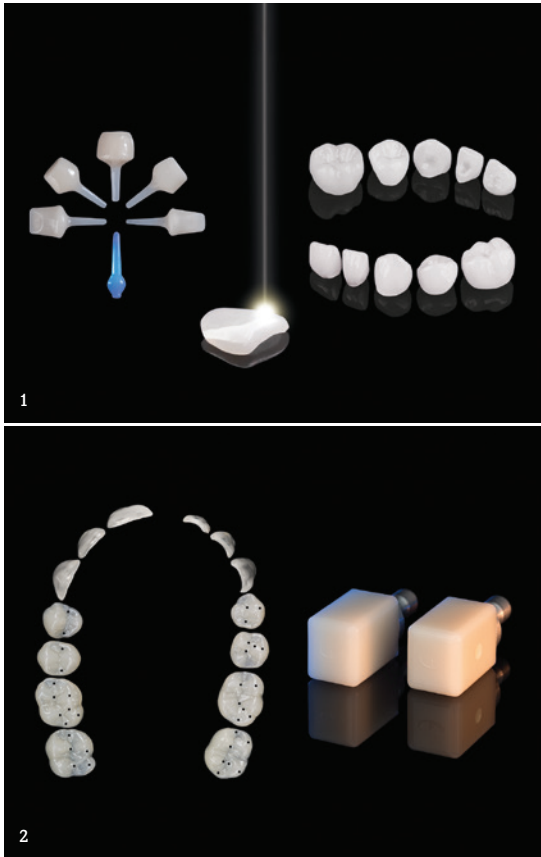


Shaping the future of aesthetic and functional dentistry

■ Edelweiss dentistry is committed to building partnerships that make a real difference. As a trusted collaborator, the company is dedicated to developing innovative dental solutions that redefine modern dentistry. With



expertise in state-of-the-art systems, Edelweiss dentistry provides practical and efficient solutions for clinicians while ensuring significant benefits for patients.

Edelweiss dentistry has pioneered the only bioceramic material that overcomes the traditional limitations of composite and conventional ceramic. By utilising a unique laser-sintered technology, this innovation has significantly reduced the shortfalls of conventional materials, thereby enhancing both aesthetics and function.

The company's extensive product portfolio includes ultrathin enamel shells for anterior and occlusal restorations, the innovative Edelweiss POST & CORE system and the trusted Edelweiss PEDIATRIC CROWNS. The latest addition to the product range are the PEDIATRIC VENEERS, a world first in the dental market (Fig. 1). Additionally, the CAD/CAM BLOCKS—T-BLOCK and C-BLOCK as well as the i-BLOCKS, which are implant blocks—feature the world's first bioceramic material with a tri-network structure, seamlessly combining pure glass ceramic, aluminum oxide and carbon technology. This ensures exceptional strength, resilience, and aesthetics for every restoration. (Fig. 2).

Edelweiss dentistry's solutions streamline workflows, enabling cost-effective and time-efficient restorations in just one appointment while maintaining high standards of care. The company's philosophy is rooted in accessibility, effectiveness and minimally invasive dentistry. Guided by biomimetics, biocompatibility and bio-aesthetics, each restoration is designed to preserve healthy tooth structure while achieving exceptional functional and aesthetic results.

Edelweiss dentistry will be present at Booth B040/C041 in Hall 11.3, showcasing its products at a live hands-on station. More information can be found at www.edelweissdentistry.com. ◀

Asiga to unveil innovations at IDS

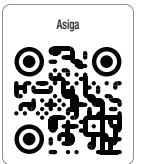


■ Asiga is preparing for IDS 2025 with a series of announcements aimed at improving workflows and enhancing ease of use for dental practices and laboratories. Known for its robust, precise, production-grade 3D printers, Asiga continues to lead the way with groundbreaking innovations, setting new standards in dentistry and 3D printing in particular.

With the industry's largest material database, visitors can expect live demonstrations of Asiga's latest advancements. Key highlights include a new state-of-the-art curing unit—Asiga Cure—clinically focused hardware and automated software tools designed to streamline operations. Additionally, Asiga will showcase a range of innovative dental materials, offering attendees a glimpse into the future of dental technology.

Live speakers will also feature at the booth, providing valuable insights into these cutting-edge solutions. This is a must-visit opportunity for dental professionals looking to stay ahead in the evolving world of 3D-printing technology.

For more details about Asiga and its products, visit www.asiga.com. During IDS 2025, attendees can find Asiga at Booth H040/J041 in Hall 3.1. ◀



D-bar—the evolution in Class II malocclusion treatment

■ Class II malocclusion constitutes a high percentage of orthodontically treated cases. Its prevalence is highly variable and is estimated to be between 39% and 93% in children and adolescents. Class II malocclusion may be associated with skeletal abnormalities in about 75% of patients, who usually present with characteristic mandibular retrognathism resulting from a shortened mandible and maxillary protrusion.

Class II malocclusion carries a greater risk of dental trauma, a more negative perception of facial and dental aesthetics, a negative impact on quality of life and self-esteem, a greater predisposition to periodontal disease and tooth wear, and a reduction of oropharyngeal space and greater incidence of sleep disorders. Current orthodontic treatment philosophies of Class II malocclusion have been oriented towards conservative treatment modalities to avoid extractions.

Molar distalisation, one approach to treating Class II malocclusion, is used to lengthen the dental arch by posterior movement of the buccal segment teeth to provide space in the maxillary arch. Thus, it is mainly indicated to treat moderate dental or skeletal protrusion of the maxillary arch, mild to moderate crowding and when patients refuse extraction. Molar distalisation can be accomplished using either extra-oral appliances or intra-oral appliances. The disadvantages of extra-oral devices are their unpleasant appearance and



dependence on patient compliance, making them the least acceptable choice for clinicians and patients. A wide variety of intra-oral distalising appliances are available. However, the forces exerted by most of them result in undesired dental effects, such as the proclination of maxillary incisors, bite opening, molar tipping and loss of mandibular anterior anchorage.

D-bar is a directly bonded orthodontic appliance that provides a Class II treatment solution for pri-

mary, permanent or mixed dentition and improves the molar relationship by minimising canine over-extrusion. It has a highly aesthetic design and offers greater comfort and reduced treatment times. The clinical principle of Class II correction using D-bar is based on establishing a Class I relationship at the beginning of treatment when patient compliance is high and before initiating the correction of the position and alignment of individual teeth with fixed appliances or clear aligner therapy.

D-bar consists of a molar socket and a bar, supplied unassembled and bonded bilaterally to the maxillary canines and first molars. The canine pad, which carries a mesial hook for placement of intermaxillary elastics, is bonded to the anterior third of the clinical crown. It is possible to replace just the bar or change its size during therapy if the clinical conditions require it. This feature makes the D-bar flexible, reducing and simplifying the clinic's inventory. It can also be integrated into the digital workflow and

placed by indirect bonding; in fact, using two separate components makes it possible to incorporate the device into templates or transfer jigs. D-bar is available in 12 sizes differing by 1 mm increments, from size 16 to 27. Measurement identification is easy and fast owing to laser marking.

Advantages of using D-bar

Precision: The locking system has been designed with tight tolerances for greater treatment efficacy to minimise canine or inter-arch movements.

Effectiveness: The extremely mesial hook position increases the effectiveness of the device.

Time-saving: Correct bonding on the molar is easy, owing to the mesio-distal and occlusal-gingival positioning lines. Laser marking facilitates identifying the proper size.

Treatment time reduction: D-bar improves the molar relationship, making the orthodontic treatment faster.

Comfort: Its smooth and low-profile design improves patient comfort and compliance during treatment.

D-bar is available in individual packaging and sets. Single packaging contains two bars of the same size, two molar sockets and one ruler. The set includes 24 bars with two of each size, 24 molar sockets, a tweezer and 24 rulers.

During IDS, the SIA Orthodontic Manufacturer booth (B011) will be located in Hall 5.2. More information about the company can be found at www.siaorthodontics.com. ◀