The Programme Book of

DENTISPHERE

INTERNATIONAL SCIENTIFIC MEETING
5TH ASEAN PLUS & TOKUSHIMA
JOINT INTERNATIONAL CONFERENCE

"Beyond Dentistry: Synchronizing Science, Technology and Technical Skill in Modern Dentistry"

NOVEMBER 29-30th, 2019
Shangri-La Hotel, Surabaya
WELCOME TO DENTISPHERE
DEAN
FACULTY OF DENTISTRY
UNIVERSITAS HANG TUAH
SURABAYA

Dear Colleagues,

It’s great honour to welcome you to Surabaya and to Dentisphere 4th International Scientific Meeting in collaboration with 5th ASEAN Plus & Tokushima Joint International Conference which is held on 29-30th November, 2019 at Shangri-La Hotel Surabaya, Indonesia. My great appreciation to all the speakers from Japan, Korea, Malaysia, India and Indonesia, thank you for the contribution and participation and your willingness to come and share the valuable knowledge and experience. It’s been honour to us that this forum may be a part of strong role as quality control mechanism to ensure sustainability and continuous improvement of dentist.

The theme of this Dentisphere 4th is “Beyond Dentistry: Synchronizing Science, Technology and Technical Skill in Modern Dentistry” This is addressed to meet our aims to provide our nation a generation of professional and skilful dentist with continuously update knowledge. We hope this event will be increase our professionalism to all dentist and participants.

My appreciation to the committee, for arranging this event very well. Hope the seminar will be well done accomplished tomorrow. Also, I would like to thank all sponsors who support this event. For the speaker, thank you for the contribution support of the seminar. And for all the participants, thank you for joining the Dentisphere 4th, please enjoy the seminar and the events. I would like to ask for apologize if maybe in some ways we have some limitations in serving you on the event. Finally, I hope we all could get the benefit and advantage from this seminar to raise our professionalism in dentistry, in each of our ways.

Sincere regards,

Lita Agustia, drg., M.HKes
Dean Faculty of Dentistry, Universitas Hang Tuah
Dear Colleagues,

It is a great pleasure for us to be the organizer of the Dentisphere 4th International Scientific Meeting in collaboration with 5th ASEAN Plus & Tokushima Joint International Conference by Faculty of Dentistry, Universitas Hang Tuah Surabaya, Indonesia. We extend our warmest welcome to all Participants, Speakers, and Sponsors that make this Dentisphere 4th to be a successful conference.

Under the theme of “Beyond Dentistry: Synchronizing Science, Technology and Technical Skill in Modern Dentistry”, this meeting will offer a platform to learn and exchange ideas with a host of internationally and national speakers. Dentisphere 4th will provide participants with unique opportunities to develop their professional knowledge and skills as well as to network with another audience. I also strongly encourage you to take advantages of the presence of dental companies to keep up to date with evolving technologies of equipment and the latest dental materials. We do hope that this seminar will allow all participants to capitalize enough knowledge and experience keep in touch with issues worldwide in dental health.

Lastly I wish to thank all Participants, Distinguish Speakers, Sponsors and all who contribute for the success of the Dentisphere 4th in Surabaya. Hope you not only have an event for developing our professionalism, but also you could enjoy a nice stay and have a memorable excursion on Surabaya. Thank you for your kind attention, have a nice, enjoy and fruitful discussion and God Bless You.

Sincere regards,

Vivin Ariestania, drg.,Sp.Pros

Chairperson of Dentisphere 4
OUR
ORGANIZING
COMMITTEE
Person in Charge
Dean of Faculty of Dentistry Universitas Hang Tuah Surabaya
Lita Agustia, drg., MHKes

Chairperson
Vivin Ariestania, drg., Sp.Pros

Vice Chairman
Ghita Hadi Hollanda, drg., M.Kes

Secretary
Kharinna Widowati, drg., M.Kes
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Treasurer
Dr. Syamsulina R., drg., M.Kes
Chaterina Dyah N.K., drg., Sp.Pros

Scientific Division
Head of Scientific Division
Widyasri P., drg., M.Kes., PhD

Scientific Division (Publication)
Dian Widya Damaiyanti, drg., M.Kes
Agni Febrina P., drg., M.Kes

Scientific Division (Competition)
Dr. Sularsih, drg., M.Kes

Scientific Division (Poster)
Yoifah Rizka W., drg., Sp.Perio

Scientific Division (Table Clinic)
Dr. Linda Rochyani, drg., Sp.KG

Scientific Division (Short Lecture)
Twi Agnita Cevanti, drg., Sp.KG

Stage Event and Opening Ceremony Division
Ayulistya Paramita, drg., Sp.KGA
Endah Wahjuningsih, drg., M.Kes
Sinta Puspita, drg., Sp.KG
Annisa Listya P., drg., Sp.KGA

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Aprilia, drg., Sp.KG
Dr. Arya Brahmanata, drg., Sp.Ort
Yongki Hadinata, drg., Sp.KG
Diana Soesilo, drg., Sp.KG

Registration Division
Dwi Andriani, drg., M.Kes
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M. Basroni Rizal, drg., M.Kes
Publication and Documentation Division

Puguh Bayu Prabowo, drg., M.Kes
Charissa Roderica Hoediono, drg.

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Equipment Division

Fani Pangabdian, drg., Sp.KG
Novendy Yoyada, drg., MM., Sp.Perio

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Consumption Division

Yulie Emilda A., drg., Sp.KGA
Fitria Rahmitasari, drg., M.Kes
Anindita Apsari, drg., Sp.Pros
Ari Rosita Irmawati, drg., Sp.KGA

---

Accommodation and LO Division

Hansen Kurniawan, drg., Sp.Perio
Dianty Saptaswari, drg., Sp.Perio

---

Licencing and Security

Eddy Hermanto, drg., M.Kes., Sp.BM
Mardianto Riski Hartono, drg., M.Kes

---

International Join Meeting Division

Meinar Nur Ashrin, drg., PhD
Dr. Widyastuti, drg., Sp.Perio

---

Gala Dinner Division

Dina Irsyandhi Ali, drg
Arinda Rizkya W., drg., Sp.Perio
Tandy Izzud, drg.

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AFDOKGI Division

Dr. Kristanti P., drg., M.Kes
GENERAL INFORMATION

VENUE
Shangri-La Hotel Surabaya

REGISTRATION
Registration desk will be open during 29 – 30th November at the Pre-Function Lobby, Ballroom A, B, C, Ground Floor – Shangri-La Hotel at the following times:

- Friday, 29th November 2019 07.30 – 17.00
- Saturday, 30th November 2019 07.30 – 17.00

NAME BADGE
Participants, speakers, accompanying persons and exhibitors are kindly requested to wear their badges during all congress activities for security purposes. Name badge will be given in the registration desk during the re-registration. Meal coupons will be included behind the name badge.

CONFERENCE KIT
The conference kit can be obtained once at the registrations desk during the re-registration by showing the official confirmation slips.

CERTIFICATE OF ATTENDANCE
An official certificate of attendance will be distributed at the registration desk starting on Saturday, 30th November 2019 at 15.00.

OPENING CEREMONY
- Day / Date : Friday, 29th November 2019
- Time : 08.30 – 09.30
- Venue : Ballroom A & B

WELCOME DINNER*
*Only for Invited Speakers
- Day / Date : Friday, 29th November 2019
- Time : 18.30 - finish
- Venue : Shang Palace Shangri-La Hotel, Surabaya
CLOSING CEREMONY

- **Day / Date**: Saturday, 30th November 2019
- **Time**: 16.30 – end
- **Venue**: Ballroom A

ORAL PRESENTATION & FILE SUBMISSION

To avoid any inconveniences, all speakers are asked to submit their presentation files to the Registration Table (Lobby Ballroom A & B) at least 4 hours before their session to check the system and to save the final version of their presentation files.

POSTER PRESENTATION

All poster will be displayed in the Pre-Function area Nirwana Room 1 and Pelangi Room 1 – 3

CREDIT POINT (SKP)

No: SKP-I/736/PB PDGI/XI/2019

- Seminar Participant: 7,5 SKP
- Table Clinic Participant: 3,5 SKP
- Speaker: 5,0 SKP
- Table Clinic Lecturer: 6,0 SKP
- Short Lecture Adjudicator: 5,0 SKP
- Moderator: 3,0 SKP
- Committee: 3,0 SKP

CONFERENCE & ORGANIZING COMMITTEE SECRETARIAT

- **During the Congress**: Registration Table at the Lobby, Shangri-La Hotel, Surabaya, Indonesia
- **After the Congress**: Faculty of Dentistry, Universitas Hang Tuah Surabaya, Indonesia
  Jl. Arif Rahman Hakim no. 150, Surabaya 60285
  (+62) 31 5912191
OUR INVITED SPEAKERS
OUR SPEAKERS

Tadashi Nakanishi, D.D.S., Ph.D
Tokushima University, Tokushima, Japan

Prof. Otto Baba, D.D.S., Ph.D
Tokushima University, Tokushima, Japan

Kazuo Okura, D.D.S., Ph.D
Tokushima University, Tokushima, Japan

Assoc. Prof. Kazuya Doi, D.D.S., Ph.D
Tokushima University, Hiroshima, Japan

Sung-Hoon Lim, D.D.S., MSD., Ph.D
Chosun University, Gwangju, Korea

Dr. Young-Chulkwon
Chosun University, Gwangju, Korea

Dr. Mylene Guevarra Igrubay, DMD., FPFA
Philippine Academy of Esthetic Dentistry, Makati City, Philippine

Aaron Neal Y. Lu, DMD., MScD
Philippine Academy of Esthetic Dentistry, Makati City, Philippine
Shaista Afroz, DDS., MDS., Ph.D
Aligarh Muslim University, Aligarh, India

Prof. Dr. Adam Husein, BDS., FRACDS
Universiti Sains Malaysia, Kelantan, Malaysia

Assoc. Prof. Dr. Azlina Ahmad, Ph.D
Universiti Sains Malaysia, Kelantan, Malaysia

Aditya Wisnu Putranto, drg., Sp.KG (K)
Universitas Indonesia, Jakarta, Indonesia

Aulia Yudha Prawira, drg., Sp.Perio
Private Dental Practice, Jakarta, Indonesia

Rinto Abimanyu, drg., MARS., Sp.KG
Private Dental Practice, Jakarta, Indonesia

Marino Sutedjo, drg., Sp.KG
Private Dental Practice, Surabaya, Indonesia

Dr. Taufan Bramantoro, drg., M.Kes
Universitas Airlangga, Surabaya, Indonesia
Leonard Nelwan, drg., Sp.Pros, FISID, FITI, FICD
Universitas Indonesia, Jakarta, Indonesia

Dr. Ignatius Ronny Halim, FICOI., FISID., FICD
Esthetic Dental Center, Jakarta, Indonesia

Kun Arifi Abbas, dr., Sp.An (K)
Universitas Airlangga, Surabaya, Indonesia

Putu Indra, drg., Sp.Ort
Private Dental Practice, Surabaya, Indonesia

Dhanni Gustiana, drg., Sp.BMM
Private Dental Practice, Tangerang, Indonesia

Onny Eryanto, drg.
Private Dental Practice, Surabaya, Indonesia

Dr. Arya Brahmanta, drg., Sp.Ort
Universitas Hang Tuah, Surabaya, Indonesia
Dental Pulp Responses to Dental Caries

Abstract: As caries-related bacteria invade deeply into dentin and come into close proximity to the pulp, inflammatory cells (such as lymphocytes, macrophages and neutrophils) infiltrate into the bacteria-invaded area and consequently pulpitis develops. Many types of cytokines and adhesion molecules are responsible for the initiation and progression of pulpitis. Dental pulp fibroblasts, a major cell type in the dental pulp, also have capacity to produce pro-inflammatory cytokines and express adhesion molecules in response to pathogen-associated molecular patterns (PAMPs), including lipopolysaccharide. The innate immune system senses microbial infection using pattern recognition receptors, such as Toll-like receptors (TLRs) and nucleotide-binding oligomerization domain (NOD), for PAMPs. In this presentation, I would like to summarize pathological analysis of dental pulp responses to dental caries, inflammatory mediators in deep-caries teeth with irreversible pulpitis, roles of dental pulp fibroblasts in the recognition of invaded bacteria-related factors via TLR and NOD pathways, and clinical management of deep caries and the exposed pulp.
Regulation of Odontoblasts in Various Phases of Dentin Formation

Abstract: Dentin is main component of tooth, which consists of two portions, crown and root. Interestingly, these two portions differ in respect of organic and inorganic content rate. For example, there are less dentin proteins, dentin sialoprotein (DSP) and dentin matrix protein 1, in root dentin. Moreover, these differences suggest the existence of different systems to form crown and root dentin. In fact, we found out the stage specific cell proliferation of dental pulp during root formation at the root formation front. To elucidate the regulation of dentin formation in both stages, we spotlighted fibroblast growth factor and its receptor (FGF-FGFR) signaling and explored its expression during crown and root dentin formation in rat. Our RT-PCR data revealed the expressions of FGFR2 and FGFR3 in both crown (1-7 day) and root (9-15 day) formation. Regarding the possible ligands, FGF2 and FGF10 were detected in both stages, while FGF18 was mainly observed in root formation stage. By using in situ hybridization (ISH), the expression of DSP transcripts were detected in the differentiated odontoblasts secreting dentin matrix. The FGFR2 and FGFR3 transcripts were well co-expressed with those of DSP. While FGF18 transcripts were not observed by ISH. Then, we performed in situ RT-PCR to detect the lower expression level of transcripts and finally detected the FGF18 transcripts in odontoblasts and the cells in sub-odontoblastic layer at the age of 15 day. These results suggest that odontoblast might be regulated by FGF-FGFR signaling utilizing various FGF ligands in each stage of dentin formation.
Abstract: Prosthodontists are working to improve mastication efficiency using crown restoration and prosthetic devices in daily clinical practice. Proper distribution and control of the occlusal force is one of the important topics in dentistry. However, various adverse effects due to excessive bite force are also observed. Traditionally, dental caries and periodontal disease have been regarded as two major causes of tooth loss. In some countries that are overcoming these bacterial infections, tooth fractures are becoming the leading cause of tooth loss. The maximum occlusal force of a person is almost the person's weight, and a case that exceed the maximum voluntary bite force during sleep bruxism was reported. Sleep bruxism is a parafunction that appears unconsciously during sleep. The impacts of its destructive occlusal force are diverse, temporomandibular disorders, masticatory muscle pain, exacerbation of periodontal disease, prosthetic devices and tooth destruction were known. The information about the diagnosis and treatment of sleep bruxism is useful to understand the control of excessive occlusal force. The reaction to the occlusal force, the deformation of the tooth, the movement of the tooth, the behaviour of the dentition, were also important. For clinical practice, I report on the knowledge about how to provide occlusal contact of teeth, which is the final site of occlusal force. Digital dentistry such as jaw movement tracking devices and CAD / CAM systems have made remarkable progress in recent years. In addition to introducing this, I would like to suggest about the strategy that the prosthetic device functions well without breakage using advanced equipment.
Abstract: One of the most common restorative procedures in everyday practice is restoring anterior teeth. Dentists are having challenges in using direct composites such as result can be opaque or translucent, a visible demarcation line between the tooth and the restoration and fracture of the restoration especially for a large Class IV. To create beautiful, natural looking and functional restorations dentists need an in-depth understanding of tooth morphology and function, polychromatic shading and the modern materials in dentistry. This presentation will show simplified layering techniques for predictable outcomes when restoring anterior teeth with direct composite resins.
Abstract: Dental Photography is fast becoming a necessity and is challenging for those who are starting out. While it is true that a DSLR renders the best images for documenting cases, the cost, weight of the camera, and learning curve makes the whole process of documenting cases tremendously intimidating. The development of recent technologies in the mobile phone industry, the mobile cellphone camera establishes itself as an acceptable alternative to the DSLR in the daily dental practice. The ease of use and accessibility of the mobile device allows any dental practitioner to practice case documentation. The goal of the lecture is to review how to use the mobile cellphone device cameras, teach new techniques using innovative mobile cellphone camera technologies, making dental documentation easy, fast and artistic.
Abstract: Constructing a mandibular complete denture can be a challenge when the patient is having a severely resorbed ridge. Although implant retained denture can help to solve the problem, there are still many patients who cannot afford the treatment or not a suitable candidate for implants due to certain conditions. Therefore, maximizing the potential of conventional complete denture will be of great help to many deserving patients. Several factors and procedures can be considered when constructing mandibular complete dentures especially when dealing with severely resorbed ridges. The aim of this presentation is to share about those factors and procedures for the benefits of patients.
Human Amniotic Membrane in Clinical Practise: The Past, Present and Future

Abstract: Human amniotic membrane (HAM) is used for treatment in wound healing since the 1900s. The characteristics and biological properties of HAM made it apt for wound healing treatment. Initially, it is utilised as a temporarily dressing, and, is found, among others, can reduce water loss, proteins and evaporative heat from the body, which are essential for wound healing. Further studies showed that it could accelerate the migration of fibroblasts as well as collagen development. Thus, HAM is known as a living skin equivalent. Besides, HAM also can stimulate bone repair as well as chondrocyte proliferation for osteoarthritis cartilage’s repair. The manipulation of HAM extended to ocular disease treatment. The bio-engineered graft of limbal epithelial stem cells ex vivo is cultured on HAM, as a scaffold. Besides, HAM itself is found to reduce inflammation of ocular surfaces. There are a few HAM-based studies conducted in our School of Dental Sciences, Universiti Sains Malaysia. Periodontal diseases treatment, especially the one that requires guided tissue regeneration or tissue grafting, could utilise HAM as the supportive material. Another study in on regenerative endodontic procedures utilising HAM as a scaffold for bioengineered dental pulp tissue. We are also studying the biological effect of HAM on stem cells in order to prepare a bioengineered matrix similar to HAM. Another attractive property of HAM is its angiogenic potential, and its ability as a matrix for stem cell endothelial differentiation could make HAM a reliable source for vascular grafting in coronary artery bypass graft surgery.
Posterior Veneers, Onlay, Overlay to Endocrown

Abstract: Nowadays, many patients demand metal-free restorations, both in anterior and posterior area. The changes toward patient’s request and clinician’s interest in restorative dentistry have led to the development of posterior adhesive restorations, either with direct, semidirect, or indirect method. Posterior indirect adhesive restorations are often indicated to restore teeth that have suffered significant loss of hard tissue, either in vital or non-vital teeth. The evolution of restorative materials and adhesive systems has influenced the approach to restore posterior teeth, modifying the treatment plan considerably. In this event, I will discuss the indication and preparation design of Posterior indirect adhesive restoration (veneers, onlay, overlay to endocrown) based on tooth case.
Sedation & Anesthesia in Dentistry: Between Convenience and Safety

Abstract: Procedures in dentistry are mostly done under local anesthesia for pain management, but there are several cases where local anesthesia is not sufficient and will require sedation to deeper levels of anesthesia. Some patients will experience excessive anxiety prior to dental procedures, making it difficult for the dentist to perform the procedure. And vice versa; dealing with anxious sufferers can impose high stress upon the dentist. Sedation—anesthesia is necessary for successful dentistry procedures and comfort of both the patient and dentist. Each procedure requires different levels of sedation: from anxiolysis to deep sedation / general anesthesia (pertaining to depth of sedation from ASA). Before the 2000s many deaths were reported in dentistry patients undergoing sedation / general anesthesia, which is associated with substandard practices in monitoring, technical issues, resuscitation equipment and preanesthesia / surgery preparations. In dentistry, minimal and moderate sedation (conscious sedation) techniques are also often used to facilitate procedures in patients with dental phobias, especially in children. Conscious sedation is an alternative to local anesthesia and general anesthesia; it uses drugs that depress the central nervous system so the patient will be less anxious and more compliant, but still maintain verbal contact during medical/dentistry procedures. Conscious sedation is still controversial, as it generates practical benefits but also give rise to potential emergencies that might endanger patients. Conscious sedation is advantageous over general anesthesia, as it can be done in primary care practices, whereas the latter can only be performed in a hospital setting. Patient safety must be the main priority in planning dental procedures on a seemingly healthy patient about to undergo dental procedures that are not detected as having dangerous or fatal potentials. The general public usually finds it unacceptable if fatalities arise in dental practices. Therefore, despite the very low morbidity and mortality rate in dentistry, an expert in anesthesiology should always be present during dental procedures with sedation–anesthesia for careful selection of patients, determination of technique of anesthesia, intrasedation monitoring, and resuscitation.
Orthodontic Future Technology, Unlocking the New World for Better Indonesia

Abstract: Digital Dentistry has been an interesting topic in this couple of years. It’s a new world that separate the world that we do now and the future. However, most of them are talking about CAD CAM for dental crown and bridge. This lecture will give you knowledge what we can achieve in digital dentistry. It will be a strong upgrade in Periodontist, Endodontist, Prosthodontist, Dental Surgeon and Orthodontist. From making surgical guide until orthodontic aligner. Especially for orthodontic treatment, this digital prediction setup will help in case limitation and patient maximum expectation of the treatment. This technology make a treatment designed by the Orthodontist and work done by General Dentist become possible. Together we can make digital dentistry to upgrade our services quality and precision, for better Indonesia.
Socket Management After Tooth Extraction

Abstract: Conventional method using impression materials sometimes do not give the best result. The problem lies in the margin, undercut, distortion, etc., whether from the dentists work or from the quality of the material itself. Nowadays, many companies offer digital imaging solution to solve the communication problem between dental practitioners and dental laboratories. Whether you are a digital newcomer wanting a scan-only solution or a fully-digital practice, we have to admit that digital imaging gives better solution than impression material. The question is what are the criteria needed to look from digital imaging solution? How about the preparation work, is it still the same as you were taught in dental faculty?
Abstract: With the advancement of knowledge and needs about cephalometry in making a diagnosis in the field of orthodontics, so that a treatment plan can better directed and produce better treatment results, then the basic cephalometric analysis hands on is organized as a guide for colleague interested dentists in the field of orthodontics. In this title will be discussed: the use of cephalometric radiography in the field of orthodontics, tracing techniques, landmarks as a guide for measurement cephalometry and some cephalometric analyses such as Downs, Steiner, Wits and soft tissue that can be used as Basic analysis in determining diagnosis and plan orthodontic treatment.
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<td>Registration + Coffee break</td>
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<tr>
<td>07.50 – 08.00</td>
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<tr>
<td>08.00 – 08.45</td>
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<td>Ethical Consideration in Modern Dentistry</td>
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<td>Prof. Mei Sjafriadi, drg., MDSc., Ph.D</td>
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<td>08.45 – 09.30</td>
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<td>Dr. R.M. Sri Hananto Sano, drg., Sp. IMM, JK, MM</td>
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<td>09.30 – 09.50</td>
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<td>09.50 – 10.10</td>
<td>Ballroom A &amp; Ballroom B</td>
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<td>Occlusal Force Control and Digital Dentistry</td>
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<td>Sung Hoon Lim, DDS., MSD., Ph.D</td>
<td>Overcoming Limitation of Clear Aligner Treatment by Using Attachment and Simple Tube</td>
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<td>14.20 – 15.00</td>
<td>Ballroom A</td>
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<td>Regulation of Odontoblasts in various phases of dentin formation</td>
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<td>15.20 – 16.00</td>
<td>Ballroom A</td>
<td>Pati Indra, drg., Sp. Ort</td>
<td>Orthodontic Future Technology Unlocking The New World for Better Indonesia</td>
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<td>16.00 – 16.10</td>
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<td>16.10 – 16.50</td>
<td>Ballroom A</td>
<td>Kam Arifin Abbas, dr., Sp. An (K)</td>
<td>Sedation in Dentistry Between Convenience and Safety</td>
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<td>16.50 – 17.00</td>
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<td>08.00 - 08.50</td>
<td>Ballroom B</td>
<td>Dr. Young-Chulkwon</td>
<td>Important Consideration in Esthetic and Functional Composite Restorations</td>
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<td>08.45 – 09.30</td>
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<td>Assoc. Prof. Kazuya Doi, DDS, Ph.D</td>
<td>Biology of Non-absorbable Materials in Implant Treatment</td>
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<td>Onny Eryanto Limantoro, drg.</td>
<td>Precise in Dentistry Through Digital Technology</td>
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<td>10.20 – 11.10</td>
<td>Ballroom A</td>
<td>Aditya Wisnu Putranto, drg., Sp. KG (K)</td>
<td>Fundamental of Root Canal Treatment to Achieve Optimal Result</td>
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<td>12.30 – 13.20</td>
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<td>Prof. Dr. Adam Husein, BDS, FRACDS</td>
<td>Managing Lower Complete Denture</td>
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<td>13.20 – 14.10</td>
<td>Ballroom A</td>
<td>Shaista Afroz, DDS, Ph.D</td>
<td>Orofacial Pain due to Gial Expressed Cytokines in Trigeminal Ganglions</td>
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<td>Ballroom A</td>
<td>Matino Sutja, drg., Sp. KG</td>
<td>Theory into Practice in Endodontics</td>
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3D CBCT (Cone Beam Computed Tomography)
Solusi untuk informasi perawatan gigi dan mulut.

Pemeriksaan radiologis merupakan salah satu pemeriksaan yang dibutuhkan untuk menentukan rencana perawatan bahkan keberhasilan perawatan. Cone beam computed tomography 3- dimension (CBCT 3D) merupakan alat radiografi yang beresolusi tinggi yang menghasilkan pencitara secara 3-dimensi untuk memenuhi kebutuhan informasi perawatan gigi dan mulut.

Alat tersebut menghasilkan pencitara secara tiga dimensi yang meliputi bidang aksial, koronal dan sagital serta dapat mengukur densitas tulang. Hasil yang diperoleh berupa grafik densitas dengan nilai maksimal dan minimal, serta perbedaan pletetan warna untuk memberi nilai kepadatan tulang rahang dari setiap voxel serta dapat divisualisasikan sehingga dapat mengukur kualitas tulang.

CBCT 3D dapat mengatasi masalah radiografi yang telah ada sebelumnya, seperti kurang akuratnya pengukuran tebal tulang yang tersisa, kelengkapan detail jaringan keras, dosis radiasi yang cukup besar untuk pasien dan tampilan struktur anatomi dari satu aspek saja dalam satu kali pengambilan gambar.

Kegunaan pemeriksaan CBCT adalah sebagai berikut:

- Untuk pemeriksaan TMJ (Temporo Mandibular Joint)
- Untuk pemeriksaan sinus paranasal
- Untuk pemeriksaan patologi dan rahang, misalnya tumor pada gusi, cysta, atau lesi fibro osseous
- Untuk bahan pertimbangan sebelum dan setelah dilakukan implant gigi
- Untuk bidang orthodontik, yakni untuk melihat pertumbuhan gigi gergaji dan hubungan antara rahang atas dan bawah
- Untuk melihat posisi garamah terakhir (wisdom teeth) terhadap canalis mandibularis
- Untuk mengevaluasi trauma pada wajah
- Pada bidang endodonti biasanya digunakan untuk melihat jumlah saluran akar dan fraktur pada daerah akar
- Pada bidang periodonti pada umumnya dipakai untuk adanya defek pada jaringan periodONTAL tersebut.

CBCT 3D termasuk teknologi baru sehingga memiliki beberapa kelebihan, yaitu dosis paparan lebih rendah, waktu paparan radiasi cepat, tersedia fasilitas mengukur panjang, derajat kemiringan, panjang lengkung rahang, derajat densitas tulang, dan sebagainya.
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FOV 9 X 8

FOV 10 X 9

FOV 12 X 9

FOV 15 X 9

Intuitive GUI

Easy selection of sex, age, scanning area and etc.
in each mode with intuitive interface and touch panel

Scanning mode
Panorama mode
Cephalo mode
CT mode

High ease of use

Patient alignment laser
Mood light displaying status

Highly permeable support
Voice support

Panorama

Cephalo

Installation Size

Technical Specifications

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<th>CT (OneClinic3D Viewer)</th>
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<th>Cephalo</th>
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<tbody>
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<td>Scan Time</td>
<td>MD (4mm) / HD (2mm)</td>
<td>HD (4mm) / HD (16mm)</td>
<td>HD (4mm) / HD (16mm)</td>
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<td>FOV Rate</td>
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<td>Recon Time</td>
<td>40sec</td>
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