6th International Symposium On

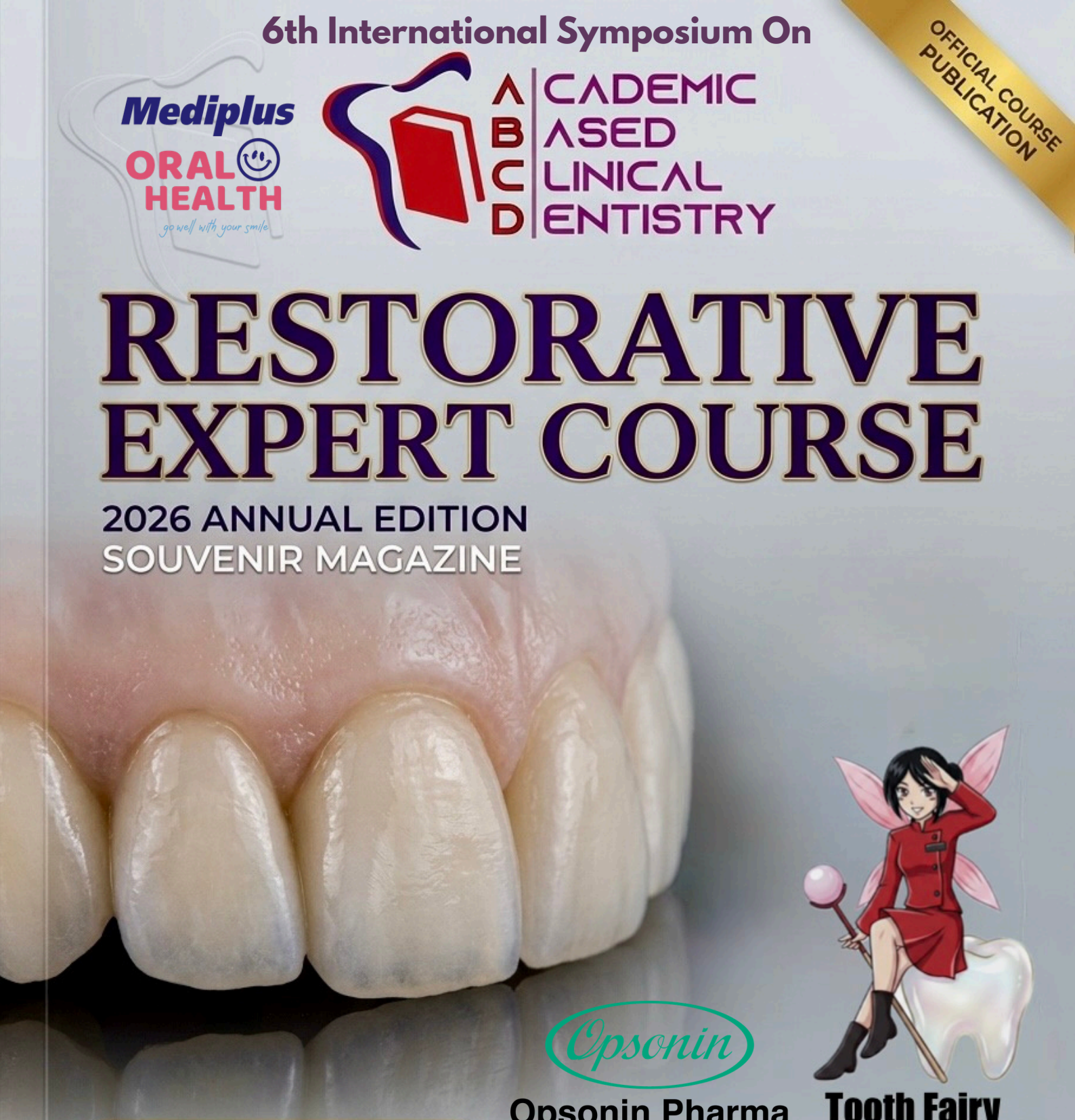
OFFICIAL COURSE PUBLICATION

Mediplus ORAL HEALTH
go well with your smile

ABCD ACADEMIC BASED CLINICAL DENTISTRY

RESTORATIVE EXPERT COURSE

2026 ANNUAL EDITION
SOUVENIR MAGAZINE



Opsonin

Opsonin Pharma
Ideas for healthcare

Tooth Fairy Foundation

Success Stairs SEQUENCE

24-25 August 2026, Pattaya, Thailand

www.abcdprogram.com

Rito®

Etoricoxib INN

60 mg Tablet
90 mg Tablet
120 mg Tablet

Once daily

The trusted NSAID in Dental Pain

- Controls dental pain within 24 minutes
- Shows less gastrointestinal side effects
- Can be taken with or without food

℞ ● Osteoarthritis ● Rheumatoid arthritis ● Acute gout

1st Time in Bangladesh

Alginate based buffered dual delayed release Dexlansoprazole MUPS

Sanbur® 30

Dexlansoprazole 30 mg MUPS tablet



Quickest & long-lasting relief from heartburn

- Relieves heartburn in about 99% of the patients
- Starts stomach acid neutralization within 20 seconds
- Starts to relieve GERD symptoms within 1 minute

"Like" us on facebook .com/OpsoninPharma

Opsonin Pharma
Ideas for healthcare

FURTHER INFORMATION IS AVAILABLE FROM:

Opsonin Pharma Limited

Product Management Department, Opsonin Building
30 New Eskaton, Dhaka 1000, Visit our website: www.opsonin-pharma.com

welcome Message

"Dentistry Beyond Imagination"



Professor
DR. Parimal Chandra Mallik

President
Bangladesh Dental Society

It is a matter of immense pleasure and pride to know that the Tooth Fairy Foundation, Bangladesh, in collaboration with Success Stairs, Poland, is organizing the 6th International Academic Based Clinical Dentistry Symposium 2026 in Pattaya, Thailand, on August 24–25, 2026.

On behalf of the Bangladesh Dental Society, I extend my warmest greetings to all the organizers, participants, and esteemed speakers involved in this grand international endeavor. Continuous academic and clinical development is the cornerstone of modern dentistry.Such International symposiums provide a vital platform for dental professionals to exchange knowledge, discover innovative clinical approaches, and build relationships that transcend borders.

I would like to extend a special welcome to the keynote speaker, Lek.dent Maciej Czerwiński, whose expertise will undoubtedly enrich the clinical acumen of all attending practitioners. The dedication of the Tooth Fairy Foundation to elevating the standard of clinical dentistry among Bangladeshi professionals through such international collaborations is highly commendable.

I am confident that the souvenir magazine published on this occasion will an excellent record of the scientific milestones achieved during this two-day event. I wish the symposium and the hands-on sessions a resounding success, and I hope all participants return with enhanced skills and fond memories.



PROFESSOR
DR. MOSTAQUE H SATTAR

Advisor
Tooth Fairy Foundation
Chairperson - ABCD 2026

Welcome Message

Chief Guest Professor Dr Somchai Sessirisombat, former Oral & Maxillofacial Surgery Department, Faculty of Dentistry, Chulalongkorn University, Bangkok and Lek.dent Maciej Czerwiński Restorative Dentist from Tomorrow Tooth Poland

As Chairperson of the Restorative Dentistry Symposium, it is my distinct honor and privilege to welcome you all to the Restorative Dentistry Symposium

Dear Distinguished Speakers, Esteemed Colleagues, and Honored Guests,

It is our great pleasure to welcome you to the Restorative Dentistry Symposium. Your presence reflects a shared commitment to advancing excellence in restorative dental care through continuous learning, innovation, and professional collaboration.

This symposium brings together leading experts, dedicated clinicians, educators, and researchers to exchange knowledge, discuss the latest evidence-based techniques, and explore emerging technologies that are shaping the future of restorative dentistry.

We hope this event provides valuable scientific insights, meaningful discussions, and excellent networking opportunities that will inspire your clinical practice and contribute to improved patient care.

Thank you for being part of this important academic gathering. We wish you a productive, enjoyable, and memorable symposium.

Welcome, and have a wonderful symposium!



DR. Sudin Shakya

DMD, FICCDE, FADI, FICD, FICOI
Kathmandu, Nepal

International Advisor
Tooth Fairy Foundation

It is with immense pleasure and great honour that I extend my warmest greetings to all distinguished guests, eminent speakers, academicians, clinicians, researchers, and dental professionals attending the International Academic Based Clinical Dentistry Symposium, organized by Tooth Fairy Foundation, Bangladesh, in the beautiful city of Bangkok.

As the International Advisor of Tooth Fairy, I am privileged to be associated with this important international initiative. This conference represents more than an academic gathering; it reflects our shared commitment to advancing dentistry through knowledge, innovation, evidence-based clinical practice, and international collaboration.

The field of dentistry is evolving at an unprecedented pace. New technologies, digital workflows, advanced materials, minimally invasive approaches, and emerging scientific evidence are continually transforming the way we practice. In such an environment, continuous learning and meaningful professional exchange are not merely desirable—they are essential.

This conference provides a valuable platform to bridge the gap between academic knowledge and clinical practice, while bringing together professionals from diverse backgrounds and countries. It is through such interaction that we broaden our perspectives, challenge conventional thinking, share experiences, and create new opportunities for collaboration.

I am particularly delighted to witness the growing international vision of Tooth Fairy. Bringing dental professionals together beyond geographical boundaries strengthens our profession and reminds us that, although we may come from different countries and cultures, our ultimate commitment remains the same: to provide better, safer, and more compassionate care to our patients.

I sincerely congratulate the leadership and organizing team of Tooth Fairy for their vision, dedication, and commitment in creating this international academic platform. I also express my gratitude to all the distinguished speakers, delegates, partners, and supporters whose valuable contributions have made this event possible.

May this conference inspire new knowledge, new ideas, new collaborations, and new friendships. May it encourage us to continue learning, sharing, and leading the way towards a brighter future for dentistry.

On behalf of Tooth Fairy, and in my capacity as International Advisor, I warmly welcome you all to Bangkok and wish the conference every success. Let us learn together, grow together, and advance dentistry together—without borders.

Welcome to Bangkok. Welcome to Tooth Fairy. Welcome to the global family of dentistry. Thank you.



DR. G K M RIFATULLAH

Advisor
Tooth Fairy Foundation

Dear Esteemed Colleagues and Honored Guests,
On behalf of the Organizing Committee of Academic Based Clinical Dentistry (ABCD), it is our distinct privilege to welcome you to the 6th International Symposium and Restorative Expert Masterclass 2026. This exclusive, international hands-on event will take place on August 23–25, 2026, in Pattaya, Thailand.

Dedicated to advancing the field of clinical dentistry, this year's symposium brings world-renowned restorative expert Dr. MaciejCzerwinski from Poland to lead an intensive two-day practical course. Focusing on Composite Restoration and Direct Composite Veneers, this masterclass is designed to help practitioners refine their clinical techniques, stay at the forefront of modern methods, and elevate the artistry of their daily practice.

Beyond hands-on training, our objective is to foster international dialogue by featuring leading speakers from both abroad and across the region. Our specialized workshops will share cutting-edge innovations that directly enhance everyday patient care.

As Conference Advisor, I extend my heartfelt gratitude to our distinguished speakers, association leaders, honored delegates, and corporate partners whose generous support makes this event possible. A successful conference relies entirely on dedication, and I deeply appreciate our organizing team's tireless work in meticulously planning both the scientific program and social activities.

My sincere gratitude goes to our speakers, organizational leaders, distinguished guests, and valued sponsors for their unwavering support. I also acknowledge the incredible dedication of our planning team in orchestrating every aspect of the program.
On behalf of the Toothfairy Foundation, we look forward to welcoming you to an unforgettable conference.

We look forward to greeting you in Pattaya for a truly inspiring event under the auspices of the Toothfairy Foundation.



DR. NABANITA CHAKRABORTY

Advisor
Tooth Fairy Foundation

Dear Honored Delegates and Colleagues,
It is my distinct privilege to welcome you to the 6th International Academic Based Clinical Dentistry (ABCD) Symposium and Restorative Expert Masterclass 2026—an exclusive, international hands-on training event taking place on August 23–25, 2026, in Pattaya, Thailand.

We take immense pride in supporting this dedicated clinical conference aimed at advancing patient care standards both in Bangladesh and internationally. We are confident that our experience in orchestrating prestigious, specialized events will add substantial value to this premier gathering and help fulfill its mission.

True to its legacy, this year's ABCD Symposium brings world-renowned restorative expert Dr. Maciej Czerwinski (Poland) to lead an intensive two-day practical masterclass on Composite Restoration and Direct Composite Veneers. This session is designed to deepen theoretical knowledge, cultivate technical mastery, and elevate regional treatment standards.

Furthermore, the symposium will highlight the latest breakthrough technologies and materials that are transforming restorative dentistry and expanding treatment possibilities for patients.

I sincerely trust that all attendees will find this year's program immensely rewarding—gaining transformative insights, exchanging innovative ideas, and acquiring advanced skills in their respective specialties.

I look forward to meeting you all at the 6th ABCD International Dental Symposium in Pattaya, organized by the ToothfairyFoundation.



DR. GAZI NISSAN (PhD)

Advisor
Tooth Fairy Foundation

Dear Esteemed Guests, Distinguished Speakers, Delegates, Colleagues, and Friends-

It gives me immense pleasure and great honour to warmly welcome you to the 6th International Academic Based Clinical Dentistry Symposium, taking place on 24–25 August 2026 at Sunbeam Hotel, Pattaya, Thailand.

This symposium represents a shared vision of bringing together dental professionals, academics, clinicians, researchers, and educators from different backgrounds and countries under one platform. It is a celebration of knowledge, clinical excellence, innovation, and—most importantly—the spirit of learning together.

As the member of the Organizing Committee, and Adviser of the Tooth Fairy Foundation Bangladesh, I am deeply grateful to witness this vision come to life through the dedication and collective efforts of everyone involved. Organizing an international scientific gathering requires commitment, teamwork, and perseverance, and I sincerely appreciate every individual who has contributed to making this symposium possible.
This symposium has therefore been designed not merely as a sequence of lectures, but as a platform for meaningful scientific exchange, practical learning, professional networking, and collaboration.

We are especially honoured to welcome our distinguished Keynote Speaker, Lek.dent Maciej Czerwiński, whose expertise and experience in Success Stairs Sequence and Smile Design Principles, together with the two-day hands-on programme, will add tremendous value to this scientific gathering. We are confident that his contribution will provide our participants with valuable clinical insights and practical knowledge that can be carried forward into everyday practice.

I would like to extend my heartfelt appreciation to the Tooth Fairy Foundation, Bangladesh, and Success Stairs Sequence, for their vision, trust, and tireless efforts in bringing this international symposium to life. My sincere gratitude also goes to the scientific committee, organizing committee, speakers, volunteers, sponsors, partners, and all those who have worked behind the scenes to make this event possible.

May the 6th International Academic Based Clinical Dentistry Symposium become a memorable chapter in our collective journey toward greater academic excellence, clinical innovation, and professional collaboration.

Once again, on behalf of my beloved Tooth Fairy Foundation 🧚 , I extend my warmest welcome to each and every one of you. Thank you for joining us in Pattaya, Thailand, and for being an important part of this remarkable gathering. Wishing you an intellectually enriching, professionally rewarding, and truly memorable symposium.

****Welcome to the 6th International Academic Based Clinical Dentistry Symposium— where knowledge meets clinical excellence, and collaboration shapes the future of dentistry.****



DR. MEHNAJ SHARMIN MOURI

Advisor
Tooth Fairy Foundation

Ladies and gentlemen, esteemed guests, and fellow colleagues of the dental sciences, It's with immense pleasure and excitement that I extend a warm welcome to each and every one of you to the 6th International Academic-Based Clinical Dentistry Symposium 2026. As we gather here today from across the globe, we unite in a shared passion for advancing clinical dentistry through cutting-edge research, innovative practices, and interdisciplinary collaboration.

This symposium serves as a nexus of knowledge exchange, where ideas converge, and breakthroughs are born. It is a platform where leading minds in the field come together to explore the latest trends, share insights from their experiences, and forge connections that transcend borders and disciplines.

Throughout the course of this symposium, we will delve into a myriad of topics ranging from novel treatment modalities and emerging technologies to evidence-based practices and patient-centered care. Through keynote addresses, panel discussions, and interactive workshops, we will embark on a journey of discovery, learning from each other and pushing the boundaries of what is possible in clinical dentistry.

I am confident that the next few days will be filled with stimulating discussions, enlightening presentations, and invaluable networking opportunities. So, let us embrace this opportunity with open minds and open hearts, and let us embark on this journey together towards a brighter future for clinical dentistry.

Once again, welcome to the 5th International Academic-Based Clinical Dentistry symposium 2026. May our time together be fruitful, enriching, and unforgettable. Thank you.



Dr. Alvee Rahman

BDS, MPH

President
Tooth Fairy Foundation

Welcome to the 6th International Academic Based Clinical Dentistry Symposium!

Dear Colleagues and Friends,
It is with great pleasure and immense pride that I welcome you to Pattaya, Thailand, for what promises to be an exceptional journey of learning and professional growth.

Organized through a proud collaboration between the Tooth Fairy Foundation, Bangladesh, and Success Stairs, Poland, this year's symposium is designed to elevate our clinical practice to new heights. We are united by a shared commitment to advancing dental education and fostering global connections among dedicated professionals like yourselves.

Over the next two days, we have the distinct privilege of learning from our esteemed keynote speaker, Lek.dent Maciej Czerwiński. His intensive 2-day hands-on sessions will dive deep into the Success Stairs Sequence and master the core of Smile Design Principles. This is a unique opportunity to refine your techniques, engage in hands-on clinical mastery, and bring world-class aesthetic solutions back to your patients.

Beyond the exceptional academic program, I hope you take the time to enjoy the stunning backdrop of the Sunbeam Hotel and the beautiful coastal charm of Pattaya. Let this symposium be as much about forging lifelong friendships and global networks as it is about clinical excellence.

Thank you for joining us and making this event truly special. I look forward to meeting each of you and sharing in this incredible experience.

For more information about our ongoing initiatives and future events, please visit www.toothfairy.org.bd and www.abcdprogram.com



Dr Meher Naznin

BDS, MSW
MPH Student, University of Massachusetts Lowell

Vice President
Tooth Fairy Foundation

It is so great that Tooth Fairy Foundation is organizing the International Academic Based Clinical Dentistry Symposium for the 6th time. In recent career changes, I am more focused on Public Health than before. But from my background as a dentist I understand how important oral health is for the overall health of the public. Seminars and symposiums such as this are so beneficial for practicing dentists so that they can be up-to-date and provide best care for their patients.

I wish the very best to all the participants and speakers. I also hope that Tooth Fairy foundation keeps growing and does more for our country's dental public health and does more for everyone in our profession.



Dr. Farhana Bushra

General Secretary
Tooth Fairy Foundation

It is a privilege to serve Tooth Fairy Foundation as General Secretary, even while living abroad. Distance has never diminished my commitment to our shared vision and the wonderful work we do together.

I am sincerely grateful to all our members, volunteers, and supporters for their dedication and generosity. Your efforts continue to strengthen our organisation and make a meaningful difference in the community.

Let us remain united in our purpose and continue working together to create a positive impact. I look forward to seeing our organisation grow and achieve even greater success in the years ahead.

With gratitude and best wishes.



Dr. Rijwanur Rahman

Treasurer
Tooth Fairy Foundation

It is my great pleasure to welcome you to the International Symposium on Academic Based Clinical Dentistry 2026, organized by the Tooth Fairy Foundation.

Tooth Fairy Foundation has been committed to advancing dentistry through its dedicated academic initiatives. Our vision is to create continuous opportunities for dental surgeons to enhance their knowledge, update their clinical practices, and remain aligned with the latest developments in modern dentistry. We firmly believe that continuous education is the foundation of clinical excellence and that well-trained professionals are essential to delivering safe, effective, and world-class treatment to patients.

This symposium represents that vision in action. By bringing together distinguished academicians, clinicians, researchers, and dental professionals, we aim to create a platform for meaningful scientific exchange, sharing of clinical experiences, and exploration of contemporary approaches in dentistry.

As a Founder Director of the Tooth Fairy Foundation, it is particularly gratifying to witness how our shared vision has evolved into meaningful academic initiatives over the years. I sincerely appreciate the dedication of our esteemed speakers, organizing team, partners, sponsors, and participants who have contributed to making this symposium possible.

May this gathering inspire new ideas, strengthen professional collaboration, and encourage every participant to pursue lifelong learning, clinical excellence, and compassionate patient care.

I warmly welcome you all to the International Symposium on Academic Based Clinical Dentistry 2026 and wish you a truly enriching and memorable academic experience.



Dr. Saima Nur

Joint Secretary
Tooth Fairy Foundation

It is my great honor and pleasure to welcome you to the International Symposium on Academic Based Clinical Dentistry 2026, organized by the Tooth Fairy Foundation.

This symposium reflects our shared commitment to evidence-based dentistry, innovation, and lifelong learning. By bringing together distinguished speakers, academicians, researchers, and clinicians from home and abroad, we aspire to foster the exchange of knowledge, inspire collaboration, and contribute to the continued advancement of clinical dentistry.

I sincerely thank our esteemed speakers, valued partners, sponsors, organizing committee, and participants for their unwavering support in making this scientific gathering possible. Your presence reinforces our collective vision of excellence in education, research, and patient care.

May this symposium inspire new ideas, strengthen professional connections, and encourage us all to shape the future of dentistry with knowledge, compassion, and integrity.

I wish you a rewarding and memorable symposium.



Dr. Samiul Hasan Sumit

Event Secretary
Tooth Fairy Foundation

It is both an honour and a privilege to welcome you to the **International Symposium on Academic Based Clinical Dentistry 2026. As the Event Manager, I am delighted to see this vision come to life through the collective dedication of individuals who believe in the power of knowledge, collaboration, and innovation.**

Every successful scientific gathering begins with a simple purpose—to create meaningful opportunities for learning and professional growth. This symposium has been carefully designed to serve as more than a series of academic sessions. It is a platform where ideas are challenged, experiences are shared, and lasting professional relationships are formed. By bringing together clinicians, researchers, educators, and students from diverse backgrounds, we hope to inspire conversations that extend far beyond the conference halls.

Dentistry is evolving at an extraordinary pace, and with every advancement comes a greater responsibility to remain informed, adaptable, and committed to excellence. Through this symposium, we aim to encourage evidence-based practice, highlight emerging technologies, and promote interdisciplinary collaboration that ultimately benefits the communities we serve.

An event of this scale is only possible through teamwork and shared commitment. I extend my heartfelt appreciation to our distinguished speakers, scientific committee, organizing committee, volunteers, sponsors, and every participant whose enthusiasm and support have transformed this initiative into reality. Your contribution reflects the spirit of unity that drives progress within our profession.

I hope your time at this symposium is intellectually enriching, professionally rewarding, and personally memorable. May the knowledge you gain, the discussions you engage in, and the connections you build continue to inspire excellence long after this event concludes.

Thank you for being part of this remarkable gathering. Together, let us celebrate the pursuit of knowledge and continue shaping the future of clinical dentistry with passion, purpose, and dedication.



Dr. Shovon Karmakar

Secretary of Rural Affairs
Tooth Fairy Foundation

It is my immense pleasure to welcome you all to the International Symposium on Academic Based Clinical Dentistry 2026, organized by the Tooth Fairy Foundation.

Since its establishment in 2012, the Tooth Fairy Foundation has remained committed to improving oral healthcare through two fundamental pillars: academic excellence and community-based health awareness. Over the past years, we have dedicated ourselves to advancing dental education by creating platforms for scientific learning, professional development, and knowledge exchange, while simultaneously promoting oral health awareness among communities through various outreach and public health initiatives.

This symposium reflects our unwavering commitment to lifelong learning and evidence-based clinical practice. By bringing together distinguished speakers, respected academicians, researchers, and dental professionals from home and abroad, we aim to foster meaningful discussions, share innovative ideas, and inspire excellence in patient care.

I extend my heartfelt gratitude to our honorable speakers, valued partners, sponsors, volunteers, and every participant whose support and enthusiasm have made this event possible. Your presence strengthens our collective vision of advancing dentistry through education, collaboration, and service.

I hope this symposium provides an enriching academic experience, encourages new professional collaborations, and motivates us all to continue serving our communities with compassion, integrity, and clinical excellence.

On behalf of the Tooth Fairy Foundation, I warmly welcome you and wish you a successful, inspiring, and memorable symposium.



Dr. Manila Anzum

Assistant Treasurer
Tooth Fairy Foundation

It is my great pleasure to welcome you to the International Symposium on Academic Based Clinical Dentistry 2026, proudly organized by the Tooth Fairy Foundation.

Since its inception in 2012, the Tooth Fairy Foundation has been dedicated to advancing oral healthcare through academic excellence, clinical education, and community outreach. Our mission has always been to create opportunities for learning, encourage evidence-based practice, and promote oral health awareness for the betterment of society.

The International Symposium on Academic Based Clinical Dentistry 2026 brings together distinguished clinicians, researchers, academicians, and dental professionals from around the world to exchange knowledge, share innovative ideas, and explore the latest developments in clinical dentistry. We hope this gathering will inspire meaningful discussions, foster professional collaboration, and contribute to the continuous advancement of dental science and patient care.

I extend my sincere gratitude to our esteemed speakers, valued sponsors, dedicated volunteers, organizing committee, and every participant whose support and enthusiasm have made this symposium possible. Your contributions reflect our shared commitment to excellence, innovation, and service.

I wish you a rewarding and memorable symposium filled with learning, networking, and inspiration. Together, let us continue to shape the future of dentistry through knowledge, collaboration, and compassion.

Welcome, and thank you for being part of this remarkable journey.



Dr. Sakira Tanzeen Nilia

Secretary to the Treasurer
Tooth Fairy Foundation

It is a great honor and pleasure to welcome you to the International Symposium on Academic Based Clinical Dentistry 2026, organized by the Tooth Fairy Foundation.

The journey of dentistry is one of continuous learning, innovation, and evolution. With this belief, the Tooth Fairy Foundation remains committed to creating opportunities for dental professionals to expand their knowledge, enhance their clinical skills, and stay updated with the latest developments in modern dentistry. Our ultimate goal is to empower dental surgeons to deliver safe, effective, and world-class treatment to their patients.

This symposium brings together distinguished academicians, clinicians, researchers, and dental professionals on a common platform to exchange knowledge, share clinical experiences, and explore contemporary approaches in dentistry. We hope this gathering will encourage meaningful discussions, professional connections, and new perspectives that can positively influence clinical practice.

I would like to express my sincere appreciation to our esteemed speakers, organizing committee, partners, sponsors, and participants for their valuable support and dedication in making this event possible.

May this symposium inspire us to embrace lifelong learning, pursue clinical excellence, and continue contributing to the advancement of our profession.

I welcome you to this remarkable academic journey and hope that the symposium leaves you inspired to pursue greater excellence in clinical dentistry.



Dr. Nusrat Jahan

Assistant Secretary
PR Department
Tooth Fairy Foundation

It is my immense pleasure to welcome you to the International Symposium on Academic Based Clinical Dentistry 2026, organized by the Tooth Fairy Foundation.

Since its establishment in 2012, Tooth Fairy Foundation has been working with a vision to improve oral healthcare through two fundamental pillars—academic advancement and community-based health awareness. Through our academic initiatives, we strive to empower dental surgeons with updated knowledge, modern clinical concepts, and evidence-based practices so that they can continually enhance their skills and provide patients with world-class dental care.

Alongside academic development, our community initiatives focus on creating awareness about the importance of oral health. Through dental camps, oral health education, and proper oral hygiene instruction, particularly among school-going children and underserved communities, we aim to build healthier habits and contribute to a healthier generation.

Having been closely associated with the Tooth Fairy Foundation since 2017, I have had the privilege of witnessing its dedication, growth, and unwavering commitment to education and service. This symposium is another meaningful step in our journey towards bringing knowledge, innovation, and excellence to the forefront of clinical dentistry.

I extend my heartfelt gratitude to our distinguished international speakers, respected clinicians, academicians, partners, sponsors, organizing committee, and participants for making this endeavor possible.

May this symposium inspire knowledge, innovation, collaboration, and a renewed commitment to excellence, ultimately helping us transform the future of dentistry and improve the lives of the communities we serve.

I warmly welcome you all and wish you an inspiring, enriching, and memorable symposium.

Mediplus DS

PROTECTION AGAINST
Sensitivity and Caries



THE SUCCESSFUL ANSWER TO THE PROBLEM OF DENTINAL HYPERSENSITIVITY



PROVEN IN PRACTICE FOR SENSITIVE TEETH

EXPERIENCED DENTAL SHOP

e-dental SHOP

YOUR TRUSTED PARTNER IN DENTAL CARE

100% AUTHENTIC QUALITY PRODUCTS

DENTAL SURGICAL INSTRUMENTS

Engineered for precision and reliability, dental surgical instruments are fundamental to delivering high-quality clinical care. Their refined design supports accuracy, efficiency, and confidence in every procedure.



PRECISION ENGINEERED
For accurate and consistent performance

PREMIUM QUALITY
Made from high-grade stainless steel

AUTOCLAVE SAFE
Corrosion resistant & long lasting

ERGONOMIC DESIGN
Comfortable grip for better control



CHARISMA® SYRINGE COMBI KIT

- High esthetic results
- Excellent polishability
- Reliable & long-lasting restorations
- Ideal for anterior & posterior restorations

FAST & SAFE DELIVERY | EXPERT SUPPORT | BEST PRICES GUARANTEED | QUALITY YOU CAN TRUST SERVICE YOU CAN RELY ON

OUR PRODUCTS


DENTAL INSTRUMENTS


HANDPIECES & EQUIPMENTS


RESTORATIVE MATERIALS


IMPLANT SOLUTIONS


ORTHODONTIC PRODUCTS


DISPOSABLES & CONSUMABLES


DISINFECTION & INFECTION CONTROL

ORDER NOW > | 01713-485100 | 01713-485151 | info@e-dentalshop.com | www.e-dentalshop.com

নির্ভরযোগ্য পণ্য | আন্তর্জাতিক মানের নিশ্চয়তা | দ্রুত ডেলিভারি সার্ভিস | পেশাদার সাপোর্ট টিম

Speaker Profile

"Tomorrow's Smiles, Today's Innovation"

SAFE WASH

Antiseptic Daily Mouth Wash

- Removes **99.9%** germs from the mouth within 7 days
- Unique combination, ensure tratment goal
- Enriched with Thymol, having antibacterial, antiseptic & antifungal property
- Also contains Borax that relieves mouth sores or thrush
- Free from alcohol



24 Hours Protection

Alcohol Free

250 ml

Bright Kiss

Herbal toothpaste

Effectively improve sensitivity & reduce cavity

- ***Effectively improve sensitivity***
- ***Helps prevent cavities***
- ***Helps prevent gingivitis***
- ***Helps to remove dental plaque***
- ***Helps to keep the teeth brightness***



Bone Fuel Plus Tablet

Calcium Carbonate crystal (From Egg Shell) 333 mg, Vitamin D3 200 IU, Magnesium 134 mg & Zinc 8.50 mg

An effective and latest Innovative of
Calcium Supplementation from Eggshell origin



Enzyforte Tablet

Bromelain 250 mg, Trypsin 75 mg, Chymotrypsin 100 units, Papain 125 mg, Pancreatin 1000 mg, Amylase 12500 units, Lipase 1000 units, Protease 12500 units

A combination of Proteolytic enzymes for effective and natural alternative treatment of

- ✓ *Periodontal Pain*
- ✓ *Swelling of Gum*
- ✓ *Tooth Extraction Pain*
- ✓ *Tooth Ache*



Immuna Plus Tablet

Moringa Leaf Ext. 250 mg, Spirulina Ext. 75 mg, Wheat Grass Ext. 100 mg, Barley Grass Ext.75 mg

4 in 1, A Green Powerhouse for Health & Energy

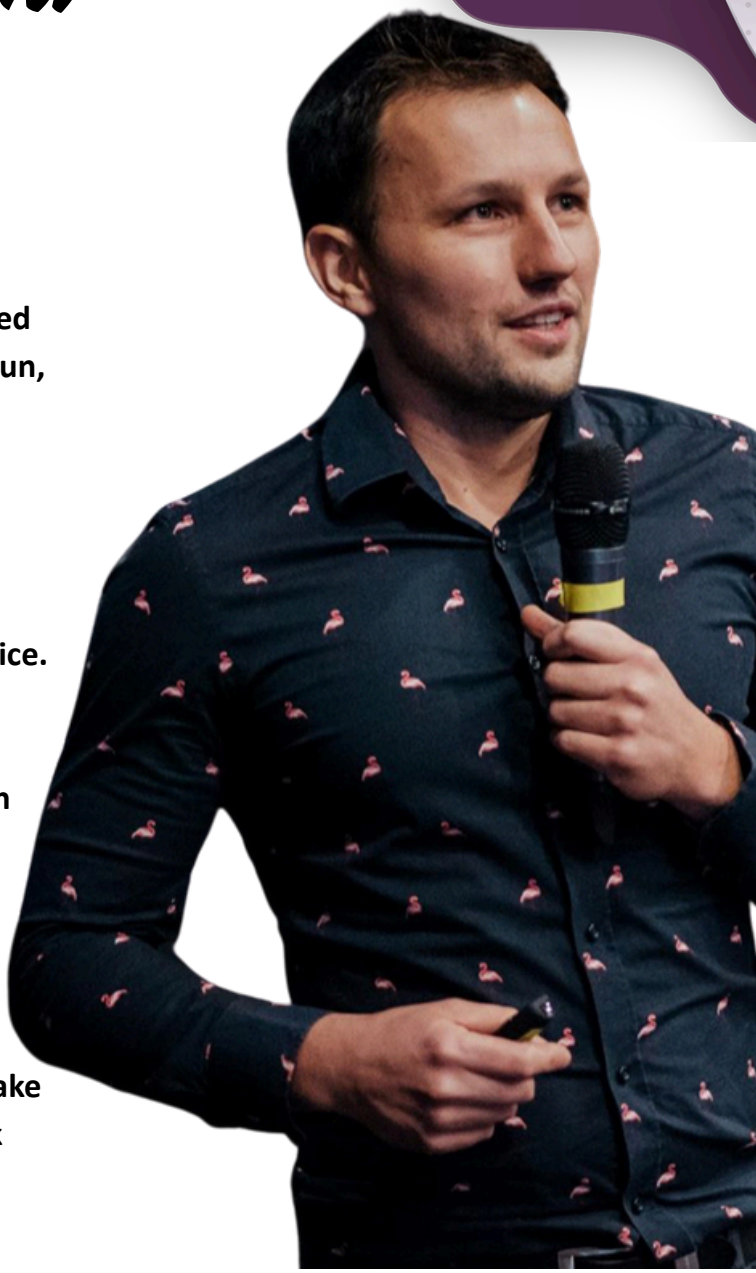
Amazing Health Benefits

- ✓ *High in essential and non essential amino acids*
- ✓ *Rich in vital vitamins including all B vitamins and Inositol, more than conventional food*
- ✓ *Rich in Enzymes like Amylase, Protrease, Lipase, Superoxide Dismutase(SOD) and Antioxidants*
- ✓ *High in minerals, more than conventional food*



Alien Pharma
(Herbal & Nutraceuticals)
Dhaka Industrial Estate, BSCIC, Plot # B-26, Notun Sonakanda
Ruhitpur, Keraniganj, Dhaka-1310, Mobile: 01332 530 601
E-mail: alienpharma221984@gmail.com, Web: https://alienpharmabd.com

Maciej Czerwiński



I graduated from the Poznan University of Medical Sciences in 2008 and since 2010 have worked as the Principal Dentist at my private practice in Torun, central Poland.

In 2017 I started the *Success Stairs Microscope Dentistry* Facebook group that concentrates on Microscope based restorative dentistry and how to apply the Success Stairs sequence to our daily practice.

Although I make my living providing restorative dentistry in general practice, I also provide hands on training to help other dentists learn the techniques that help me on a daily basis.

I am passionate about predictable dentistry and believe that photography has a huge part to play in this. As part of my courses I show dentists how to take photographs that highlight the beauty of their work and help them market their skills to other patients.

TOMORROW TOOTH

Success Stairs SEQUENCE

MASTER LEVEL

Mediplus

TOOTHPASTE, TOOTHBRUSH & DENTALFLOSS



ULTIMATE DENTAL CARE

Program Outline

"Dentistry Without Boundaries"

ACCORD
CORPORATION LIMITED
A HENRY SCHEIN® COMPANY

ACADEMIC BASED CLINICAL DENTISTRY

Success Stairs SEQUENCE

Success Stairs Introduction

Success Stairs is a structured clinical workflow designed to make restorative dentistry simpler, faster, and more predictable in everyday practice.

During this course you will learn practical techniques that allow you to work with confidence, efficiency, and full control of the clinical field. A major focus of the protocol is rubber dam isolation, including the most reliable methods used in modern restorative dentistry. You will discover how to choose the right rubber dam and clamps, and how to improve isolation using techniques such as Teflon isolation, Teflon Napkin, and the Split Dam technique.

The course also presents a safe and predictable approach to caries removal, allowing you to complete restorations in a single appointment while minimizing the risk of pulp exposure.

Another key element is perfect matrix adaptation. You will learn how to select the appropriate matrix system for each clinical case and how to achieve predictable proximal contacts and natural occlusal anatomy.

Finally, you will discover how to implement the Success Stairs workflow in your dental practice, increase the value of your treatments, and use professional dental photography to document and present your work.

by: Maciej Czerwiński

ACADEMIC BASED CLINICAL DENTISTRY

Success Stairs SEQUENCE

Pre-isolation S.T.A.R sequence | F.I.R.M Isolation | Safe Preparation With M.A.C | R=MC2 | 3 polishing steps | Satisfaction

Success Stairs introduction

The Success Stairs Sequence is a structured, step-by-step protocol designed to simplify restorative dentistry and make everyday clinical procedures more predictable, efficient, and profitable.

The theoretical part of the course consists of six carefully designed steps that will guide you through the key principles of modern adhesive dentistry and help you build a workflow that works reliably in daily practice.

During this part of the course you will learn practical techniques that allow you to place a rubber dam quickly, safely, and with full control, even in challenging clinical situations. We will discuss the principles of initial tooth preparation as well as gingivectomy procedures that help create ideal conditions for isolation and long-lasting restorations.

You will discover the most effective rubber dam isolation strategies used in modern restorative dentistry. We will present techniques that significantly improve the quality and predictability of isolation, including the Teflon Isolation and Teflon Napkin techniques.
You will also learn how to select the right rubber dam and which clamps are truly essential for daily clinical work. The session also includes the Split Dam Technique and a live presentation of the most reliable methods of rubber dam placement.

A key element of the Success Stairs protocol is a safe and predictable approach to caries removal. You will learn how to manage carious lesions in a way that allows you to complete restorations during a single appointment, eliminating the need for temporary fillings while minimizing the risk of pulp exposure.

Another important step focuses on perfect matrix adaptation, one of the most challenging aspects of restorative dentistry. You will learn how to select the proper matrix system for each clinical situation and how to achieve predictable proximal contacts and natural tooth anatomy. We will also introduce the Teflon Floss technique and practical methods for creating ideal occlusal anatomy.

The course also includes the Success Stairs polishing protocol, which allows you to achieve restorations that are not only highly aesthetic but also durable and comfortable for the patient.

In the final part you will learn how to successfully implement the Success Stairs Sequence in your dental office. We will discuss strategies for increasing the value of your treatments, optimizing pricing, and improving communication with patients. You will also learn professional dental photography protocols that help you document cases, build a strong portfolio, and present your work at the highest professional level.

by: Maciej Czerwiński

ACADEMIC BASED CLINICAL DENTISTRY



Success Smile - Predictable Esthetics Without Frustration

Success Smile – Predictable Esthetics Without Frustration Success Smile is an intensive 2-day theoretical and hands-on course introducing a modern, fully reproducible approach to direct composite veneers. It was designed for dentists who don't consider themselves artists, struggle with manual skills, or have attended numerous esthetic courses but still found it difficult to translate live demonstrations into predictable results in everyday clinical practice.

Why Success Smile?

This course was born from personal experience. Like many dentists, I attended countless composite veneer courses where instructors created spectacular restorations. Although I followed the same steps, I was never able to reproduce the same results in my own practice. Returning to the clinic often meant frustration—the knowledge simply didn't translate into predictable clinical outcomes.

SUCCESS SMILE IS THE SOLUTION TO THAT PROBLEM

Instead of relying on talent or intuition, you will learn a structured, step-by-step protocol that delivers consistent esthetic results.

We Guide You Through Every Step

Success Smile takes you through the complete smile makeover process—from smile analysis and treatment planning to the restoration of **10 anterior teeth** using direct composite veneers.

Every stage is clearly explained, organized into a logical sequence, and practiced repeatedly until it becomes a predictable clinical workflow.

by: Maciej Czerwiński

Course Program

1. SMILE ANALYSIS

- Comprehensive smile esthetic analysis
- Tooth shape evaluation
- Identification of esthetic discrepancies
- Treatment planning principles

The goal is to learn how to objectively recognize what should be improved instead of relying on
intuition or artistic talent.

2. THE COMPLETE SUCCESS SMILE PROTOCOL

Pink Stage

• Gingival architecture analysis
• Evaluation of possibilities for soft tissue correction

White Stage

• Tooth surface preparation
• Working with the proprietary Success Smile matrix system
• Pirate Phase
• Beaver Phase
• Pedigree Phase
• Creating the smile frame
• Contouring and shaping
• Cut-back technique
• Internal characterization ("painting")
• Enamel layer application
• Finishing, polishing, and final anatomy

TWO DAYS OF INTENSIVE HANDS-ON TRAINING

Success Smile is built around intensive practical exercises performed on models.

The greatest strength of the course is its precisely defined clinical sequence. Every step is broken down into simple, repeatable actions that can be performed consistently, allowing even dentist without an "artistic touch" to achieve beautiful, natural, and highly predictable esthetic outcomes.

THIS COURSE IS FOR DENTISTS WHO WANT TO:

• Stop guessing.
• Stop feeling frustrated.
• Build confidence in direct composite veneers.
• Follow a logical, step-by-step clinical protocol.
• Deliver beautiful, predictable, and repeatable esthetic restorations from the very first day after the course.

Success Smile proves that outstanding esthetic dentistry is not about artistic talent—it's about following the right protocol.

by: Maciej Czerwiński

Mediplus

TOOTHPASTE, TOOTHBRUSH & DENTALFLOSS





ULTIMATE DENTAL CARE

Scientific Insights

"Innovate. Inspire. Transform. Dentistry of Tomorrow"

Complete
Solution Provider
with Innovative Technology
for Future Density



SHINING 3D
ELF & Lync





SHINING 3D
Elite

3shape
TRIOS
Intraoral Scanner





Zircom Furnaces

KDF



KDF Master Plus

DGSHAPE by Roland



Dry Milling Machine

FASTFORM



SLM Metal 3D Printer



3D Printer



NSK Surgic Pro 2
Surgical and Implants Motor



NSK Prophy-Mate neo



Belmont Dental Chair





OPG & CEPH



angelus



BIO-C Sealer



MTA Fillapex

JOIN CHAMP



MedLife

For any Queries
Cell : 01670463653, 01728447573, 01751672040
www.medlifebd.com



Shooting Smiles: The Essential Guide to Predictable Dental Photography

Dr. Alvee Rahman

BDS, University of Dhaka
MPH, North South University
dr.alvee@msn.com

Standardized clinical photography is essential for case documentation, lab communication, and presenting restorative work effectively. A predictable protocol ensures that every photo taken in the clinic—whether by you or an associate—is consistent and publication-ready.

Here is a comprehensive guideline for establishing a professional dental photography protocol.

1. The Core Gear Setup

You cannot substitute proper optical equipment in clinical dentistry. Cell phone cameras distort the anterior segment and cannot reliably communicate shade or surface texture to a lab.

- **Camera Body**: Any modern DSLR or mirrorless body (APS-C or Full Frame). The body is less critical than the lens and lighting.
- **Macro Lens**: A true macro lens capable of 1:1 magnification.
  - APS-C sensors: 85mm to 100mm.
  - Full Frame sensors: 100mm to 105mm.
- **Lighting**: The most critical component for dental photography.
  - Ring Flash: Best for posterior shots, surgical documentation, and standard intraoral views. It provides flat, shadowless illumination, ensuring the entire field is visible.
  - Twin Flash: Essential for anterior aesthetic cases. It creates directional shadows, highlighting surface texture, line angles, and translucency.

2. Standardized Camera Settings

To ensure consistency across multiple cases (and multiple clinic branches), lock your camera in Manual (M) mode. Once set, you only need to adjust the aperture (f-stop) and flash output based on the specific view.

Setting	Standard Value	Why it Matters
Shutter Speed	1/125s to 1/200s	Eliminates camera shake and freezes motion. Never drop below 1/125s for handheld clinical shots.
ISO	100 or 200	Keeps the image clean and free of digital noise (grain).
White Balance	Flash / 5500K	Ensures accurate color reproduction for lab shade matching.
Image Format	RAW + JPEG	RAW retains maximum data for editing or publication; JPEG allows for quick sharing.

Aperture (Depth of Field) Guidelines

- Extraoral (Full Face): f/8 or f/11
- Anterior Intraoral (Smile/Retracted): f/22
- Posterior/Occlusal (Mirrors): f/25 to f/32 (Requires maximum depth of field to keep the entire arch in focus).

3. The "Big 5" Standard Intraoral Views

A complete clinical baseline should capture the following views at a standardized magnification ratio (usually 1:3 for arches, 1:1 for single teeth).

- Frontal in Centric Occlusion: Use retractors to pull lips away from the teeth and gums. The camera should be perfectly perpendicular to the facial surfaces of the central incisors.
- Right Buccal in Centric Occlusion: Requires retractors and a buccal mirror. Retract the right side heavily. Ensure the mirror captures the distal of the terminal molars.
- Left Buccal in Centric Occlusion: Mirror image of the right buccal.
- Maxillary Occlusal: Requires an occlusal mirror and retractors pulling upward and outward. The patient should open maximally. Angle the mirror to capture the entire arch without showing the patient's nose in the frame.
- Mandibular Occlusal: Retractors pulling downward. The tongue must be relaxed and pushed back slightly by the mirror.



4. Field Control Accessories

- Good photography is impossible without excellent tissue management.
- Cheek Retractors: Invest in clear, rigid, C-shaped retractors for lateral views, and V-shaped retractors for occlusal views.
- Photographic Mirrors: Use rhodium-coated, front-surface glass mirrors. Avoid stainless steel mirrors as they scratch easily and often produce double or ghosted reflections.
- Contrastors (Black Backgrounds): Essential for anterior restorative work. A black contrastor placed behind the anterior teeth blocks out the tongue and throat, forcing the camera to expose perfectly for the teeth and highlighting incisal translucency.

5. Pro Tips and Tricks

- Defeat Mirror Fog: Mirror fog is the most common frustration. Instruct the patient to breathe through their nose. Submerge the mirror in a bowl of warm water before use, or have your assistant gently blow air from the tri-way syringe across the mirror surface while you compose the shot.
- Saliva Management: Teeth should be dry to show texture, but not so desiccated that they turn chalky white. Wipe the teeth with a 2x2 gauze immediately before clicking the shutter, or have your assistant suction aggressively while you compose.
- Focusing Technique: Do not use autofocus. Set your lens to manual focus, dial in your desired magnification ratio (e.g., 1:3 for a frontal smile), and achieve focus by physically rocking your body closer to or further away from the patient until the image in the viewfinder is sharp.
- Avoid the "Down-Angle": For frontal anterior shots, ensure the camera lens is perfectly parallel to the occlusal plane. Shooting down from above distorts the apparent length of the incisors.



Surgical Management and Prosthetic Rehabilitation of Peri-Apical Peri-Implantitis in the Mandibular First Molar Region: A Clinical Case Report

Dr. Mehnaj Sharmin Mouri
Aesthetic Dental Surgeon & Smile Designer
Founder & Chief Consultant Dentessa
Advisor ToothFairy Foundation

Abstract
Peri-apical peri-implantitis is a localized inflammatory condition affecting the apical portion of a dental implant, often leading to bone loss while coronal osseointegration remains intact. This case report describes the successful management of peri-apical peri-implantitis in a 31-year-old female patient involving the mandibular right first molar region (tooth 46). A staged treatment protocol was implemented, including pharmacological infection control, surgical debridement, implant surface decontamination, guided bone regeneration, and delayed prosthetic rehabilitation. A papilla preservation flap technique was employed to maintain soft tissue aesthetics. Clinical and radiographic outcomes demonstrated resolution of infection, successful bone regeneration, and restoration of function and aesthetics with a zirconia crown. A 1-year post-prosthetic follow-up confirmed stable peri-implant bone levels with no patient complaints. This case highlights the importance of early diagnosis and a multidisciplinary approach in managing peri-apical peri-implantitis.

Keywords: Peri-apical peri-implantitis, implant complications, bone graft, papilla preservation flap, guided bone regeneration, zirconia crown, CBCT

1. Introduction

Peri-apical peri-implantitis is a relatively uncommon implant complication characterized by inflammation and bone loss localized at the apical portion of an implant, often without affecting coronal osseointegration. Early detection is crucial to prevent implant failure. Management typically involves surgical intervention aimed at decontamination and regeneration. This report presents a comprehensive clinical approach to managing peri-apical peri-implantitis while preserving implant stability and optimizing both functional and aesthetic outcomes.

2. Case Presentation

A 31-year-old female patient presented with localized gingival erythema and swelling associated with the implant at site 46 (mandibular right first molar region). Clinical findings indicated inflammatory involvement extending toward the occlusal aspect.

Radiographic Evaluation:
Cone Beam Computed Tomography (CBCT) revealed localized bone loss at the apical region of the implant, consistent with peri-apical peri-implantitis. The coronal portion of the implant remained well integrated, and overall implant stability was preserved.

3. Treatment Protocol

3.1 Phase I: Pharmacological Management

To control acute infection and reduce inflammation prior to surgical intervention, a dual-antibiotic regimen was prescribed:

*** Amoxicillin with Clavulanic Acid (625 mg) – broad-spectrum antibacterial coverage**
*** Metronidazole (400 mg) – targeting anaerobic pathogens associated with peri-implant infections**

3.2 Phase II: Surgical Intervention

Following initial infection control, surgical management was performed under aseptic conditions.

Surgical Steps:
1. Flap Elevation:
A full-thickness mucoperiosteal flap was elevated using a papilla preservation technique to maintain interdental soft tissue integrity. This approach was specifically chosen to minimize the risk of gingival recession and prevent black triangle formation, thereby preserving aesthetic outcomes.

2. Implant Stability Assessment:

The implant was clinically assessed and confirmed to be stable, indicating preserved osseointegration.

3. Defect Access and Preparation:

A bony window was created using a round bur to access the defect. Care was taken to avoid contact with implant threads.

4. Decontamination:

The implant surface was chemically decontaminated using tetracycline dressing to reduce bacterial load.

5. Irrigation:

Thorough irrigation with sterile normal saline was performed to remove debris and residual contaminants.

6. Regenerative Procedure:

Bone graft material was placed within the defect to promote osseous regeneration.

7. Flap Closure:

The flap was repositioned and secured using 4-0 Prolene non-resorbable sutures, ensuring precise adaptation and primary closure

3.3 Phase III: Healing and Follow-Up

A structured follow-up protocol was maintained:

* 7 Days: Suture removal (Prolene) and evaluation of initial soft tissue healing
* 15 Days: Continued soft tissue healing assessment
* 1 Month: Evaluation of tissue stability
* 4 Months: Bone graft consolidation assessment

3.4 Phase IV: Prosthetic Rehabilitation

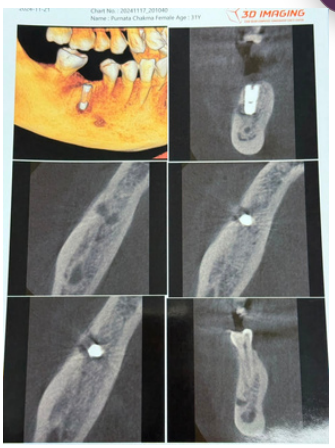
* 6 Months: Placement of healing abutment to develop emergence profile
* 8 Months: Final impression and prosthetic fabrication
* Final Restoration: Delivery of a zirconia crown with optimal aesthetics and function

The treatment resulted in:

* Resolution of infection and inflammation
* Preservation of interdental papilla and soft tissue contour
* Successful regeneration of peri-implant bone
* Maintenance of implant stability
* Restoration of masticatory function
* Satisfactory aesthetic outcome with zirconia crown



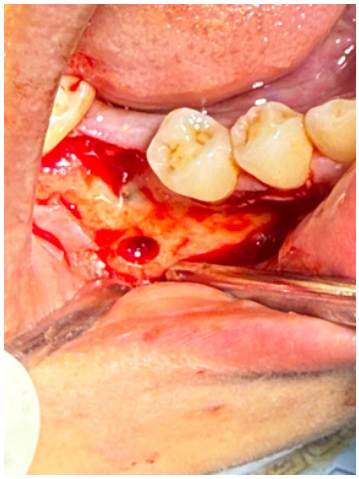
1.Infected site



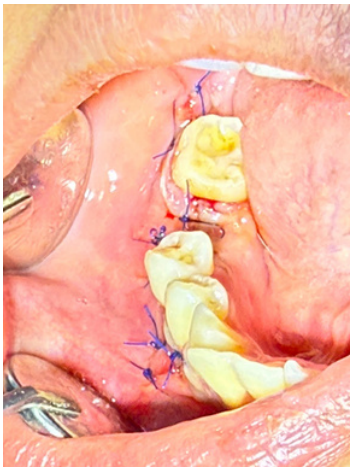
2.CBCT



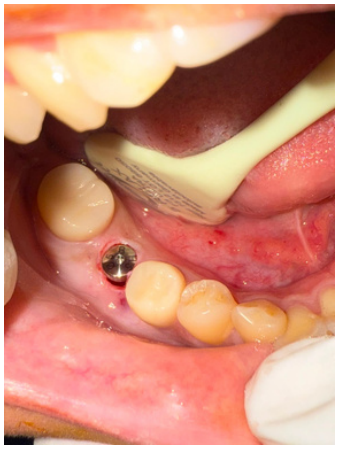
3.CBCT



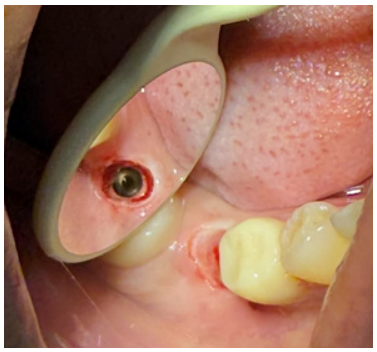
4.Flap open , apical decontamination & GBR



5.Flap Repositioning & Suture

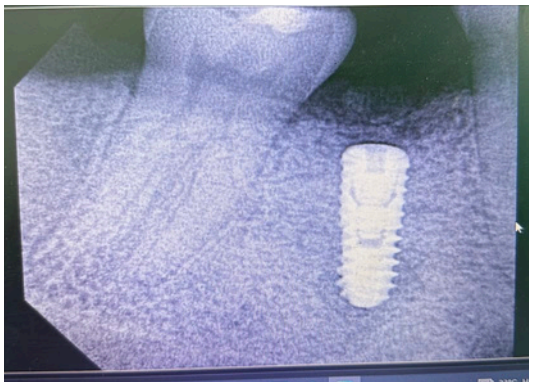


6. Abutment Placement

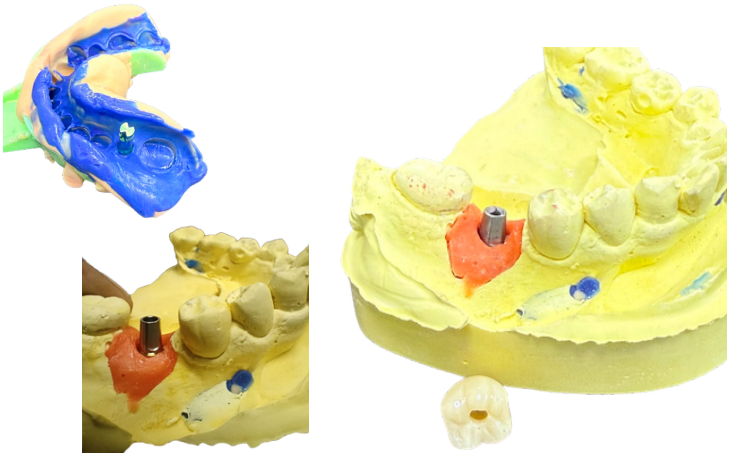




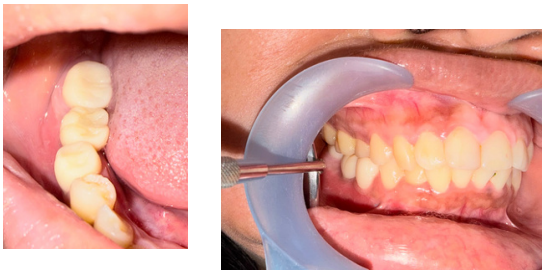
7.Emergence Profile



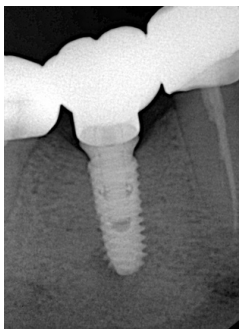
8.X-ray evaluation 6 months after GBR



9.Impression,Model & Prosthesis



10.Post-cementation of the prosthesis



11.After one year followup

Follow-Up Outcome:
At 1-year post-prosthetic loading, the patient remained asymptomatic with no clinical complaints. Radiographic evaluation demonstrated stable peri-implant bone levels and healthy surrounding tissues, confirming long-term success of the treatment.

5. **Discussion**
Peri-apical peri-implantitis requires early diagnosis and targeted intervention to preserve implant function. In this case, the lesion was confined to the apical region, allowing successful management without implant removal. The use of a papilla preservation flap contributed significantly to maintaining soft tissue aesthetics.

The combination of systemic antibiotics, surgical debridement, chemical decontamination, and guided bone regeneration proved effective. CBCT imaging played a vital role in diagnosis and treatment planning. The addition of a delayed prosthetic protocol ensured optimal healing before loading.

6. **Conclusion**
Peri-apical peri-implantitis can be successfully managed through a structured and multidisciplinary approach. Preservation of both hard and soft tissues is essential. This case demonstrates that with proper diagnosis, careful surgical execution, and adequate healing time, long-term implant success can be achieved even in the presence of apical pathology.

UniMed UniHealth

EXCLUSIVE DISTRIBUTOR OF WORLD-CLASS DENTAL BRANDS

Timeline

2005: Journey begins with KaVo Dental Units.
2008: Advanced Rotary Endodontics introduced; Hands-on workshop with Dentsply Maillefer.
2010: Launch of Aesthetic and Bioactive Restorative Materials from Shofu.
2014: First Dental Implant Symposium & Surgery with Bicon Implant.
2015: Expansion into multi-disciplinary dentistry with Coltene and Sybron Endo.
2016: Nobel Biocare – World's No. 1 Implant System – introduced.
2017: Tuttnauer Class B Autoclaves for world-class sterilization solutions.
2018: Pioneered Digital Dentistry with first CAD/CAM installation from Sirona.
2019: Introduced Sirona Orthophos CBCT, advancing 3D imaging in Bangladesh.
2020: Digital Occlusal Analysis (T-Scan, EMG, JVA, Jaw Tracker) installed at Bangladesh Medical University.
2021: Entered Micro-Dentistry with Zumax OMS 2350 Dental Microscope.
2022: Simplified Rotary Endodontics with Orodeka Rotary Systems & partnered with Septodont for anesthetics.
2023: Primescan Intraoral Scanner from Dentsply Sirona introduced.
2024: Advanced Tooth Whitening Solutions with Beyond Polus Advanced Systems.
2025: Representing 15+ global brands and 20 years of trust in Bangladesh.

20 Years of Innovation in Dentistry

Further information is available from UniMed UniHealth Limited, Holding No. 660, Char Washpur, P.O.- Shyamlapur, P.S.- Hazaribag, Dhaka 1310, Bangladesh.
Contact: +8801929993339 E-mail: marzuk.sabir@unigroup-bd.com



MINERAL TRIOXIDE AGGREGATE -A REVIEW

Md. MuminulHaque1 , Lubna Mumin Chowdhury[2] , Monir Hossen[3] , Sharif Hamim Hossain[4], Safwan Ahmed Chowdhury[5], Md. Shahriar Parvez Sazzad[6], Nusrat Jahan Noumi[7]

1Associate professor, [2,3,4]Dental Surgeon,[5,6,7]Intern Doctor

ABSTRACT

In the early 1990s, an experimental material for use in Endodontics was developed at the university of Loma Linda, California, USA by Mohamoud Torabinejad and named Mineral Trioxide Aggregate (MTA).

First time it is used in r ot perforations. MTA was finally evaluated and a proved in 1 98 by the FDA&in 1 99, a gray colored material, under the trade name Pro Root MTA.

MTA is a powder composed of fine hydrophilic particles, mainly of tricalcium silicate, dicalcium silicate, tricalcium aluminate, tetracalcium aluminofe rite, di-hydrated calcium sulphate, as we l as bismuth oxide, which is a ded to make the aggregate radio opaque.

It's superior sealing ability & capacity to include hard tissue formation, key a plication include direct pulp ca ping, pulpotomy, apexification, perforation repair, open apex single visit&retrograde r ot end fi ling, after yielding high success rates (90-95%).

In present article, we review the current composition&various uses in Endodontic Treatment.

Key words- Biocompatible dental material, MTA, Open apex management.

Introduction

Over the past 2 decades, Mineral Trioxide A gregate (MTA) has become one of the most widely studied endodontic material. A very particular advantage of MTA is that unlike many other dental materials it sets in the moist environment that is omnipresent in dentistry. When in contact with moisture, the material's main component, which is Calcium Oxide, converts into Calcium Hydroxide, which many clinicians are familiar with. This conversion results in a high pH microenvironment which has beneficial antibacterial e fects, unlike Calcium Hydroxide, however, MTA has very low solubility & maintain its physical integrity after placement.

Clinical Application

1.Vital pulp therapy :

Pulpca ping / Pulpotomy forits property tostimulate dentin bridge formation,showing superior results to Calcium Hydroxide.

Direct pulp protection is indicated when the pulp is accidentally exposed. After irrigating the cavity with a physiologic saline solution and hemostasis has b en established, MTA is carefu ly a pliedtaking care notto compress the materials intopulpal tissues. Excess material that is on the su rounding dentin must be removed with a curette and the cavity closed with IRM, a light polymerizable resin or a glass ionomer.

In direct pulp protection, MTA has b en showed to be an excellent material providing the formation of a mineralized ba rier (dentin bridge).

The goal is to protect the pulp from further damage, promoting healing & potentia ly prevent the n ed for more invasive treatmentlike RCT or Tooth extraction.

Benefits :

I.Preserves the natural t oth.

II.Prevents more invasive treatments.

III.Promotes healing&regeneration of the pulp tissue.

IV.Promotes the tooth from further damage and infection.

Success Rate:

The successrate of pulpca ping can vary depending on the material used, the extent of the pulp exposure&other factors.

Aftermath of Pulp ca ping:
Dentin formation usually starts within 30 days of pulp ca ping.
There can be a delay in onset of dentin formation. If the odontoblast of the pulp is injured during cavity removal.

If odontoblast is injured then formation of dentin is largely completed by 13 days.

Histological changes after pulp ca ping:



After 24 hours – Necrotic zone
After 7 days – Cellular and fibroblastic activity After 14 days – Partly calcified tissue
After 28 days – Zone of new dentin

But when using MTA for direct pulp ca ping, the material induces a very limited and superficial zone of necrosis in the underlying pulp tissue which is essential for tri gering healing and dentin bridge formation.

Necrotic zone mechanism:
Initial reaction – similar to calcium hydroxide, MTA has a high pH (alkaline) upon a plication, which creates a superficial layer of coagulation necrosis on the exposed pulp surface.

MTA vs $Ca(OH)_2$ – Histological studies show that why both materials creates a necrotic zone, the zone produced by MTA is typically smaller and results in less inflammation and superior pulpal healing compared to conventional Calcium Hydroxide.

Healing phase – the necrotic layer serves as a ba rier with the underlying vital pulp tissue then migrating to fi l the area with collagen and inducing odontoblast like cells to form a new dentin bridge,

MTA pulp capping:
Dentin bridge formation – MTA simulate the formation of a thick, uniform reparative dentin bridge in the ce l rich zone of the pulp.

Biocompatibility – MTA a lows for higher activation of pulp ce ls in
direct contact with the material, leading to faster and more predictable repair.

Long term success – studies indicate that pulp capping with MTA leads to lower rates of inflammation&pulpal necrosis compared to other materials.

For optimal results, the necrotic zone should be controlled by careful sterile a plication of MTA to the exposure site, ensuring the underlying pulp remains healthy enough to initiate the repair.

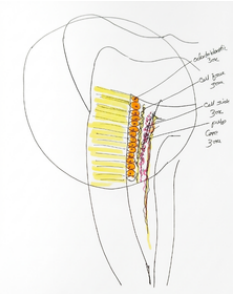


Fig: Histological zones of pulp

Pulpotomy :
Mineral Trioxide Aggregate (MTA) pulpotomy involves coronal pulp disinfecting the area and placing MTA over the radicular pulp to promote healing.

A pulpotomy is a dental procedure that removes infected or inflamed pulp(Nervetissue) from thecrownof the t oth while preserving the healthy pulpin the r ots,primarily used to same deciduous t eth.

Common types include partial (Cvek) and coronal (full) pulpotomy,
aiming to treat decay or trauma without fu l r ot canal treatment.

Types :
i)Partial (Cvek) pulpotomy –
Removing only a small portion (1-3mm) of the inflamed pulp, usually fo lowing trauma or sha low exposure, to maintain the vitality of the remaining pulp.

The Cvek pulpotomy involves preservation of cell-rich coronal pulp tissue that is more likely to more facilitate healing than the radicular pulp. It is done only superficially 1-2 mm.

ii)Full pulpotomy _
Entire coronal pulp within the crown, basic concept is remove the cell rich zone of the pulp, we call full pulpotomy.

MTA vs Formocresol pulpotomy:
MTA is genera ly superior to formocresol (FC) for primary t oth pulpotomy due to its high biocompatibility, higher clinical or radiographic success rate, an ability to promote dentin rich formation. While formocresol is a traditional inexpensive gold standard, it faces scrutiny for toxicity and potential carcinogenicity. MTA is now favored for better long term outcomes though it is more expensive and technique sensitive.

1. Perforation :
Root perforation is an artificial, unwanted communication between the r ot canalsystemand su rounding periodontal tissues often resulting from iatrogenic accidents during r otcanal treatment, cariesor resorption. It causes or is caused by infection leading to inflammation, potential bone loss and possible t oth extraction.

Causes :
•Iatrogenic
•Over preparation during post space drilling
•Inadequate assessment of t oth anatomy (calcifications, curvatures)
•Pathologic
•Resorptive defect (internal / external r ot resorption)
•Advanced caries

Prevention :
•Proper pre operative radiographic / CBCT assessment
•Understanding r ot and pulp chamber anatomy
•Using magnification (dental microscope / loupes)
•Conservative instrumentation technique
•Following the laws of access cavity preparation

Classification (by location)
i.Coronal perforation
ii.Midr ot perforation
ii. Apical perforation

Management :
Management of large floor perforation –
Perforation (often of the floor) is one of the problems to solve that can happen when we start to do a treatment .

It is an iatrogenic or pathologic communication between the pulp chamber floor and the periodontal tissues, causing significant risk of attachment loss. Early diagnosis, immediate repair with biocompatible material like Bioceramics or MTA and preventing bacterial contamination are critical for successful prognosis.

Features of furcation perforation :
Causes – most commonly iatrogenic damage occurs during access cavity preparation or pathological communication between the pulpal floor and interradicular bone leading to periapical inflammation.

Location – occurs at the floor of the pulp chamber in multirooted tooth.

Immediate clinical signs – sudden hemorrhage (bleeding) from the chamber floor is a primary indicator, often with a pain or burning sensation if not anesthetized and a sudden drop in the endodontic file. A ‘halo’ radiolucency or sudden radiolucent area in the furcation, though immediate perforations may not show changes on radiograph.

A halo or J shaped radiolucency in the furcal (interradicular) area of a tooth is a significant radiographic finding, often indicating a guarded or a poor prognosis. It suggests severe pathology involving the supporting bone between the roots.
It often represents bone loss surrounding a root appearing as a radiolucent area that extend from the apex along the side of the root. Sometimes termed as ‘halo’ or J shaped.



‘Halo’ = a well defined, thin, radiolucent line that ‘wraps’ around the side of the root, forming a halo as shown as shown in furcation area.

In lower molars, it is frequently seen between the roots in the furcation area.

Sometime it goes downwardly upto the apical area resembles of J shaped radiolucency suggests a periodontal defect that has progressed apically. While often associated with poor prognosis, some cases can be treated with root canal treatment, endodontic surgery or in multirooted teeth root amputation or hemisection.

The treatment of perforation with MTA, as with Calcium Hydroxide, should only be indicated in intraosseous perforation. When perforation occurs the sooner treatment is performed, the greater possibility of success.

When perforation is at the pulp chamber level, the perforation area must be cleaned by irrigating with physiological saline. When hemorrhage is controlled, MTA is applied. A sufficient quantity of material is used to seal the perforation and it is compacted with a small cotton pellet.

If the tooth was exposed to the oral cavity and the area is contaminated then after cleaning the pulp chamber, it is important to place antiseptic medication (Camphorated paramono chlorophenol) to seal the tooth. In the next session, the medication is removed, the chamber is irrigated and an aqueous calcium hydroxide paste is placed in the perforation. During the third session MTA is placed, followed by completion of the treatment as described above.

2. Open apex – single visit :
Single visit management of an open apex in necrotic immature permanent teeth primarily relies on an apexification technique using MTA or bioceramic materials to create an artificial apical barrier. This approach replaced the traditional multivisit calcium hydroxide method, offering a reliable, one step seal that rapidly resolves infection, protects thin root walls and significantly boosts patient compliance.

Traditional apexification with calcium hydroxide requires multiple visit and can take upto a year for a hard tissue barrier to form, which increases the risk of tooth fracture over time. In contrast, single visit MTA apexification provides an immediate biological seal.

Apexogenesis (Vital pulp therapy)
Apexogenesis is defined as treatment of a vital pulp in an immature tooth to permit continued root growth and apical closure.

Goals of Apexogenesis –
Vitality of the Hertwig's root sheath
Pulpal vitality – Odontoblast (Functioning)
Promote root end closure
Dentinal bridge (site of pulpotomy)

Apexification :
Defined as, "The method of including apical closure by the formation of osteocementum or a similar hard tissue or the continued apical development of the root of an incompletely formed tooth in which the pulp is no longer vital."

4. Retrograde filling :
MTA is widely regarded as the "gold standard" material for retrograde root canal fillings during endodontic (apical) surgery. It is primarily used to achieve an impenetrable apical seal when a traditional RCT fails, actively promoting tissue regeneration and healing.

MTA is favored for root end sealing due to several key advantages-
i.Superior biocompatibility
ii.Moisture tolerance
iii.Sealing capacity

Clinical procedure – In the case of a root end filling once the apical 3mm of the root has been resected the canal system is then opened and cleaned with surgical ultrasonic tips to create the retropreparation. After this is completed, the retropreparation is dried and MTA is then placed and condensed in that space creating the retro filling.

A case of open apex –



Fig - Radiograph showing open apex with caries



Fig - Working length



Fig - Intracanal medicament



Fig - 2nd visit : removal of intracanal medicaments



Fig - Placement of Gelatin Sponge



Fig - Powder MTA Plugging



Fig - MTA Plugging







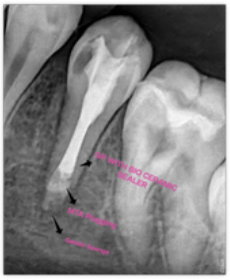




Fig - Powder MTA.



Fig - Gelatin Sponge

Conclusion :

MTA is an excellent material with innumerable qualities required for an ideal material. The history, chemical composition & clinical compassion of MTA have been discussed in this review article. Apexification with calcium hydroxide is comparatively unpredictable & also makes the tooth less resistant to fracture.

Single visit MTA apical plug placement has proved to be a successful alternative in such cases. MTA is also successful in the formation of a dentin bridge over the amputated pulp following pulpotomy. MTA based endodontic products are likely to remain at the heart of good dental practice for many years to come.

References :

1. Lac SJ. Monsef M. Torabinejad M. Sealing ability of a Mineral Trioxide Aggregate for repair of lateral root perforation. J Endod 1993 ; 10:541-544
2. Torabinejad M, HangC, ford T.P, Kettering J cytotoxicity of four root end filling materials. J endod 1995 ; 21 489-492
3. Torabinejad M, Hong CU, McDonald F, Ford TR. Physical & chemical properties of a new root-end filling material. J Endod 1995 Jul;21(7);389-53
4. Torabinejad M, Hong CU, Pitt Ford TR, Kettering JD. Antibacterial effects of some root end filling materials. J Endod 1995 Aug;21(8):403-6.
5. Srinivasan V, Waterhouse P, Whitworth J. Mineral trioxide aggregate in paediatric dentistry. Int J Paediatr Dent, 2009; 19:34-47.
6. Torabinejad M, Hong CU, McDonald F, Pitt Ford TR. Physical & Chemical properties of a new root end filling materials. J Endod, 1995; 21:349-53.
7. Dammaschke T, Gerth HUV, Zuchner H, Schafer E. Chemical and physical surface and bulk material characterization of white ProRoot MTA and two Portland cements. Dent Mater, 2005; 21: 731-738.
8. Song J, Mante FK, RomanowWJ, Kim S. Chemical analysis of powder and set forms of Portland cement, gray ProRoot MTA, Shite ProRoot MTA and Gray MTA-Angelus. Oral Surg Oral Med Oral Pathol Oral Radiol Endod, 2006;102: 809-815.
9. Asgary S, Parirokh M, Egbbal MJ, Brink F. Chemical differences between white and gray mineral trioxide aggregate. J Endod, 2005; 31: 101-103.
10. Anantharaj A, Praveen P, Venkataraghavan K, Prathibha RS, Sudhir R, Murali Krishnan B. Challenges in pulpal treatment of young permanent teeth a review. J Dent Scien Res 2011;2:142
11.Moore A, Howley MF, O'Connell AC. Treatment of open apex teeth using two types of white mineral trioxide aggregate after initial dressing with calcium hydroxide in children. Dent Traumatol 2011;27(3):166-173
12. Purra AR, Ahangar FA, Chadgal S, Farooq R. Mineral trioxide aggregate apexification: A novel approach. J Conserv Dent 2016;19:377-380
13. Sheehy EC, Roberts GJ. Use of calcium hydroxide for apical barri-er formation and healing in non-vital immature permanent teeth: A review. Br Dent J 1997;183:241-246
14.Nicoloso GF, Pötter IG, Rocha RO, Montagner F, Casagrande L. A comparative evaluation of endodontic treatments for immature necrotic permanent teeth based on clinical and radiographic outcomes: A systematic review and meta-analysis. Int J Paediatr Dent 2017;27:217-227
15.Andreasen JO, Farik B, Munksgaard EC. Long-term calcium hydroxide as a root canal dressing may increase risk of root frac-ture. Dent Traumatol 2002;18:134-137
16. Clauder T, Shin SJ. Repair of perforations with MTA: Clinical applications and mechanisms of action. Endod Topics 2009;15:32-55.
17.ElDeeb ME, EIDeeb M, Tabibi A, Jensen JR. An evaluation of the use of amalgam, Cavit, and calcium hydroxide in the repair of furcation perforations. J Endod 1982;8:459-66.
18.Lemon RR. Nonsurgical repair of perforation defects. Internal matrix concept. Dent Clin North Am 1992;36:439-57.
19.Chau JY, Hutter JW, Mork TO, Nicoll BK. An in vitro study of furcation perforation repair using calcium phosphate cement. J Endod 1997;23:588-92.
20.Alhadainy HA, Himel VT. An in vitro evaluation of plaster of Paris barriers used under amalgam and glass ionomer to repair furcation perforations. J Endod 1994;20:449-52.
21.Hartwell GR, England MC. Healing of furcation perforations in primate teeth after repairwith decalcified freeze-dried bone: A longitudinal study J Endod 1993;19:357-61.
22.Mente J, Hage N, Pfefferle T, Koch MJ, Geletneky B, Dreyhaupt J, et al. Treatment outcome of mineral trioxide aggregate: Repair of root perforations. J Endod 2010;36:208-13.
23.Main C, Mirzayan N, Shabahang S, Torabinejad M. Repair of root perforations using mineral trioxide aggregate: A long-term study. J Endod 2004:30:80-3.



The Architecture of Trust

Dr. Raihan abir
Lecturer
MH Samorita Medical & Dental College
Chief Consultant
Dental Regimen Orthodontics & Implant Center

Gaining 1,000 true patients In the modern landscape of international dentistry, clinical success is no longer defined merely by technical skill, but by the depth of the clinician-patient relationship. At Dental Regimen Orthodontics & Implant Center in Dhaka, our entire operational philosophy revolves around a singular, definitive benchmark: a mission of gaining 1,000 true patients. To us, a "true patient" is not a transient consumer or a metric on a ledger; they are a lifelong partner who possesses absolute, unwavering faith in your clinical judgement and treatment protocols. This is a patient who holds a deep conviction that you are the absolute best for the perpouse. Navigating the journey from a startup funded by seven bank loans to becoming Dhaka's youngest certified Microscopic practitioner has proven that this elite level of trust cannot be bought. It must be systematically engineered. The cornerstone of this architecture is rigorous, uncompromising patient education.

Clinical terminology and abstract explanations fail to bridge the gap between diagnosis and patient understanding. Because patients cannot inherently comprehend complex intraoral conditions, visual communication serves as our primary diagnostic bridge We leverage high-resolution clinical photography and microscopic imagery to visually transport the patient inside their own oral cavity. By witnessing their primary condition firsthand, the abstract becomes real.

We then map out a comprehensive trajectory: clearly defining the present pathology, detailing the immediate functional or aesthetic problems they face, and transparently forecasting the complications that will inevitably arise if left untreated. Only when the patient fully visualizes their current reality, we then present our tailored treatment solutions. This visual transparency empowers the patient, transforming them from a passive bystander into an informed collaborator who is deeply connected to the upcoming treatment plan.However, executing a flawless clinical procedure is only half the battle; true patient loyalty is won or lost in the post-operative phase. The defining pillar of a true patient relationship is a strict, proactive follow-up protocol. Dentistry requires accountability, and an exceptional follow-up system signals to the patient that your commitment to their health does not vanish the moment the final bill is paid. It demonstrates that you are permanently invested in their long-term wellness. Crucially, this continuity of care provides a safety net; it reassures the patient that even in the rare event of a clinical biological failure, you will stand unyielding by their side to rectify the issue. This relentless dedication to post-treatment accountability is what removes fear from the dental experience. By combining visual diagnostic education with an unbreakable promise of long-term support, it becomes like not just treat cases but also build an unshakeable circle of true patients who believe explicitly in our vision.

MANUFACTURED BY EDMF Grade API SUPER FAST PAIN RELIEF

ONCE DAILY

Etorix®

60mg
90mg
120mg

Etoricoxib Tablet

The Super FAST Painkiller

- Acts within **24 minutes**
- Acts for **24 hours**



SK+F

ESKAYEF PHARMACEUTICALS LTD.



BT Matrix:One Matrix. One Technique. One Beautiful, Natural Result.

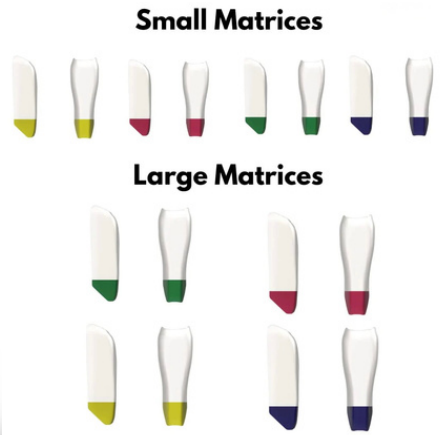
Dr. Saima Nur
BDS
Chief Consultant
Tooth Fairy Gulshan Branch

Management of anterior black triangles using the BT Matrix offers a conservative and highly aesthetic solution through direct composite restoration. After shade selection, isolation, and adhesive application, the BT Matrix is carefully positioned between the teeth to establish the desired emergence profile and cervical contour.

Unlike conventional anterior matrix techniques, no wedge is required, as the BT Matrix is specifically designed to adapt closely to the gingival embrasure.

A flowable composite resin is injected simultaneously onto the proximal surfaces of both adjacent teeth while the BT Matrix maintains the ideal contour. The composite on both teeth is sculpted before polymerization, allowing the contact area and emergence profile to be created as a single unit.

Light curing is performed only after the composite has been applied and shaped on both teeth, rather than building and curing one tooth at a time. This simultaneous technique ensures a symmetrical contact point, smooth emergence profile, elimination of the black triangle, minimal finishing and polishing, and a highly aesthetic final outcome.







Anisha Dental Supply

Electro Dental Equipment & Dental Instrument Wholesaler & Retailer.

Anya Dental unit

ASO Dental unit

XPEDENT

KOUNGSUN





















01715-567281 Shop # 227 (1st Floor) 76 A.M plaza, DIT Road Mouchak Malibagh Dhaka- 1217.



Decoding Orthodontic Choices: A Comparative Review of Invisalign and Conventional Orthodontic Braces

Dr. Bithe Dey
Tooth Fairy
Email: dr.bithedey@gmail.com

“Invisalign or braces?” is one of the most common questions patients bring to an orthodontic consultation. Fixed braces, with brackets bonded to the teeth and joined by an adjustable archwire, have long been the workhorse of the specialty and handle a very wide range of problems. Invisalign uses a sequence of clear, removable trays that move the teeth in small steps, and appeals to patients who want a discreet appliance they can take out to eat and clean their teeth. This narrative review draws on systematic reviews, meta-analyses and comparative clinical studies identified in PubMed, Google Scholar and ScienceDirect, updated through 2026.

The evidence is consistent. Both appliances move teeth effectively, but they suit different problems, so the useful question is not which is better in the abstract but which is better for a given patient. The table below summarises the comparison, and the sections that follow add the clinical nuance.

Feature	Invisalign (clear aligners)	Conventional braces
Aesthetics	Nearly invisible; suits patients who are self-conscious about appearance (Papadimitriou et al., 2018).	More visible, though tooth-colored ceramic and lingual options narrow the gap (Dentaly, 2026).
Comfort	Generally comfortable; no brackets or wires to irritate the soft tissues.	Can cause soreness after adjustments and occasional irritation from components.
Oral hygiene	Removed for cleaning, so normal brushing and flossing; linked to a modest tendency toward better periodontal health (Di Spirito et al., 2023).	Brackets and wires trap plaque and make cleaning harder.
Suitability	Best for mild to moderate cases; predictability falls as complexity rises (Papadimitriou et al., 2018; Jaber, Hajeer and Sultan, 2023).	Effective across the full range, with better control of occlusal detail and torque in complex cases (Ke, Zhu and Zhu, 2019).
Treatment time	Often comparable or shorter, including in some extraction cases; can run longer in the most complex cases or with poor wear (Alhafi et al., 2025).	Tend to be faster only in the most complex extraction cases, such as marked protrusion (Alhafi et al., 2025).
Compliance	Depends on wearing the trays at least 22 hours a day (Tucci et al., 2026).	Not compliance-dependent, as the appliance is fixed in place (Kravitz et al., 2023).
Appointments	Trays changed every one to two weeks; reviews roughly every six weeks.	Adjustments about every four to six weeks, with more chair time per visit.
Relapse	Broadly comparable stability on limited evidence (Alhafi et al., 2025); one study reported somewhat more relapse with aligners (Papadimitriou et al., 2018).	Stability broadly comparable; retainers needed after either appliance.

How they compare in practice

Fixed braces grip each tooth through brackets and wires, giving the precise three-dimensional control that makes them dependable in demanding cases such as severe crowding, large spaces and marked bite discrepancies (Ke, Zhu and Zhu, 2019). Aligners perform well in mild to moderate cases (Papadimitriou et al., 2018), but their predictability falls as complexity rises, and the evidence in severe malocclusion is still limited and mixed (Jaber, Hajeer and Sultan, 2023). A 2025 meta-analysis reached a conclusion that fits everyday practice: both appliances achieve orthodontic goals, and case complexity together with patient compliance should guide the choice (Alhafi et al., 2025).

Compliance is where the two differ most. Aligners must be worn at least 22 hours a day, and falling short leads to poor tracking, where the tray no longer fits and progress stalls (Tucci et al., 2026). About one in six patients who begin with Invisalign switch to braces to finish, mostly because certain movements prove less predictable with aligners (Kravitz et al., 2023). Fixed braces remove this variable, since they cannot be taken out. Treatment time is mixed rather than one-sided: aligners are often comparable to or faster than braces in simple and even some extraction cases, and fixed appliances are faster only in the most complex situations (Alhafi et al., 2025)

Aligners tend to be kinder to the gums, because they come out for normal brushing and flossing. An umbrella review found a consistent but clinically modest tendency toward healthier periodontal conditions and judged the two appliances broadly comparable overall (Di Spirito et al., 2023), while a single comparative study reported a clearer benefit for aligners (Azaripour et al., 2015). On cost, fixed braces are usually the cheaper and more predictable option, though the gap has narrowed.

Where the technology is heading

Both appliances have advanced quickly, and much of what earlier reviews called future promise is now routine.

Intraoral scanning has largely replaced conventional impressions, planning is done on screen before anything is made,and artificial intelligence now assists with cephalometric landmark detection, tooth and bone segmentation and the sequencing of aligner movements, as well as the smile-simulation tools that let a patient preview a likely result (Tucci et al., 2026). AI also drives remote monitoring, where a patient photographs their teeth with a smartphone and software checks whether the aligner is tracking; the evidence suggests this can reduce in-office visits without prolonging treatment (Tucci et al., 2026). Two caveats matter. AI is a decision-support tool rather than a replacement for the clinician, its outputs need checking against clinical judgement, and only a single orthodontic AI device holds regulatory clearance so far. And supervision earns its keep: even in supervised practice, aligner treatment frequently needs refinements and a meaningful share of cases still end up switching to braces to finish, which is worth remembering as direct-to-consumer services promise treatment with little or no in-person oversight (Kravitz et al.,2023).

On the manufacturing side, directly 3D-printed aligners are an emerging category. Rather than thermoforming a plastic sheet over a printed model, the tray is printed straight from resin, which lets the thickness be varied across the appliance and gives better dimensional accuracy. Several resins now hold regulatory clearance and early results are promising in mild to moderate cases, but the evidence is short-term, and questions about the release of residual monomers and microplastics need proper study before firm conclusions can be drawn (Zhang and Wu, 2026). Fixed appliances have not stood still either: self-ligating brackets reduce friction and can shorten chair time, tooth-coloured ceramic brackets have become more robust, and digital planning is increasingly applied to bracket placement. The Invisalign system is also reaching into cases once handled only by fixed or functional appliances, adding a 3D-printed palatal expander for growing patients (Align Technology, 2026), so the old line that clear aligners cannot manage complex cases is softening.

The bottom line

Neither appliance is universally better. Fixed braces suit severe and complex cases, and situations where cooperation
cannot be assured, because their control is precise and they work whether or not the patient cooperates. Aligners
suit mild to moderate cases in motivated patients who value aesthetics, comfort and easier hygiene, provided they
are worn as prescribed. Recent evidence has refined this picture rather than overturned it, and digital planning,
artificial intelligence and printed appliances are making both appliances more precise and convenient, while
responsibility for choosing and delivering treatment stays with the clinician. The most reliable outcome comes from
matching the appliance to the patient and the clinical problem, under the guidance of an experienced orthodontist.

References

Alhafi, Z.M., Hajeer, M.Y., Alam, M.K. and Jaber, S.T. (2025) 'Quality and stability of orthodontic treatment outcomes with clear aligners versus fixed appliances: a systematic review and meta-analysis', European Journal of Orthodontics, 47(6), cjaf091. doi: 10.1093/ejo/cjaf091.

Align Technology (2026) Align Technology showcases latest advances in integrated digital orthodontics and previews 2026 innovation at AAO Annual Session. Available at: https://investor.aligntech.com/news-releases/news-release-details/align-technology-showcases-latest-advances-integrated-digital/ (Accessed: 28 July 2026).

Azaripour, A., Weusmann, J., Mahmoodi, B., Peppas, D., Gerhold-Ay, A., Van Noorden, C.J.F. and Willershausen, B. (2015) 'Braces versus Invisalign®: gingival parameters and patients' satisfaction during treatment: a cross-sectional study', BMC Oral Health, 15(1), 69. doi: 10.1186/s12903-015-0060-4

Dentaly (2026) Different types of braces for teeth: removable, clear, fixed and more. Available at: https://www.dentaly.org/us/adult-braces/types-of-braces/ (Accessed: 28 July 2026).

Di Spirito, F., D'Ambrosio, F., Cannatà, D., D'Antò, V., Giordano, F. and Martina, S. (2023) 'Impact of clear aligners versus fixed appliances on periodontal status of patients undergoing orthodontic treatment: a systematic review of systematic reviews', Healthcare, 11(9), 1340. doi: 10.3390/healthcare11091340.

Jaber, S.T., Hajeer, M.Y. and Sultan, K. (2023) 'Treatment effectiveness of clear aligners in correcting complicated and severe malocclusion cases compared to fixed orthodontic appliances: a systematic review', Cureus, 15(4), e38311. doi: 10.7759/cureus.38311.

Ke, Y., Zhu, Y. and Zhu, M. (2019) 'A comparison of treatment effectiveness between clear aligner and fixed appliance therapies', BMC Oral Health, 19(1), 24. doi: 10.1186/s12903-018-0695-z.

Kravitz, N.D., Dalloul, B., Aba Zaid, Y., Shah, C. and Vaid, N.R. (2023) 'What percentage of patients switch from Invisalign to braces? A retrospective study evaluating the conversion rate, number of refinement scans, and length of treatment', American Journal of Orthodontics and Dentofacial Orthopedics, 163(4), pp. 526-530. doi: 10.1016/j.ajodo.2022.03.016.

Papadimitriou, A., Mousoulea, S., Gkantidis, N. and Kloukos, D. (2018) 'Clinical effectiveness of Invisalign® orthodontic treatment: a systematic review', Progress in Orthodontics, 19(1), 37. doi: 10.1186/s40510-018-0235-z.

Tucci, I., Gimondo, E., Jovanova, E., Angjelova, A., Isola, G. and Grippaudo, C. (2026) 'Present and future of the use of artificial intelligence in orthodontics', Bioengineering, 13(3), 263. doi: 10.3390/bioengineering13030263.

Zhang, Y. and Wu, B.M. (2026) 'Next-generation orthodontics: functional resins, biomechanics, biocompatibility, and current clinical reality of direct 3D-printed aligners', Journal of Functional Biomaterials, 17(3), 129. doi: 10.3390/jfb17030129

EXCLUSIVELY AT - TEETHTECH LIMITED

ATbio

NANOFIL® : ADVANCING RESTORATIVE DENTISTRY



Nanofil Z250
Universal Composite



The Gold Standard for All Cavities
Nanofil Z250: Predictable results, easy handling, and exceptional polishability.

NanoCem Ultimate
Self-adhesive Cement



Streamlined Cementation



NanoCem Ultimate: One solution for self-adhesive and total-etch protocols.

Nanofil Z250
Universal Composite Capsule



Universal Restorative Excellence
Nanofil Z250: Predictable results, easy handling, and exceptional polishability.

Flowable & posterior
Composites



Specialized Solutions
Flowable for lining and minimal invasive preps; P60 for high-stress posterior restorations.

Adhesives & Etchant



A Reliable Foundation
Universal Adhesives and Premium Etchant for optimal bond integrity.

Core Build-up



Strong Foundations
Nanofil Core Build-up: High compressive strength and ideal thixotropy.

14 YEARS OF TOOTH FAIRY FOUNDATION



About

Greetings. ‘Tooth Fairy Foundation’ aims at developing social awareness about oral hygiene, preventing dental diseases & ensuring ethical dental treatments. We are a RJSC registered organization working since 2012 & arranged a lot of Dental Public Health programs is both capital & remote areas of Bangladesh. we arrange international conferences & hands-on workshops for Dental Surgeons to improve their technical skills for ensuring world class up-to-date dentistry in Bangladesh. We invite foreign faculties to these programs to disperse their knowledge among us. With limited resources we are trying our best to improve both general people’s dental hygiene & Doctor’s specialties in Dentistry.

We are continuously working to further increase the diameter of these welfare programs for sustainable development of social awareness about oral health among general mass of Bangladesh.

Our website : www.toothfairy.org.bd

Address: 1/A HB Tower, Road 23, Gulshan -1,Dhaka


ACADEMIC
BASED
CLINICAL
DENTISTRY
LET'S LEARN THE AMAZING
Founders
Tooth Fairy


Mediplus


TOOTH FAIRY FOUNDATION
BIOPHARMA


Perfection? There may be five times in a
perfect, the times that you can't lose to
times don't make
all the others.
TOOTH FAIRY FOUNDATION


Mediplus
ACADEMIC
BASED
CLINICAL
DENTISTRY
INTERNATIONAL
SYMPOSIUM 2023
"PREDICTING THE FUTURE, RETHINKING ABOUT DENTISTRY"
TOOTH FAIRY FOUNDATION

DENTIST RECOMMENDED BRAND

SENSODYNE



“LIFE’S TOO SHORT FOR SENSITIVITY”

gsk Bangladesh Private Limited

is now

HALEON Bangladesh Limited

Haleon plc is a British multinational company headquartered in United Kingdom. In July 2022, we became the world's first truly global, standalone consumer healthcare company. Haleon is the result of the combination of three consumer health businesses – GSK, Novartis, and Pfizer – over the last decade. Haleon, as a leading consumer company today, started from a single apothecary shop in London, opened in 1715 by Silvanus Bevan.

Haleon is a world-leading consumer health company with a clear purpose to deliver better everyday health with humanity. Some of our brands have over 170 years' worth of history and are built on trusted science, innovation and human understanding and are trusted by millions of consumers globally.

SENSODYNE

parodontax

Aquafresh

ENO

Centrum

Voltaren

Panadol

Otrivin

Advil

All brands are not registered or available in Bangladesh. Only Sensodyne, Parodontax, Eno, Aquafresh Toothbrush and Centrum Recharge are currently available in Bangladesh.

Haleon Bangladesh Limited || Plot: SE(C)2, Road: 138, Gulshan Avenue, Gulshan-1, Dhaka-1212, Bangladesh

+88 02 222 298237 || mystory.bd@haleon.com || www.haleon.com

©2026 Haleon Group of Companies. Trademarks are owned by or licensed to the Haleon Group of Companies.

Finix®

Rabeprazole BP

20 mg Tablet
20 mg Capsule
10 mg Capsule

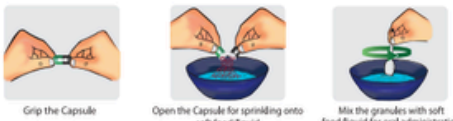
1st Rabeprazole brand



The Only Proton Pump Inhibitor

- Ensures fastest onset of action within 5 minutes
- An ideal choice in GERD & NSAIDs induced ulcer
- Capable to increase gastric mucus & mucin production
- Less or no chance of drug-drug interactions
- Can be taken with or without food

The Fastest Acting
Proton Pump Inhibitor in the World



Total dose should be taken within 15 minutes of being sprinkled. The granules should not be chewed or crushed



Finix® MUPS 20 mg Tablet

Rabeprazole Sodium BP

1st Time in Bangladesh
Rabeprazole MUPS Formulation
Alginate Based Buffered

The Fastest Acting
Proton Pump Inhibitor in the World



Only Rabeprazole MUPS-

Manufactured with three unique excipients

- ***L-HPC-*** *Disintegrates the tablet within 20 seconds & ensures fast action*
- ***Calcium Carbonate-*** *Neutralizes stomach acid instantly & relieves heartburn*
- ***Alginate-*** *Creates raft on the stomach content & prevents acid reflux*

Clavusef®

Cefuroxime BP & Clavulanic Acid USP

125 mg & 31.25 mg Tablet
250 mg & 62.5 mg Tablet
500 mg & 125 mg Tablet
70 ml Powder for Suspension
(125 mg & 31.25 mg/ 5 ml)

Keeps Cefuroxime working for future

- Restores the efficacy of Cefuroxime
- Provides synergistic effect against resistant pathogens



Both Cefuroxime & Clavulanic Acid are
US FDA Pregnancy Category B

1st time in Bangladesh



Alu-Alu Strip in Alu-Alu Sachet manufactured by latest generation German technology
ROMACO SIEBLER

"Like" us on
facebook
.com/OpsoninPharma

Opsonin Pharma
Ideas for healthcare

FURTHER INFORMATION IS AVAILABLE FROM:
Opsonin Pharma Limited
Product Management Department, Opsonin Building
30 New Eskaton, Dhaka 1000, Visit our website: www.opsonin-pharma.com

Mediplus

NEW TASTE



Protects **SENSITIVITY**
with a **REFRESHING TASTE**