# **GUIDED BIOFILM THERAPY** SUMMARIES OF TOP STUDIES 2022 - VOL. 2



Histological section of a human tooth: Tooth with occlusal caries Courtesy: Prof. Adrian Lussi www.zahnkunstbilder.ch



## THE GBT COMPASS AND ITS 8-STEP PROTOCOL







## **O1 ASSESSMENT AND INFECTION CONTROL** ASSESS EVERY CLINICAL CASE AND

**IMPLEMENT HYGIENE MEASURES** 

► Start by rinsing with BacterX<sup>®</sup> Pro mouthwash ► Assess teeth, gingiva and periodontal tissues • Assess implants and peri-implant tissues

### 02 DISCLOSE MAKE BIOFILM VISIBLE

▶ Highlight to patients the disclosed biofilm and their problematic areas with EMS Biofilm Discloser ▶ The color will guide biofilm removal ► Once biofilm is removed, calculus is easier to detect

### **03 MOTIVATE RAISE AWARENESS AND TEACH**

► Emphasize the importance of prevention ► Instruct your patients in oral hygiene ► EMS recommends interdental brushes or dental floss as well as electric or manual toothbrushes and AIRFLOW<sup>®</sup> erythritol toothpaste for daily home care

### 04 AIRFLOW<sup>®</sup> MAX **REMOVE BIOFILM. STAINS** AND EARLY CALCULUS

▶ Use AIRFLOW<sup>®</sup> MAX for natural teeth. restorations and implants ▶ Remove biofilm supra- and subgingivally up to 4 mm using AIRFLOW<sup>®</sup> PLUS 14 µm Powder ► Also remove biofilm from gingiva, tongue and palate ► Remove remaining stains on enamel using AIRFLOW® CLASSIC **Comfort Powder** 

## **AIR-FLOWING<sup>®</sup>**

### **1. CUSTOMIZED MINIMALLY INVASIVE PROTOCOLS FOR THE CLINICAL AND** MICROBIOLOGICAL MANAGEMENT OF THE ORAL MICROBIOTA.

Scribante, A; Butera, A; Alovisi, M. Microorganisms 2022, 10, 675

### **CLINICAL RELEVANCE**

▶ This article reinforces not only the minimally invasive nature of AIR-FLOWING<sup>®</sup> with glycine- and erythritol-based powders but also mentions the gentleness on the hard and the soft oral tissues in addition to the reduction of the bacterial load of the red complex, with a higher percentage of reductions in Porphyromonas gingivalis in periodontal and patients with implants.

### 2. THE EFFICACY OF THE ADJUNCT USE OF SUBGINGIVAL AIR-POLISHING THERAPY WITH ERYTHRITOL POWDER COMPARED TO CONVENTIONAL DEBRIDEMENT ALONE DURING INITIAL NON-SURGICAL PERIODONTAL THERAPY

Tihana Divnic-Resnik; Harold Pradhan; Axel Spahr J Clin Periodontol. 2022;1-9

### **CLINICAL RELEVANCE**

▶ The adjunct use of subgingival AIR-FLOWING<sup>®</sup> with erythritol powder during initial non-surgical periodontal therapy could be beneficial in deep pockets of probing depths  $\geq$ 5.5 mm. AIR-FLOWING<sup>®</sup> helped reduce deep pockets to shallow pockets with improved attachment level.

### **3. EFFECT OF DIFFERENT ENAMEL PRETREATING AGENTS ON BONDING EFFICACY** AND SURVIVAL RATES OF ORTHODONTIC BRACKETS: IN VITRO STUDY AND SPLIT-MOUTH RANDOMIZED CLINICAL TRIAL

Andrea Scribante, Simone Gallo, Maurizio Pascadopoli, Federico Catalano, Paola Gandini, Maria Francesca Sfondrini

American Journal of Orthodontics and Dentofacial Orthopedics, Online 7th June, 2022 https://doi.org/10.1016/j.ajodo.2022.05.010

### **CLINICAL RELEVANCE**

▶ This study tested the different enamel pretreatment procedures adopted before bonding and the different pretreating agents used today both in vitro and clinically.

▶ Use of Erythritol AIR-FLOWING<sup>®</sup> pretreatment showed lower-bracket failure rates in comparison to sodium bicarbonate.

▶ Erythritol AIR-FLOWING<sup>®</sup> is suitable for enamel pretreatment before bonding procedures in orthodontic patients.

### 4. EFFICACY OF AIR POLISHING IN COMPARISON WITH HAND INSTRUMENTS AND/ **OR POWER-DRIVEN INSTRUMENTS IN SUPPORTIVE PERIODONTAL THERAPY AND IMPLANT MAINTENANCE: A SYSTEMATIC REVIEW AND META-ANALYSIS**

Shiuan Lee Tan, Galvinderjeet Kaur Grewal, Nor Shafna Mohamed Nazari, Tuti Ningseh Mohd Dom and Nor Adinar Baharuddin BMC Oral Health (2022) 22:85

### **CLINICAL RELEVANCE**

Another systematic review and meta-analysis shows that in natural teeth repeated subgingival debridement using AIR-FLOWING<sup>®</sup> resulted in similar clinical outcomes in terms of Probing Pocket Depth (PPD) reduction in comparison to hand scaling and/or powerdriven instruments in Supportive Periodontal Therapy patients but with a higher patient compliance.

▶ However, during implant maintenance, repeated subgingival debridement with AIR-FLOWING<sup>®</sup> has the potential to improve clinical outcomes.

## AND SUBSTANTIAL AEROSOL REDUCTION.





## **HIGH-VACUUM SUCTION**

### 5. SIMULATED AND CLINICAL AEROSOL SPREAD IN COMMON PERIODONTAL **AEROSOL GENERATING PROCEDURES**

Anthony Puljich, Kexin Jiao, Ryan S. B. Lee, Laurence J. Walsh, Sašo Ivanovski, Pingping Han Clin Oral Invest (2022). https://doi.org/10.1007/s00784-022-04532-8

### **CLINICAL RELEVANCE**

▶ For all aerosol-generating procedures (AGP), use of a pre-rinse before treatment followed by use of a high-volume suction during treatment significantly reduces the bacterial contamination in the mouth.

### 6. INFLUENCE OF FLOW RATE AND DIFFERENT SIZE OF SUCTION CANNULAS **ON SPLATTER CONTAMINATION IN DENTISTRY: RESULTS OF AN EXPLORATORY** STUDY WITH A HIGH-VOLUME EVACUATION SYSTEM

Christian Graetz, Viktor Hülsbeck, Paulina Düfert, Susanne Schorr, Martin Straßburger; Antje Geiken1 · Christof E. Dörfer; Miriam Cyris Clinical Oral Investigations https://doi.org/10.1007/s00784-022-04525-7

### **CLINICAL RELEVANCE**

▶ In this study the splatter production between high-speed tooth preparation (HSP), air-polishing-LM-ProPowerTM (Finland) and AIRFLOW®-Prophylaxis-Master (Switzerland) was measured with different suction cannulas of 6 mm diameter (saliva ejector), 11 mm (HC11) and 16 mm (HC16). Use of a 16mm cannula showed the lowest splatter contamination. This is in line with the high-vacuum suction we are using from Pure vac today with a high flow rate of  $\geq 250$  l/min.



### 7. AEROSOL CONTAMINATION IN THE DENTAL PRACTICE FOLLOWING **EVERYDAY PROCEDURES**

Magda Mensi, Silvia Marchetti, Luca Mantelli, Eleonora Scotti, Annamaria Sordillo, Stefano Calza and Niklaus P. Lang J Clin Res, Volume 6:1, 2022

### **CLINICAL RELEVANCE**

▶ Routine professional oral hygiene procedures including application of AIR-FLOWING<sup>®</sup>, ultrasonic instrumentation, hand instrumentation and rubber cups do not result in higher bacterial counts in comparison to baseline.

► AIR-FLOWING<sup>®</sup> using high-vacuum evacuation(HVE) produced lowest aerosols. ▶ Use of correct suctioning devices, technique and preprocedural disinfection mouth rinses minimize the aerosol contamination in the dental office.

▶ Highest contamination was seen during caries excavation with a turbine and low-vacuum evacuation (LVE)

Group	Estimated concentration (95% CI)
Baseline	1.45 (0.85-2.04)
Air-polishing HVE	1.44 (0.57-2.32)
Ultrasonic Inst.	1.44 (0.49-2.40)
Rubber Cup	1.10 (0.30-1.89)
Manual Inst.	1.13 (0.32-1.95)
Turbine	7.38 (3.87-10.89)
Turbine HVE	2.98 (1.34-4.63)
1:5 contra-angle HVE	2.70 (0.18-4.22)
CI: Confidence Interval	

Mean bacteria air load (CFU/Lair) and confidence interval per each procedure performed.



## **UNIVERSITY NEWS**

### **CLINICAL UPDATES FROM UNIVERSITIES**

Muscholl C, Frese C, Schick S, Kim T-S, Büsch C, Ciardo A Clinical evaluation of the effectiveness of two mechanical biofilm removal methods Heidelberg University Hospital, Germany

Poster: Clara.Muscholl@med.uni-heidelberg.de In a comparison between hand instrument and polishing pastes vs erythritol powder

AIR-FLOWING<sup>®</sup>, mechanical biofilm removal using AIR-FLOWING<sup>®</sup> proved more effective than conventional methods.





# **GBT QUOTES**

### **CLINICAL UPDATES FROM UNIVERSITIES**

At the German spring conference of DGKiZ (German Society for Pediatric Dentistry), there was a great quote regarding AIR-FLOWING<sup>®</sup> from Prof. Christopher Lux, University Heidelberg:

"Disclosing the teeth and cleaning them with AIRFLOW<sup>®</sup> devices has proven to be an especially uncomplicated and gentle method. The low-abrasive erythritol powder is suitable."



Prof. Christopher Lux. © Kromer-Busch



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