



# Voice of ADITI

OFFICIAL PUBLICATION OF  
ASSOCIATION OF DENTAL INDUSTRY & TRADE OF INDIA  
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## **WHY CLASS „B“, ACTUALLY?**

by Christoph Sandow, Germany

## **NO PAIN, BIG GAIN SOFT TISSUE LASERS**

by Dr. Rahul Doshi

## **HYFLEX CM THE 'CONTROLLED MEMORY'**

by Dr. Harpreet Singh

## **VOICE OF ADITI 4TH ISSUE LAUNCH**

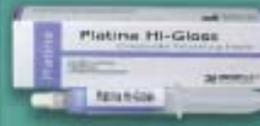
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**H** | Folks!! Hope you enjoyed reading our Rejuvenated Issue of Voice of ADITI. It gave us a lot of pleasure producing it. The Feedback has been a stunning revelation – Brilliant, Superb, WOW, Fantastic!! It has been a truly exhilarating experience, knowing that most of our illustrious members take an avid interest in reading it!! I am sure that all of you would have enjoyed thoroughly while going through the same and appreciating the hard work that has been put into making this Magazine. The formal Re-Launching of the Voice of ADITI in its new “avataar” was done on the 20th of August 2012 at Hotel Yorks, New Delhi amongst senior members of the Association. Our Head Office President Mr. Rajiv Seth, Hony Secretary Head office Mr. Praveen Malhotra, Head Office Treasurer Mr. Ashwani Kapoor were there to formally launch the VOA. It was a moment of Great Pride to have been associated with such an esteemed project which is finally taking a wonderful shape. Obviously there have been some mistakes, pointed out immediately by some, but on the whole this project has been great. The all round sleek and smooth finish of the VOA has won rounds of applause and accolades. The co-operation of ADITI Head Office Bearers and the Editorial Board has been overwhelming and truly amazing. Without their efforts the VOA in its rejuvenated format would not have seen the light of the day.

I am sure that most of our readers would have enjoyed reading the short but informative “History of ADITI” topic in our previous issue of VOA. I have received many more emails and phone calls filling up more information to what we mentioned in that section. Obviously it has been a great topic to have been brought up in the VOA. Information about Senior Members from all Four Zones also has been highly appreciated by one and all. The Senior Members enjoyed vastly the adulation of our Dental Fraternity. We introduce more Senior Members in this issue to be followed by more and more. However, a suggestion is afloat that age should not be the only criteria to feature in this format. Well, will look up to more such comments before taking a decision on that!!

Expodent Mumbai has just gotten over after a great success and now we move in to the next EXPODENT; Bangalore, which also promises to be another such great success. I wish Mr. Uday Raj Shetty and his entire team a great success for the Expodent Bangalore. Coming up in the month of December 2012 would be the “Mother of all” EXPODENTS : EXPODENT INTERNATIONAL INDIA. The dates being 28th – 30th of December 2012. Already the rush has been so much for the Booths and Island Spaces that Exhibitors have paid advance payments in the month of April / May !! We, The team of VOA and the Head Office are keenly looking forward to the success of the EXPODENT INTERNATIONAL INDIA and hope that the Entire TEAM of E.I.I. under the guidance and able support of it's Chairman Dr. B.S. Shetty, will chum out yet another great E.I.I. We plan to introduce a few specials during the E.I.I. issue and hope that Members / Exhibitors, who would like to make a mark or do anything extraordinarily special for the next Issue, which shall come up just before the E.I.I., contact us, so that we can exchange a few ideas.

At a recent Meeting, someone suggested that we introduce a “laughter Page” that would make all of us SMILE. So Friends, please do feel free to send us your views, anecdotes, jokes, anything that you feel should be a part of our VOA, which shall be carefully selected and published in the forthcoming issues of the VOA.

We have some very great articles that have been selected for this issue, which have proven to be very popular amongst the readers of the International Dental Magazines. We shall aim for quality and not for numbers of published articles in order to publish articles with good, sound and up to date evidence. Enjoy reading them!

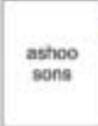
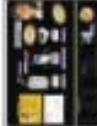
This issue celebrates the success of the VOA. I would like this success to continue, but for me to be able to realize this, as always, we need more readers, more libraries stocking up our VOA and an increase in article submission. You can support The Voice of ADITI : The Official Publication of the Association of the Dental Industry & Trade of India, by notifying your Parent Companies, Dentists, Dental Institutions, Colleges, Hospitals to take active part in this great venture of ADITI.

Till we reach you again, all of us at VOA hope that you will take care of your health and would like to add in the famous words of the Father of our Nation Mahatma Gandhi “It is health that is real wealth and not pieces of gold and silver.” So take care ..... till we meet again!!!

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## ADITI MEMBERS ▲

### North Zone

#### Mr. S.D. MATHUR of M/s. Prem Bihari & Co.

- Joined Prem Behari & Company, in the year 1955, immediately after the death of his father Late Shri. Prem Behari Ji, as a 1st year student at the age of 17 & picked up the tricks of the trade under the able guidance of his elder brother, Late Shri. R.D. Mathur of Bharat Dental, Lucknow.
- Specialized in retail sale, dealing with individual doctors from his office at Jama Masjid, Delhi.
- Made his company, M/s Prem Behari & Company, to be known as 'ONE STOP SHOP' for all dental needs.
- Regarded as one of the 'Best Salesman' of his times & considered to be the best, person for guiding & helping fresher's (new doctors) to establish their dental clinics.
- Importers in India for companies such as Ash (England), Chirana (Czech Republic) formerly Czechoslovakia, Degussa & Durr Dental (Germany), SS White (UK) etc.
- Wholesale distributors for companies such as Dental Corporation of India, SMI, SS White (England), Asian Acrylates and others to name a few in his earlier years and later Confident Dental Equipments (P) Ltd, Kalabhai Karson (P) Ltd, Dental Products of India Ltd (DPI), India Photographic Company (Kodak Dental X-Ray Films), Pyrax Polymers etc.
- Graduated to Government supplies in the year 1974 and served the Army Dental Corps on their list of approved suppliers.
- Founder member of ADITI in the year 1988 with the simple aim to provide a common platform to all fellow traders & manufacturers, to address to their problems, their grievances & to find a simple solution to them.
- Nominated as the 1st Honorary Secretary (Ad-Hoc) of ADITI National in the year 1988 during APDC held at Hotel Ashok, New Delhi.
- Vice – President ADITI (North Zone) twice
- President of ADITI (North Zone)
- Vice – President ADITI (National)
- Founder member of EXPODENT INDAI exhibitions.



**S.D. MATHUR**

**Date of Birth**  
15th August 1937

**Place of Birth**  
Delhi

**School**  
Sanskrit School  
Daryaganj  
New Delhi

**Year of  
Passing School**  
1953

**Graduation**  
1957 from Dr. Zakir  
Hussain College  
formerly known as  
Delhi College in  
Bachelor of Arts

### East Zone

#### Mr. Mantu Ranjan Chowdhury of M/s. Chowdhury Brothers

In the year 1967 He was compelled to go to Sapatgram, Dist. Goalpara, Assam as a Timber Merchant.

Due to some problem he changed his business. His Elder brother Dr. Monaranjan Chowdhury, Dental Surgeon advised him to supply dental goods.

After one month training from Modern Dental and Medical Depot, He started his business, he launched a company named "CHOWDHURY BROTHERS" with his brothers in the year 1972.

In the year 1984 he launched a company for his elder son Malay Chowdhury named "MATILAL & CO." at Moulali, Kolkata and later his younger son Mrinal Chowdhury also joined as a partner.

After that he launched a company named "EASTERN DENTAL & SURGICAL COMPLEX" at Moulali, Kolkata. With his daughters-in-law Preeti and Sumita in the year 2011.



**Mantu Ranjan  
Chowdhury**

**Date of Birth**  
22 Apr. 1947

**Place of Birth**  
Village Kalalupa

**Graduation**  
City College,  
Kolkata in 1966



## West Zone



**A. Sattar Merchant**

**Mr. A. Sattar Merchant of M/s. CENTRAL DENTAL CO.**

MR. ABDUL SATTAR MERCHANT born on 29th Nov 1929, in Mumbai. After matriculation with honours, he completed one year in a Dental college and then left college to join the Dental trade with his uncle Dr. Sidik (Everest Agencies) and eventually established CENTRAL DENTAL CO IN MUMBAI in 1961.

He is remembered even today very fondly due to his honest and upright business policy.

With his humble and helpful behaviour he was very popular with traders and practitioners alike. Joined in business by his two sons NASIR AND NAZIM he spread his business and was soon recognised as THE ORTHODONTIC DEALER in India.

He ardently believed in the unity of dental traders and played a key role in the formation of ADITI along with other stalwarts of the time.

He departed this world on the 31st May 2001. His Sons Nasir and Nazim are trying hard in keeping alive the ideals and standard set by their beloved father.

## South Zone



**A.K. Sidik**

**Mr. A.K. Sidik of M/s. Everest Agencies**

Born to Mrs. Mariam and Dr. H.J. Sidik on 14th of September 1940. He had his schooling in Bombay. Trained under the able guidance of his father, Mr. Sidik preferred to be a trader by choice and operated in Maharashtra from the year 56 at the tender age.

Married to Qamar in the year 1964 Mr. Sidik chose to start his business in twin cities of Hyderabad and Secunderabad. He left the business in Mumbai in turmoil and preferred a peaceful stay in Hyderabad. He is blessed with three issues namely Majeed, who has become a Ace Dental Technician and Mrs. Mariam and Mrs. Saba Hazneen who are very well settled in Canada and India respectively.

Crossing many hurdles and over coming different kinds of problems Mr. Sidik was growing in his trade and business rapidly. On the professional front, it is laudable to mention that Mr. Sidik was the founder member of ADITI and has successfully completed three times his turn as President ADITI Southzone i.e. in the year 1990, 2007-2009. He also thoroughly enjoyed as member in CEC and is loved and respected by members of Dental trade as well as dental professionals.

It would be worthwhile mentioning here that Mr. Sidik has a very kind heart & has participated in various social & charitable activities of his Kutchi Society. He has participated in many camps to help the poor & needy during national calamities like earthquake, Tsunami & Floods etc. His contribution to the activities of Indian Dental Association is also widely appreciated.



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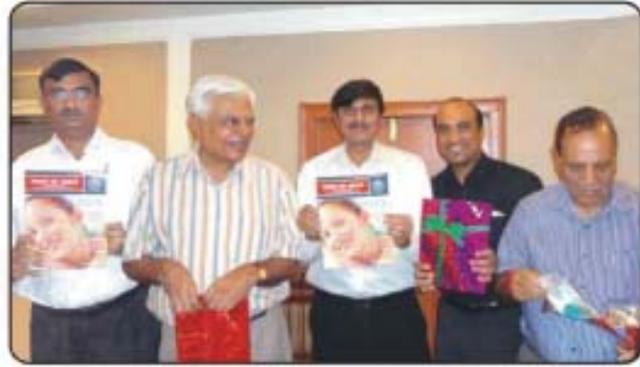


## EDITORIAL

The formal Re-Launching of the Voice of ADITI in it's new "avataar" was done on the 20th of August 2012 at Hotel Yorks, New Delhi amongst senior members of the Association. Our Head Office President Mr. Rajiv Seth, Hony. Secretary Head office Mr. Praveen Malhotra, Head Office Treasurer Mr. Ashwani Kapoor were there to formally launch the VDA.



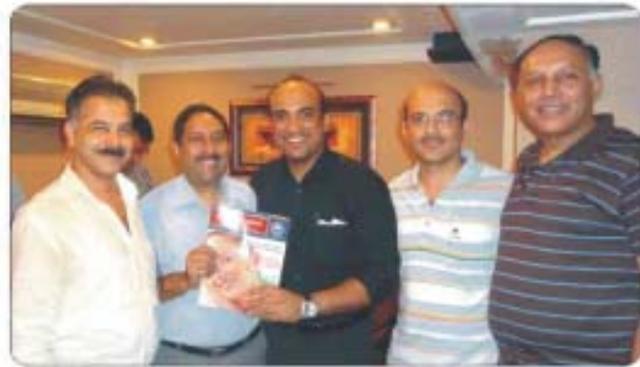
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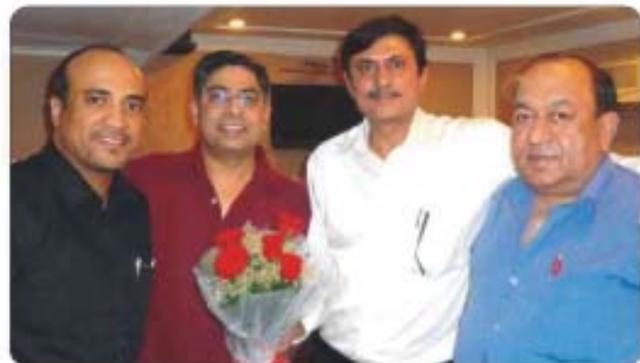
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Hony. Editor Mr. Karan Bir Suri, Joint Secretary Head Office Rajnish Sharma, Head Office President Mr. Rajiv Seth, President North Zone Mr. Vinod Sethi,

## WHY CLASS „B“, ACTUALLY?

by Christoph Sandow, Germany

The European Standard for small sterilizers EN 13060, valid since 2004, classifies autoclaves in different categories, depending on their field of application:

Class N = for sterilization of unwrapped solid instruments

Class S = for sterilization of instruments with single wrappings, textiles and rubber articles

Class B = for sterilization of all charges and wrappings occurring in the medical field

Proceeding from this standard as well as from nation-specific laws and regulations, autoclaves used in many European and also non-European dental practices have undergone a technological change. According to estimates more than 50 % of recently purchased dental autoclaves are "class B" autoclaves.

Many dentists asked whether the "old" sterilizers did not sterilize as well and an exhaustive answer to this legitimate question can only be given in consideration of the specific instruments used in dental practices, the fact that more and more wrapped instruments are applied and the increased infection risks.

### THE GRAVITATION PROCEDURE

Old autoclaves operate according to this method where, proceeding from the atmospheric pressure, an overpressure of 2 bar (134 °) is generated. The air expulsion required for this procedure is based on the fact that air and steam have different weights. Before the actual sterilization process starts, the air is expelled from the sterilization chamber.

### AUTOCLAVES OPERATING WITH VACUUM

An efficient air expulsion in these autoclaves is not left to the principle of gravitation, but the air is evacuated by means of a vacuum, preferably a fractionated vacuum which is applied in a "class B" autoclave. This vacuum is generated with a vacuum pump. It is certainly doubtful that there are other ways, as sometimes described, to create a vacuum.

Of course, old autoclaves – even without vacuum – can make instruments sterile. In this respect, most of these devices provided safe sterilization and they still do so.

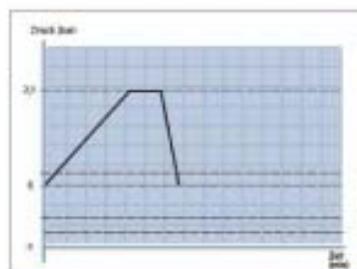


Diagram of the gravitation procedure in "old" autoclaves



Diagram of a "class B" procedure

### *Why do hygiene experts and public institutions ask for more safety by using "class B" vacuum autoclaves?*

1. New methods of treatment and/or the shifting of operations on the sectors of implantology, endodontia as well as oral surgery from hospitals to smaller clinics entailed new requirements for the capacity of autoclaves. The use of tray systems, endo boxes, implant containers etc. considerably raised the requirements for the sterilization procedure applied. Autoclaves without vacuum produced by a vacuum pump cannot fulfil this demand.
2. In times of nearly unlimited globalization hygiene experts are right to caution against the accelerated expansion of infection diseases and the associated risks of cross infections also in dental practices. This new situation has to be considered when choosing the equipment to be applied in the practice.
3. New findings reveal the necessity for a sterilization of all instruments. The advanced technology of hand and angle pieces makes it possible to sterilize also these transmission instruments regularly. Hollow bodies and new materials make greater demands on sterilization procedures than before.

#### **CONCLUSION:**

In order to meet the increased hygiene demands, a change in technology has to take place not only with regard to sterilizers used in hospitals, but also to sterilizers designed for dental practices. In many countries governments support this claim for utilizing autoclaves operating according to the "class B" procedure. Only autoclaves equipped with fractionated pre-vacuum offer the widest range of possibilities and flexibility to put all instruments, packings, cassettes etc. in a sterile condition.

MELAG, being the only manufacturers of international reputation that concentrate their activities exclusively on the development and production of practice autoclaves, offer a great variety of different "class B" autoclaves with a volume capacity of 6 to 29 litres. All over the world, content customers attest to the high quality of MELAG autoclaves.



Vacuklav 40 B+



Vacuklav 23 B+



Picture: MELAG Vacuklav 41 B in dental clinic. "On the basis of the results experienced in our clinic we definitely agree to this statement."

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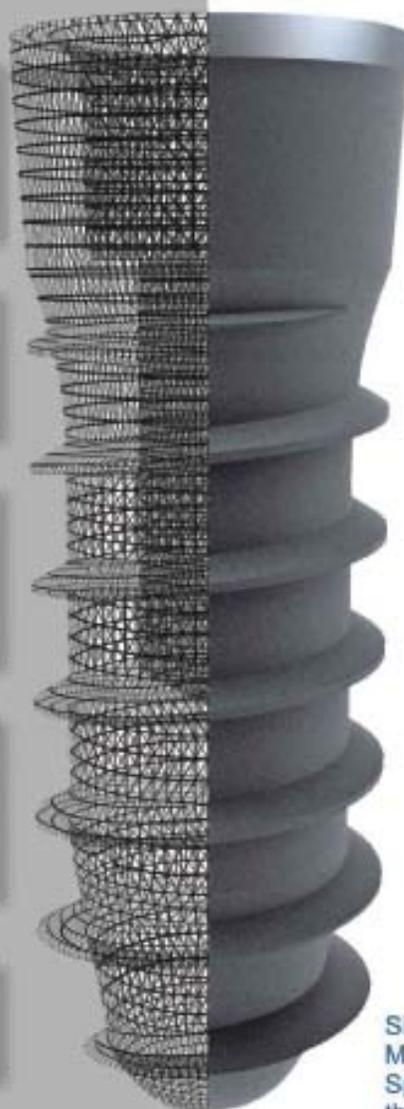
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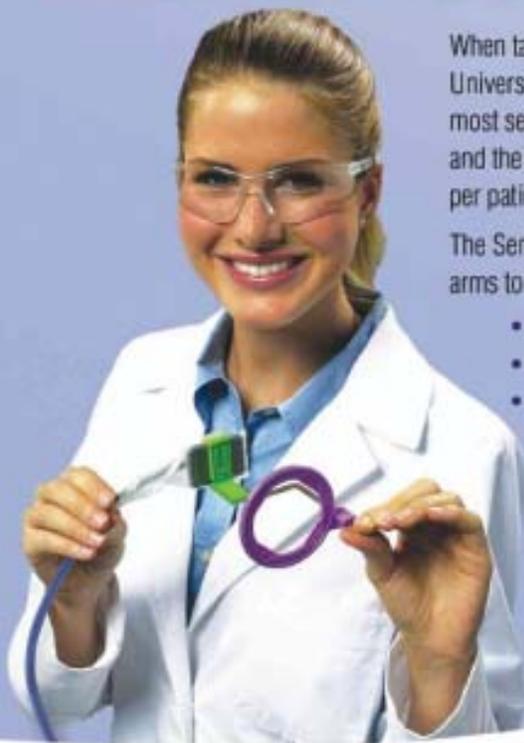
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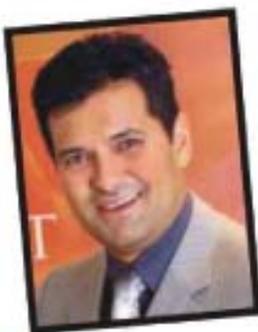
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## NO PAIN, BIG GAIN SOFT TISSUE LASERS

**Aesthetic expert Dr Rahul Doshi reviews his use of a no preparation, no anaesthesia technique for smile design that includes the use of a powerful diode laser**

Normally, as you know, the saying is: 'No pain, no gain', but I've now started to do some rather interesting treatments, which involve no preparations on the teeth and therefore, no local anaesthetic is required. They do, however, involve the use of a soft tissue laser for recontouring the gingiva, and this is where this treatment becomes most interesting because this is also done without the use of local anaesthetic.

I have selected two cases that aptly demonstrate this technique.



### CASE STUDY ONE

I start the process with an initial examination with the patient talking through what treatment they would like to undergo. We specially ask them what sort of smile they would like to have, looking at the amount of gum showing at rest and the gingival contours, and then make a complete assessment of the patient and their medical history. This appointment also includes impressions and photographs. This information allows us to design a smile for our patients which is fitting for them and their personality, in terms of shape, style, colour as well as overall effect.

Looking at Figures 1 and 2, you will see that the patient here presents a nice smile, but with a number of things that she does not like. Concentrating on the upper arch, her comments were on the following issues: the diastema between the two centrals, the small angled gaps between the centrals and the laterals, and the fact that the right canine is greatly reduced in size. There is also some work to do with the laser in order to create the soft tissue profiles that will make the end result into a beautiful smile.

The first step in the process is to build up the new smile in composite. As per the patient's request, we are only going to work on UL4 to UR4 in the upper arch. This means that we have to build the teeth out in a buccal direction in order to widen the smile. Once we have built the composites to create the new smile, we can then use the laser to create the new soft tissue profiles that we need. I use an Elexion NANO Laser, which is a 15W Diode Laser that normally allows me to cut very quickly, with no carbonisation. However, for these sorts of cases, it's not the speed that I require, but the precision. The laser cuts with a pulse rate up to 20,000 Hz and this means that there is no carbonisation in the area where the laser has been used. This is ideal as I can do the soft tissue preparation without using any local anaesthetic. I can choose either a very fine or a standard-sized laser fibre for the task in hand. It is important to note that the laser is not only used for reshaping the gingiva itself, but for allowing us to open the sulcus slightly. This allows the impression material into the sulcus (as with a crown preparation) and allows the final veneers to sit just subgingivally to look like natural teeth protruding from the gum line. To illustrate this, Figure 3 was taken immediately after the laser had been



Figure 1: Smile preoperative



Figure 2: Preoperative smile close-up

used. This is a good illustration as it now shows the new smile (in composite) built up to resemble the final smile. At this stage, we can take as much time as we need in order to deliver exactly what the patient wants. Once the laser has been used, we have the ideal situation of the new teeth with the new gingival contours, so we can see how the whole smile comes together. As a result of not using any local anaesthetic, the patient has full control of her lips and can feel

the new teeth in situ and give us her accurate feedback. This makes a lot of difference compared to the conventional method where it takes a few days after the preparation appointment in order to get any accurate feedback from the patients.

Once the patient is happy with the smile in this form, we can take impressions for the laboratory. The laboratory will use these impressions to make the final veneers. I use Amdecc in Basildon, Essex, for this work as I have used them for more than 10 years and they understand exactly what I'm looking for. With the impressions done, we can take off the composite and then make any minor alterations that need to be done to the teeth (still without the use of local anaesthetic). With minor work completed, we can then take the final impressions of the starting position. The laboratory now has all of the impressions that they need in order to create the new smile. I then use Luxatemp (DMG) to give the patient their new smile (in temporary) whilst their new teeth are being made.

There would normally be a review appointment after around a week, which allows the patient to confirm that the temporaries are to their liking – having taken comments from family and friends into consideration.

## CASE STUDY ONE : PART II



Figure 3: Immediately after laser had been used



Figure 4: Final veneers in place

The final step is then the fit appointment – usually a couple of weeks after the preparation stage, but depending on the patient's availability.

Figure 4 now shows the final veneers in place. As you can see there is a good match with the gingival contouring so that the eight new veneers fit nicely into the gingival contours that we have created. On reviewing this picture, I wish that she had agreed to have the amalgams replaced in the two lower molars, but then that's just being hyper critical, and at the end of the day it's her choice. You can now see clearly how we have increased the size of the right canine to make it match the left canine.

## CASE STUDY TWO

In the second case, we have again followed the principles outlined above. However, in this case we treated six upper teeth and four lower teeth. It would have been ideal to have been able to treat more, but again, that was what the patient wanted. Our main challenge in this case was a missing right lateral. The trick here is to make the right canine look like a lateral and then make the premolar look like a canine. Figure 5 shows the starting point of the second case. The patient wants us to concentrate on UL3 to UR3 and LL2 to LR2 as these are the teeth that she feels are critical to her smile.

Looking at Figure 6, immediately after using the laser, you can see just how gentle the laser is in helping me to re-contour the gingival margins, particularly around the right side where we have to make the appearance changes.

The final picture in the sequence, Figure 7, shows the final result with the veneers in place, and whilst my eyes are still drawn to the teeth that we did not treat, the final result on the teeth that we did treat is very pleasing and, more importantly, the patient was delighted. Here the smile has a nice balance and it's certainly not obvious, at least on an initial inspection, that she's missing a lateral on the right side.

## CASE STUDY TWO



Figure 5: Preoperative smile close-up



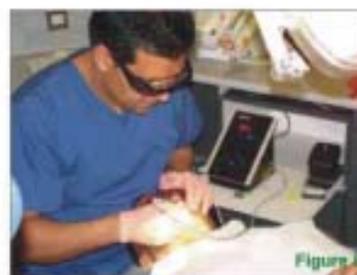
Figure 6: Immediately after laser had been used



Figure 7: Final veneers in place

## CONCLUSION

The no preparation, no anaesthetic system is a major step forward from a patient's point of view. The feedback during treatment is excellent. The lasers that I have used in the past would not have let me be this precise without anaesthesia and with this much control of the soft tissues. The Final picture (Figure 8) shows me using the laser, fully protected wearing the comfortable laser glasses over the top of my normal eyewear.



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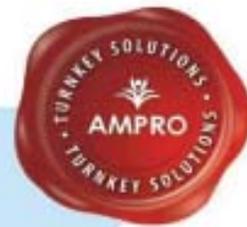
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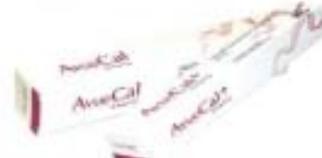
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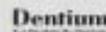
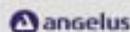
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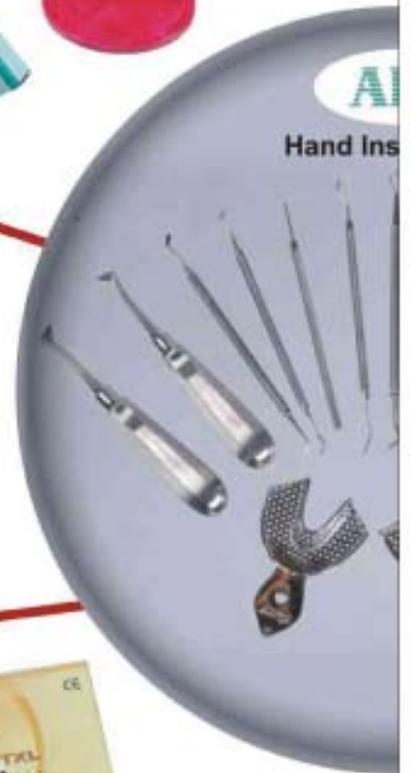
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# QUIZ



*Read it till the end & you will appreciate you read it.*

1. How long was the 100 year war?

- A. 116      B. 99      C. 100      D. 150



2. In which country are the Panama hats made?

- A. BRAZIL      B. CHILE      C. PANAMA      D. EQUADOR

3. In which month do the Russians celebrate the October Revolution?

- A. JANUARY      B. SEPTEMBER      C. OCTOBER      D. NOVEMBER



4. Which of these was King George VI first name?

- A. EDER      B. ALBERT      C. GEORGE      D. MANOEL

5. The Canary Islands, in the Pacific Ocean, has its name based on which animal:

- A. CANARY BIRD      B. KANGAROO      C. PUPPY      D. RAT



**Answers . :** 1) The 100 year war lasted 116 years from 1337-1453 2) The Panama hat is made in Ecuador 3) The October revolution is celebrated in November 4) King George's first name was Albert. In 1936 he changed his name. 5) Puppy. The Latin name is INSULARIA CANARIA which means islands of the puppies.

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## Hyflex CM - The 'Controlled Memory'

### files giving 'Control' to success. Case reports of Radix Entomolaris

#### ABSTRACT

Success in endodontic therapy is achieved after thorough cleaning and shaping of root canal system followed by its complete obturation. However, owing to anatomic perplexities, this therapy at times may be more complicated than expected. The morphological variations of the Mandibular first molar 'Radix Entomolaris' in terms of root inclination and root canal curvature demand careful clinical approach to avoid procedural errors. The introduction of controlled memory files (Hyflex, Coltene) facilitate the preparation for the fact that the cutting profile of each HyFlex® CM file facilitates penetration in the canal, and presents a root canal shape corresponding with the original anatomy.

**Keywords:** Controlled memory files, Endodontic treatment, Hyflex files, Radix entomolaris

#### INTRODUCTION

The success of endodontic therapy lies in the cumulative effect of thorough cleaning and shaping, associated with three dimensional obturation of the root canal system. The variation in pulp cavity morphology, especially in multrooted teeth is a constant challenge for diagnosis and successful endodontic therapy (1). Treating mandibular molars may be considered as not so difficult as compared to their maxillary counterparts, owing to the advantage of having direct vision to the site during the procedure but failures do happen. However, many failure cases of mandibular molars have been identified and reported which can be attributed to the presence of extra roots and extra canals, which if left unidentified, may lead to failures (2, 3)

An additional third root, first mentioned in the literature by Carabelli in 1844 is called Radix Entomolaris (RE). A severe root inclination or canal curvature, particularly in the apical third of the root in case of RE can cause shaping aberrations such as straightening of the root canal or a ledge that displays a loss of working length in the ledge canal. Calherson et al recommend using flexible nickel-titanium rotary files to increase the chance of centering the canal third and orifice relocation (4). Nevertheless, unexpected complications (such as instrument separation) occur and are more likely to happen in the RE due to the severe curvature or narrow root canals.

A new NiTi rotary instrument files with controlled memory (HyFlex® CM) has recently been marketed that is machined from a wire (termed CM-wire) previously subjected to a proprietary, novel, thermomechanical processing procedure. Clinical use seems to indicate that these new HyFlex® CM rotary instruments have outstanding clinical fatigue resistance. The purpose of this new rotary file is to simplify root canal treatment and to optimize cleaning and shaping of the canal. The Controlled memory effect helps the file to retain the shape of the canal even when it is out of the canal (Figure 1).

This clinical report describes the successful endodontic management of three unusual cases of Radix entomolaris, using the new generation Controlled memory Hyflex files.

#### CASE REPORTS:

A 20 years old male came with the complaint of pain and sensitivity in mandibular right first molar. After clinical and radiographic examination and endodontic therapy was advised.

After anaesthetizing the tooth, access preparation was done and canal orifices were located with DG 16 endodontic explorer. Initial negotiation of the root canal was confirmed with K-file 10. The fourth disto-lingual canal orifice was present far from distal root canal orifices (Fig 2a). The canal lengths were determined using an apex locator. The canals were prepared up to ISO 15 size file.

Thereafter Hyflex files were used in a sequential order as per the manufacturer's instructions. A 0.08 taper (25 No., 19 mm length) file was first used to perform the coronal flare. Thereafter, 0.04 taper file (20 No., 21 mm length) was used up to the working length, this was followed by the use of next size 0.04 taper file in sequence (25 No., 21 mm length) (Fig 2c). At next appointment patient was asymptomatic.

Master cone radiograph revealed proper fitting of cones. Canals were dried with paper point and obturation done

(Fig 2b) by using single cones of corresponding taper and size as MAF, using Gutta Flow 2 sealer (Coltene)

In general, other technical considerations to be kept into account while using Hyflex files are that for best results, a new file should be used for each procedure. The number of times the instruments can be re-used depends on the treatment and procedure. Instruments must be inspected before and after use. Hyflex® CM files may respond to pressure, torque, and resistance with a lengthening of the spirals, which allows the file to avoid binding to the walls and therefore increases fracture resistance (5). During autoclaving, the instruments can regain their shape, if it doesn't, the file should be discarded (Fig 2d). In cases where the canals are extremely fine, after the coronal flare, a 0.04 taper, No. 15 file can be used up to the working length before using 0.04 taper, no. 20 file as described above.

In similar fashion three more cases of Radix Entomolaris were treated (Fig 3-Fig 4) using the Hyflex files, making the full advantage of these Controlled memory files that they do not possess the 'Spring Back action' like the conventional Ni-Ti files, thereby maintaining the original anatomy of the root canal system and avoiding any zipping or strip perforations.

#### DISCUSSION

Root canal treatment should result in the thorough mechanical and chemical debridement of the entire pulp cavity, followed by complete obturation with a hermetic seal. RE poses a great endodontic challenge, as incomplete pulp extirpation due to missed canals can result in treatment failure. Fabra-Campos (6) and Bond (7) have also reported presence of three



Fig. 1



Fig. 2a



Fig. 2b

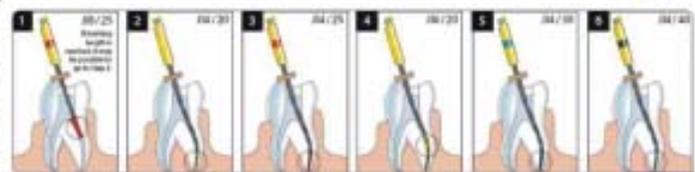


Fig. 2c



Fig. 2d

mesial canals in mandibular molars. Presence of these extra roots has clinical importance; it may not be clearly visualized radiographically and may give an artificial impression of perforation (8).

Slowey demonstrated that it is very difficult to detect extra roots via radiographs, as the roots may be superimposed on the radiograph, hence Clarke's rule can also be applied. (9, 10)

Larger NiTi instruments may transport the canal space, causing strip perforations because of their rigidity. This issue has been easily resolved by the introduction of Controlled Memory files (Hyflex CM, Coltene), which retain their shape in curved canals and do not possess the 'Spring back action', thereby avoiding any perforation.

The conventional NiTi files have another drawback of not giving a 'warning sign' before breakage (unlike stainless steel files, which show such signs in the form of unwinding of flutes, or presence of a shiny spot on the file, indicating that the file should be discarded).

Hyflex files have overcome this problem with the unique characteristic of rewinding of the file after autoclaving. If the file does not rewind, it indicates that it needs to be discarded. This is a very useful criteria for the clinician to decide when to discard the file.

Luca et al in their experimental analysis have also revealed the high flexibility of Hyflex files in comparison to other rotary files, proving its added advantage in curved canals. A unique combination of 3 and 4 fluted file designs has been incorporated in these files to provide optimum performance and strength. Also, these files can be pre-bent similar to stainless steel files before introduction in the curved canals.

## CONCLUSION

Clinicians should be aware of these unusual root morphological variations of the RE in terms of root inclination and root canal curvature. The introduction of the unique controlled memory hyflex files have given the clinicians, a perfect combination of stainless steel files and NiTi files; summing the advantages of both and discarding their limitations.

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## Legends for figures:

Fig 1: The Controlled memory effect of Hyflex file

Fig 2a: Pre-operative radiograph

Fig 2b: Post-operative radiograph

Fig 2c: Sequence of Hyflex files to be used

Fig 2d: Rewinding of flutes after autoclaving; file to be discarded if does not rewind

Fig 3a: Pre-operative radiograph

Fig 3b: Post-operative radiograph

Fig 4a: Pre-operative radiograph

Fig 4b: Post-operative radiograph



Fig. 3a



Fig. 3b



Fig. 4a



Fig. 4b

## ABOUT THE AUTHOR :

Dr. Harpreet Singh is MDS (Conservative Dentistry & Endodontics) and is working as Asstt. Professor in Gian Sagar Dental College & Hospital, Patiala. He has received patent from Govt. Of India for developing a "A communication system between dentist and patient". He is running his speciality oriented clinical practice under the name of "Gentle Dental Care", in Patiala since last six years. Currently he is also the Associate editor of Indian Journal of Dentistry (Elsevier)



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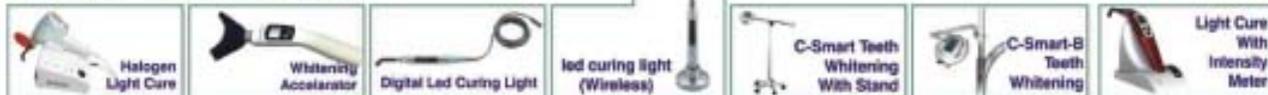
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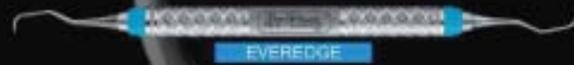


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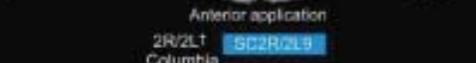
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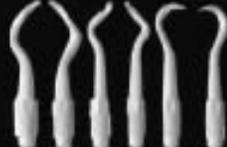
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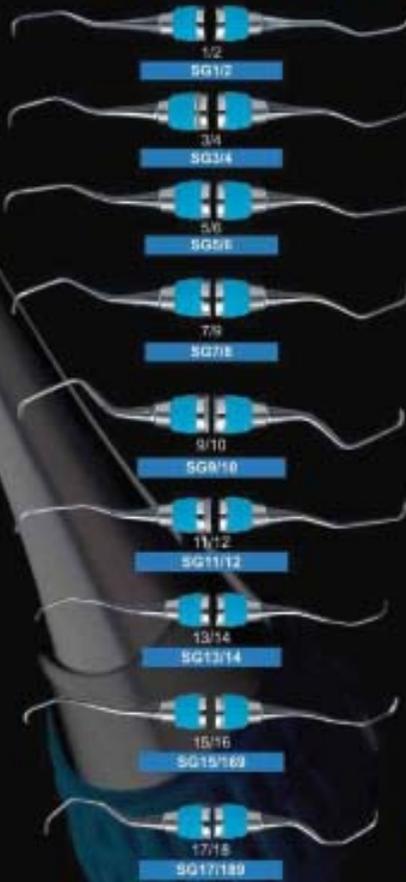
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