. It covers a surface area of 275 km², has a population of 276,000 and is centrally located in Slovenia.

It is a vibrant city full of surprises, characterised by a unique fusion of complementing contrasts. It has everything that modern capitals can boast, but at the same time it has preserved the friendly and relaxing atmosphere of a small town. On one hand, it is renowned for its rich historical heritage and tradition, but on the other hand, it is a young city



with a modern lifestyle.

The Slovenian Dental Student Association is trying their best to prepare a great meeting. We are expecting around 130 participants from over 20 different countries all over the world. Participants will be welcomed in the City Hotel, which is located in the centre of the city, right next to the old city core.

After the arrival of delegates on first day, there will be two



days for EDSA and IADS separated meetings, and we will unite on Wednesday, when EDSA and IADS meeting will be together.

We also didn't forget the relaxing part of the meeting. On Monday, we will host the Gala dinner, followed by EDSA/IADS vision night on Tuesday, where countries will compete to win the famous competition! On the next two days, we will have parties after traditional Slovenian food on Wednesday and after Exchange fair in Thursday.

In Slovenia we will continue with the novelty that first appeared in Bulgaria. We will organise the second EDSA Olympics. On this day participants from all over the world will compete in different fun games. You just have to unite and maybe you will become a proud owner of EDSA Olympic medal.

The Triple bridge

You will see a bit more of our great country on Friday, when excursions will be held. After a relatively intensive agenda, on Saturday, our time together will end as delegates will depart from Ljubljana.

Our local organising committee is trying their best to prepare meeting, which will stay in your memories forever. Join us and become a piece of the mosaic, to build a great connection between students of dental medicine all over the world.



Neja Jurjec
EDSA delegate
Faculty of Dental Medicine
University of Ljubljana, Slovenia

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Students in Science

Different Methods And Kinds Of Preparation For Porcelain Laminate Veneers – Full Veneer Preparation

With its introduction in the early 1980s, porcelain laminate veneers redefined conservative cosmetic dental treatment.

Porcelain

laminate veneers are now

evolving into more functionally and aesthetically dynamic restorations for cases with malaligned teeth, diastema, discoloration, black spaces and other.

The study concerns different methods and kinds of preparation for porcelain veneers – the full veneer preparation. Traditional veneer preparation has come to represent an almost universally accepted guideline of veneer preparation. It calls for an interproximal finish line at or just into the contact point. Our project reviews functional and aesthetic limitations and discusses alternative techniques of preparation. The advantages of hiding margins and increased retention are also obtained if the preparation design breaks interproximal contact and continues to the lingual. The term full veneer can be used to describe this style of preparation, which highlights the continuum of design between a traditional veneer and an all ceramic crown.

Window preparation (WP)

Indications :

- No changes on the incisal edge
- No or minimal changes in shape nor on the position of the tooth

Advantages :

- The most conservative laminate veneer preparation design
- In vitro studies show that that kind of preparation design allows no veneer fractures (Stappert et al 2005)
- The window preparation showed better results for canines (Zarone et al. 2006)
- It can be adopted in the restoration of lateral incisors. (Zarone et al. 2006)
- A window preparation is particularly resistant to axial stress (Zarone et al. 2006)

Incisal reduction without palatal chamfer (IRWPC)

Indications :

- Allows changes at the incisal edge and at the shape of the tooth
- When the incisal edge is thin or the incisocervical morphology requires alteration, preparation overlap onto the lingual surface would be indicated. (Seymour et al. 2001)

Advantages :

- In vitro studies show that this kind of preparation design allows no veneer fractures (Stappert et al 2005)
- The incisal reduction increases the mechanical resistance against incisal fracture

Disadvantages :

- Conversely, Hui et al showed that the overlap design will transmit maximum stress on the veneer and increase the risk of cohesive fracture.

Incisal 1/3 overlap preparation (I1/3OP)

Indications :

With its introduction in the early 1980s, porcelain laminate veneers redefined conservative cosmetic dental treatment. Porcelain laminate veneers are now evolving into more functionally and aesthetically dynamic restorations for cases with malaligned teeth, diastema, discoloration, black spaces and other.

The study concerns different methods and kinds of preparation for porcelain veneers – the full veneer preparation. Traditional veneer preparation has come to represent an almost universally accepted guideline of veneer preparation. It calls for an interproximal finish line at or just into the contact point. Our project reviews functional and aesthetic limitations and discusses alternative techniques of preparation. The advantages of hiding margins and increased retention are also obtained if the preparation design breaks interproximal contact and continues to the lingual. The term full veneer can be used to describe this style of preparation, which highlights the continuum of design between a traditional veneer and an all ceramic crown.

- Universal, classical PLV preparation design
- Changes of incisal edge are possible
- Minimal or no changes in shape are possible (if interdental spaces are to be closed, another preparation design will be more appropriate)
- The chamfer preparation is recommended for central incisors (Zarone et al. 2006)
- It can be adopted in the restoration of lateral incisors (Zarone et al. 2006)

Advantages :

- Seymour et al. demonstrated a lower amount of compressive stress for the incisal overlap preparation, which the authors indicated should better tolerate occlusal loading.

Incisal 2/3 overlap preparation (I2/3OP)

Indications :

- same as I1/3OP
- used to avoid occlusal contact on the preparation limits

Advantages Disadvantages } same as I1/3OP Discussions

Complete veneer preparation (CVP)

Indications : changes can be made :

- At the incisal edge position
- As well as tooth shape, position and gap closing

Advantages :

- In vitro studies show that that kind of preparation design allows no veneer fractures; (Stappert et al 2005)
- The full veneer preparation is continued to the lingual extent of the tooth to break contact on one or both sides

and allow the laboratory technician ample room to make cosmetic and functional changes. (Rouse et al. 1997)

- A full veneer may have the additional benefit of greater retention, resistance, and improved longevity (Rouse et al. 1997)
- When enamel augmentation is necessary; tooth position or size is altered, or significant color masking is required, a full veneer preparation can be an advantage. Examples of possible full veneer situations include malaligned teeth, diastema closure, discoloration or staining, black space closure, replacing restorations, and veneers adjacent to crowns. (Rouse et al. 1997)
- Extension of the preparations to the lingual is required to allow room for the technician to develop the illusion of space closure and the appearance of correct anatomic proportion. (Rouse et al. 1997)

Disadvantages :

- A preparation design with a long chamfer extending into the palatal concavity is, therefore, not recommended, since it creates a thin extension of ceramic in an area of maximum tensile stress. (Stappert et al. 2000)
- Excessive invasion of the palatal surface in the form of a long chamfer has been shown to be a possible cause of failure. (Stappert et al. 2000)

**Chakalov Iv. | Radoslavova Ek.
Apostolov N. | Kumitski P.**

Medical University, Sofia;
Faculty of Dental medicine

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Students In Science

In Vitro Study Regarding Micro - Leakage Of Teeth Sealed Using Two Materials With Different Physical And Chemical Properties: Glass Ionomer Cement And Light Curing Material

¹student IIIrd year, Faculty of Dental Medicine University of Medicine and Pharmacy "Iuliu Hațieganu", Cluj-Napoca, Romania

²resident of orthodontics and dento-facial orthopedics, Cluj-Napoca, Romania

³student IIIrd year, Faculty of Dental Medicine, University of Medicine and Pharmacy "Iuliu Hațieganu", Cluj-Napoca, Romania

Introduction:

The sealing of grooves and fosse is a preemptive procedure by which the occlusal surface of the teeth that have fissures or deep chases is blocked using sealing materials for preventing caries on these surfaces. The chases and fosse of the teeth that are treated with these materials become physiological clean spots that will not transform into carious lesions.

Aim: The objective of this study is the comparison of the sealing quality of two materials with different physical and chemical attributes: a light-curing material and glass-ionomer cement. For accurate results a single light-curing material and single glass-ionomer cement was used, so that those results would not be influenced by the different physical and chemical properties of the materials.

Material and Method:

The material consisted of 30 healthy teeth (premolars and molars), premolars extracted for orthodontic purpose or wisdom teeth odontectomized because of the local and regional harassment that they produced. A witness group of 5 teeth was also used. The teeth were kept in a saline solution until the sealing process. Then they were isolated, dried, brushed with an abrasive paste without fluoride, washed, dried, dematerialized and sealed. 15 teeth were sealed using a light-curing material and the other 15 were sealed using glass-ionomer cement. The seal quality was verified using a solution of blue-methyl for 30 minutes then followed by an immersion in a physiological saline solution for another 24 hours.

The teeth were then sagittally sectioned using a diamond reinforced disk (Fig. 4). The sealing quality was verified by the appreciation of the presence of micro-leakage, highlighted objectively by the used colorant. The presence

of micro-leakage was coded using digits between the numbers „0” and „3”. According to this principle: „0” stands for the absence of micro-leakage, „1” indicates the micro-leakage in 1/3 of the mezio-distal diameter of the tooth crown, „2” indicates the presence of 2/3 of the same diameter and „3” indicates the micro-leakage of the whole diameter. The teeth belonging to the witness group were immersed in the coloring solution, the saline solution and they were later sectioned. The micro-leakage was measured respecting the same criteria that were preset.

Results:

12 of the teeth sealed with light-curing material did not present micro-leakage, while 10 teeth sealed with glass-ionomer cement presented micro-leakage.

Conclusions:

1. Sealing determines minor micro-leakage when compared to the unsealed witness group.
2. The light-curing material is superior to the glass-ionomer cement, the micro-leakage being minimal

Tășcău M. Radu

student IIIrd year, Faculty of Dental Medicine University of Medicine and Pharmacy "Iuliu Hațieganu", Cluj-Napoca, Romania

Tășcău C. Oana

resident of orthodontics and dento-facial orthopedics, Cluj - Napoca, Romania

Revnice E. Ioan

student IIIrd year, Faculty of Dental Medicine, University of Medicine and Pharmacy "Iuliu Hațieganu", Cluj-Napoca

Students In Science

NRG-1- β 1 Upregulates The Expression Of ErbB4 In Rat Tooth Pulp Fibroblasts

Aim:

The purpose of this research was to analyze whether the expressions of ErbB1, ErbB2, ErbB3 or ErbB4 in rat pulpal fibroblast cells, cells which are targets for growing sensory nerve fibers during tooth development, are affected by treatment with NRG-1- β 1.

Background:

Neuregulin (NRG) is a signalling molecule involved in nervous system development. NRG stimulation may, for instance, increase neurotransmitter receptor expression, affect glial cell fate, modulate ion channel function and promote neurite outgrowth. NRG and its receptors ErbB3 and ErbB4 are expressed during tooth development, and NRG/ErbB signalling could influence organogenesis and/or innervations of the tooth.

Aim:

The purpose of this research was to analyze whether the expressions of ErbB1, ErbB2, ErbB3 or ErbB4 in rat pulpal fibroblast cells, cells which are targets for growing sensory nerve fibers during tooth development, are affected by treatment with NRG-1- β 1.

Experimental Design:

Cultivated pulpal cells from mandibular molar teeth of 5-day-old Sprague-Dawley rat pups were stimulated with 50 ng/ml recombinant human NRG-1- β 1 under serum-deprived conditions. Unstimulated pulpal cells grown either with serum added or under serum-free conditions served as controls. Subsequently, RT-PCR was run and verified on 2% ethidium bromide stained agarose gel.

Results:

ErbB1 and ErbB2 were expressed at similar levels in all experimental groups, and the expression of these receptors were thus not affected by the NRG treatment. ErbB3 was not detected in any of the samples. ErbB4 expression was not seen in serum-deprived cells, but was found in the serum-treated samples. However, after NRG treatment, ErbB4 expression was markedly increased. These results indicate that NRG regulates the expression of its receptor ErbB4 in the developing tooth. Hypothetically, NRG released from growing nerve fibers in the tooth could thus influence the phenotype of pulpal fibroblasts and/or odontoblasts.

Author:

Maryam Khatibi Shahidi, Karolinska Institute, Huddinge, Sweden

Supervisor:

Kaj Fried, Professor; Center of Oral Biology, Institute of Odontology, Karolinska Institute, Huddinge, Sweden

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Students In Science

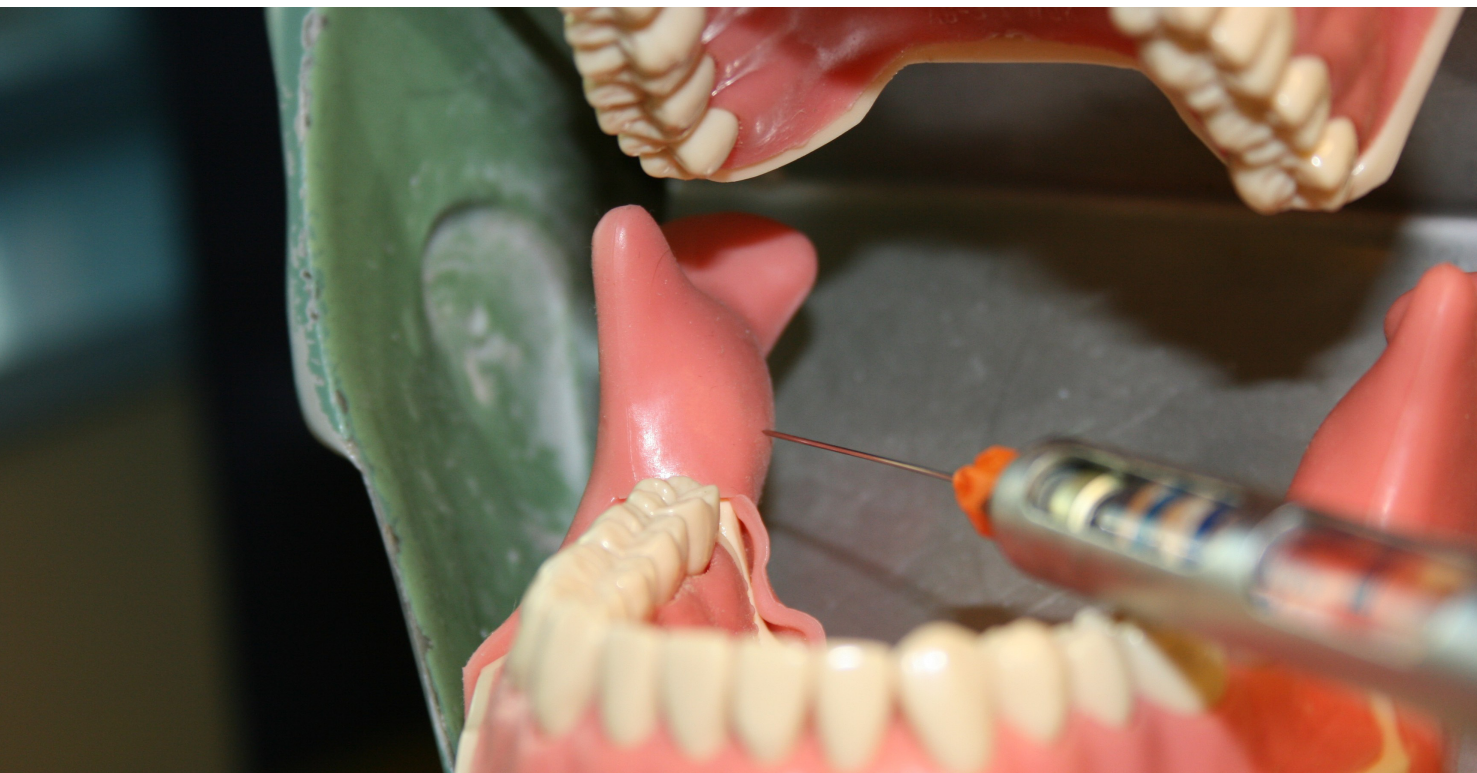
A Survey Of European Dental Students' Opinions On Their Local Anaesthesia Education

Introduction:

Local anaesthesia is a frequently used technique in dental practice. Competency 6.34 of the Profile and Competences for the European Dentist states that a dentist must be competent at infiltration and regional block anaesthesia in the oral cavity for restorative and surgical procedures, etc. Therefore, training in local anaesthesia is an important aspect of the dental curriculum. Since little is known about dental students' opinions on the training they receive in local anaesthesia, we started this project to investigate their opinion about theoretical and clinical training in European

Results:

The total number of respondents starting the questionnaire was 1248. 954 questionnaires were useful for analysis. Questionnaires were considered useful if the respondent had received local anaesthesia teaching and completed the questionnaire at least till question 9. The beginning of the theoretical background of local anaesthesia and the initial teaching of the practical aspects showed a wide variation in the curriculum. Most students think the theoretical and hands-on teaching complement each other well with regard to study material and schedule.



dental schools.

Methods:

A web link to a questionnaire was sent by email to a contact person at twenty-five dental schools in Europe. The people of contact were recruited through the European Dental Students Association (EDSA) or – at some dental schools - introduced by teachers. The questionnaire contained 34 questions about local anaesthesia teaching at the respondent's dental school and the opinion of the respondent on this subject. For statistical analysis the software programme SPSS (version 12.0.1) was used.

A textbook is frequently used as study material and most students are satisfied with this material. Other study materials, spontaneously mentioned by students, were college notes, e-lectures and videos.

Many students felt insufficiently prepared when administering their first injection to patients. Anatomy is an important area in which students feel insufficiently prepared. Lack of information about complications was also frequently mentioned.

Only a minority of the students used a preclinical training model, but those who used it found it a useful preparation. The first real injection is usually administered to a fellow dental student or a patient, and is supervised by a dentist or



a dental surgeon / oral maxillofacial surgeon. Students were very satisfied with this supervision.

Most students reported to be afraid of administering and receiving local anaesthesia. Statistical analysis shows a significant difference between men and women: female dental students were more afraid than men, both for administering and receiving local anaesthesia to (respectively from) fellow students. Also, women are significantly more afraid of administering local anaesthesia to a patient. Mandibular block anaesthesia, infiltration anaesthesia and mental nerve block anaesthesia are the most frequently taught techniques. Students report that they also like to receive teaching in intraligamentary anaesthesia.

Many students suggest the implementation of a preclinical training model. Practical education earlier in the curriculum was also suggested.

Conclusion:

The results of this survey show a wide variation in local anaesthesia teaching programmes among European dental schools. This could cause difficulties when students would like to spend a study period at another dental school through exchange programmes.

Acknowledgements:

Special thanks to the following persons, who helped to distribute the questionnaire among the dental schools: Marija Begovic (Serbia), Mariana Caramida (Romania), Kris

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Lisa Tan
Sanne van der Spek

Supervisors: H.S.Brand, J.A.Baart
Department of Oral
and Maxillofacial Surgery ACTA
Amsterdam, The Netherlands



World Trends

ISCOMS

ISCOMS (the International Students Congress of Medical Sciences) has been organized since 1992 at the University Medical Centre Groningen (UMCG). The primary aim of ISCOMS is getting medical and dental students acquainted with research and its many elements.

The UMCG, the hospital connected to my university (University of Groningen) is one of the best hospitals in the Netherlands and the ISCOMS is one of the world leading student congresses in (bio)medical sciences.

Last year

Last year I visited the congress as a non-presenting student. In total 706 students from 54 different countries attended the congress! The poster session regarding dentistry was very informative, but unfortunately this was the only dentistry-specialized part of the programme. I was impressed by the congress: it was of high quality, had good research presented by students and there were so many students of different nationalities.

This year

This year the 16th edition of the congress will take place. This

year a broad dentistry programme will be included for the first time. To realize this, a dental student had to participate in the organization of ISCOMS 2009. Since the congress made this great impression on me last year and I am very interested in research, I decided to apply for a position within the organization committee of ISCOMS. Consequently, I have the pleasure of being responsible for the integration of dentistry within ISCOMS.

Programme

To increase the contribution of dentistry to the programme this year, as well as the dentistry poster session, a plenary presentation, an oral presentation session and several workshops have been added. Additionally, one of the four keynote speakers will give lecture lying correlated to the work field of dental students.

The key-note speaker regarding the expansion of the dentistry programme, is Professor Benoît Lengelé, Professor of the Chair of Human Anatomy at the Catholic University of Louvain. He is a very fascinating speaker and his lecture will be very interesting and informative for not just dental students, but also medical students. Professor Lengelé is

well known because of his involvement in the first partial face allograft on November 26th 2005. Together with Bernard Dechauville and Sylvie Testelin he performed the partial face transplant to repair the mutilated face of Isabelle Dinoire, who was severely bitten by her dog.

The review from Leuven contributed to him being the Belgian scientific personality of the year 2006.

Several dentistry-related workshops will be part of ISCOMS 2009, including workshops with the general themes 'Orthodontics', 'Reconstruction of the jaw' and 'Stitching'. Furthermore, during the plenary and oral presentations, specific dentistry-related subjects will be addressed. The general programme of ISCOMS is eligible for dentistry students. Nobel-prize winners Professor Ferid Murad and Professor Robin Warren are key-note speakers during the congress. So this year the ISCOMS offers a great opportunity not only

Summary

What? International Student Congress of Medical Sciences (ISCOMS) 2009

When? Tuesday 2nd till Friday 5th of June 2009

Where? Groningen, The Netherlands (University Medical Center Groningen)

Who? Undergraduate students, graduate students and post doctoral scientists of all (bio)medical fields including dentistry
Quality? Very good, ISCOMS is one of the largest and well known student congresses of the world.

Why attend? This year special attention will be dedicated to the expansion of the dentistry programme. It is a good opportunity to present your research in a professional way, or visit the congress as a non-presenting participant. Attend interesting workshops and lectures of well known speakers including Nobel-prize winners.

Contact? www.iscoms.com, iscoms@med.umcg.nl



for medical, but also for dental students to present their study and meet colleague-students from all over the world. Students can visit the congress either as a presenting participant or as a non-presenting participant. At ISCOMS you can present your research either as a moderate poster, as an oral presentation or as a plenary presentation. Besides the congress itself, an extensive social programme is also arranged.

At ISCOMS 2009, I hope to welcome lots of colleague-dental students, as well presenting as non-presenting participants to make the dentistry programme a returning part of ISCOMS!



Jolanda Kamstra

j.i.kamstra@student.rug.nl

Dental student, University of Groningen
 The Netherlands

World Trends

Zirconium Oxide Ceramics – A Report From The First International Congress Of New Technologies In Dental Medicine

The First International Congress of New Technologies in Dental Medicine took place in Zagreb, the capital of Croatia, on December 13, 2008. Organized by four dental chambers, which were the Croatian Dental Chamber, the Dental Chamber of Bosnia and Herzegovina Federation, the Dental Chamber of Macedonia and the Medical Chamber of Slovenia. The idea behind the meeting was to share knowledge and experience in the research and clinical use of zirconium oxide ceramics. More than 1,200 participants from several European countries attended, creating arguably the biggest dental congress in this area.

One of the most reputable properties of zirconium oxide is its high biocompatibility. Zirconia has been used in orthopaedics as a biomaterial for artificial hip joints since 1969. Its superior mechanical properties and dimensional stability have been proven even in such demanding environments as the space shuttle. The physical and superior aesthetic properties of the material combined with CAD (computer-aided design) -CAM (computer-aided manufacturing) technology have made zirconia popular for use in both restorative dentistry and prosthodontics (crowns, fixed partial dentures and implant abutments). Because of the high strength and toughness of zirconia, also known as ceramic steel, it can be used in both the anterior and posterior regions of the mouth. Zirconia-based restorations have also shown good performance in terms of marginal integrity, marginal discoloration, and secondary caries. Regarding the tooth preparation design, chamfer and shoulder margin are recommended

Recently, zirconia has been introduced to dental implantology as an alternative to titanium implants. It seems osseointegration of titanium and zirconium oxide implants are similar at the ultrastructural level. However, to date, there are no long-term clinical data studies regarding the use of zirconia.

The first speaker of the assembly, Dr Gerhard Seeberger, President-Elect of the European Regional Organisation of the FDI, gave a lecture on minimally invasive procedures in implant dentistry in which he discussed mini-flap and flapless procedures but also referred to the properties of zirconia implant abutments.

Professor Ivica Anić from Croatia continued the presentations by talking about aesthetic restorations after endodontic treatment. He discussed the properties of zirconium oxide and compared glass fibre-reinforced composite (FRC) posts to zirconia dioxide ceramic (ZDC) posts; both alternatives to titanium metal posts.

Dr Florian Bauer had an interesting presentation on CAD/CAM systems and discussed the pros and cons of both CAD/CAM and conventional laboratory processed restorations. He reminded the audience of the possibilities of new technologies and the exciting world of the digital and the virtual. "Future is now!" he enthused.

President of the Dental Chamber of Macedonia, Dr Vlado Vankovski concentrated on his clinical and laboratory experience with zirconia. His recommendations include tangential tooth preparation to provide a 25-30% reduction of tooth structure loss. On the other hand, Dr Čedomir Oblak from Slovenia explained that preparation for ceramic restoration requires enough reduction to provide room for the material and added "Think ceramic!" Dr Oblak, who has substantial experience in working with yttria-stabilized tetragonal zirconia polycrystal (Y-TZP) ceramics, spoke about the mechanical properties, reliability of zirconia and luting agents. His Slovenian colleague Professor Ljubo Marion, (who contributed to the development of Y-TZP ceramic post: Zirco-post, Interdent), focused on the properties and indications for use of the posts.

Dr Martin Krainhofner held a presentation entitled "Implants & Zirconia" while Dr Martin Groten spoke about the aesthetic considerations for clinical decision making with regard all-ceramic material and restoration types. He displayed clinical cases of amelogenesis imperfecta and aplastic teeth, discussing treatment solutions. Professor Sead Radžepagić from Bosnia and Herzegovina discussed use of zirconia in restorative dentistry.

The general conclusions were that zirconium oxide is a material with many favourable characteristics, as such the use of zirconia in dental medicine increases at an average rate of 12 per cent per year. This congress has also high-lighted that new materials and technologies in dental medicine continue to improve, in-turn improving patient oral health and quality of life. Therefore every dental student and dental professional has an obligation to keep up to date with new information and new skills within the profession.



Maja Sabalić
EDSA Magazine Co-editor
majasabalic@yahoo.com
School of Dental Medicine
University of Zagreb, Croatia

EDSA Interview

Professor Elizabeth Treasure: Dean and Head of School at Cardiff Dental Hospital

In 2009, Cardiff University celebrated its 125th anniversary and the National Health Service (NHS) its 60th anniversary. The School of Dentistry in Cardiff has an annual intake of 68 students taking the Bachelor of Dental Surgery (BDS) honours degree and 40 students enrolled on the Higher Education Diploma in Hygiene and/or Therapy each year. The school is also able to offer research and postgraduate degree programmes, with over 50 postgraduate students currently registered here.

Professor Elizabeth Treasure is the Dean and Head of School at Cardiff Dental Hospital. She also holds the position of 'General Manager for Dental Services' within Cardiff and Vale NHS Trust. Between her busy schedules I was lucky enough to interview Professor Treasure about her views on the European Dental Student Association - EDSA.



What is your opinion on EDSA activities?

I think EDSA is very important. Not only is the European Union becoming increasingly important in British life, but there is also significant variation in treatment and the understanding of what dentistry is and how dentistry works right across Europe. Anything that can be done to get people talking/ exchanging thoughts and ideas from an early stage in their career is essential.

What are your views on Dentistry in the UK? How do you feel UK facilities compare to other European countries?

I believe dentistry in the UK is better than many people think. I am involved in piece work with dental systems across Europe, and from a dental health point of view, which is my background, I still think we have good population coverage. I think it's a shame there is a real shortage of dentists

compared to 5 to 10 years ago. I would like to see an expansion in the availability of NHS dentistry in the UK but I think the standards we offer here are better than people give credit for.

Facilities vary greatly depending on the country. A whole spectrum from basic emergency services to something quite comprehensive exists. Scandinavia has a great set up providing a wide range of specialities, as do countries like Belgium, France and Germany. There are also countries going down the more private route such as the Netherlands. With the financial crisis in the world at the moment, dentistry may well suffer, which is a shame, as dental health care is important.

What do you think the benefits are for foreign students studying postgraduate courses in the UK?

There are benefits for any student studying a postgraduate

course anywhere. I would suggest that there is often more benefit in going to another school as it's good to experience other people's teaching.

Providing the language and culture are acceptable to both sides I think it's great, as you learn and see things in a different way. I taught in a dental school in New Zealand for five years, and even with two English-speaking cultures, dentistry is practiced very differently, and I learnt a lot. The ERASMUS scheme is set up for undergraduate levels. The other side of that are staff exchanges in which I hope we can get more involved in.

What is your opinion on education in Europe?

The amount of clinical contact varies across Europe, with different countries having strengths and weaknesses in their education. Here in Britain, we have more clinical contact due to the close working of the NHS and I feel this is a major strength as it allows undergraduate students to have a considerable experience on clinics before qualifying.

EDSA are organising a scheme for students to carry out volunteer work in places like Africa and the Middle East. What are your views on this?

People need to be careful about insurance cover and the environment you are going into. It needs to be looked at from a health and safety aspect. There also needs to be a clear understanding of what you want people to deliver in a certain environment. It is important from a cultural aspect to assess whether it is appropriate and beneficial to the local people from you being there.

It is potentially a good idea if set up properly and worked effectively with the local government. EDSA would have to look at their liability very carefully before setting up a program like this.

Amongst others projects, you have researched water fluoridation and longevity of restorations. Are you researching anything at the moment?

Yes, dental services across Europe. I am also working on the 2009 adult dental health survey. Having worked the '88 and '98 surveys, the 2009, for which the contract is in the process of being finalized, will complete the trio. The thing I am most



proud of is being part of a working group in Brussels that kept fluoride in toothpaste for children under eight at around the same time as the expansion of the European Union. This allowed us to use a public health approach right across Europe. Had the fluoride been taken out of toothpaste the results would have been disastrous.

You have also won the John Tomes Medal for dental research across your career....?

Yes, I was delighted to receive the John Tomes Medal and was very honoured.

Do you have any plans for the future?

I have been asked to be dean for 5 years in the first instance. I may possibly look for a senior post within the university sector.

I would like to thank you very much for your time and for participating in our magazine.



Andrew Sullivan
EDSA Magazine Co-editor
sullivan@cardiff.ac.uk
Dental Faculty, University of
Cardiff Wales, U.K

EDSA Presentation

AISO - The Best For The Italian Dentistry Students



AISO "Associazione Italiana Studenti di Odontoiatria", that is "Italian Association of Dental Students" was founded in 1983 in Ancona. Dental students from all over the Italian nation had a common goal to form an association to bring them closer together.

The main figures of AISO are the local representatives, which represents each dental school within Italy. We elect an executive committee that congregate together twice a year at the General Assembly. Here, we discuss many topics and vote on many things, including re-electing the executive committee. Our organisation has an official newspaper called GO "Giovane Odontoiatra" which literally means "young dentist". In this paper, we document all of our activities and news from around the world, in the field of dentistry.

AISO is proud to say that we have collaborations with a lot of important organizations. These organizations are listed below:

- SIdP (Italian society of Periodontology)
- SIDOC (Italian society of Conservative Dentistry)
- AIC (Italian academy of Conservative)
- SIDO (Italian society of Ortodontic)
- AIO (Italian Dentist Association)

SIE (Italian society of Endodontics) SIdCO (Italian society of Oral surgery) AIOLA (Italian academy laser in dentistry) ...and many others.

These organizations allow us to attend their congress' at a discounted cost, sometimes even free. A great source of communication is our website www.aisoweb.org, that can boast a lot of visitors.

Furthermore, we have collaborations with the Italian Voluntary Associations such as 'Overland For Smile' and 'Smile Mission', that have projects all over the world.

As National Exchange Officer, I'm really proud that AISO believes in offering the Italian students opportunities to develop their experiences of witnessing dentistry in foreign countries. We also offer opportunities to exchange thoughts and opinions with our european colleagues about our love for dentistry.

The collaboration of EDSA and IADS demonstrates the great international spirit we have as dental colleagues. I would like to say thank you for this friendship and hope that it grows into a beautiful and sincere unity.

This year, AISO celebrates its 25th year anniversary in Padova. The organization has shown its great goals by aiming high and is looking forward to the future with great enthusiasm. We are aiming to increase our relations with all the associations, that like us, have the same passion and love for dentistry outside their own borders like EDSA and IADS.



Paolo Gallesi

Italian National Exchange Officer
Member of the AISO Ex-Co
paolo.gallesi@hotmail.it
www.aisoweb.org

EDSA Presentation

Helsinki



Helsinki is the capital and largest city of Finland, with a population of approximately 500,000.

In winter the daylight can last less than 6 hours due to the winter solstice, with the darkness it is even more noticeable on cloudy days. Despite the bitterly cold weather in the winter, you won't find any polar bears or reindeers! However, when the sun is out and the sea is frozen the view is very picturesque.

As the seasons change from winter to spring, students will celebrate a great festival called "Vappu" on the 1st May. All the students and local people, who are all in great spirit, gather in a big park, called Kaivopuisto, to have picnic and spent the day.

During the summer the light is almost endless. In the midsummer it's dark only about 2 hours a day. Helsinki at this time becomes quieter as everybody has gone to their summer cabins or vacate to other places of beauty around Helsinki. A popular attraction on a sunny day is Hietaniemi, the biggest beach in Helsinki. Suomenlinna, another famous sightseeing destination, is an old fortress in front of Helsinki with charming wooden houses and historical relevance. Or you can experience a traditional market in Kauppatori, where you can buy souvenirs, strawberries or just take a cup of coffee and enjoy the atmosphere. But beware of seagulls, as they will take the food right out of your hands!!

Just as the summer starts turning to autumn again, we will have our

44th EDSA meeting in Helsinki. After the meeting, it's time for the new academic year to begin. Christmas then creeps up on you, which we always wish to be white, but due to the climatic changes, nowadays it's a matter of luck whether we get snow.

STUDYING IN HELSINKI

Helsinki University is one of three universities in Finland where you can study dentistry. We're part of Medical Faculty and for the first 2 years of our course we study with the general medi-

cal students. It's all pre-clinics and problem-based learning, until we start clinics in our third year. In order to improve our clinical skills, we have a lot of phantom head practice and after 2 months, we get our first real patients. We then begin to treat patients on a regular basis in one of Helsinki's city public healthcare centres. We have more clinical time on clinics as we progress through the course, with the 3rd grade having 3 sessions on clinics, to the 5th grade spending almost all their time there before graduating in the spring. Amongst treating patients, we always have lectures and phantom head practice on that particular area of dentistry.

Our student union is Hammaslääketieteenkandidaattiseura (HLKS). It takes care of student activities ranging from student politics to sport and cultural events. Once a year HLKS hosts an annual ball where all the students party until the early morning. The students will then meet the following day for a meal and relax in a sauna. Otherwise HLKS arranges only a few parties as the dental students attend the medical social events. The toga-party and speksi (student comedy with dance and singing) are the most popular events in the social calendar.

We look forward to greeting you in Helsinki at the EDSA Meeting 23.-25. of August 2009! And as you have travelled so far, why not stay over for the ADEE Meeting 25.-27.8.2009. See you in Helsinki in August!



Maija Eerola
EDSA delegate
maija.eerola@helsinki.fi
Institute of Dentistry
Helsinki University, Finland



Social Activities

European Visiting Program – Zagreb, Croatia 2008

From 1st to 6th December 2008 five fortunate students from the University of Medicine and Pharmacy “Carol Davila” Bucharest, Romania, took part in a study exchange with the University of Zagreb, Croatia, organized by the European Dental Students Association (EDSA). First year students: Acon Petru, Antohi Vlad, Derscanu Andreea, Prodan Mara and fifth year student Zamfir Adrian were the lucky selected participants.

1st of December, Monday

Our group were met and warmly welcomed by three Croatian students: Maja Sabalic, Natalija Gnjatovic and Ena Vuletic, escorted to our very cosy and hospitable accommodation in the university dormitories, and served our first meal in Croatia at the students' cafeteria. We were particularly impressed with the cafeteria because of the discounts the government offer to undergraduates here. The rest of the day we spent sightseeing, accompanied by students: Mihovil Greguric Bajza, Nikolina Kuzmic, Gordana Tonkovic, Anja Mikus and Ena Vuletic. One of the most impressive monuments we saw was the Zagreb Cathedral on Kaptol, located in the upper town, probably the most famous building of the city.

2nd of December, Tuesday

Tuesday we were met early morning by the Vice Dean for the official reception at the School of Dental Medicine. We were then shown, among other things, the anatomy department where we visited the Museum of Anatomic Eradicators, the Institute of Brain Research which was exceptional because of its modern equipment and its impressive collection of and witnessed the dissection of a corpse! We also sat in on a lecture; “The new bluephase – LED for every use” held by George Reinhard (Ivoclar Vivadent AG Schaan, Liechtenstein). In the evening we were invited by the Romanian Embassy in Zagreb to a reception at the Westin Hotel to celebrate the Romanian National Day (Great Union Day, a national holiday where the Romanians celebrate the Union of Transylvania with Romania). This meant a lot to us as we were away from home.

3rd of December, Wednesday

In the morning we went to the Dental School to attend a course in fixed prosthetics and restorative dentistry. We were pleasantly surprised by the high-quality conditions in which

the patients are treated: modern dentistry units, apex locators, the innovative ozone therapy, ProTaper etc. combined with teachers that were prepared and willing to show us different techniques. The afternoon was spent ice-skating in a sports complex, while in the evening we enjoyed a blues and jazz concert performed by Enrico Crivellaro, experiencing the Croatian nightlife.

4th of December, Thursday

Thursday was a free day where we chose to visit the city on our own. We familiarized ourselves with Croatian traditions, as we bought souvenirs for our family and friends: the traditional licitar hearts, lavender oil from the finest lavender grown on the Adriatic Croatian Islands, blueberry wine and the traditional chocolate "Bajadera" which delighted our senses. We tasted the traditional Croatian flavours of the "cevapcici" and sarma dishes and in the evening our Croatian friends accompanied us to one of their shopping malls where we saw the new James Bond movie.

5th of December, Friday

We started our day with a visit to the hospital "Sisters of Charity", for a clinical class. One of the doctors took us on a tour of the post-operative suite in order to meet patients and become familiar with their diagnoses. It was an emotional experience for first year students, as this was the first contact we had with patients of this kind. In the afternoon we drank tea and watched one-minute movies. In the evening we were introduced to the Zagreb nightlife and taken to one of the famous youth bars.

6th of December, Saturday

Unfortunately, this was our last day in Croatia, a country which we find ourselves very fond of. We were waved off by our Croatian friends who had made sure that our visit there had been one of the most pleasant and interesting



experiences we have ever lived. Our journey back home was filled with great memories of the magnificent seven days spent there.

It is a trip which we will always remember. As well as experiencing Croatian dentistry we made new friends and visited a very beautiful city.

To conclude, hopefully this wasn't a once in a lifetime experience as we are eager to go back to Croatia. We are extremely grateful for this opportunity and we hope that other students can enjoy the great cultural exchange as we did. We are also looking forward to playing host to our Croatian colleagues as soon as possible.

Acon Petru
Antohi Vlad
Derscanu Andreea
Prodan Mara
Zamfir Adrian
Dental students from Bucharest, Romania

EDSA Legends

Nemanja Hadzi - Longinovic



Stefan Nemanja Hadzi-Longinovic has been a Serbian representative and EVP coordinator with EDSA since 2002.

In Santiago De Compostela, Spain, Nemanja was elected as EDSA vice-president.

He has been on exchange programmes at Queen Mary Dental School in London, UK and at the School of Dental Medicine in Jerusalem, Israel, with which he established good ties.

Nemanja was the General Secretary of the Organizing Committee for the 31st EDSA meeting and the 5th EDSA Congress held in Belgrade, Serbia.

In 2006, he graduated from the School of Dentistry, at the University of Belgrade, Serbia.

Nemanja also has finished the School of Equine Dentistry in Pukekohe Auckland, New Zealand, where he presently resides.

First steps in EDSA? Why and When?

My first EDSA baby steps were at the 30th meeting in Slovenia in 2002. I was introduced to the EDSA magnificence by a great friend of mine, Neda Stefanovic, who had later encouraged and inspired my work in the EDSA projects. A little shy and insecure, but keen and persistent, I entered the world of young future dentists of Europe.

Your impressions about the first meeting?

As I recall, the fall of 2002 was a warm but occasionally rainy season. That same warmth, I felt among EDSA members during the meetings and the social events. The cultural differences seemed to fade away even though everybody who was present were coming from different corners of Europe. The EDSA spirit or even a trait, if I may call it, has pushed me further to discover its goals, secrets and mysteries. I absolutely enjoyed every moment of the meeting and especially Bled Lake in the Slovenian mountains.

Which part of a meeting you love the most?

Usually, the most exciting moment would be landing at the



Airport with anticipation of who I am going to see first from my EDSA friends? After sharing hugs and shaking hands, and exchanging of fresh new ideas, I become invigorated every time for the meetings (along with the gossip here and there, which can be quite interesting!). I must not diminish the true value of EDSA vision night, which has always been exceptional in every possible way. Creativity bursting from the young, restless minds of EDSA members, I surely love the most.

Your last meeting and feelings about that?

Last but not least (I hope), Ireland, Dublin and Trinity College, were the hosts of the last meeting that I attended. Although, quite rainy, Dublin put a constant smile on my face. I enjoyed every minute of my time there. Unfortunately, I knew that the EDSA meeting in Dublin would be my last, as I was about to graduate from Dental School. On the other hand, I always have known and still do, that EDSA has a great heart, and would accept me to participate again, even I am a grown-up dentist nowadays.

Do you think that EDSA contributed to your personal development? If yes, how?

Having an opportunity to meet many people from different countries and backgrounds, and sharing views and ideas, I have always considered as a true blessing. Serious discussions, sincere laughs, occasional jokes, endless e-mails and quite pricey telephone calls, I believe, have given me a completely new perspective towards life and the dental profession in general. I have found some true, life-long friends in EDSA.

Why New Zealand?

New Zealand is a distant land with vast of opportunities. One of those opportunities was actually the School of Equine Dentistry in Pukekohe on the North Island. Although there are a few dental schools specialised in equine dentistry located in USA, Australia, or Europe, I decided to go to New Zealand, as that school came highly recommended. By the strong, guiding hand, thorough theoretical and practical approach of Prof. Warwick Behrns, I gathered knowledge of different



dental treatments that can be applied to horses' mouths and teeth. Working from basics up, toward the advanced techniques and treatments, I have seen dentistry through completely different eyes.

Horse dentistry – your future or...?

As my first love was dentistry but not only love, I do believe that equine dentistry will play a significant role in my professional and personal life. I will encourage myself to split working hours, so I will be able to find some time to attend horses as well as human beings. Riding horses I find quite thrilling. But there is no good ride without a good and stable horse's mouth. In this manner, I combined two important parts of my life, dentistry and horses.

Are you in contact with people from EDSA?

I pay a lot of attention to what my fellow EDSA colleagues are doing. Unfortunately, we are not able to meet in person as much as we would like to, but a letter, an e-mail or even a telephone call are a routine. I do hope that all dinosaur EDSA ex-members will find time to meet on one of the future EDSA meetings. I think that would be a blast!

Ambitions?

My personal ambition would be to see all you guys in one place, in Europe, having a great time all over again!



Marija Begovic
EDSA Magazine Editor
makihoki@yahoo.com
School of Dentistry University of
Belgrade, Serbia

EDSA Legends

Christine Smith

For those of you who don't know me, my name is Christine and I was an EDSA delegate from 2003-2007. I attended many of the meetings all over Europe. I think all this gallivanting gave me the travelling bug and Australia seemed like the perfect choice for my next adventure after finishing my dentistry course.

As soon as I qualified from Cardiff University, I started to arrange my trip to Australia. There was plenty to organise. Luckily, being a dental graduate from the UK or Ireland, I did not have to sit any more exams to work in Australia. I just needed to sort out my visa, which included a medical and chest x-ray, and an agent to help me find a job. I got a one year working-holiday visa, which allows me to work with an employer for up to six months and to stay in the country for a maximum of one year. A four year visa was also available but I figured I could always apply for this at a later date if I decided to stay longer.

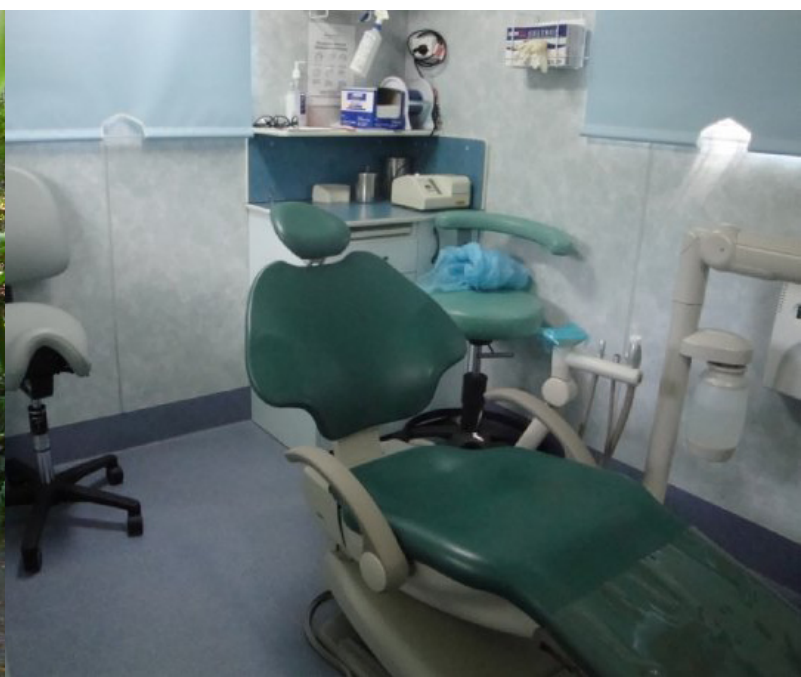
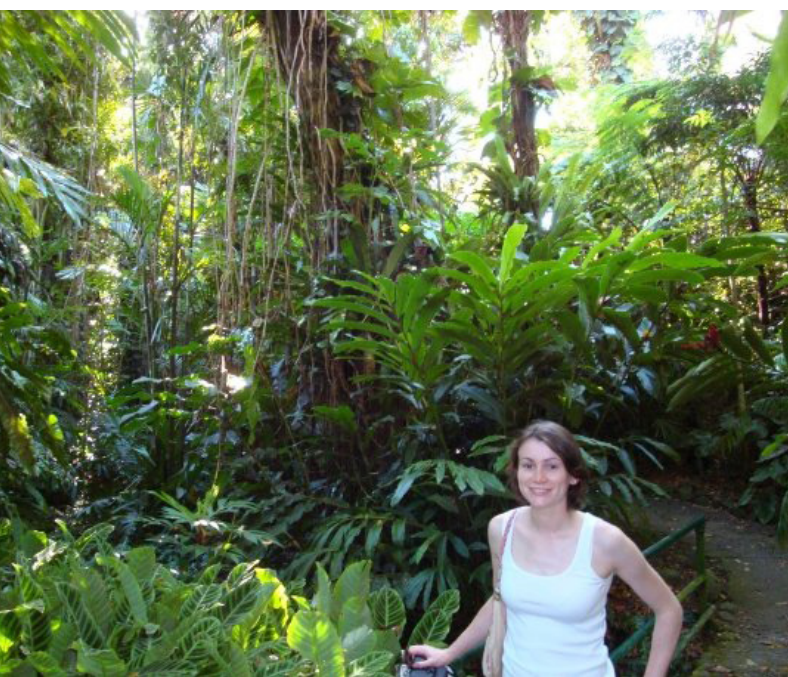
There is plenty of work available to dentists who are willing to live outside the big cities, like Sydney and Melbourne. There is also a good choice of private or Government work. I decided to apply for a Government job so I would have a fixed salary and be without the stress of private practice. I managed to get a job in Cairns working for Queensland Health. I am the School Dentist two days a week and work on the adult clinic the remainder of the time.

Cairns is a city in far North Queensland on the North-East coast of Australia. It is located in the tropics and so consists of two seasons, the wet and the dry. Inland, it is surrounded by national parks, rainforests, rivers and lakes, and out from the coast is the 2,000km Great Barrier Reef. It is the perfect destination if you like outdoor activities. You can do everything from scuba-diving to surfing, white water rafting to bungee jumping, fishing to 4-wheel driving. Not to mention, sunbathing, swimming, BBQs, eating, drinking. There is always something to do on your evenings



and weekends.

When I arrived in Cairns in September we were still in the dry season, so you could expect blue skies and temperatures of 25-35 degrees Celsius everyday. Sometimes this did make it a little hard for you to go to work though! The rainy season started in January and normally lasts until about March. During this period, the weather is cooler and more pleasant but if it rains it can last for multiple days. In 2008, a





massive 4 metres of rain was recorded in Cairns! Not to mention, the cyclone season that coincides with the rainy season, which presently, I am eagerly awaiting my first experience of.

Working in Cairns has provided me with valuable dental experience. I see complicated paediatric cases everyday. We travel around to schools in our mobile dental van, and with the help of the therapists, manage to see hundreds of

kids every month. The caries rate here is extremely high and it is not unusual to see children of 3 years of age needing a full clearance. Diet and oral hygiene is not a priority for many people in Queensland so the dental team play a very important role in educating them.

In this part of Australia, patients travel for miles to see a dentist. There are few dentists, and even fewer dental specialists, in far North Queensland so there is no luxury of a second opinion; you have to be confident in your diagnosis and treatment planning. Many of my patients are of aboriginal origin. They may only be in Cairns for a short period before they travel back to their communities which can be inaccessible by road for most of the year. Such communities receive treatment during the year by the Royal Flying Doctor Service, which I will have a chance to fly with next month. Treatment has to be definitive as you may only be there for one day and you are the only access these patients have to dental treatment for a very long time. Unfortunately, extractions are often the case.

Once finished my six months employment, I plan to drive across the outback to Darwin, travel down the West coast to Perth and then on to New Zealand. I also hope to become a better surfer, diver and skier along the way. I have not seen any big spiders or snakes yet so the rumours you hear aren't all true. Luckily, I have managed to see loads of kangaroos, koalas and crocodiles. It is all one great big adventure and one that I am so happy I have got to experience.



International Association Of Dental Students

The International Association of Dental Students, IADS, started as an idea of 6 dental students in the spring of 1951, where they dreamt of having an association to represent all dental students from all over the world. They would be united as one big multicultural family that works together for the sake of the dental profession worldwide.

And 57 years later here we are continuing what those great people dreamt of, and celebrating the values of friendship and unity no matter where you come from, you are always welcome to be part of the oldest and only International Association of Dental Students the IADS. The center office is located in the World Dental Federation-FDI head quarters in France, and its partners include the Young Dentists Worldwide –YDW, as well as the recently joined alliance, the European Dental Student Association-EDSA. IADS, as an FDI affiliate member, takes part in its annual meetings with representatives from the FDI Council, joins projects like World Oral Health Day and promotes FDI Dental Ethics Manual amongst others.

In our association we are always trying to enrich our members' experiences on many levels. We have 2 meetings a year, in a different corner of the world where, we get the chance to learn about new cultures, languages and traditions. Last year we went to the historic country of Egypt, as well as the promising hospitable country of Poland, and before we've been to Hungary, Malta, Germany, Sudan, Czech Republic, Kuala Lumpur and the list goes on and on. Each of these meetings have been an extraordinary manifestation of friendship and ambition. Many people who are with the association for many years, got to know their best friends though IADS, some even got married to people they met at our meetings.

Also we focus on the Scientific aspect of our members, we have the Standing Committee On Research and Education,

–IADS SCORE–, that include members from different countries working together for the benefit of all members of the association. Some of the projects run by SCORE:

A. International Dental Research Program:

-where an agreement has been made between IADS and Washington University, that the latter will host IADS students to conduct their research in the premises of such a huge well known institute for the summer according to criteria present on our website: www.iads-web.org

B. Post graduate database:

Where post graduate courses available at our member universities for International students being collected and made available to our members to make use of it in planning their future career.

C. Lectures Database:

Students from all over the world share their work and presentations with their fellow members so every one can benefit from every one's work which is what IADS is all about.

D. Preventive Project:

Where IADS helps all member universities and associations conducting a preventive program at their home countries and collect the results statistically using the unique IADS formula. Many more projects are already planned, as we learned when it comes to SCORE, the sky is the limit!

Another of our priorities is removing boundaries between our member countries. This is why we have the International Exchange program that has been running for years and last year alone, there were more than 280 students who participated. They were hosted at each other's countries,



Dr. Julian Fischer with part of the IADS-EGYPT '08



Exchange Fair





Participants of 55th IADS annual meeting - EGYPT '08

where they spend some time learning about all aspects of the host country: dentally and socially. This program is coordinated through IADS representatives in each of the member countries –National Exchange Officer- NEOs working under the help and supervision of the International Exchange Officer, as well as COSPIE that is the committee concerned with solving any problems that might arise during the exchanges.

The IADS has an obligation towards the promotion of Oral health around the globe and hence our Voluntary Work Abroad project. The aims include reaching the less fortunate people living in developing countries and treat, educate and put a smile on their faces. Through the last year alone, more than 40 IADS students and fresh graduates paid visits to Ecuador, Uganda, Tanzania, Cambodia, Guatemala, Kenya, Vietnam, India, Ghana and Sudan, helping thousands of people in need.

Whoever volunteers on a work project knows it is one of the best experiences they could have as students. This is why in 2006 we even connected the congress of IADS with a medical field trip in the rural areas of Sudan, where thousands of patients were treated by a group of local students, young dentists and students from IADS.

And last but not at all least, this association is run by an elected executive committee whose members come from different countries. Their role is to always work together to make sure that the IADS is carrying out the responsibilities that comes with a legacy of more than half a century. This ensures that the solid basis for the future generations that will carry the association in the coming years.

The Executive Committee for this year is:

Tomaz Spindler | Slovenia | President
Magdalena Maciejowska | Poland | General Secretary
Amir El-Kholi | Egypt | Treasurer
Aneta Filipiuk | Poland | International Exchange Officer
Zeyad Salem | Egypt | Editor
Juliane Gnoth | Germany | Immediate Past president

IADS is living proof of the power of the dream along with hard work, dedication, perseverance and determination. The dream started with 6 people and is now embracing more than 80,000 students from all over the world that cherish, respect and love each other, despite their background differences. Our members enjoy friendships and opportunities that would have never been possible if it were not for the IADS.

For more information about the various activities and projects of our association kindly log on to: <http://www.iads-web.org>



Zeyad Salem
IADS-EDITOR 08-09
Chairman of IADS-SCORE
editor@iads-web.org



European Dental Students' Association

44th EDSA Meeting



**August 23-27th
2009
Helsinki Finland**

Further info at:
www.edsa.globaldent.com

