

WithZine **INDIA**

October 2026

Vol.10

BEYOND **THE ORDINARY**

Discover More in Every Detail.

vatech

October Month BEYOND THE ORDINARY

Extraordinary progress often starts with
an *ORDINARY MOMENT*

Question that sparks curiosity, a detail that changes a diagnosis, or an idea that challenges the way things have always been done. Dentistry is full of these moments, yet their true value lies in what we choose to do with them.

For India's dental community, the journey is about discovering better approaches, embracing new perspectives, sharing knowledge & continually raising the standard of care. This edition celebrates the people who look closer, think differently, and turn small discoveries into meaningful progress. Because when we change the way we see, we open the door to what is possible.



An illustration featuring a large orange sun in the center. Inside the sun, the text 'DUSSEHRA: A CELEBRATION OF GOOD OVER EVIL' is written in white. Below the sun, on a dark silhouette of a hill, are two figures. On the left, Lord Rama is shown in a dynamic pose, holding a bow and arrow. On the right, Ravana is depicted with a crown and a sword. The background consists of stylized white clouds against a light blue sky.

DUSSEHRA: A CELEBRATION OF GOOD OVER EVIL

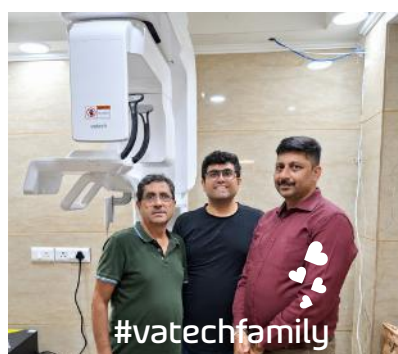
October brings the vibrant spirit of Indian festivities

Dussehra standing as a powerful symbol of the triumph of good over evil. Celebrated with devotion and joy, this auspicious occasion reminds us that truth, courage, and righteousness always prevail. As we come together to celebrate new beginnings and spread positivity, may Dussehra inspire us to overcome challenges and move forward with hope, strength, and success.

*Wishing you a Happy Dussehra filled with
positivity, prosperity, and new beginnings!*

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Uttar Pradesh
Maharashtra
Maharashtra



Whether or not we've received your photo, we are sincerely thankful for choosing us! We truly value you as our customer

Vatech CBCT Clinical Insights

Courtyard by Marriott, Hyderabad



11-10-26, Sunday

Vatech hosted CBCT Clinical Insight in Hyderabad, featuring an insightful session on "Clinical CBCT in Endodontics: From 3D Diagnosis to Predictable Treatment," led by Prof. Dr. Kranthi Raja Kacharaju, M.D.S. in Conservative Dentistry and Endodontics. The session highlighted the role of CBCT imaging in enhancing diagnostic accuracy and supporting predictable endodontic treatment planning.





The event also provided an opportunity for dental professionals to exchange clinical knowledge, connect with peers, and explore advancements in dental imaging, complemented by an exclusive meet-and-greet and curated lunch and refreshments. Through initiatives like these, Vatech continues to support clinical learning and innovation in dental diagnostics.



Valt Laser 1 day workshop

Vatech Mumbai Office



CLICK HERE TO WATCH THE VIDEO

11-10-26, Sunday

VALT by Vatech, conducted a one-day workshop on "Diode Laser Uses in Clinical Dentistry" in Mumbai, led by Dr. Richa Kapoor Miglani. The session featured expert guidance, live demonstrations, and hands-on training covering laser applications in soft tissue procedures, endodontics, periodontics, and aesthetic dentistry, empowering dental professionals to enhance clinical skills and treatment outcomes.



Valt Laser 1 day workshop

Vatech Headquarter Delhi Office



11-10-26, Sunday

Vatech successfully conducted a hands-on workshop on laser dentistry, featuring expert guidance, live demonstrations, and practical training in soft tissue procedures. The workshop reinforced Vatech's commitment to advancing clinical excellence and empowering dental professionals with innovative laser technology.



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Upcoming Vatech CBCT Clinical Insight

Happening Soon!
(Stay Tune)

Why attend?

- ✓ Master CBCT interpretation
- ✓ Enhance implant & endodontic planning
- ✓ Understand complex anatomy & pathology
- ✓ Learn case-based clinical applications
- ✓ Strengthen patient communication
- ✓ Discover digital dentistry workflows



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Upcoming Exhibitions



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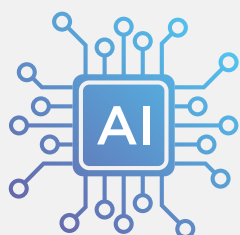
Stay Connected with Patients through Reminders & Follow Ups

Keep Treatment Moving

Ensure Pending Patients doesn't get lost in the daily rush

Build the Relationship

Personalised Communication helps your practice stay connected with the chair



Helps You
Grow Your
Practice



Make Smarter
Decisions, Faster



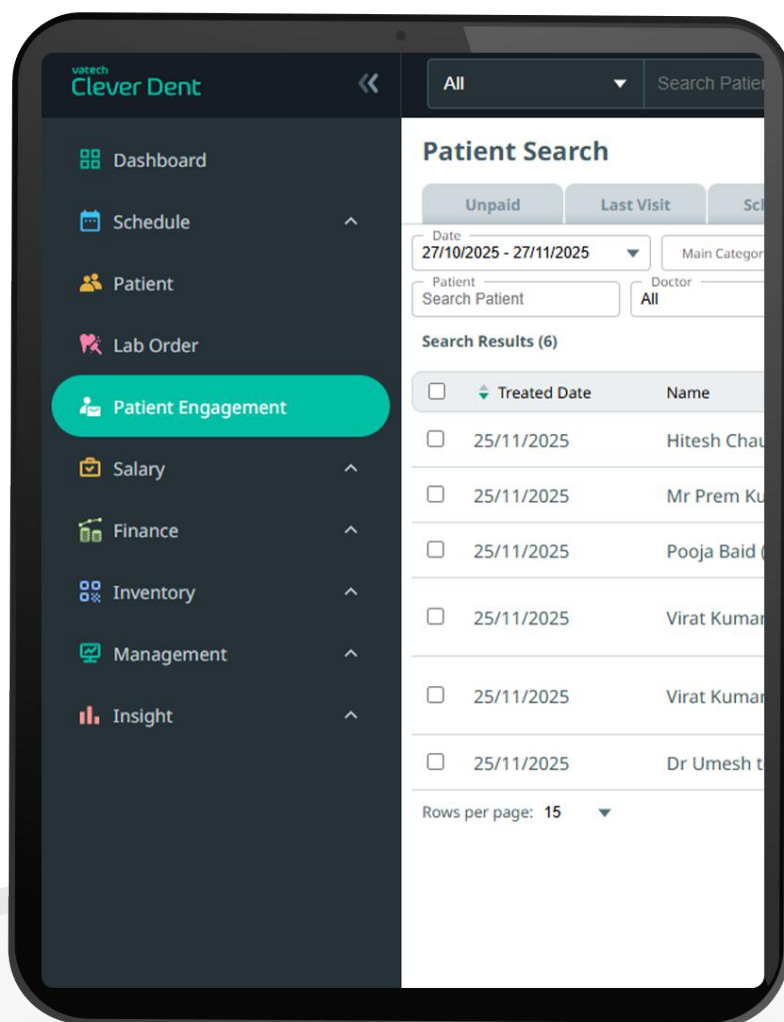
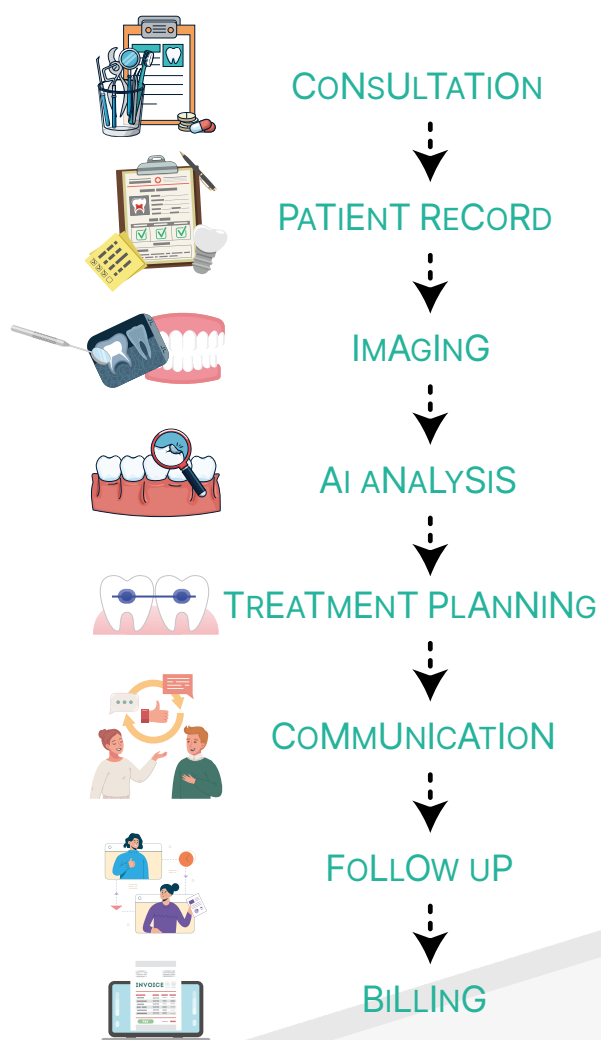
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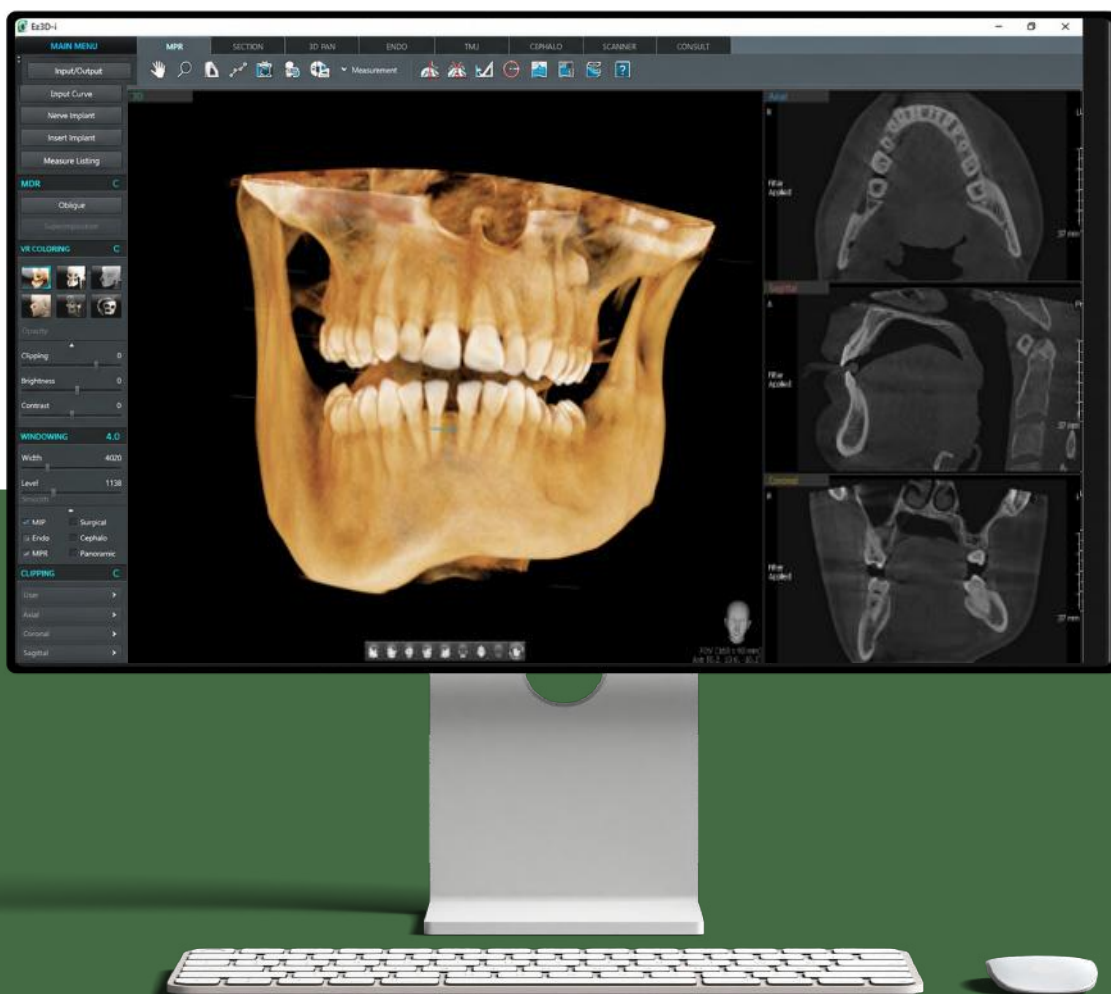


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Hemifacial Microsomia: Reading the Asymmetric Face with CBCT

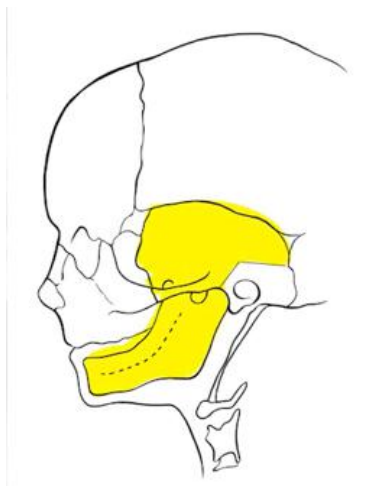


When one half of the face grows differently from the other, three-dimensional imaging turns a puzzling asymmetry into a clear, classifiable diagnosis.

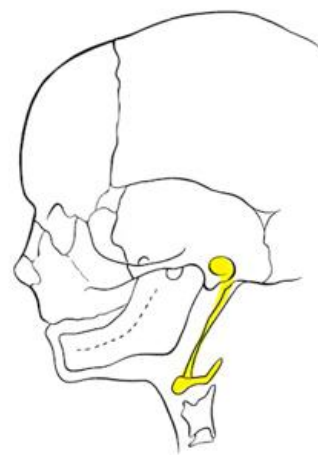
A Face That Develops Unevenly

Hemifacial microsomia (HFM) is a congenital anomaly in which one half of the face does not develop normally.

HFM arises from malformation of the first and second pharyngeal (branchial) arches. It is the second most prevalent congenital craniofacial defect after cleft lip and palate, with an estimated prevalence of 1 in 3,500 to 5,600 live births. The exact cause is still being worked out. Genetic, maternal and environmental factors are thought to play a part, leading to injury of the stapedia artery, dysgenesis of Meckel's cartilage and aberrant migration of neural crest cells.



First Branchial Arches



Second Branchial Arches

It most commonly affects the mandible, the external ear and the soft tissues on one side, and the condition presents as a wide spectrum, from barely noticeable asymmetry to marked deformity depending on severity.

Mandibular Hypoplasia



Ear Deformities



Skin Tissue Deficiencies



Who is Affected?

A recent clinical series of 25 patients from South Africa gives a useful snapshot. The right side was affected in 14 patients (56%), the left in 10 (40%), and one patient (4%) had a bilateral presentation. No significant differences were found between the sexes or between right- and left-sidedness.

JOURNAL OF PLASTIC SURGERY AND RECONSTRUCTIVE SURGERY
2023, VOL. 85, NO. 3
https://doi.org/10.1054/jps.2023.12345



MJS

ORIGINAL RESEARCH ARTICLE

Clinical presentation of hemifacial microsomia in a South African population

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ABSTRACT

Background: Hemifacial microsomia (HFM) presentation includes gross distorted ramus, malpositioned temporomandibular joint, small glenoid fossa, distorted condyle and notch, malformed orbit, clefting ear or absent external ear, and facial nerve palsy. HFM is the second most prevalent congenital deformity of the face, with little literature from the South African population. This retrospective study elucidated the demographic characteristics and clinical presentations of HFM patients in a select South African population and compared it to the literature.

Methods: A retrospective study of HFM patients diagnosed through clinical presentation and confirmed by plain radiograph or computed tomography was conducted. The patient's charts were reviewed for age, sex, laterality, side, the severity of the deformity, and associated craniofacial and extra-craniofacial anomalies. The clinical presentation of malformations was categorised according to the OMENS classification, using five major craniofacial manifestations of HFM.

Results: Twenty-five patients were included, with a male-to-female ratio of 1:1.78. The population distribution is 60% Black, 32% Indian, 4% White and 4% Coloured. A right-to-left laterality ratio of 1.4:1 and 4% bilateral affection. This study showed 100% mandibular hypoplasia, 84% ear deformity, 40% orbital deformity, 60% facial nerve defect and 100% soft tissue defect affection with noticeable facial asymmetry. Other craniofacial anomalies were recorded in 84%, while extra-craniofacial anomalies were recorded in 40% of this HFM population.

Conclusion: There is a high degree of variability in the deformities in HFM in the South African population, distinguishing it from the international population. A multidisciplinary approach is required for its treatment and management.

ARTICLE HISTORY

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OMENS – Classification
Clinical presentation
South Africa

Introduction

Symptoms of the first and second pharyngeal arch syndrome include otomandibular dysplasias (hemifacial microsomia (HFM)), mandibulo-facial dysostosis, oculoauriculovertebral dysplasia, branchio-cervical syndrome, Rieger-Robin sequence and Nager acrofacial dysostosis. HFM is the second most prevalent congenital deformity of the face, with an incidence of 1:3,000–5,000 [1–3]. HFM is due to genetic, maternal, and environmental conditions leading to haemorrhage of the stapedial artery, dysgenesis of Meckel's cartilage and aberrant migration of neural crest cells [2]. The clinical features of HFM include a unilaterally deformed mandible with malformed ear structures comprising of the gross distorted ramus, malpositioned temporomandibular joint (TMJ), small glenoid fossa, distorted condyle and notch, malformed orbit, clefting ear, absent external ear and facial nerve palsy [4]. HFM affects skeletal and overlying soft tissues [5, 6]. The first widely used classification of HFM was proposed by Pruzansky [7], using mandibular hypoplasia, ear deformity and facial nerve palsy as the criteria. Later, it was improved upon by Kaban et al. [8], who HFM classification is the skeletal-aural-nerve [9]. Vento et al. [10] introduced

pattern by classifying HFM-associated anomalies, including orbital distortion (O), mandibular hypoplasia (M), ear anomaly (E), nerve involvement (N), and soft tissue deficiency (S). Horgan et al. [11] expanded these anomalies to include extra-craniofacial defects, thus making the revised classification system OMENS-plus [4]. In addition, there is an association between HFM and macrostomia, Tessier's cleft number 2, Treacher-Collins syndrome [12, 13]. Several genes are implicated in the HFM population, such as OTX2, PRICK2, MYH1 and POU4F3 [2, 14]. Although there are large bodies of literature on HFM, most reports are from the international population, with a few reports from the African continent [3, 5, 15–17]. South Africa has a multiethnic population, which includes Blacks, Whites, Coloured and Indians [18, 19]. The population distribution of KwaZulu-Natal is 86.9% Blacks, 7.8% Indians (Zulus), 4.2% White and 1.4% Coloured. The percentage distribution of males to females is 47.5 and 52.5%, respectively. There is a lack of literature on the clinical presentation of HFM in the South African population [15, 16]. This retrospective study aimed to understand the demographic characteristics and clinical presentations of HFM patients in a South African population.

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What the Clinician Sees

*The dentofacial signs are often the first clue,
& they tend to appear together:*

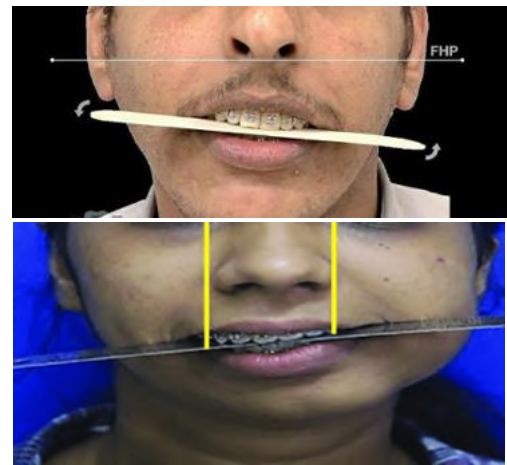
Facial Asymmetry:

with the chin & midline deviating
toward the affected side



Occlusal plane canting:

a tilted bite plane visible
even in a simple frontal photograph



Unilateral Crossbite:

on the affected side



Dental Agenesis:

with missing or delayed tooth
development on the affected side



*These structural deficiencies may lead to limited mouth
opening and reduced masticatory function, so the problem is
functional as well as aesthetic.*

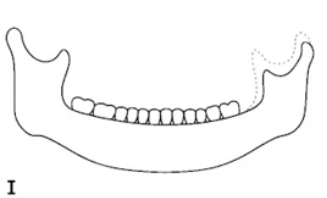
Sorting Severity: The Pruzansky Classification

The most widely used way to grade the mandibular deformity is the Pruzansky classification, which describes how much of the ramus and the temporomandibular joint (TMJ) is present:

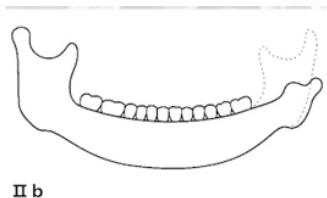
- Type I: the mandible and TMJ are small but normal in form.
- Type IIa: the ramus is hypoplastic, but the condyle and TMJ are functional.
- Type IIb: the ramus is severely deformed, with a non-functional, displaced condyle.
- Type III: the condyle and ramus are absent.

Types I and IIa are considered the mild forms and make up about half of all cases.

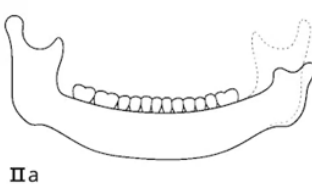
**Small but
normal TMJ**



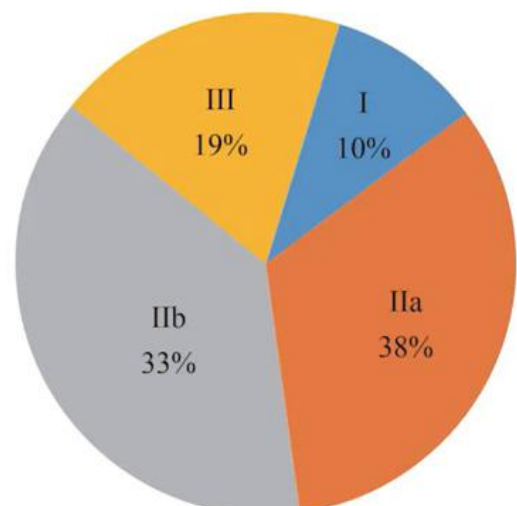
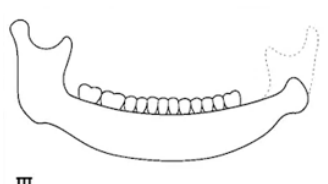
Deformed TMJ



**Hypolastic
functional TMJ**



**Condyle &
Ramus absent**

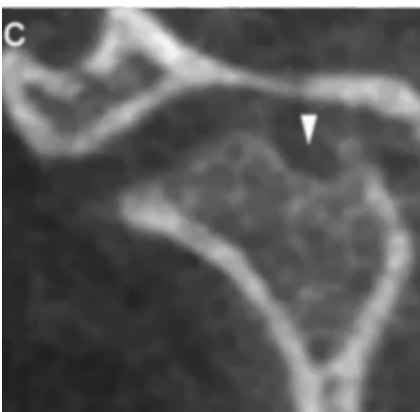


Where CBCT Changes the Picture

The classification becomes far more reliable when it is based on CBCT. Three-dimensional sections can reveal the key pathological features of the condyle: a deep break in the condylar surface, flattening of the condyle, or loss of condylar height. These findings are what separate Type I from IIa and IIb, and they are difficult to judge with conventional two-dimensional films.

CBCT with defined landmarks also supports surgical planning. Three-dimensional reconstructions allow pre-operative and post-operative comparison, so the clinician can measure what a procedure actually achieved.

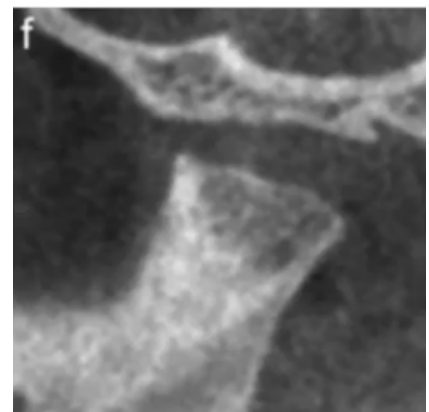
**Deep Brake
in Condyle**



**Flattening of
the Condyle**



**Loss of Height
of the Condyle**



Choosing a Treatment Path

Treatment follows severity and growth status.

- *Mild (Types I & IIa)*: Functional appliances may promote mandibular growth in children, with regular follow-up.
- *Severe (Types IIb & III)*: Distraction osteogenesis can gradually lengthen the underdeveloped mandible and regenerate bone in a controlled direction.

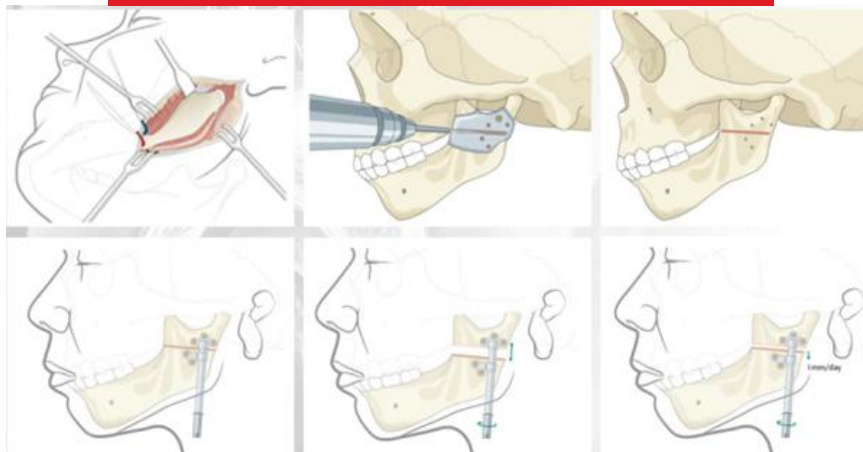
Orthodontic Treatment



Activator For Mandibular Growth



Distraction Osteogenesis



Case review: A 31-Year-Old Male

The case in this series is a 31-year-old man, examined with CBCT and reviewed across 3D rendering, MPR sections and reconstructed panoramic views.

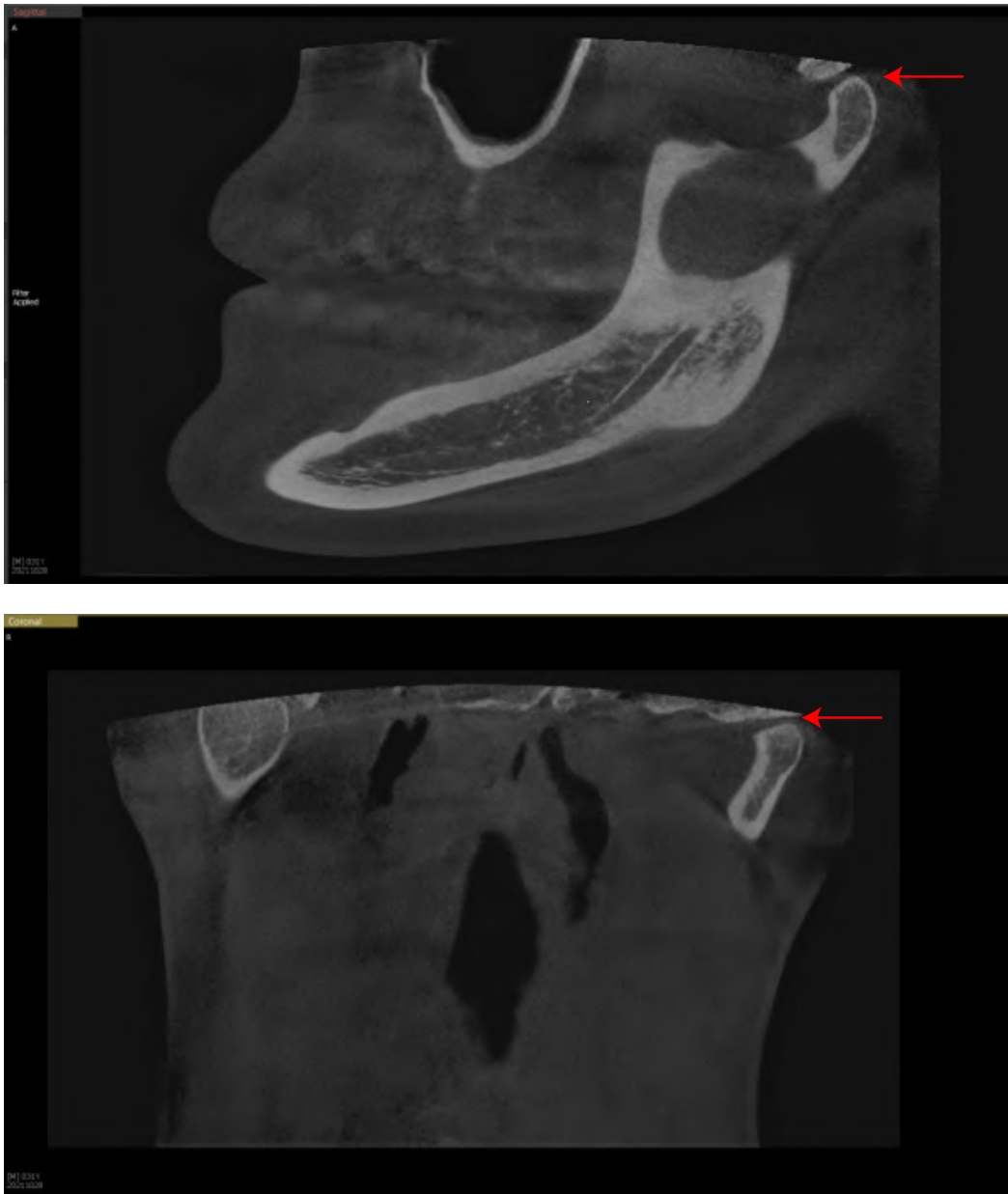
The 3D panorama shows clear mandibular asymmetry.



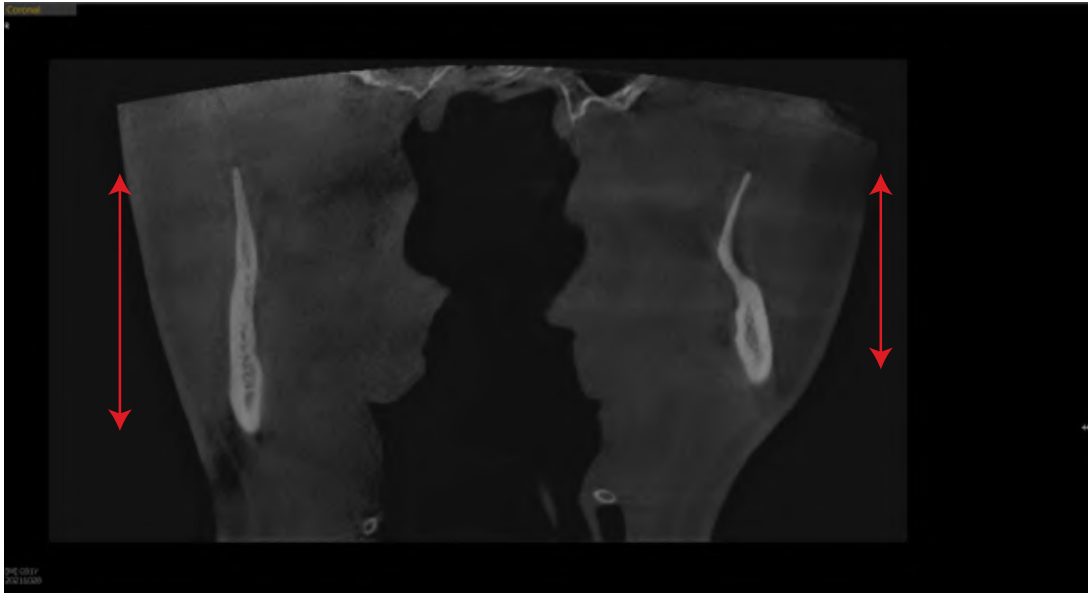
Left Mandibular Body & Ramus visibly underdeveloped



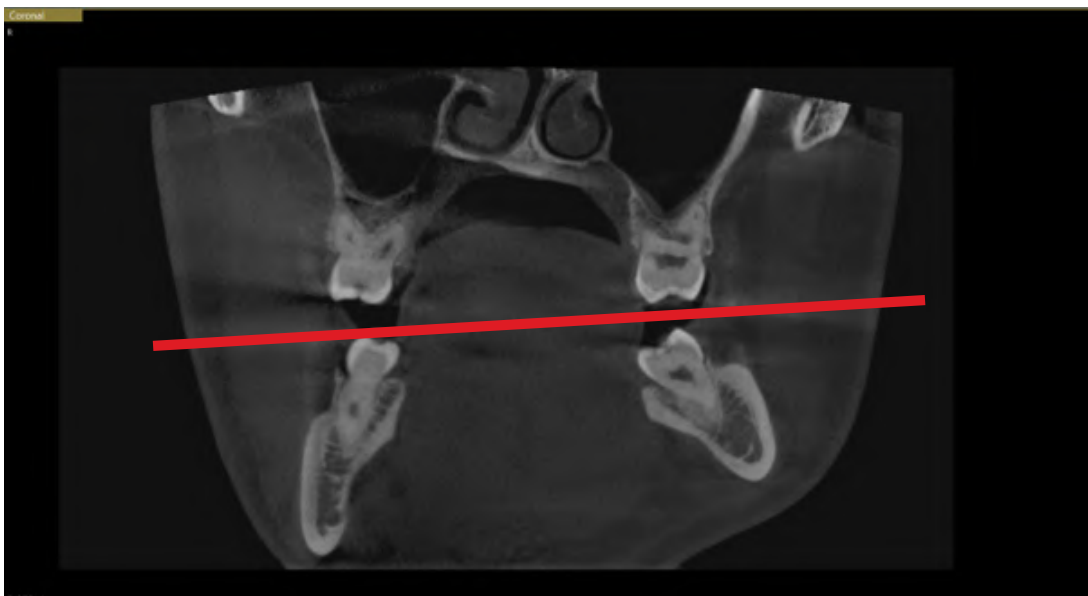
Coronal and sagittal sections show that the left condyle is significantly smaller and flattened.



Ramus height on the left is markedly reduced compared with the right. The result is mandibular asymmetry, with the mandibular body deviating to the left and the occlusal plane canting toward the right.



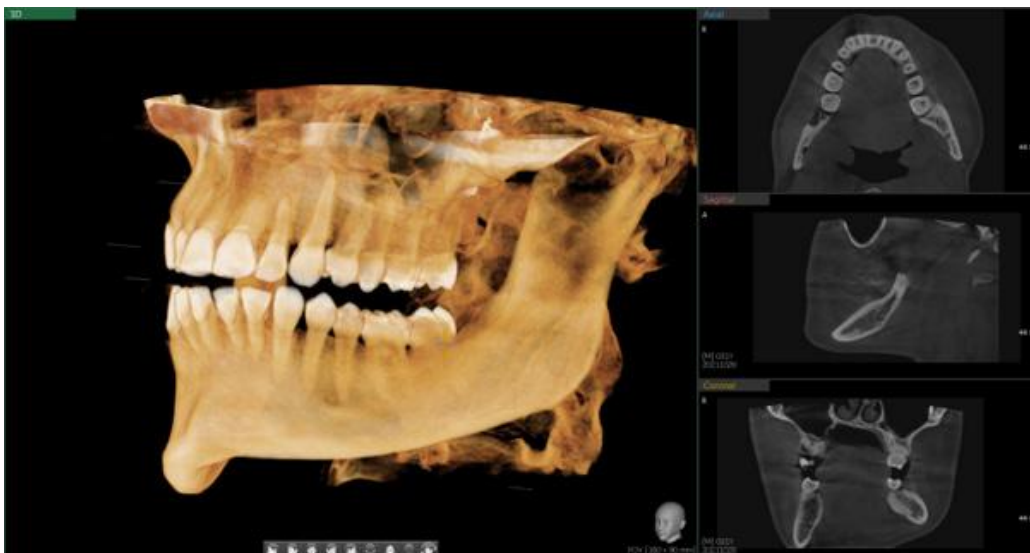
Vertical Height of Left Mandibular Ramus is markedly reduced compared to the right



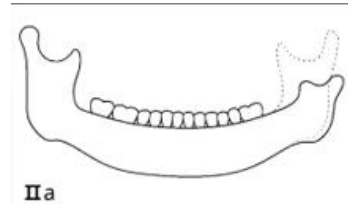
Resulting, **Mandibular Assymetry**, with the Mandibular Body deviating to the Left



Mandibular Asymmetry evident with contour irregularities that suggests associated soft tissue deficiency



Diagnosis Taken together, the findings are consistent with Type IIa hemifacial microsomia, characterized by a hypoplastic but present condyle & ramus.



Management Because the patient is 31 and has completed growth, growth modification is no longer an option, and surgical intervention is the route to consider.



The Takeaway

HFM is not rare, and its severity varies widely. A careful look at the face and bite raises the suspicion, and CBCT confirms it: the condyle, the ramus height and the degree of mandibular deviation can all be assessed in three dimensions. That detail allows accurate classification, which in turn guides the decision between orthodontic management and surgery. The earlier the diagnosis, the more options remain open.

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Vatech Global News

Vatech Global News is a monthly highlight that connects HQ & global teams through shared culture & stories.



Vatech celebrated its 20th anniversary of KOSDAQ listing at its Dongtan headquarters under the theme "Desperate Leap 2029: NEVER BEFORE," reflecting on two decades of growth and outlining its future vision.

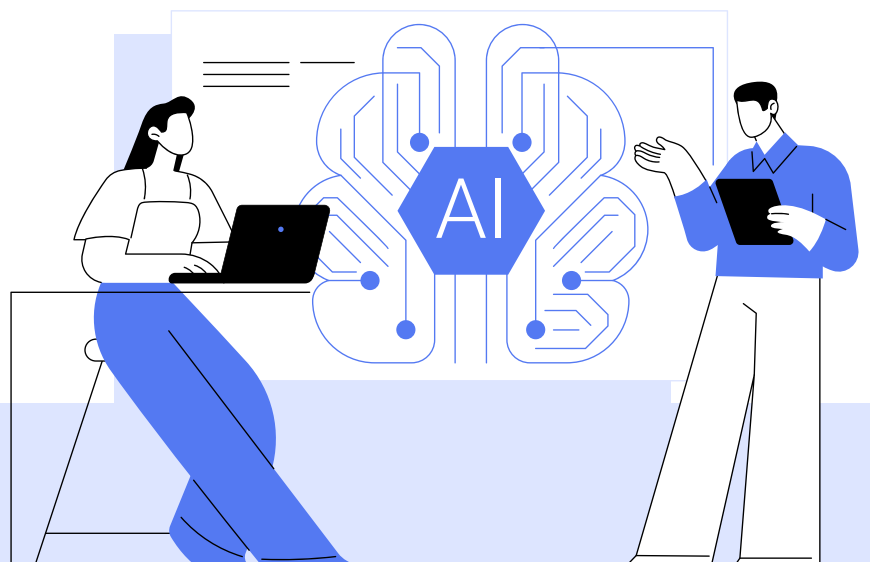
Since launching Korea's first dental digital panoramic X-ray system in 2003, Vatech has pioneered dental imaging innovation, including its flagship Green CBCT series, which combines high-resolution imaging with low-dose technology.

Vatech Global News

Vatech Global News is a monthly highlight that connects HQ & global teams through shared culture & stories.

Today, Vatech serves over 100 countries and leads the domestic dental imaging and global dental CT markets. In 2025, the company recorded KRW 426.4 billion in consolidated sales, with overseas markets contributing over 90%. It also became the first domestic company to achieve 100,000 cumulative dental digital X-ray systems produced.

Hwang Kyu-ho, CEO of Vatech, emphasized, *"The driving force behind our growth as the number one company in the global dental CT market lies in developing the technology customers need first and proving its value in the global market,"* adding, *"We will leap forward as a company that sets new standards in dental care by connecting imaging equipment with AI and software."*



Star Performer

Meet the Star Performers of the month



Mr. Janarthanan

Business Development Manager (BDM) Chennai

Thank you for your valuable contribution to expanding our business network and creating new growth opportunities. Your market insights, client-focused approach, and consistent efforts in developing new partnerships help strengthen our presence and drive business forward.



Mr. Anand Ram Arya

Customer support team leader (North /West)

Thank you for your dedication, expertise, and unwavering support. Your commitment to customer satisfaction and excellence makes a difference every day. Your technical excellence and prompt support continue to strengthen our team and create lasting customer experiences.

Congratulations!

Star Performer

Meet the Star Performers of the month



Ms. Raveena Chhetri

Customer Engagement Executive

Thank you for your dedicated efforts in customer engagement, building strong client relationships, and ensuring timely communication. Your professionalism, commitment & customer-first approach play a vital role in enhancing customer satisfaction and contributing to our team's success.



Mr. Balvinder Singh

Sales coordinator

Thank you for your dedicated efforts in coordinating sales activities, managing client relationships, and ensuring smooth communication between teams. Your proactive approach, commitment & consistent support contribute significantly to our sales growth and overall team success.

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