Dr. Ngo spreads the word about saliva, preservation

by Geoffrey Giordano, Group Editor, Dental Tribune America

Dr. Hien Ngo of Adelaide, Australia, treated attendees at the 2006 fall session of the California Dental Association to his popular presentation “Preservation and Restoration of Tooth Structure: A Minimal Intervention Approach.” He recently finished a lecture tour in the United States that took him to Iowa, Florida and the Medical College of Georgia. It was his third trip to the U.S. this year. His lecture Sept. 16 drew a particularly appreciative crowd afterward. Dr. Ngo, BDS, MDS and PhD, welcomes the opportunity to discuss clinical situations via e-mail, and is always willing to provide his presentation in PDF form. Simply contact him at hien.ngo@adelaide.aus.edu.

After his presentation Sept. 16, Dr. Ngo spoke with Geoff Giordano, group editor of Dental Tribune America:

If you had 5 minutes to tell someone what your prime motive or mission is when you come to speak what would it be?
I want to be able to give them information that they can take back and use in their practice. I want to challenge them a little bit to take them to the next level. In a group like this, you have different levels (of experience), and to be able to manage that so everyone gets something to take home.

How long did it take you to develop this presentation and this research regarding creating a healthy biofilm?
It’s not my work alone. There’s been a lot of work on going in the past 20 years, by a lot of people, not only me, and we’ve gotten to the stage where we can actually bring it into clinical practice. We didn’t have the tools to do it before. My role is to be able to bring it to the level where a general practitioner will be able to understand and apply. There is a gap between the science and the clinician. There’s a lot of science there, but it doesn’t mean it can be explained or can be turned into something that is applicable. I think that’s where my skill is, really.

I saw a lot of people responding well to what you’re saying. What has been the general response, and how easy is it for people to take what you’re saying back to their practices, and what are you hearing when they do?
I think in my last two years I have given maybe a couple hundred of these lectures. Response has always been good. I’ve been doing it globally, so even in countries like Vietnam or Poland, the concept is so much common sense it’s very easy for people to understand. I think that’s one of the keys to why they respond to the whole package of information in such a way as they can see the practical side.

You mentioned you’ve given this presentation globally. Do you see a difference, country to country, as far as the kinds of response you get?
You can say even in different cities. For example, in Australia, if I go from Sydney to Adelaide, the

During his presentation at CDA’s fall session, Dr. Hien Ngo opened his address with an example of a 17-year-old girl “introduced to the cycle of dental degradation” by poorly conceived and executed dental “restoration.” Dr. Ngo’s mission is to use current technology and chemical tools to detect and prevent oral disease at its earliest stages, or to heal early or advanced lesions.

The flow chart pictured here is the cornerstone of Dr. Ngo’s presentation, reflecting how diet, fluoride and saliva interact with a patient’s lifestyle and socioeconomic factors to affect the health of the oral biofilm.

In his quest to treat “totally reversible legions” and change a cariogenic biofilm into a healthy one, Dr. Ngo emphasizes the use of a protective glass ionomer resin Fuji Triage to treat non-cavitated lesions. He uses Fuji Triage (called Fuji 9 outside the United States) in cases ranging from protecting the emerging teeth of youths to sealing oral lesions in lower-income patients to fortifying the oral health of elderly patients.

He also emphasized the importance of a simple, 30-second saliva test. In the test, a patient’s lower lip is pulled forward and a one-ply tissue used to assess the formation of saliva. The results of this simple screening can help identify issues with a patient’s saliva and indicate what must be done to bolster the patient’s biofilm.

You may e-mail Dr. Ngo to receive PDFs of his presentation at this address: hien.ngo@adelaide.edu.au
response is different because people are working at a different level, so the perception is different. And the access to information is different so it's not only different information but with the country for example, if you go (north of Adelaide), the level of information people get there because they're so far away, they say, “This is fantastic, I never heard of this before,” but if I come speak in Sydney, they say, “Yeah, we heard a few people talking about it before.”

How hard or easy is it to achieve to get patients going on self-monitoring?

It’s difficult because compliance is very important, but the profession needs to recognize this being the gold standard, what we’re trying to achieve. Some patients will get there, some patients won’t get there. But just like the doctor recognizes that not everyone quits smoking, they still have to talk about it.

How are schools doing (in achieving awareness of the importance of creating and maintaining a healthy biofilm)?

Schools are doing well. I’m actually organizing a meeting in Vietnam where we’re bringing dental schools from 10 countries together to discuss how to do this, how to introduce minimal intervention into the teaching program.

Do you ever encounter any sort of nay-saying or is what you’re saying generally accepted?

I would say 80 percent of the time it’s accepted. There’s always people who don’t. There are people who sit back and say, “I’m not in this game,” but in general terms I think because the range of concepts I cover is so broad, people in the audience agree to some part of it and not others.

You mentioned using Fuji Triage, and you were talking a little bit about the essential oils. What are some of the other key products you use?

CPPAC, Recaldent. It’s very important. Fluoride is very important. I always make sure I talk about tools people can buy and use.

Do you have any ideas about how you’re going to develop or shape in your presentation, adding new research?

It’s always evolving. It never stops. It just depends on what information is available and keep moving with the times.

What are some of the things that are just on the cusp that people may not know about right now?

There’s a lot of technology now that looks at tissue engineering. There’s a lot of research on stem cells and how it applies to dentistry, some research in England … they have been able to grow a human tooth in an animal. But we’re still a long way before we can use that tooth in a human mouth. But technically it’s feasible.