

(Not) a case for the dentist

We all know the problem: cold or hot drinks, sweet or sour foods or perhaps just a cold winter's day and it happens like a flash, this stabbing pain that eases off quickly but can be guaranteed to happen again.



Fig. 1: Exposed tooth necks

Exposed tooth roots are the most common cause of these complaints. When desensitising toothpastes and rinses containing fluoride no longer help, the only thing left is to go to the dentist, who goes after the culprits with sticky fluoride paints or strong-tasting fluoride gels.

When I was asked by DETAX in early September 2006 to test a new product as part of a field study, I was sceptical initially as the new "paint" was of rather liquid consistency – it is water-based, containing potassium oxalate to seal the tubules, calcium nitrate, which has an anaesthetic effect on the nerves, and zinc sulphate as preservative, not forgetting sodium fluoride for fluoridation and mineralisation. Due to the few ingredients, the manufacturer promised a low risk of allergy.



Fig. 2: Defective tooth necks

With the information that the product was to be marketed later for patients to apply directly at home, I began. This meant that drying and aspirating excess material would not be possible.

At first, I tested it only on sensitive areas caused by exposed tooth nerves. The product was easy to apply with the enclosed applicator. The patients did not complain of any reactions in the gingiva and the "paint" is also nearly odourless and tasteless. All of the patients were free from symptoms after one or two applications. The practice team stepped into action to test its home use by patients. The paint could be applied just in front of a mirror and the symptoms of oversensitivity due to enamel cracks eased after two applications.



Fig. 3: Exposed root surface of tooth 21

In the surgery I also had good experiences after removal of massive calculus and after professional tooth cleaning when sensitivity threatened and the gingiva was already affected. None of the patients complained of "burning" in the gingiva.

Use is also recommended for symptoms due to abrasions, erosions (fig. 1) and cleaning defects at the tooth neck (wear) (fig. 2), and also after bleaching, after periodontal surgery and in patients who have exposed root surfaces due to loss of attachment (fig. 3). The product ensures local wetting of the attacked tooth surfaces even when used infrequently and is also alcohol-, HEMA- and glutaraldehyde-free with a neutral pH.

The liquid consistency that bothered me initially proved to be quite positive as it was possible to treat even the tiniest defects such as cracks in the enamel (fig. 4) since the paint can be aimed to penetrate there.



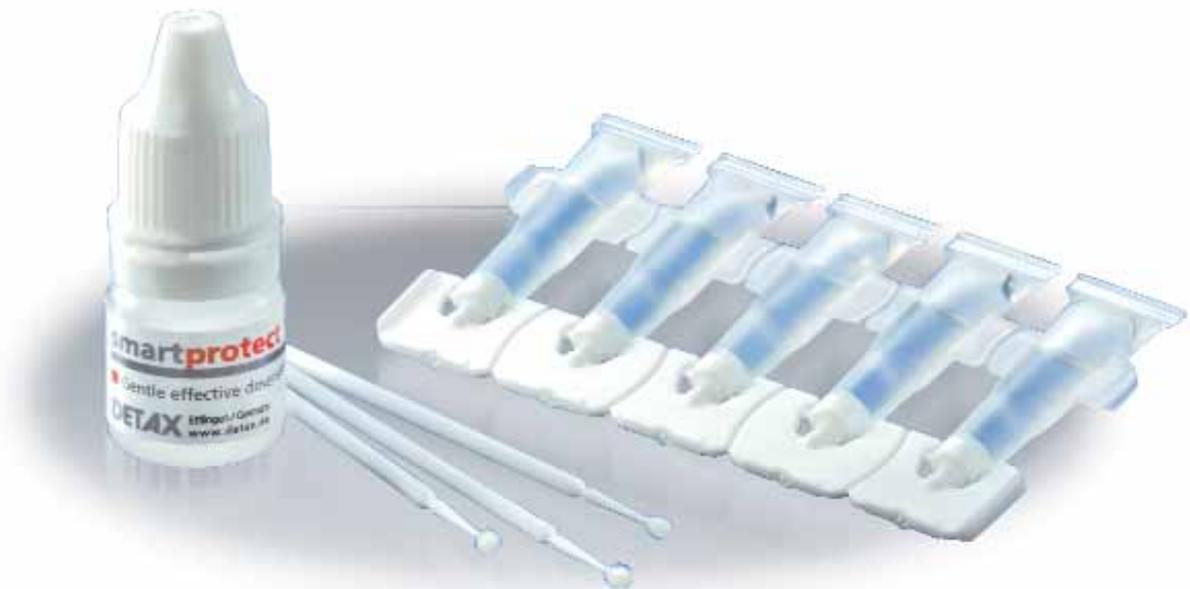
Fig. 4: Enamel crack in tooth 42

I have been convinced of the product's effectiveness in use. A plus or indeed a must for every dental practice and for patients with symptoms and oversensitivity in the named areas to use at home.

I look forward to the arrival of the product on the market in Spring 2007 as smartprotect® soft.

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The pictures were provided by Dr. Sabine Dorothea Friese.



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