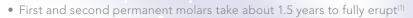






Did you know:



- These teeth are difficult to clean during eruption
- The caries risk is highest during this period(2)
- Occlusal pits and fissures are 8 times more susceptible to dental caries than smooth surfaces⁽³⁾
- If the enamel is hypomineralised it can break down very quickly, early protection with Glass lonomer Cement (GIC) may help reduce this



Protect NOW! GC Fuji TRIAGE

from GC, the glass ionomer solution for protecting partially erupted molars.

- Easy to apply: no etching, no air drying, no bonding required
- Moisture tolerant: allows easy placement, even on partially erupted molars, without the use of a rubber dam
- Low viscosity, excellent flow: helps penetration into deep pits and fissures





Step 1. Remove plaque/ debris from the tooth and from under the operculum. Avoid aggravating the operculum.



Step 2: Treat the tooth with a dentine conditioner (20 seconds) or cavity conditioner (10 seconds) using a micro-brush and

cotton rolls and suction



Step 4: Spread GC Fuji TRIAGE over the pits and

Mission completed after 4-6

Protect also MIH surfaces at risk with GC Fuji TRIAGE

Molar Incisor Hypomineralisation (MIH): a global burden concerning one in seven children 4,5

MIH is a common developmental condition affecting primarily one or more first permanent molars.

What do you need?

- Protect the surface
- Prevent sensitivity
- Prevent enamel breakdown

Early protection is important to avoid complications

GC Fuji TRIAGE will help to protect the surface against caries formation and hypersensitivity

- Fast and easy application; perfect for first-line treatment
- Helps to postpone or even avoid more invasive treatment options
- Since the procedure is generally well tolerated by children, the risk of developing dental anxiety is reduced



But Why wait? Here are the facts:



Partially erupted tooth Source: Dr. M. Blique, France

Fact 1: It is difficult to isolate a partially erupted molar, when the tooth is partially covered by an operculum. Resin-based sealants need a dry environment for their bonding effectiveness. (6,7)



Partially erupted tooth treated with GC Fuji TRIAGE. Source: Dr. M. Blique, France

However: GC Fuji TRIAGE is moisture tolerant and offers chemical adhesion to tooth structure, even in a moist environment.(8,9)



Aprismatic enamel after etching, not showing micro

Fact 2: Resin-based sealants rely on enamel etching and micromechanical retention. Etching aprismatic enamel does not provide a microretentive surface for an effective resin bond. (8)



lon exchange layer at the interphase, showing chemical





- Clinical studies indicate that GC Fuji TRIAGE has similar retention compared to resin sealants at 24 months and report reduced instances of marginal stains and caries in the teeth. (6)
- The **retention** of small amounts of glass ionomer sealants could be sufficient to prevent caries in the pits and fissures of teeth⁽⁸⁾ Fluoride-modified hydroxyapatite is much more caries resistant. (6)
- Once the tooth is fully erupted, you still have the option to either renew the existing glass ionomer sealant or place a resin-based sealant.



Retention of GC Fuji TRIAGE after 3 years. Source: Dr. M. Blique, France



GC Fuji TRIAGE POWDER/LIQUID

(1-1 Pack, 15 g powder, 10 g liquid, 6 g Dentin Conditioner and accessories)

GC Fuji TRIAGE CAPSULES

(Box of 50 capsules, mixed volume per capsule 0.12 ml)

Accessories for optimal results

000110 GC CAVITY CONDITIONER / 000120 GC DENTIN CONDITIONER

To prevent dehydration after the initial set:

000026 GC Fuji VARNISH / 000176 GC Fuji COAT LC

Academic references

- 1. Dennison et al. Effectiveness of sealant treatment over five years in an insured population. JADA 2000;131(5):597-605.
- 2. National Center for Health Statistics. Health, United States, 2009 With Special Feature on Medical Technology. Hyattsville, Md.:2010:306-307
- 3. H. Bohannan, Caries Distribution and the case for sealants. J Public Health Dentistry 1983;33:200-204
- 4. Schwendicke F., Elhennawy K., Reda S., Bekes K., Manton DJ., Krois J. Global burden of molar incisor hypomineralization. J Dent, 2018; 68: 10-18.
- 5. Zhao D., Dong B., Yu D., Ren Q. & Sun Y. The prevalence of

- molar incisor hypomineralization: evidence from 70 studies. Int J Paediatr Dent, 2018; 28: 170-179.
- 6. Locker et al. The use of pit and fissure sealants in preventing caries in the permanent dentition of children. Br Dent J 2003; 195: 375-8.
- 7. Smallridge et al. Management of the stained fissure in the first permanent molar Int J Paediatr Dent 2000;10:79-83
- 8. Beiruti et al. Comm Dent Oral Epidemiol 2006;34:403-409.
- 9. I Mejáre, IA Mjör. Glass ionomer and resin-based fissure sealants: a clinical study. Scand J Dent Res, 1990:98:345-350.

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