

EGYPTIAN DENTAL ASSOCIATION
The 14th International Dental Congress



**PROBLEM SOLVING IN
DENTISTRY**
w w w . e d a - e g y p t . o r g

HELD IN
Intercontinental City Stars Hotel
11th to 13th November 2009

EGYPTIAN DENTAL ASSOCIATION
The 14th International Dental Congress

Established 1937

UNDER THE AUSPICES OF
HER LADYSHIP

MRS
SUZANE MUBARAK



HELD IN
Intercontinental City Stars Hotel

11th to 13th November 2009



***HER LADYSHIP
MRS SUZANE MUBARAK***



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Maguid Amin
Honorary President of the Congress



Professor
Professor Hatem Abdel-Rahman
President of the EDA and the Congress



Professor

Tarek Abbas Hassan

Executive Director of the Congress



Professor

Mouchira Salah-El-Din

Vice President of the EDA & the Congress



Professor

Ahmed Farid Shehab

Secretary General of the EDA and Congress



Professor

Nour A. Habib

General Director of the Congress



Professor
Hesham A. Katamesh
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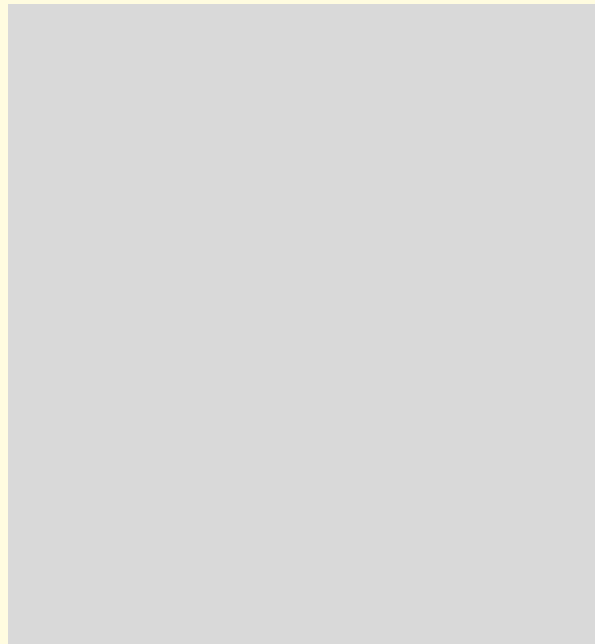


Professor
Ragab Radwan El-Beialy
Chairman of the Scientific Committee
Chairman of Correspondence Committee
Board Member of the EDA



Professor
Salah Hamed Sherif

Chairman, Exhibition Committee
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Ibrahim Ezzat Shindi

Chairman of Press committee
Chairman of Scientific Program Committee
Board Member of the EDA



Professor
Hussein M A El-Tanany

*Chairman of Press Committee
Co Chairman of Scientific Program Committee
Board Member of the EDA*

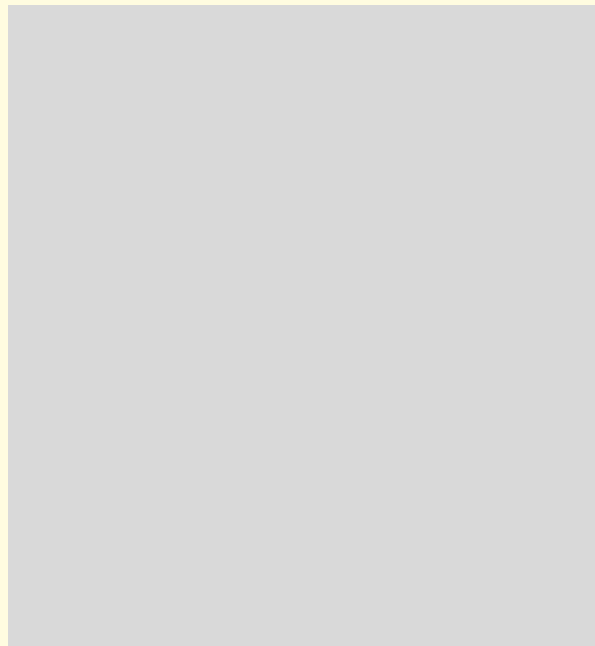


Professor
Mohamed Riad Farid

*Chairman of Correspondence Committee
Chairman of Scientific Program Committee
Board Member of the EDA*

Appreciation

The Board of Directors of the EDA and the Organising Committee of the 14th International Dental Congress wish to express their deep thanks and most sincere gratitude and appreciation to Professor Mamdouh M. Abdel-Latif, Chairman of the Scientific Committee and Web Master of the EDA web site, for undertaking the editorship of the Congress Book and for managing the EDA web site on the Internet, as well as for undertaking the e-mail correspondence of the Congress.



Professor

Mamdouh M. Abdel-Latif

Chairman of the Scientific Committee



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EGYPTIAN DENTAL ASSOCIATION
2009***

<i>Professor Hatem Abdel-Rahman</i>	<i>President</i>
<i>Professor Mouchira Salah El Din</i>	<i>Vice President</i>
<i>Professor Ahmed Farid Shehab</i>	<i>Secretary General</i>
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Professor <i>Mamdouh M Abdel-Latif</i>	Professor <i>Tarek Abbas Hassan</i>
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Professor <i>Ahmed Barakat</i>	
Dr. <i>Hesham El-Hawary</i>	



Welcome

It is indeed a source of great pleasure to welcome all our esteemed guests in the Egyptian Dental Association's 14th International Dental Congress.

The present Congress is again held during a period of great turmoil where our region is still living through and undergoing great upheavals.

It is, however, through such human intercourses such as this Congress that people of different backgrounds are brought together and made to better understand each other, which we are sure will ultimately lead to better understanding between us all, as well as to better relations among all our nations. It is indeed one of the major benefits of scientific exchange to bring different people from all over the world together where they may share common goals and objectives.

May we wish all our guests a pleasant and enjoyable stay amongst us, and we sincerely hope that you may fully enjoy the scientific and social programmes we have prepared for you.

Thank you very much indeed for joining us and for contributing to the success of our meeting, and we hope to see you again with us many more times in future Congresses.

*President and Organizing
Committee of the Congress*

*Congress
Time Table*





Wednesday 11th November 2009

Hall A (Abdeen)

First Session

Chairpersons

Professor Nour Habib

Professor Tarek Salah

Professor Faten Kamel

Professor Amira Farid

Professor Randa Hafez

<i>Time</i>	<i>Lecture</i>
9:00 – 9:45	Posterior composite restorations - Success or failure with emphasis on proximal contacts? Wafaa El-Badrawy (Canada)
9:45 – 10:30	Implant-supported crowns - the restorative component made easy Omar El-Mowafy (Canada)
10:30– 11:30	Color Determination in the Dental Office and Laboratory Andres Baltzer (Switzerland)
11:30 – 12:00	Coffee Break



Wednesday 11th November 2009

Hall A (Abdeen)

Second Session

Chairmen

Professor Yehia Ashour

Professor Mohamed Riad

Professor Amr Shabaka

Professor Mohamed Abd El-Mohsen

Professor Makeen Mousa

<i>Time</i>	<i>Lecture</i>
12:00 – 01:00	Dental Caries Pandemic: The problem and possible solutions: An evidence based approach Omar Zidan (USA)
1:00 – 2:00	Case Studies in Caries Control Gary H Hildebrandt (USA)
2:00 – 2:30	Lunch Break



Wednesday 11th November 2009

Hall A (Abdeen)

Third Session

Chairpersons

Professor **Mokhtar Nagy**

Professor **Fayez Hassan**

Professor **Salma El-Ashry**

Professor **Inas Mohy El-Din**

Professor **Hesham Abd El-Wahab**

<i>Time</i>	<i>Lecture</i>
2:30 – 3:15	Basic and clinical evaluations of a new composite crown system Shiro Suzuki (Japan)
3:15 – 4:30	Stress management for composite restorations and the dentist making them Eduardo Mahn (Switzerland)
4:30 – 5:00	Break



Wednesday 11th November 2009

Hall A (Abdeen)

Fourth Session

Chairpersons

Professor Salsabyl Ibrahim

Professor Saeid Abd El-Aziz

Professor Siza Yakoub

Professor Medhat Abd El-Rahman

Professor Naguib Abu El-Eneen

<i>Time</i>	<i>Lecture</i>
5:00–5:30	Endodontic instruments separation: Myths and Facts Ahmed Abd El-Rahman (Egypt)
5:30 – 6:00	A missing link in the restoration of endodontically treated teeth Shehab El-Din Mohamed (Egypt)
6:00 – 6:30	Can Portland cement be an alternative to MTA...?! Suzan Abd El-Wanees Amin (Egypt)
6:30 – 7:00	Effect of different endodontic materials on the bond strength of composite to coronal dentin Sahar E Abu-Hamar (Egypt)
7:00– 7:30	Nociceptive Trigeminal Inhibition Reflex- Tension Suppression Mohamed K. Azzam (KSA)
7:30– 8:00	Approach for quality improvement in dental care(problem solving methodology) Manal M. Shira (KSA)



Wednesday 11th November 2009

Hall B (Montazah)

First Session

Chairpersons

Professor Mamdouh Abd El-Latif

Professor Evelyne Younan

Professor Sanaa Abu El-Azm

Professor Mohamed Salah Ayoub

Professor Tarek Mahmoud

<i>Time</i>	<i>Lecture</i>
9:00 – 9:30	Head and neck chronic pain as of interest to the dentist Reda A. Abd El-Fattah (USA)
9:30 – 10:00	Clinical Evaluation of using Dimac wire for IMF at mandibular fractures Amr A. El-Swify (Egypt)
10:00 – 10:30	Local injection therapy for myofascial pain Hesham Abd El-Hakam (Egypt)
10:30 – 11:00	Various Applications of Symphesial Bone as a Grafting Material Hassan Sadek (Egypt)
11:00 – 11:30	TMJ arthroscopy a unique tool for diagnosing and treating TMDs: The Egyptian experience Khaled Ibrahim Barakat (Egypt)
11:30 – 12:00	Coffee Break

CONGRESS
TIME TABLE



Wednesday 11th November 2009

Hall B (Montazah)

Second Session

Chairpersons

Professor Abd El-Aziz Fahmy

Professor Ahmed Farid Shehab

Professor Ragia Mounir

Professor Ahmed El-Adawy

Professor Mohamed Saied Hamed

<i>Time</i>	<i>Lecture</i>
<i>12:00 – 2:00</i>	Flap reconstruction of the head and neck Dale Alan Baur (USA)
<i>2:00 – 2:30</i>	Lunch Break



Wednesday 11th November 2009

Hall B (Montazah)

Third Session

Chairpersons

Professor Mouchira Salah El-Din

Professor Azza Ezz El-Arab

Professor Hala Kamal

Professor Fat'ehya Zahran

Professor Mona Darhous

Professor Mouchira Dahaba

<i>Time</i>	<i>Lecture</i>
2:30 – 3:30	Cone beam CT in the dental world Sjon Grobbee (Netherland)
3:30 – 4:00	Cone beam CT and Computer guided Surgery Sameh Barsoum (Egypt)
4:00 – 4:30	Multislice dental CT: use in evaluation of dental implants Ahmed Al-Asmar (Egypt)
4:30 – 5:00	Break



Wednesday 11th November 2009

Hall B (Montazah)

Fourth Session

Chairpersons

Professor Mahmoud El-Refaay

Professor Mervat Rashed

Professor Ashraf Mokhtar

Professor Ehab Mosleh

Professor Mohamed Shereen

<i>Time</i>	<i>Lecture</i>
5:00 – 5:30	Toxicities of Oral Malodorous Compounds to General and Oral Health Ken Yaegaki (Japan)
5:30 – 6:00	The Relationship among Dysphagia, Nutritional Status, Tongue Thickness and Lingual Pressure of the Elderly People Fumiyo Tamura (Japan)
6:00 – 6:30	The Pediatric Dental Patient - how far a general dentist can go? Mawlood Belkasem Kowash (UAE)
6:30 – 7:00	The potential radioprotective role of selenium on gamma-irradiated salivary glands Dalia Hussein El-Rouby (Egypt)
7:00 – 7:30	Long Term Investment Strategies for Dentists Ahmed A Moneim (USA)
7:30 – 8:00	Topical Nigella Sativa in the treatment of oro-genital ulceration Samara Mwafaq (Syria)



Thursday 12th November 2009

Hall A (Abdeen)

First Session

Chairpersons

Professor Zohar Abu Tabl

Professor Enas Samy

Professor Mona Riad

Professor Sayed Senyour

Professor Mohsen Aby El-Hasan

<i>Time</i>	<i>Lecture</i>
9:00 – 9:30	Scientific Bases for Cosmetic Rehabilitation M. Abd El-Moneim Abdallah (Egypt)
9:30 – 10:00	New ceramic material and principles of prosthodontics Najla Chebib (Lebanon)
10:00 – 10:30	Dentin Hypersensitivity: A problem which may have a solution. Ahmed S. Bakry (Japan)
10:30 – 11:30	Color Determination in the Dental Office and Laboratory (Part II) Andres Baltzer (Switzerland)
11:30 – 12:00	Coffee break

CONGRESS
TIME TABLE



Thursday 12th November 2009

Hall A (Abdeen)

Second Session

Chairpersons

Professor Hany Haleem

Professor Hussien Gomaa

Professor Adel Ezzet

Professor Omima El-Mahalawy

Professor Adel Al-Tannir

<i>Time</i>	<i>Lecture</i>
<i>12:00 – 2:00</i>	Predictable Aesthetic Dentistry & an introduction to neuromuscular occlusion H. R. Makarita & John Highsmith (USA)
<i>2:00 – 2:30</i>	Lunch Break



Thursday 12th November 2009

Hall A (Abdeen)

Third Session

Chairpersons

Professor Hany Eid

Professor Salah Hamed Sherif

Professor Khalid Abo El-Fadl

Professor Mohamed Sabry

Professor Reda Abd El-Rahman

<i>Time</i>	<i>Lecture</i>
2:30 – 3:00	National Academic Reference Standards of Dentistry (NARSD): The Corner Stone for Program Development Hamdy Nassar (Egypt)
3:00 – 4:30	Veneers, partial crowns or full crowns...How should we face the anterior aesthetic dilemma? Eduardo Mahn (Switzerland)
4:30 – 5:00	How to control Dental Pain? Gamal M. Moutamed & Rehab Ammar Sponsored by Abbott (Egypt)
5:00 – 5:30	Break

CONGRESS
TIME TABLE



Thursday 12th November 2009

Hall A (Abdeen)

Fourth Session

Chairmen

Professor Maged Negm

Professor Yehia Boughdady

Professor Ehab Hasaneen

Professor Houssam Tawfik

Professor Houssam Khalifa

<i>Time</i>	<i>Lecture</i>
<i>5:30 – 6:00</i>	Current Concepts in the Esthetic Restoration of Endodontically Treated Teeth Zaki Malallah (Qatar)
<i>6:00 – 6:30</i>	Problem Solving In Endodontics Abd El-Hamied Yousef Saad (Egypt)
<i>6:30 – 7:00</i>	Sealing ability of newly introduced glass fiber root canal filling Kariem Mostafa El-Batouty (Egypt)
<i>7:00 – 7:30</i>	The potential role of stem cells in pulp healing and tooth regeneration Omar Fahim (Egypt)
<i>7:30 – 8:00</i>	Clinical study on negotiation of MB2 canal in maxillary molars Faeze Hamze (Iran)



Thursday 12th November 2009

Hall B (Montazah)

First Session

Chairpersons

Professor Ragab Radwan El-Bialy

Professor Mohamed El- Hadidi

Professor Mokhtar Abdel-Latif

Professor Ahmed Barakat

Professor Hamida Refaee

<i>Time</i>	<i>Lecture</i>
9:00 – 9:30	Problem solving in Oral implantology Tarek Abd El-Samad (Egypt)
9:30 – 10:30	Contemporary management of Facial Trauma Likith V. Reddy (USA)
10:30 – 11:30	Management of developmental TMJ deformity - maxillo/mandibular asymmetry John Kent (USA)
11:30 – 12:00	Coffee Break



Thursday 12th November 2009

Hall B (Montazah)

Second Session

Chairmen

Professor Mohamed Nassar

Professor Fouad Gharib

Professor Galal Behery

Professor Khaled Allam

Professor Emad Said

<i>Time</i>	<i>Lecture</i>
<i>12:00 – 1:00</i>	Oral Cancer: Diagnosis, etiology, and management Dale Alan Baur (USA)
<i>1:00 – 2:00</i>	Cosmetic Surgery of the Face Dale Alan Baur (USA)
<i>2:00 – 2:30</i>	Lunch Break



Thursday 12th November 2009

Hall B (Montazah)

Third Session

Chairpersons

Professor Moustafa El-Dibany

Professor Ahmed Rashad

Professor Mamdouh Shabaan

Professor Abd El-Fatah Sadaka

Professor Maha Hakam

Professor Sameh Mekhemer

<i>Time</i>	<i>Lecture</i>
2:30 – 3:15	Orthognathic Surgery Becking A. (Netherland)
3:15 – 4:00	Cone Beam CT: Adding a new dimension in daily dental practice Berge J. (Netherland)
4:00 – 5:00	Maxillary atrophy: Problems solving Joaquin Garcia Rodriguez (Spain)
5:00 – 5:30	Break



Thursday 12th November 2009

Hall B (Montazah)

Fourth Session

Chairpersons

Professor Laila Emara

Professor Ibrahim Shindy

Professor Khalid Tawfek

Professor Ibrahim Abdullah

Professor Mohamed Kenawy

<i>Time</i>	<i>Lecture</i>
5:30 – 6:00	Sinus floor elevation between theory & application Medhat Badawi (USA)
6:00 – 6:30	Bilateral sagittal split osteotomy without exposure of the lingual and inferior alveolar nerve Walid Ahmed Abdullah (KSA)
6:30 – 7:00	Digitization in Dental Education Khalifa Sulaiman Al-Khalifa (KSA)
7:00 – 7:30	Primary bone grafts in reconstruction of maxillofacial defects Khaled Hassan (Egypt)
7:30 – 8:00	Evaluation of subepithelial connective tissue graft versus various TGRM for covering submerged immediate implants Khaled Atef El-Hayes (Egypt)



Friday 13th November 2009

Hall A (Abdeen)

First Session

Chairmen

Professor Maguid Amin

Professor Farouk AbdAllah

Professor Ahmed Mokhtar

Professor Hamdy Abo El-Fotouh

Professor Khaled Zekry

Professor Hussien El-Sharkawy

<i>Time</i>	<i>Lecture</i>
9:00 – 9:45	Complications handling in dental implantology Abd El-Salam El-Askary (Egypt)
9:45 – 10:30	Avoiding surgical intervention in restoring difficult cases. M.S. El-Attar (Egypt)
10:30 – 11:15	Controversial Issues In Dental Implantology Amr F Zahran (Egypt)
11:15 – 12:00	Contemporary Treatment of Mandibular Edentulism: An Implant Imperative Tamer El-Gendy (USA)
12:00 – 1:00	Prayer and Coffee Break



Friday 13th November 2009

Hall A (Abdeen)

Second Session

Chairpersons

Professor Sherif El-Mofty

Professor Abd El-Hady Nassef

Professor Nabila Fayed

Professor Hassan Abd El-Dayem

Professor Tarek El-Sharkawy

<i>Time</i>	<i>Lecture</i>
<i>1:00 – 2:00</i>	Correction of Hypertelorism and Orbital malposition Likith V. Reddy (USA)
<i>2:00 – 3:00</i>	TMJ reconstruction of hypomobility, arthritides, and treatment failures with disc repair, soft and hard tissue grafts, total joints John Kent (USA)
<i>3:00 – 3:30</i>	Lunch Break



Friday 13th November 2009

Hall A (Abdeen)

Third Session

Chairpersons

Professor Hany Amin

Professor Mohamed Nada

Professor Ahmed Abdullah

Professor Medhat Abdullah

Professor Neveen Waly

<i>Time</i>	<i>Lecture</i>
3:30 – 4:00	Complications of implant prosthetic retaining screws Dircilene Colares De Souza (Brazil)
4:00 – 4:30	Care of patients with cleft lip and/ or palate: where do we stand Marwa El-Kassaby (Egypt)
4:30 – 5:00	Medical Photography Requirements, Basic and Advanced Concepts Ahmad Salah Hashem (Egypt)
5:00 – 5:30	High Resolution Computed Tomography Findings of Dental Technicians: Results of Screening of Six Dental Laboratories in Istanbul Arzu Atay (Turkey)
5:30 – 6:00	Break



Friday 13th November 2009

Hall A (Abdeen)

Fourth Session

Chairpersons

Professor Nadia Abbas

Professor Magdy Badawy

Professor Mohamed Bayoumy

Professor Moataz El-Mahdy

Professor Gehan Fekry

<i>Time</i>	<i>Lecture</i>
6:00 – 6:30	Guidelines for Adhesive Application: The Keys for Clinical Success Waleed El-Mahy (Egypt)
6:30 – 7:00	The contribution of anaerobic bacteria and TNF associated with periodontitis and pericoronitis in the pathogenesis of chronic obstructive pulmonary disease (COPD). Lobna Abd El-Aziz Aly (Egypt)
7:00 – 7:30	The Evaluation of Impacted Third Molars Using OPG radiograph Afrah Adnan Khalil (Iraq)
7:30 – 8:00	Orbital Cellulitis Tahrir Al-Delaimi (Iraq)



Friday 13th November 2009

Hall B (Montazah)

First Session

Chairmen

Professor **Abbady El-Kady**

Professor **Khaled Fawzy**

Professor **Walid El-Kennany**

Professor **Amr Labib**

Professor **Amr Abo El-Ezz**

<i>Time</i>	<i>Lecture</i>
9:00 – 9:45	Hazards of poor orthodontics Basheer Kinaan (Oman)
9:45 – 10:30	Esthetic Aspects of Means and Goals of Contemporary Orthodontics Athanasios E. Athanasiou (Greece)
10:30 – 11:15	Ectopy and Transposition of Teeth; An Orthodontic Perspective Abbas R. Zaher (Egypt)
11:15 – 12:00	Evaluation of two orthodontic treatment options of Angle Class div.1 malocclusion by means of the ICON Index M. Kalavritinos (Greece)
12:00 – 1:00	Prayer and Coffee Break



Friday 13th November 2009

Hall B (Montazah)

Second Session

Chairpersons

Professor **Wissam Ghazallah**

Professor **Ahmed Hasaneen**

Professor **Ashraf Sherif**

Professor **Sona Saad El-Din**

Professor **Ossama Atta**

<i>Time</i>	<i>Lecture</i>
1:00 – 3:00	A foundation for excellence in esthetic dentistry H. R. Makarita & John Highsmith (USA)
3:00 – 3:30	Lunch Break



Friday 13th November 2009

Hall B (Montazah)

Third Session

Chairmen

Professor Sherif Sabry

Professor Hatem Abd El-Rahaman

Professor Mohamed Dehis

Professor Mounir Shaker

Professor Amin Hendy

<i>Time</i>	<i>Lecture</i>
3:30 – 4:00	Skeletal Dentofacial Deformities; Surgical-Orthodontic rehabilitation Ahmed Mohamed Medra (Egypt)
4:00 – 4:30	The phenomenon of ectopic eruption of the teeth Clinical point of view khaled M. Mansour (Egypt)
4:30 – 5:00	Basic techniques to attract patients to cosmetic treatments Rami Khouri (Syria)
5:00 – 5:30	Simultaneous sinus membrane elevation and implant installation in atrophic maxilla without any graft materials Wael Ahmed El-Mouhandes (Egypt)
5:30 – 6:00	Coffee Break

CONGRESS
TIME TABLE



Friday 13th November 2009

Hall B (Montazah)

Fourth Session

Chairpersons

Professor Abd El Wahab SAYED Ahmed

Professor Ahmed Roshdy

Professor Mostafa Ezz

Professor Salah Yasin

Professor Maha Shawky

Professor Kadry Geesa

<i>Time</i>	<i>Lecture</i>
6:00 – 6:30	Effect of cleaning methods after air-abrasion with reduced pressure Ahmed Attia (Egypt)
6:30 – 7:00	The value of saliva as a diagnostic fluid Rafil Hameed Rasheed (Iraq)
7:00 – 7:30	A study on the Cytogenesis changes on lymphocyte by using Low Level Laser Aida Zaki Khalil (Iraq)
7:30 – 8:00	Expression of enoglin and D2-40 in squamous cell carcinoma of the tongue Sedigheh Rahrotaban (Iran)

Egyptian Dental Association

Journal of Egyptian
Dental Association

Abstracts



Posterior Composite Restorations - Success or Failure with Emphasis on Proximal Contacts

Wafaa Awad El-Badrawy

Associate Professor, University of Toronto

The success of direct posterior resin composite restorations remains an issue that confronts most clinicians. Proximal contact reconstruction, post operative sensitivity, enamel crazing are all problems that may result due to the inherent properties of the material or lack of an appropriate technique. This lecture will address restorative procedures with technical hints that will aid in minimizing postoperative sensitivity, achieving positive proximal contacts and decreasing cuspal deflection. The latest research about proximal contacts, cuspal deflection and new low shrinkage resin composite material will be discussed.

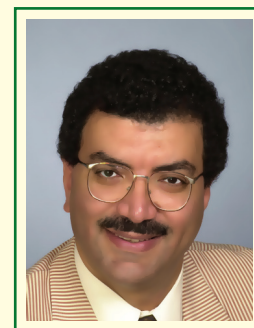


Implant-supported crowns - the restorative component made easy

Omar El-Mowafy,

Professor of Restorative Dentistry Department of Clinical Dental Sciences Faculty of Dentistry, University of Toronto,

With an increasing number of implant manufacturers and a wide variety of implant brands (over one hundred) available nowadays, utilization of implant-supported crowns has naturally gained popularity in our profession. While the surgical component of the procedure, implant placement, is typically carried out by a qualified oral surgeon the restorative component can be carried out by a knowledgeable general dental practitioner using simple instruments and with predictable results. The aim of this presentation is to introduce novice dentists to the concept, basic principles and the different elements involved in the restoration of implant-supported crowns. A step by-step approach for proper case selection for the starter level will be followed. What the dentist needs to know and prepare before the restorative treatment begins to ensure a smooth execution of the procedure. How can the restorative procedure be completed in two appointments. Impression -taking made easy while selecting the most appropriate technique for the case at hand, the closed- Vs. the open-tray method. Comparison between the screw-retained and the cemented crown and when to resort to either will be explained in detail. Importance of proper occlusal adjustment and the role it plays in long-term success of the implantsupported crown will be emphasized. A number of representative clinical cases will be shown to support the presented material.



Color Determination in the Dental Office and Laboratory

Andres Baltzer

Switzerland

The challenging issues in dental shade evaluation and its selection relies firstly on the evaluators experience understanding of the surrounding references within the natural teeth together with ability to then closely reproduce such shade effects. In addition the measurement and reproduction of the optical characterizations within the natural dentition are challenging and unique within each case (or tooth).



Digital shade measurements also are very important in optimizing shade determination by providing practitioners additional tools for their shade analysis.

The presentation reviews compares visual shade evaluations together with the results gained from digital devices.

Learning Objectives

- *Visual determination of the shade basis.*
- *Determining visually and electronically natural shade effects.*
- *Digital control measurements of a natural base shades.*
- *Valuation and assessment of colour measurement results.*
- *Valuation and assessment of colour effects.*

Dental Caries Pandemic: The problem and possible solutions: An evidence based approach

Omar Zidan

Associate Professor, School of Dentistry University of Minnesota



Dental caries is a pandemic disease affecting humans since early civilizations. Rational etiologies of the disease appeared only within the past 100 years. The chemo-parasitic nature of the disease was shown experimentally by Miller in 1890, establishing the relation between dental plaque and dental caries. Based on this concept, GV Black established the traditional restorative model based on three main foundations namely, classification of cavities, extension for prevention and steps of cavity preparation. This was considered a paradigm shift calling for the restoration of teeth instead of extraction.

Recently, Dentistry has been presented with a new scientific understanding of dental caries. Concurrently, new approaches in the diagnosis and the restorative techniques are being marketed. However, the effect of these advances has been minor on solving the problem of dental caries. The surgical model founded at the turn of the 1900s is still the dominant approach in today's practice. An alternative model should be based on the understanding that the caries lesion is the symptom and not the disease. Dental caries is a chronic infection; in the presence of fermentable carbohydrates acid is produced damaging the calcified component of dental hard tissues. A clinical model should be developed to manage caries as a multifactorial infectious disease. Risk assessment a main component of this model should be used as a tool to assess the presence, absence, and the activity status of the disease. A medical model could be applied to control the infection and to remineralize early non-cavitated lesion. Using different disease control measures enhances both body defense and repair mechanisms. Proven methods to reduce cariogenic bacteria, such as chlorhexidine mouthwash and xylitol chewing gum, should be routinely used. Different forms and concentrations of fluoride and calcium phosphate are used to provide ions and to help increase remineralization and decrease demineralization. Diet counseling aimed at decreasing the frequency



of carbohydrate intake, as there is overwhelming evidence confirming the role of diet in dental caries. The invasive approach should be the last resort. The traditional visual, tactile and radiographic methods for the diagnosis of caries lesions lack reliability, especially during the incipient stage of the lesion. Emerging quantitative methods such as electrical conductance, laser fluorescence, tuned-aperture computed tomography, and optical coherence tomography show promising sensitivity and specificity for the diagnosis of non-cavitated caries lesions.

The management of all phases of dental caries will be discussed focusing on modern restorative approaches integrating contemporary biological and biomechanical concepts aiming to maintain the optimum function of the tooth. Surgical intervention should be reserved for the frankly cavitated lesions. When prescribed, it should be minimally invasive. The dental profession should be sensitive toward the removal of sound tooth structure. It should be limited to access and the removal of damaged tooth structure. There is no evidence to support extension for prevention. It is time for the profession to reassess preparation design. Extension for retention to create macro-mechanical retentive features is not indicated for bonded restoration. The retention should be achieved through the micro-mechanical integration of the restorative materials to the tooth surfaces through bonding. The lesion-specific approach, which describes cavity extension and location based on size and location of the damaged tissue, should be preferred to the predetermined box-form cavity preparation.

Recent data on dental caries incidence around the world show that this pandemic is still out of control. The present surgical model due to its high cost is not accessible for the majority of the world population. Alternative approaches to control the disease will be presented.

Many dental schools across the world have been slow in adopting alternative health models for the disease dental caries. Evidence-based dentistry should be the foundation for curriculum revisions and to establish new health-care guidelines.

Case Studies in Caries Control

Gary H Hildebrandt

Director Division of Operative Dentistry, University of Minnesota School of Dentistry

The control of the pathology of dental caries involves attending to the patient as a whole and maintaining dental health through comprehensive preventive strategies as opposed to focusing only on the dentition and restoring cavities. Providing dental restorative services through operative treatment is only one part of a broad approach to controlling the disease of dental caries for the individual patient. The objectives are (1) to identify individuals at-risk for dental morbidity (caries lesion formation), (2) to institute measures to prevent dental morbidity, reverse early lesions, and shift the patient to a low-risk category, and (3) to monitor the caries risk status of the individual over time in order to determine the success of control efforts and the stability of the results. These principles will be illustrated with individual clinical cases.

Basic and clinical evaluations of a new composite crown system.

Shiro Suzuki,

Tokyo Dental Collage, Chiba, Japan

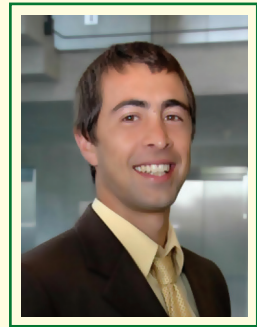
Currently various restorative materials including ceramics and resin composites are available for esthetic restorations. Ceramic technology has recently realized metal-free restorations using a zirconia coping. Although direct composite restorations have been widely used in daily practice, indirect composite restorations have never been accepted as the first-line modality even their physical and mechanical properties have been improved. However, metal-free restorations using indirect composite are suitable when patients desire esthetic restorations with minimum financial burden. The author has evaluated a new composite crown system by means of basic and clinical researches. In this presentation, the new composite crown system will be introduced, and a series of basic/clinical evaluations and their results will be discussed. Furthermore, clinical procedures, fabrication technique, and clinical cases will be presented.



Stress management for composite restorations and the dentist making them

Eduardo Mahn

Private clinic



Composites have been used for tooth restorations for more than 30 years, and materials designed specifically for optimal aesthetics have been introduced by nearly every company. In recent years we have seen the launch of many different nanocomposites. For the patients, esthetics is the most evident advantage of the adhesive dentistry and generally they are more satisfied with tooth colored restorations. In the last years, significant improvements in composite technology have been made, but for making a state of the art restoration there are some rules and limitations to be respected.

One of the more important aspects is the light polymerization. During the last years LED technology have revolutionized light curing and successfully introduced cordless polymerization to the dental practice. But this technology had some limitations until now. For the first time ever, with the new generation of LEDs, it has become possible to overcome the existing and well documented limitations of emerging LED technology.

The lecture will discuss:

- Preparation rules.*
- Stress management (composite & dentist) during the composite application.*
- New developments in the composite science.*
- Light curing techniques.*
- Latest improvements in LED technology*

Endodontic Instruments Separation: Myths and Facts

Ahmed Abdel Rahman Hashem

Associate Prof. of Endodontics, Faculty of Dentistry, Ain Shams Univ.



Instrument separation can occur during everyday practice. It is one of the most frustrating situations for both the dentist and the patient. Retrieval of such broken instruments presents a great challenge even for the most experienced clinician. With the advent of surgical microscopes and ultrasonics, removal of such broken instruments has become more reliable procedure. Up to date literature review on prevalence, prevention, causes and prognosis of separated instruments will be covered in this lecture. Different cases with broken instruments where management was possible will be included. Prognosis of these cases with follow up radiographs up to five years will be presented. At conclusion, participants should be able to:

- 1. Identify different causes of instrument separation, methods of prevention and prognosis.*
- 2. Know the factors affecting the clinician ability to successfully remove broken instruments.*
- 3. Familiarize with Different methods used for retrieval with special reference to their advantages and limitations.*



A missing link in the restoration of endodontically treated teeth

Shehab EL-Din Mohamed Saber

Lecturer of Dental Materials, Faculty of dentistry, Ain Shams University

It has been proven that the quality of the permanent coronal restoration has a great influence on the overall prognosis of endodontically treated teeth. In contemporary dental practice, the opportunity of restoring such teeth with resin composite has been increased as a result of the continuous revolution in the adhesive systems formulation.

Nevertheless, chemical irrigants employed during root canal treatment result in alteration of the chemical and mechanical characteristics of dentin, which affects its interaction with the restorative materials used for coronal sealing. The most commonly used irrigating solutions are Sodium hypochlorite (NaOCl) and Chlorhexidine gluconate (CHX). NaOCl has a unique tissue solvent ability in addition to its well documented potent antimicrobial activity. While CHX, being similarly antibacterial and relatively non-toxic to the periapical tissues forms an alternative irrigant to sodium hypochlorite.

The self-etching approach is based on simultaneous conditioning and priming of dentin with incorporation of the smear layer within the hybridized complex. The single-step self-etching adhesives are less technique sensitive and less time consuming compared with their multi-step counterparts. This might be of an importance, especially for the busy dental practitioners.

The permanent restoration can be applied immediately after completion of endodontic treatment, or can be postponed for some time and a temporary restoration is used to seal the access cavity. The question then arises: would such a delaying in the bonding procedures affect the resin/dentin bond strength?

The purpose of this study is to evaluate the outcome of either immediate or delayed application of a single-step self-etching adhesive to coronal dentin after the application of different endodontic irrigants.



Can Portland cement be an alternative to MTA...?!

Suzan A. Amin

Lecturer of Endodontics, Faculty of Oral and Dental Medicine, Cairo University.

Mineral Trioxide Aggregate (MTA) is a versatile material that is used in endodontics to seal communications between the pulp space and the periodontal ligament or the oral cavity. This is attributed to its several advantages e.g. biocompatibility, ability to consistently induce hard tissue formation, sealing ability and the ability to be applied in conditions of moisture and blood contamination. However, its high cost is considered a disadvantage. Thus, endodontists are in search for a less expensive alternative for MTA.

Effect of different endodontic materials on the bond strength of composite to coronal dentin

Sahar Esmail Abo-Hamar

Lecturer, Faculty of Dentistry, Tanta University.

Problem: The usage of dentin adhesive systems has been advocated for use within the pulp chamber in an attempt to work as a durable barrier against microleakage. However, various medications are used during and after root canal treatment, which may interfere with the adhesion to coronal dentin.

Hypothesis: The hypothesis was stated that sodium hypochlorite irrigant alone, the use of NaOCl and Glyde File prep (H₂O₂ + EDTA)/NaOCl in an alternating sequence as under clinical conditions (with or without Chlorhexidine [CHX]) and Ca(OH)₂ will reduce the bond strength of composite to coronal dentin.

Methods: Excite/Tetric Flow Chroma, Vivadent (EX/TFC) and Clearfil Protect Bond/Protect Liner F, Kuraray (PB/PLF) were used. Before application of each adhesive system, the dentin surface was first exposed to either (6 groups, n = 10) 1. Distilled water, 2. 5.25% NaOCl (30 min), 3. NaOCl/Glyde (30 min), 4. NaOCl/Glyde (30 min) + Chlorhexidine (CHX) (2 min), 5. NaOCl/Glyde (30 min) + Ca(OH)₂ (5 days) + CHX (2 min), or 6. NaOCl/Glyde (30 min) + Sodium

perborate (9 days) + CHX (2 min). Shear bond strength was measured after 24 h.

Results: NaOCl significantly increased the bond strength of EX/TFC, whereas it did not significantly affect that of PB/PLF. The alternating use of NaOCl and NaOCl/Glyde (with CHX) did not significantly affect the bond strength of EX/TFC to dentin, whereas it significantly decreased that of PB/PLF. Ca(OH)₂ and sodium perborate significantly decreased the bond strengths of both the adhesive systems, whereas CHX had no effect. EX/TFC showed statistically higher bond strengths (13.8 to 25.8 MPa) than PB/PLF (11.2 to 18.1).

Conclusion: The alternating use of NaOCl and NaOCl/Glyde (with CHX as a final irrigant) may not affect or may decrease the bond strength to coronal dentin depending on the adhesive system used. The use of Ca(OH)₂ may decrease the bond strength to dentin.

Nociceptive Trigeminal Inhibition Reflex- Tension Suppression

Mohamed Khaled Ahmed Azzam

Asst. Prof. & Consultant Removable Prosthodontist, National Guard Hospital- Jeddah - Saudi Arabia

Tension headache patients without symptoms of Temporal-mandibular disorders (TMD) contract their temporalis muscles during sleep 14 xs more intense than upon awakening. Once the jaw is clenched, the supportive musculature of the skull assumes a static contraction causing chronic stiff and sore neck. Night guards could relax the lateral pterygoid musculature by providing less resistance to side-to-side movement. When the lateral pterygoids are chronically contracted (dysfunctional habit) they can cause sinus symptoms and /or TMD. If the patient's parafunctional habits include both horizontal activity (lateral pterygoid) and vertical activity (temporalis) the result is excursive clenching which allows significant TMJ strain.



But if the parafunctional habit is purely vertical (temporalis) the result is primary clenching which causes severe morning headaches.

During this unprotected nocturnal parafunction, massive amounts of noxious input called nociception bombard the trigeminal sensory nucleus. By keeping the molars and canines from touching the method of generating Nociception to the Trigeminal is inhibited.

In conclusion an inter-occlusal device which provides anterior incisor contact only will reduce the contraction intensity of the temporalis significantly. This occurs only in a static position, so modifications of the device to avoid lower canine contacts during excursive movements are done as constructing an anterior midline point stop (AMPS) will avoid canine contact to the device during lateral movements hence headaches and TMD are prevented.

Further modification to maintain perpendicular incisal contact in protrusive and retrusive movements allows for suppression of parafunctional contraction intensity in all mandibular movements thereby reducing and preventing headaches and TMD symptoms.

Approach for quality improvement in dental care (problem solving methodology)

Manal Mohamed Shira

Consultant in restorative dentistry, King Saud Medical Complex, Ministry of Health, Saudi Arabia

The methodology for improving health care has evolved rapidly over the past decade. This has come about as a result of several factors. One of them is the advances in our knowledge on improvement, management, and clinical practice.



This paper:

- 1. Provides information on several tools used in quality improvement*
- 2. Describes the methodology of problem solving and give an example to implement their phases.*

Head and Neck Chronic Pain as Of Interest to the Dentist

Reda A Abdel-Fattah; Mervat M Alattar

Private practice

The recent literature lists that dentistry today goes beyond the oral cavity. Therefore, the dental practitioner may be faced with many unusual complaints as in atypical dental, oral and head pain, TMJ disorders, snoring, and obstructive sleep apnea. Hence, knowledge of differential diagnosis, evaluation, and co-management with our medical colleagues may be necessary to help these individuals who are suffering needlessly. This presentation introduces the audience to the evaluation and management of these problems.

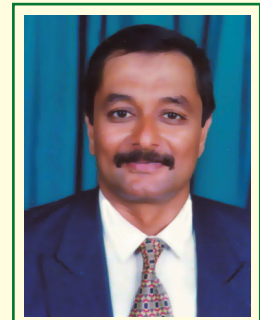


Clinical Evaluation of using Dimac wire for IMF at mandibular fractures

Amr A. El-Swify

Professor, Oral & Maxillofacial Surgery, Faculty Of Dentistry, Suez Canal University.

The aim of this work was to verify the reliability of using Dimac wire in the intermaxillary immobilization of mandibular fractures. Twelve patients (ten males and two females) with almost full dentition suffered from minimally displaced mandibular fractures with age range of 23-40 years old and in whom intermaxillary fixation (I.M.F) was required as a part of the treatment were selected in this study. The average time required for the application of Dimac wire at both arches was only 20.6 min. (SD 4.5) and for wires removal was 5.2min (SD 2.1) . There was no statistical significant difference ($P < 0.05$) between gingival and periodontal assessments preoperatively and after the removal of Dimac wires. No reported cases of wires breakdown or skin penetrating injuries and none of the patients required further application of a new wire .In addition to the absence of tooth damage at both arches after using Dimac wires. It can be concluded that the use of Dimac wire is a simple and safe technique for intermaxillary fixation at mandibular fracture. But it should be used in minimally displaced fractures with almost full dentition without deep over-bite.



Local injection therapy for myofascial pain

Hesham Abd El-Hakam

Professor, Oral & Maxillofacial Surgery, Faculty Oral and Dental Medicine, Cairo University.

In patients with myofascial pain, painful trigger points are often treated using local anaesthetics and/or steroid injections. However, the therapeutic effects of these treatments have not been quantified and the mechanism underlying the effect is poorly understood. This study compares and contrasts the results of trigger point injection with local anaesthetics alone, steroid injections only and a combined injection of both substances. Data used for analysis and evaluation included :

- 1. The change in number and distribution of trigger points during the course of the treatment*
- 2. Visual analogue scale*
- 3. Changes in maximal interincisal distance values*
- 4. Electromyographic readings*

Various Applications of Symphesial Bone as a Grafting Material.

Hassan Sadek

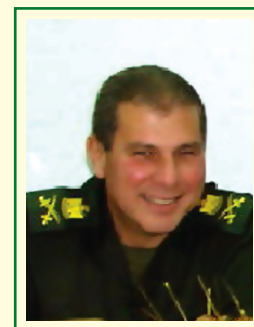
Consultant of Oral and Maxillofacial Surgery. Chief of Dental Staff of the Armed Forces

Bone is the best to replace bone. Whatever it is autogenous, homogenous, heterogenous. It is biodegradable by the tissue in the natural way until it replaced by natural bone.

Autogenous bone remains the gold standard by which all other material are concerning grafting.

Mandibular symphesis bone grafts have been used successfully in a variety of clinical applications. Quantity of bone from the symphesial area is enough to treat small to medium size defects.

In this presentation various applications of autogenous bone graft harvested from the chin area used for a variety of maxillofacial procedures will be demonstrated.





TMJ Arthroscopy A Unique Tool For Diagnosing And Treating TMDs: The Egyptian experience

Khaled Ibrahim Barakat, Aly Hassan , Marwa Safwat , Mostafa Taha

Assistant Professor, Minia University

Endoscopic surgery represents the extraordinary technique for the non-invasive surgical approach in the current century. Since the introduction of TMJ arthroscopy in 1975 by Ohnishi, it enabled us to view the actual live joint status. It offered unsurpassed opportunity that examines the real shape color and clinical appearance of the joint content and hence diagnose various TMJ arthropathy. The role of synovitis, early disc perforations and inflammatory mediators can be exceptionally diagnosed using arthroscopy. TMJ arthroscopy technique and findings will be comprehensively explained and discussed.

Methodology:

In the present study, we put forward our experience in diagnosis of various TMDs, correlating the clinical MRI and arthroscopic pictures. A series of 30 cases diagnosed clinically by RDC/TMD system and MRI were examined by double puncture arthroscopy followed by lysis and lavage as well as release of any adhesions. All cases were assessed by two blinded examiners in order to compare the diagnostic ability of both modalities. The results showed a significant advantage of arthroscopy over MRI in diagnosis of most TMJ arthropathy. However, the Dynamic MRI showed better results in diagnosing disc positions.

Conclusion:

The TMJ arthroscopic technique represents a unique, safe and non-invasive modality that enables us to accurately diagnose most of TMJ diseases. The technique should be routinely employed as an effective diagnostic and later interventional procedure prior to any TMJ surgical interference.

Flap Reconstruction of the Head and Neck

Dale Alan Baur

Chairman, Associate Professor, Case Western Reserve University

Reconstruction of soft and hard tissue defects after ablative tumor surgery or trauma is often a challenge for the oral and maxillofacial surgeon. This presentation will discuss various local and regional flaps with utility in the head and neck region.

Learning objectives:

- 1. Discuss uses, limitations, anatomy and vascular supply of the pectoralis major flap.*
- 2. Discuss uses, limitations, anatomy and vascular supply of the trapezius lower island myocutaneous flap.*
- 3. Familiarize the audience with other local flaps of the head and neck such as the buccal fat pad, temporalis muscle flap, Platysma flap, temporoparietal galeal flap, palatal flap, and sternocleidomastoid muscle flap.*
- 4. Discuss complications and avoidance of undesirable outcomes*

Cone Beam CT in the dental world:

Sjon Grobbee,

Product Manager Digital Dentistry, Imtec Corp. a 3M Company

Digital Dentistry is the trend. More and more software applications are getting launched to save time and become more accurate with the dental treatment. All the Digital dentistry applications start with capturing the patients head data and the dentition. An accurate and safe start of capturing the data is important. This workshop guides you through the important steps.





Cone beam CT and Computer guided Surgery

Sameh Barsoum

There has been an escalating interest in three-dimensional imaging devices over the last decade. Orthodontists, general dentist and implantologists are beginning to appreciate the advantages that the third dimension gives to clinical diagnosis, treatment planning and patient education. This article focuses on the cutting edge technology of cone beam CT, which utilizes conventional X-ray technology and computerized volumetric reconstruction to reproduce a three-dimensional image. A variety of applications and range of issues associated with this technology will be discussed. The article also discusses the different computer guided surgery systems and how surgical guides improve surgical outcomes.

Multislice Dental CT: Use in Evaluation of Dental Implants

Ahmed Fatehy Al-Asmar

Lecturer of Radiodiagnosis, Faculty of Medicine Ain Shams University

Preoperative evaluation for the dental implanting normally starts with a thorough physical examination of the oral cavity and dental arches to determine the potential sites for the implant placement. Spiral dental CT plays a very important role in preoperative evaluation and postoperative follow-up. It provides both 2 and 3-dimensional images, showing soft tissues and alveolar bone in each area, and it can be used to select the sites of implantation and to evaluate the angulations, the density and the contour of the alveolar bone, as well as the width and depth of the edentulous ridge, post-operative evaluation includes evaluation of osseointegration as well as detection of complications.

Toxicities of Oral Malodorous Compounds to General and Oral Health

Ken Yaegaki

Nippon Dental University, Department of Oral Health, Tokyo, Japan

Volatile sulfur compounds (VSCs), mainly composed of hydrogen sulfide (H₂S) and methyl mercaptan (CH₃SH), cause halitosis. VSCs increase the permeability of a model for gingival crevicular epithelia, causing an increase in the penetration of lipopolysaccharide, as well as prostaglandin, into the tissue. As both compounds are the reasons of periodontitis, it has been suggested VSCs may promote the process of periodontal conditions.



VS Cs increase collagen degradation and reduce collagen synthesis in HGF then finally a large amount of collagen may be lost in gingival tissues. Wound healing system is one of the self-defenses against periodontal pathological process. VS Cs also suppress wound healing, especially the formation of basal membrane and Type IV collagen synthesis. Furthermore, VSCs inhibit the proliferation of human gingival fibroblasts (HGF), human gingival epithelial cells (HGEC) and osteoblasts.

Very low concentration of H₂S at lower concentration in periodontal pocket also causes apoptosis in HGF, HGEC and keratinocyte stem cells via mitochondrial apoptotic pathway. Especially keratinocyte stem cells have an important role in the regeneration of gingival epithelium which is the barrier against periodontal pathogenic compounds. Loss of the stem cell, therefore, might reduce its barrier effects. Moreover, VSCs stimulate interleukin-1 production, resulting in an increase in prostaglandin E and matrix metalloproteinase 1. Prostaglandin E causes inflammations and might produce the differentiations of osteoclasts. Recently, it was found that H₂S directly induces osteoclasts differentiation. VSCs, especially H₂S, strongly inhibit cytochrome c oxidase, which is a key enzyme for oxidative phosphorylation in the respiratory chain. Therefore, high concentration of VS Cs causes lethal toxicities as well as cyanide. Thus, VSCs may induce the initial damage to the epithelial barrier in the progression of periodontal disease.

On the other hand, H₂S at lower concentration in periodontal pocket causes genomic DNA damages in both HGF and HGEC. It has been suggested that VSCs may be one of the contributing factors for carcinogenesis because of increasing oxidative stress, and as the Ras/mitogen activated protein kinase signaling pathway, which is constitutively activated in many types of cancer, is enhanced

The Relationship among Dysphagia, Nutritional Status, Tongue Thickness and Lingual Pressure of the Elderly People

Fumiyo Tamura; Takeshi Kikutani; Ken Yaegaki

Rehabilitation Clinic for Speech and Swallowing Disorders, The Nippon Dental University Hospital, Tokyo, Japan



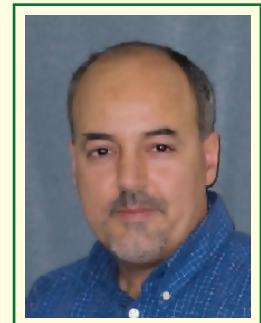
Objectives

Many elderly patients under long-term care suffer from dysphagia, malnutrition, and disuse-induced muscle atrophy; as a result, they frequently develop sarcopenia. Those who have difficulty ingesting regular meals may develop sarcopenia of the tongue. The purpose of this study was to measure the volume of the tongue muscle in elderly people and determine its relationship to their nutritional status or masticatory ability using ultrasonography.

The Pediatric Dental Patient, How Far A General Dentist Can Go?

Mawlood Belkasem Kowash

Consultant and Head of Pediatric Dentistry, Tawam Dental Center



The general dental practitioner (GDP) plays an important role in the prevention and treatment of child dental patients especially in countries with high prevalence of dental decay and shortage of pediatric dentists. However, many GDPs find dealing with pediatric dental patients challenging and difficult. The aims and objectives of this presentation are:

- 1. To discuss how to deal with pediatric dental patients and what are the limitations for general dentist*
- 2. To discuss the importance and how to administer a less painful local analgesia*
- 3. To discuss the evidence-based treatment options of grossly decayed primary teeth (traditional vs novel treatment modalities).*



The potential radioprotective role of selenium on gamma-irradiated rats' salivary glands

Salwa F. Ahmad; Awatef I. Draz; Eman M.F. El-Maghraby ; Dalia Hussein El-Rouby

National Center for radiation research and technology

Objective: *This study was conducted to evaluate the radioprotective efficacy of selenium, a naturally occurring antioxidant nutrient, against radiation damage in rats salivary glands by histological, histochemical and immunohistochemical assessments. Materials & Methods: A total of 120 male Albino rats were equally divided into 6 groups: Groups I and II received a single γ -irradiation dose of 4Gy and 6Gy respectively. Group III received an intraperitoneal daily dose of sodium selenite (15 g./Kg.B.W.) for three weeks. Groups IV and V received the Se treatment for one week before exposure to rays at dose of 4 Gy and 6 Gy respectively, and for two weeks after. The control group received neither radiation nor selenium. Animals were sacrificed 1 day, 2 weeks, 4 weeks, and 8 weeks after radiation exposure. Paraffin sections of the submandibular and sublingual glands were stained by haematoxylin and eosin, Alcian /PAS stain and Feulgen reaction, in addition to proliferating!*

Cell nuclear antigen (PCNA) immunostaining. The Feulgen and PCNA reactivity was estimated by an image analyzer computer system.

Results: *Histological examination of the irradiated groups revealed intracytoplasmic vacuoles in the acinar cells of both glands. A reduction in the number and content of secretory granules was noted in the submandibular granular convoluted tubules (GCTs). In the 6 Gy group, some acini appeared atrophied or completely degenerated. A decreased alcian/PAS and Feulgen histochemical staining was noted in both glands one day and 2 weeks after irradiation. A milder degree of these changes was noted in the selenium treated groups. Two months post irradiation, the glandular tissue appeared normal in both the irradiated and the selenium treated irradiated groups. PCNA immunostaining revealed an initial decline in the number of proliferating cells in all glandular compartments 1 day post irradiation in both glands followed by a subsequent increase after 14 days. The same pattern was generally detected in the selenium treated irradiated groups.*

Conclusion: *Selenium treatment prevented some of the deleterious effects of radiation and helped maintaining the normal histological appearance of the salivary glands and their contents of carbohydrates and nucleic acids.*

Long Term Investment Strategies for Dentists

Ahmed A Moneim

Los Gatos Dental Center



The long term investments are those that may not be sold in the long run. This presentation has been especially designed for dentists with a goal to reach the Critical Mass of investments which can produce steady income and make your need to work optional. In order to accomplish these goals, certain types of long term investments need to be addressed, such as health and educational investments, investment in dentists' own business as well as real estate investments and more importantly, the family investments. Furthermore, dentists also need to understand other factors that might work against them, for example: Time, Risk and Inflation. The lecturer will address all these factors and show how to convert them to successfully work for dentists willing to achieve their goals.

Topical Nigella Sativa in the treatment of oro-genital ulceration

Samara Mwafaq; Syria

To assess the effect of Nigella sativa oil as a topical preparation for treatment of oro- genital ulceration of Behcet's disease.

Methods: *This is a double blinded therapeutic trial in which 40 patients with Behcet's disease manifested as recurrent episodes of oral and genital ulceration were enrolled into 2 groups; Nigella sativa oil was applied as 10% in glycerin topically 3 times / daily to the first 20 patients. The other 20 were given glycerin only. Assessment was done 4 days then 8 days after treatment.*

Results: *Results were recorded as they appeared in clinical examination and those records were arranged in tables for both groups concerning oral and genital ulceration cases.*

Conclusion: *Nigella sativa oil is a new topical agent for promotion of healing of oro- genital ulceration of Behcet's disease which may act through its anti-inflammatory effect.*

Scientific Bases for Cosmetic Rehabilitation

Mohamed Abd El-Moneim Abdallah

Head of Scientific Committee, Alexandria Oral Implantology Association

Orthodontic therapy represents an excellent predictable means of achieving tooth movement to address aesthetic & functional concerns.

Some patients may refuse orthodontic therapy due to occupational limitations of time and appearance during treatment.

Cosmetic dentistry has evolved to help those patients, correction of tooth shape, dimensions & colour will help those patients in achieving their goals.

This lecture will address the scientific bases of cosmetic rehabilitation correcting shape & proportions of teeth.

New ceramic material and principles of prosthodontics

Najla Chebib

Instructor post-doctoral program in prosthodontics

The success of all ceramic restorations and patient demand for metal free, tooth colored restorations has lead to the development of new restorative technologies and techniques.

Improved material, instruments and techniques have made possible to provide predictable esthetic services. This is only possible if the operator has a thorough background in the principle of restorative dentistry and an intimate knowledge of the technique required.



The purpose of this presentation is to review some fundamental principle of fixed prosthodontics from treatment planning and preparation, to designing and cementation and to highlight the evolution of some principle when using contemporary materials like zircon crowns and bridges and glass ceramic veneers.

Dentin Hypersensitivity: A problem which may have a solution.

Ahmed Samir Bakry;

Masayuki Otsuki; Hidekazu Takahashi; Junji Tagami

Fellow Japan Society for promotion of science at Tokyo Medical and Dental University, Lecturer at the Conservative Dentistry Department at Faculty of Dentistry Alexandria University.

Dentin hypersensitivity is one of the major challenges in dental practice which affects a growing sector of the population worldwide. There are many techniques which were introduced for treating dentin hypersensitivity, however, most of these techniques showed only temporary effect in clinical situation because they were gradually removed by daily brushing, food friction and acidic beverage drinking. This presentation is aiming at introducing an efficient technique for treating dentin hypersensitivity cases using 45S5 Bioglass in combination with the use of CO2 Laser.

The presentation will show the interface formed between dentin and the protective layer formed from mixing the 45S5 Bioglass powder (NovaMin Technology, USA) with phosphoric acid and irradiation by CO2 laser and its ability to seal the dentinal tubules,. Moreover, the lecture will show the durability of this protective layer against brushing abrasion challenge of 6000 cycles under wet conditions with a load of 250 gf using a tabletop robot.

Predictable Aesthetic Dentistry and an Introduction to Neuromuscular Occlusion'

H. R. Makarita, John Highsmith

Regional Directors at Las Vegas Institute for Advanced Dental Studies

Often we see smile creations that stand out in publications as excellent. These smiles were created by careful analysis and planning and using smile design principles. This presentation





is designed to aid the clinician to understand these principles, and to utilize them to carefully plan and create the most beautiful smiles for our patients. An in-depth look at different clinical situations and how to address them, will be discussed, as well as how to avoid pitfalls during treatment.

Once the smile is designed it is extremely important to relay this information to an important member of the team, the ceramist. Careful planning includes proper laboratory communication. Examples of pertinent information that should be provided to our lab will be discussed.

In this presentation, step by step instructions for preparation design, temporization, and rapid cementation of indirect ceramic restorations will be discussed in detail. These techniques will ensure a predictable and successful result.

An overview of available technology in today's modern dental practice will be discussed, and how they can be incorporated in our daily life to make our lives easier and at the same time providing our patients with the best dentistry has to offer.

Other topics which will be covered are marketing strategies, both internal and external, and an overview of new technologies available in today's aesthetic reconstructive dental practice. In addition, neuromuscular dentistry will be introduced, and how it is used predictably in treating TMJ patients and occlusal rehabilitation.

OBJECTIVES

- 1. To use smile design principles when treatment planning cosmetic case.s*
- 2. To understand preparation techniques and use preparation guides.*
- 3. To understand rapid cementation techniques for indirect ceramic restorations.*
- 4. To avoid common mistakes and pitfalls.*
- 5. To comfortably utilize the rapid temporization technique.*
- 6. To confidently communicate with laboratory technicians.*
- 7. To understand some of the principles of neuromuscular dentistry.*

National Academic Reference Standards of Dentistry (NARSD): The Corner Stone for Program Development

Hamdy Nassar

Professor of Periodontology and Vice President, National Authority of Quality Assurance and Accreditation, Egypt



New approaches are being developed to improve dental education in order to promote the desirable attributes of the dental graduate. The basic tool for achieving these graduate attributes is the academic reference standards (ARS).

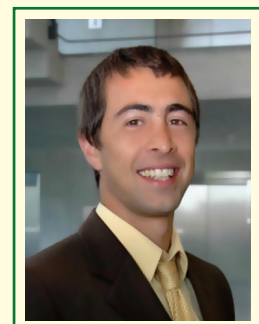
The National Academic Reference Standards of Dentistry (NARSD) are the minimum requirements for dental student attributes in Egypt. It functions in drawing an overall picture of the characteristics for the dental graduate needed for the optimum delivery of dental service. The most important function of NARS is to assist in setting the program objectives and formulating the Intended Learning Outcomes (ILOs) of the program.

This presentation will focus on using different tools such as NARSD, and the modern teaching and learning methods that can be adopted to achieve the Intended Learning Outcomes of the dental programs (ILOs).

Veneers, Partial Crowns or Full Crowns...

Eduardo Mahn

Private clinic



Aesthetics is one of the most relevant aspects of our life. We are driven by aesthetics! In dentistry, it is becoming the core business for more and more specialists and general practitioners. Furthermore, aesthetics has been a big



challenge throughout the years in our profession across the globe, because a fair treatment also needs to restore tooth function and maintain oral health.

Due to their aesthetic potential, ceramics have been the material of choice for the most demanding patients for many years. Unfortunately, ceramics are still associated with many compromises, aggressive preparation, short survival rates, cracks and brittleness. Modern oxide ceramics, especially zirconia, mark the advent of a new era. But zirconia is opaque and the aesthetic limitations are clear. Therefore, we should not be blinded by the strengths of just one material. There are other ceramics with similar optical properties as feldspathic ceramics which are far stronger. With lithium disilicate ceramics, we are finally able to restore teeth in a truly conservative manner: The dream of being able to create crowns, partial crowns, onlays and veneers with only one material has become true. Thin veneers and even non-prep veneers are a reality today. Other factors that influence the success of ceramic restorations are the proper choice and application of suitable adhesive systems and resin cements.

In order to achieve a successful restorative outcome with this kind of materials, it is essential to make a correct diagnosis, to establish an appropriate treatment plan and to follow a pre-determined sequence of steps during the treatment procedure.

Because of the reasons already stated, clinical cases will be presented during the lecture, which include everything from the diagnosis and treatment planning to the final incorporation of the restoration. The attendees will be able to see completely documented cases from A to Z.



How to control dental pain

Gamal M. Moutamed, Rehab Ammar Sponsored by Abbott

Lecturer, Oral and Maxillofacial Dept. Faculty of Oral and Dental Medicine Cairo University

Teeth are supplied by the alveolar branches of the fifth cranial nerve, the maxillary branch in the upper jaw and the mandibular in the lower jaw. Dental pulp is a highly innervated tissue that contains sensory trigeminal afferent axons. Sympathetic efferent fibers regulate the blood flow; no consensus about the role of parasympathetic fibers exists. The cell bodies of the sensory neurons of the pulp are located in the trigeminal ganglion. Hundreds, perhaps thousands, of axons enter the pulp through the apical foramen where they branch following the distribution of the blood supply all over the pulp. The 2 types of sensory nerve fibers in the pulp are myelinated A fibers (A-delta and A-beta fibers) and unmyelinated C fibers. The ratio of myelinated to unmyelinated fibers is difficult to ascertain because the nerve fibers in recently erupted teeth with open apices may not yet have acquired the myelin sheath

Current Concepts in the Esthetic Restoration of Endodontically Treated Teeth

Zaki Ali Malallah

Senior Specialist, Endodontist

Earlier than 15 years ago, the restoration of endodontically treated teeth was associated with a combination of prefabricated or custom-made metallic post and cores and full crowns. In this way, a considerable amount of coronal and radicular sound tooth structure was scarified with increasing risk of root perforation or fracture.

The continuous development of total-etch adhesive systems and the improvement of physical and mechanical properties of resin bonded composite (RBD) were



responsible for a complete revolution in restorative dentistry. Patient demands for esthetic restorations and their increasing desire to save remaining sound tooth structure are pushing dentists to stretch clinical indications for direct (RBD) and looking for new material and techniques to further enhance the clinical performance of direct (RBD) when placed in severely destroyed nonvital teeth.

Tooth-colored fiber posts were introduced in the 1990s and have several advantages over conventional metal posts. They are esthetic, bond to tooth structure, have a modulus of elasticity similar to that of dentin but still require dentin preparation to fit into the canal.

Lately, fiber reinforcement systems have been introduced in the attempt to increase RBD durability and damage tolerance. The new system is being bondable reinforcement fibers; they can be used to build up endodontic post and cores, as they adapt to the root canal walls without requiring additional enlargement of the root canal after endodontic treatment.

Problem Solving In Endodontics

Abd El-Hamied Yousef Saad

Professor, Faculty of Dental Medicine - Al-Azhar University

The purpose of this work was to discuss different problems occurring during endodontic therapy. Several problems associated with (1) Radiographic techniques and interpretation, (2) Tooth isolation, (3) Access opening, (4) Locating calcified canals, (5) Working length, (6) Cleaning and shaping, (7) Obturation, (8) Post space preparation, (9) Retreatment, (10) Surgical treatment were presented. The result demonstrated that how proper clinical and radiographic examination, correct diagnosis, adequate treatment techniques, and long-term follow-up were important for the clinician to solve these problems to increase his success rate.

Sealing Ability Of Newly Introduced Glass Fiber Root Canal Filling Material.

Kariem Mostafa Ibrahiem Al Batouty

Lecturer Of Endodontics, Faculty Of Dentistry - Ain Shams University

Gutta percha has been used as the main root canal filling material for years. A lot of research workers tried to change and to find an alternative material but they failed. They saw the ugly face of Gutta Percha which is its lack of adaptability to canal wall and its inability to transmit light to the apical part of the canal. Bonding to tooth structure was first target through the use of bonding agents as sealer and the trial made to use resin root canal filling material like resilon. One of the major problems that decreased the clinical success of the use of bonding agents is their inability to be light cured apically. So our target was to develop a new root canal filling material that are made of glass fibers so light can be transmitted apically and cure the resin sealer or bonding agents. Our presentation will cover the drawbacks of the traditional root canal filling material, as well as the composition and effectiveness of the newly introduced material.

The potential role of stem cells in pulp healing and tooth regeneration

Omar M. Fahim

Professor on Endodontics, Faculty of Oral & Dental Medicine, Cairo University

This lecture is directed to explain if the tooth is non-vital even with periapical pathosis, could it get revascularization, re-vitality and continuing root formation?

Moreover, pulp and tooth regeneration are new era in Endodontics. This lecture will try to focus how this could be applied to Endodontic practice with reviewing the most recent articles & researches in that field.





Clinical Study on Negotiation of MB2 Canal in Maxillary Molars

Faeze Hamze; Kiamars Honardar

Postgraduate Student, Babol Dental School, Babol, Iran

Introduction: This study was carried out to compare the capability of K-files with Mtwo rotary file in terms of negotiation as well as depth of penetration in second mesiobuccal (MB2) canal of maxillary first molar.

Materials and Methods: A total of 32 MB2 canal of maxillary first molars having different root curvatures (not more than 30 degree) and root lengths were selected and then detected by K-file #10, #8 and #6. Based upon file penetration the samples were assigned into four groups. Group A: K-file #10 penetrate >2mm into coronal third, group B: K-file #10 could penetrate <2mm into coronal third, continue proceeding with #8 which had >2mm penetration, group C: K-files #10 and 8 could penetrate <2mm, continue proceeding with #6 for deeper penetration, and group D: Mtwo file #10/.04 was applied into all three above groups until resistance was felt. Finally, accurate working lengths at each group after K-file #10 insertions into the canal were determined radiographically. The mean depths of root canal penetration were analyzed statistically using Duncan test by SAS software (version 9.1) in GLM procedure.

Results: The mean of initial penetration for #10 Mtwo files was 19.16 mm, whilst it was 7.72 mm for K-File #6, 10.72 mm for K-File #8, and 12 mm for K-File #10. The difference between Mtwo rotary files and hand K-Files was statistically significant ($P < 0.01$).

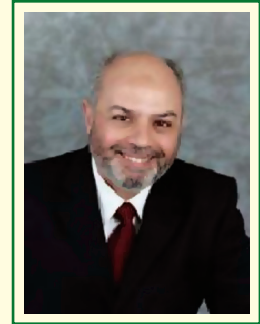
Conclusion: Mtwo rotary files could be an efficient substitute for hand files to negotiate MB2 canal both more easily and rapidly. To our knowledge, it is the first time that a NiTi rotary file showed success in negotiation of any canal.

Problem solving in Oral implantology

Tarek Abd El-Samad

Professor of oral surgery, Faculty of Dentistry, Al-Azhar University

With the great use of dental implants nowadays in every practice, still every case can be a subject of problem even an easy case. This lecture will demonstrate some problems discovered during routine implant work either in surgical or prosthetic phase and how to solve it in a simple practical way. Also, the lecture will answer a lot of questions about: How much torque used to insert the implant, the theory of joining implant to natural tooth to make a fixed bridge. The cases will represent 14 years experience in dental implant field with different implant systems. The recommendations from this lecture will be an advice for the general practitioner to consider each case as a different case and not to underestimate any simple case.



Contemporary management of Facial Trauma

Likith V. Reddy

Associate Professor and Chair, Department of Oral & Maxillofacial Surgery, Louisiana State University Health Science Center

This lecture will discuss the current principles in the management of facial fractures that includes the appropriate imaging and planning for management, surgical approaches to facial skeleton, principles of fixation, materials and treatment sequencing of complex facial fractures.

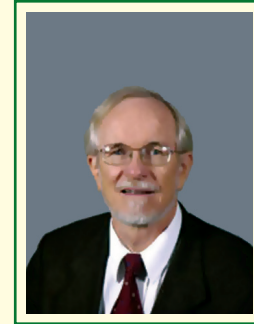


Management of developmental TMJ deformity - maxillo/mandibular asymmetry

John N Kent

Boyd Professor, LSU Oral and Maxillofacial Surgery

This presentation discusses the diagnosis, surgical orthodontic treatment and sequence of surgical procedures, and long term results for



- 1. Condylar Hyperplasia and Mandibular Hypertrophy or Macrogathia.*
- 2. Hemifacial Microsomia.*
- 3. Mandibulofacial Dysostosis.*
- 4. Hemifacial Atrophy.*

Treatment includes the use of various autogenous bone grafts and alloplastic materials.

Oral Cancer: Diagnosis, etiology, and management

Dale Alan Baur

Chairman, Associate Professor, Case Western Reserve University

Oral and maxillofacial surgeons throughout the world play an important role in the diagnosis and management of oral malignancy. This presentation will attempt to familiarize the audience with the most common presentations of oral malignancies as well as the diagnosis, staging, and management of these conditions.

Learning Objectives:

- 1. Familiarize the audience with common clinical presentations of malignancy in the oral cavity and associated structures.*
- 2. Familiarize the audience with common etiological factors as well as incidence of oral malignancy.*
- 3. Discuss management of the lesion and the neck, including staging.*
- 4. Discuss a diagnostic approach to suspicious lesions.*

Cosmetic Surgery of the Face

Dale Alan Baur

Chairman, Associate Professor, Case Western Reserve University

Cosmetic surgery of the head and neck is well established in the modern scope of practice of the oral and maxillofacial surgeon. This presentation will attempt to familiarize the audience with various procedures commonly performed as well as indications and contraindications for achieving desirable outcomes

Learning Objectives:

1. *Familiarize the audience with common cosmetic surgical procedures of the head and neck*
2. *Familiarize the audience with indications and contraindications of those surgeries*
3. *Discuss dermal fillers and Botox as adjuncts in the management of the cosmetic surgery patient*
4. *Discuss complications and avoidance of poor outcomes*

Orthognathic Surgery

Becking A.

Private practice, Hospital Kennemer Gasthuis, Haarlem, NL



Cone Beam CT: Adding a new dimension in daily dental practice

Berge J.

Professor and Head of the department of Oral and Maxillofacial surgery of the Radboud University Nijmegen



Maxillary atrophy: Problems solving

Joaquin Garcia Rodriguez; Spain

Loss of teeth results in loss of bone stimulation with consequent deterioration in bone density (quality), width & vertical bone height in the maxilla. Some techniques evolved to treat such consequences; onlay or inlay bone grafts, membranes & the use of biomaterials. Such alternatives are complicated, time consuming & with more cost for the patients. The ideal alternative must be less traumatic, less time consuming & less cost.

In this lecture, The ESBIPRO technique (Biological Stimulation of Osteogenic Process) is presented to the Egyptian Scientific community for the rehabilitation of maxillary atrophy applying controlled stimulation of osteogenic process, increasing bone density & increasing bone width creating new bone architecture atraumatically.

Accordingly, we would like to present different applications of this technique; atraumatic sinus lift, ridge expansion & pterygoid implants.

Sinus floor elevation between theory & application

Medhat Mohamed Hussein Mahmud Badawi

Ass. Prof. Restorative Division, Univ. Of Minnesota Dental School

In association with the increasing demand on implant placement and higher patient expectations more complicated techniques are becoming mandatory in the daily practice. Sinus floor elevation techniques are more and more used. □

Sinus floor elevation is a technique sensitive procedure related to surgeon experience, Different elevation, graft fixation techniques, Occurrence of sinus membrane perforation, contamination & wound closure.

All these factors are related to surgery with clinical implications for development of post operative complication.

That's why we focus here on the anatomy physiology & development of maxillary sinus in order to get an overall idea about this procedure & its effect on behavior of the sinus post elevation & implantation.



Bilateral Sagittal Split Osteotomy Without Exposure Of The Lingula

Walid Ahmed Abdullah; Nasser Nooh

Maxillofacial Surgery Dep. Dental College, King Saud University



The aim of this study was to evaluate neurosensory disturbances after bilateral sagittal split osteotomy (BSSO) without exposure of the lingula and the inferior alveolar nerve. Material and Methods: the BSSO surgery was performed in 15 patients with prognathism (30 mandibular sides) in need for mandibular setback. Postoperative neurosensory disturbances were evaluated using patient reports, and neurosensory tests. Results: mandibular setback ranged between 4 and 10mm (with a mean of 6.3 mm). In 4 cases a mandibular rotation of 2 to 3 mm was done with a mean of 2.5 mm. at the 1st post-operative week the mean value of neurosensory disturbances was (78%), while at 3 months it was (38.6%), at 6 months (12.7%), and at one year (10%). Conclusion: the incidence of neurosensory disturbances after BSSO without exposure of the nerve and the lingula in this study was (10%) after one year which is acceptable and less than the incidence reported by many authors using the usual techniques.

Digitization in Dental Education

Khalifa Sulaiman Al-Khalifa

Assistant Professor, King Faisal University



A strong dental education system is vital to the future of the dental profession. The knowledge, science, critical-thinking skills and ethical principles needed to become a dentist are first developed in dental school. This presentation explores the current uses of information communications technology (ICT) in all areas of dental education. It will also explore current developments; speculate on how ICT should increasingly



contribute to dental education in the future. It then takes a brief look at three aspects of the use of ICT in the world in general and speculates how dentistry can learn from other areas of human endeavor. Barriers to the use of ICT in dental education are then discussed. The final section of the presentation outlines new developments in haptics, immersive environments, the semantic web, nanotechnology and ergonometics.

Primary Bone Grafts in Reconstruction of Maxillofacial Defects

Khaled Hassan; Ali Gaddallah; Mohamed M. Osman

Lecturer of Oral and Maxillofacial Surgery, MIU, University

Reconstruction in simple definition means restoration of both original form and function. This requires complete understanding of bone grafting and soft tissue healing. Reconstruction is usually necessitated by traumatic injury, congenital anomalies or tumor resection.

Reconstruction of dentofacial defects have evolved with a series of innovations and techniques. These techniques have advanced quit significantly due to refinement of bone grafting and good understanding of fixation techniques. Each treatment modality has its own advantages and limitations.

Sixteen patients having maxillofacial bone defects (frontal, zygomatic, mandibular, condylar, maxillary) were included in this study.

Good results were obtained with excellent bone reaction and good esthetics indicated the superiority of autogenous bone grafts in reconstruction of maxillofacial defects

Evaluation of subepithelial connective tissue graft versus various TGRM for covering submerged immediate implants

Khaled Atef Elhayes

Assistant Professor of Oral & Maxillofacial Surgery, Oral Surgery Department, Faculty of Oral & Dental Medicine, Cairo University



This study involved 43 implants in 29 Patients aged 26-39 years old, 24 males and 5 females, all of them underwent immediate submerged dental implantation of different implant

systems, 15 implants were covered by sub-epithelial connective tissue graft in 15 patients, 14 implants were covered by titanium membrane in 7 patients and 14 implants were covered by non-resorbable Cytoplast membrane in 7 patients. All Patients were followed up for undisturbed continuous coverage of submerged implants at time intervals of 1W, 2W, 4W, 2M and 3M post-surgically.

It was found that the Cytoplast T.G.R.M showed the highest percentage of undisturbed healing of supra-implant soft tissue (92.9%) followed by sub-epithelial C.T membrane (73.3%) and lastly came the titanium membrane that was (57.1%).

It was concluded that the non-resorbable Cytoplast membrane is the most T.G.R.M that is able to maintain the healing integrity of soft tissue covering submerged implants with the least traumatic procedures.

Complications Handling in Dental Implantology

Abdelsalam Thabet Elaskary

Visiting Lecturer Univ of NYU

The treatment complications with dental implants in the aesthetic zone are numerous; it can be categorized according to the reason of its occurrence:

- A. Etiological, such as host factors, surgical placement, implant selection, and/or restorative problems.*
- B. Biological reasons which involve the bacterial invasion to the peri-implant tissues that results in soft tissue inflammatory changes and subsequent rapid bone loss.*
- C. Personal factors, those involve many factors such as the operator's skill, patient's acceptance, and other miscellaneous factors. The accurate identification of the potential tendency for any esthetic complication prior to implant installation might permit an alternative planning and eliminates the need for more complex treatment or re-treatment at a later date. This presentation will overview the various treatment complications in the aesthetic zone with dental implants, it will also highlight the possible treatment option that are possible.*



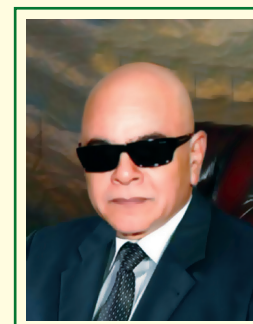
Avoiding surgical intervention in restoring difficult cases.

M.S. El Attar

Prof of Prosthodontics, Alexandria University

This presentation will show the treatment planning and actual rehabilitation of different cases.

The presented cases will show the wide range of prosthodontic creativity in solving problematic cases.



Controversial Issues in Dental Implantology

Amr F Zahran

Professor of Periodontology, Cairo University



As endosseous dental implant therapy rapidly becomes the prosthetic standard of care for a vast array of clinical applications, we are faced with the challenge of developing dynamic treatment planning, surgical and prosthetic protocols. This presentation will discuss the clinical benefits of the flapless implant placement as well as the immediate loading of implants and outline their indications. Our findings are that although implants have become widely accepted despite controversial beginnings and the available literature consistently cites high levels of success (ranging from 95 to 100 per cent on average), there is no universal agreement on implant design, case selection criteria, surgical techniques and prosthetic rehabilitation protocols. Our principal goal is to show the high success rate of endosseous implant therapy to achieve wide public acceptance and utilization. Overcoming barriers to public utilization will greatly depend on our ability as dentists to appropriately select cases and deliver treatment in a timely and cost-effective manner. This lecture will include a large number of case presentations with innovative ideas and techniques to overcome these barriers by increasing treatment success rates and minimizing treatment cost and time.

Contemporary Treatment of Mandibular Edentulism: An Implant Imperative

Tamer A El-Gendy

Chairman of Prosthodontic department, Arizona School of dentistry and Oral Health

The Edentulous patients with advanced residual ridge resorption present one of the greatest challenges facing the dental profession today. Patients who wear complete dentures experience considerable difficulty adapting to their prosthesis. A well-fitting complete denture appears to be an acceptable alternative to natural

teeth. Progressive bone loss of alveolar ridge is related to inadequate load remodeling stimulus of the jaw bone through the use of complete denture, this will result in instability of the prosthesis causing more serious functional and psychological problems. Rehabilitation of completely edentulous patients using dental implants is a highly successful treatment modality that has been clinically documented in several scientific publications over the past 35 years. Over the years there have been several conventional treatment options following the original Branemark protocol for implant placement and restoration. Conventional implant therapy, providing a fixed-detachable mandibular prosthesis, may take up to 10 appointments over a 4- 6 month time period. Patient desire to reduce the delay in completing implant restoration has prompted reduced healing times. In this lecture I will discuss the following:

- 1. Complete pre-treatment examination of the edentulous patient.*
- 2. Criteria for clinical success of dental implants.*
- 3. Keys for successful treatment.*
- 4. Different options of treating completely edentulous mandibles i.e. Implant-tissue supported prosthesis (Locator attachment over-denture, Bar and clip over-denture) and implant-supported prosthesis (Fixed detachable prosthesis).*

Correction of Hypertelorism and Orbital malposition

Likith V. Reddy

Associate Professor and Chair, Department of Oral & Maxillofacial Surgery, Louisiana State University Health Science Center

This talk will describe the differences between telecanthus, hypertelorism and orbital dystopia. Understand the causes for hypertelorism such as congenital (syndromic, facial clefts etc.) and midline mass / tumors. Some case examples and surgical technique will be discussed for the correction of such problems.

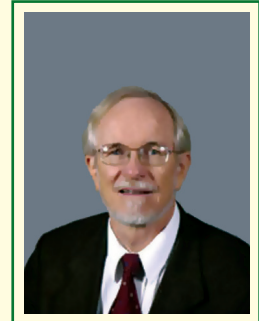


TMJ Reconstruction of Hypomobility, Arthritides, And Treatment Failures With Disc Repair, Soft And Hard Tissue Grafts, Total Joints

John N Kent

Boyd Professor, LSU Oral and Maxillofacial Surgery

The purpose of the lecture is to discuss the historical indications, results, and management of complications for repair and/or replacement of the disc, replacement and/or resurfacing of the condyle through partial joint reconstruction, and replacement of the condyle/resurfacing of the glenoid fossa by total joint reconstruction.



Complications of implant prosthetic retaining screws Dircilene Colares de Souza; Ahmed A Moneim; Antonio Carlos Cardoso; Almir Spinelli

Universidade Federal de Santa Catarina, Brazil

Implant-supported prosthesis depends on the stability of the joint between prosthetic component and implant. However, several studies have shown failures in retention systems due to several factors such as improper screw design, manufacturing defects and corrosive processes of metal alloys. Moreover, corrosion process of prosthetic components has also been considered a cause of loss of dental implant. The aim of this study is to analyze prosthetic retaining screws. Geometric parameters, superficial pattern and corrosion of gold and titanium alloys screws have been investigated through in vivo and in vitro studies that will be presented in the lecture. Results show that oxidation process occurs on prosthetic retaining screws and that can progress to corrosion lesions, especially on areas with defects and retention of debris and contaminants.

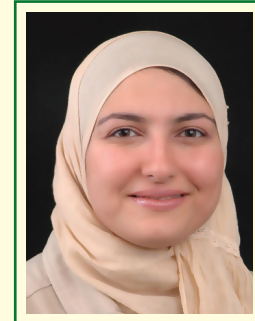


Care of patients with cleft lip and/ or palate: where do we stand?

Marwa El Kassaby; Abdelfattah Sadakah ; Amr Amin

Lecturer, Ain-Shams University

Currently interdisciplinary care according to set guidelines is considered the gold standard for management of patients with cleft lip and/or palate (CL/P). Lack of such care would result in problems in several aspects amongst which are growth, esthetics, functions, and above all affecting patients' psychology and quality of life. This study is considered the first comprehensive survey of cleft care in a sample of Egyptian patients with CL/P. The purpose of which is to present consequences of individual care, analysis of possible factors to determine existing challenges facing interdisciplinary care in Egypt and ways to resolve.



Methods of presentation: This is a retrospective study of the data extracted from the files of 100 patients with different forms of CL/P. Patients who were previously managed in several areas around Egypt have been randomly selected from those currently attending our newly founded cleft care clinic. A comprehensive questionnaire was formulated on an Excel sheet guided by the American Cleft Palate Craniofacial Association parameters for evaluation and treatment of patients with CL/P or other craniofacial anomalies. Data obtained from the files were revised through interviewing the parents. The age ranged from 30 days to 29 years (mean 9.7 years). Deviations from set guidelines were recorded for modification whenever needed. The collected qualitative and quantitative data were statistically analyzed to estimate the current level of cleft care. Qualitative data were presented as frequencies and percentages. Quantitative data were presented as minimum, maximum, means, medians and standard deviation (SD) Values. Most of the parents demonstrate lack of knowledge about the deformity, lack of documentation, deficiency in consistency as well as continuity of care, and inadequacy of follow-up. Few sample cases with altered interventions will be presented.

Medical Photography Requirements, Basic and Advanced Concepts

Ahmad Salah Hashem

Coarse Director and Supervisor of Medical Photography, Faculty of Oral and Dental Medicine, Cairo University

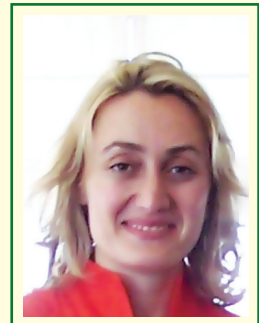


Registration of data is an essential requirement for building a reliable data base in the medical field, photographs is one of the items sharing building this data base, medical research, illustration and education depends in a part of it on high quality medical images for using in different purposes. Producing such quality of the images used in the dental field necessitates basic knowledge of photography, advanced concepts and applied experience. In addition knowing the basic required tools for producing such images is essential. This article explain some basic knowledge about photography, applied advanced concepts including using digital photography and image enhancement using photo editing software

High Resolution Computed Tomography Findings of Dental Technicians: Results of Screening of Six Dental Laboratories in Istanbul

Arzu Atay

Associate Professor, GATA Haydarpasa Training Hospital Dental Service



Dental technicianing is a common health-related occupation especially in metropolitan areas of Turkey. Dental technicians are exposed to ceramic, metal and similar dusts which might lead to pneumoconiosis in occupational environment.

Aim: To investigate the incidence and factors related with developing of pneumoconiosis among dental technicians were aimed.

Material and Method: All of 31 dental technicians employed in six laboratories in Istanbul were enrolled into the study. Detailed medical history, physical examination, chest x-ray, high resolution computed tomography (HRCT) were



performed in all participants. HRCT findings were scored and investigated for relation with duration of practice.

Results: Mean age and male/female ratio of the study population were 43,2 ± 9 ± years and 27/4 respectively. Mean Duration of practice of the technicians was 25,2 ± 9 ± years. Eight subjects complained of dyspnea and cough out of whom 4 (13%) had HRCT findings compatible with pneumoconiosis. Additionally, four technicians had pulmonary tuberculosis due to their occupational practice.

Conclusion: We have concluded that dental technicianing might be a significant risk factor for pneumoconiosis. The problem might be greater than thought and preventive measures against dust exposure and pneumoconiosis should be revised in dental laboratories.

Guidelines for Adhesive Application: The Keys for Clinical Success

Waleed Abdel-Meguid El-Mahy

*Assistant Professor, Conservative Department, Faculty of Dentistry, Alexandria University, Egypt.
Visiting Assistant Professor, School of Dentistry, University of Birmingham, Birmingham, Uk.*

Advances in adhesive technology have occurred at a remarkable pace over the past few years. It seems as though every month brings a “new” and “better” bonding system into the market.. Clinical protocol is constantly changing. Just when clinicians have mastered one technique, they find it has been supplanted by another. This often creates confusion and suspicion on the part of the dental practitioner. There are, however, some fundamental concepts applicable to almost all adhesive systems. This lecture attempts to present a lucid and comprehensible review of some of these concepts. Many of the latest innovations, such as self-etch and wet bonding, will be discussed. It is my hope that, clinicians will come away with a basic understanding of some current concepts and beliefs in the constantly evolving field of adhesive dentistry.

The contribution of anaerobic bacteria and TNF associated with periodontitis and pericoronitis in the pathogenesis of chronic obstructive pulmonary disease (copd)

Lobna Abdel Aziz Aly; Hala Elmenoufy ; May Elattar; Mona Zaki

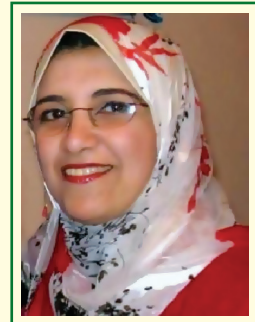
Lecturer of Oral & Maxillofacial Surgery, Future University- Cairo

Background: During the past decade, several studies reported that dental plaque and poor oral health have been associated with nosocomial pneumonia and chronic obstructive pulmonary disease (COPD).

Objective: The aim of the study is to explore the possible cause and effect relationship between oral anaerobic infections in periodontitis and pericoronitis and COPD. It is meant to evaluate the therapeutic procedures performed in treating periodontal and pericoronal infections on the level of TNF both in gingival crevicular fluid (GCF) and serum.

Patients and methods: Subgingival plaque samples were collected from 15 COPD patients with periodontitis (group 1) , pericoronal deposits samples were collected from 15 COPD patients with pericoronitis (group 2) and Bronchoalveolar lavage (BAL) specimens were collected from all patients before oral infection treatment for microbiological examination. Using enzyme linked immunosorbent assay (ELISA) and reversed transcription polymerase chain reaction (RT-PCR) techniques were performed to evaluate TNF levels in GCF and serum of the above mentioned groups, before and after oral infection treatment.

Results: Obligate anaerobes represented 72% and 78.9% of the total isolates in subgingival plaque and BAL specimens of (group 1), and represented 70% and 72.7% of the total isolates in pericoronal and BAL specimens of (group 2) before treatment. TNF level in GCF and serum of group1 by ELISA was (4.2 pg/ml ± 1.26 pg/ml ± □ 1.4 respectively) before treatment and (2.2 pg/ml ± 3.1 /ml □ 1.3 ± respectively) after treatment. While in group 2 it was (5 pg/ml □ ± 1.5, 7.3 pg/ml □ ±



1.6 respectively) before treatment and (2.3 pg/ml \pm 1, 4 pg/ml \pm 1.4 respectively) after treatment. There was significant correlation between TNF in GCF before and after treatment by ELISA since $p < 0.001$ and between serum TNF before and after treatment since $p < 0.001$ in group 1 and in group 2 separately. Also there was significant correlation between ELISA and PCR as regards to TNF in GCF after treatment and TNF in serum after treatment in group 1 and in group 2 separately since $p < 0.001$.

Conclusion: This study has provided evidence supporting pathogens responsible in the etiology of periodontitis and pericoronitis could act as potentially risk factors in the etiology of COPD. Anaerobic bacteria and level of TNF- α at sites affected by periodontitis and pericoronitis as well as the serum of COPD patients might provide a potential pathogenate mechanism and hence one therapeutic target and could facilitate the screening, diagnosis and treatment of those diseases.

The Evaluation of Impacted Third Molars Using (OPG) Panoramic Radiograph

Afrah Adnan Khalil; Tahrir N. N. Al-Delaimi ; Suhair Wadea

College Of Dentistry / Anbar Univesity, Iraq

Impacted third molars were studied in this study that was conducted at Anbar Dental College, to proper evaluation the cases of impacted teeth among dental students. A total of 312 students were examined at Oral diagnosis department, mean age was 20 years, including (47%) males and (53%) females. Panoramic radiographs were examined and the third molars were classified according to the state of eruption.



Orbital Cellulitis

Tahrir Nazal Al-Delaimi

Assistant Professor/ Oral & Maxillofacial Surgery Department, College of Dentistry/Anbar University/Iraq

Orbital cellulitis is an infection commonly encountered by Ophthalmologist and Maxillofacial surgeon; it is serious complication make diagnosis and therapeutic intervention a medical emergency necessitating admission to hospital in most cases. The patient is usually a child or young who presents with a relatively sudden onset of unilateral echymosis, pain, eyelids edema, reduction of ocular movements as well as proptosis. The infection usually spreads to the orbit from an abscess from an upper tooth or from carbuncle or from paranasal sinuses In this presented case; a diabetic patient attended to Oral & Maxillofacial Surgery Department, College of Dentistry ,Anbar university complaining of facial pain, the patient was submitted to complete Maxillofacial, ENT as well as Ophthalmic evaluation. The patient was admitted to Ramadi General Hospital with clinical diagnosis of orbital cellulitis.



Hazards of Poor Orthodontics

Basheer Kadhim Ali Kinaan

Consultant Orthodontist, Massaraat Medical Centre, Muscat, Oman.

Orthodontic Treatment is a Science and Art aiming to improve oral functions & facial esthetics. In the last few decades it has developed very rapidly in theory, materials, & techniques.

The current techniques require greater theoretical background, but have become relatively much simpler in starting after the introduction of Direct Bonding Systems, High Flexible arches, with considerable reduction in the cost of fixed appliances. That is why many General Dentists are getting in the field without or with poor orthodontic training. As a result, so many disastrous cases can





be seen, with serious dental health damage and a very big insult to Orthodontics.

For over Thirty years, I attended a large number of conferences, participating &/ or hearing to excellently treated cases, thus, grasping the fruits of the loom, from high quality orthodontist.

In 1993 I participated in the establishment of The Arabic Orthodontic Association, aiming to elevate the standard of Arabic research & orthodontic services.

In the last few years, I have collected a very large no. of cases with various disasters in the orthodontic procedures, e.g. case recording, diagnosis, treatment planning, oral hygiene control techniques & follow up,..., mainly due to poor knowledge and bad practice. Samples will be demonstrated and discussed.

The alarm bell is ringing very high, requesting for emergency control of the illegal clinical situation, hoping that the dental Associations and Ministries of Health will take the right action to protect the valuable coming generation.

Esthetic Aspects of Means and Goals of Contemporary Orthodontics

Athanasios E. Athanasiou

*Professor & Chairman, Department of Orthodontics, Aristotle University of Thessaloniki, Greece,
President, World Federation of Orthodontists*

Orthodontics can play an important role in the successful management of complicate occlusal problems by moving teeth to more desirable and appropriate positions, by altering dentoalveolar morphology and relationships, and, in cooperation with maxillofacial surgery, by correcting skeletal disharmonies. Nowadays orthodontic treatment can be performed utilizing a variety of very esthetic appliances and techniques so that adult patient can be benefited by this modality of dental treatment without to compromise facial appearance and function. In addition to the correction of generalized malocclusions, contemporary orthodontics can significantly facilitate many cosmetic treatment options of restorative and periodontal dentistry.

Ectopy and Transposition of Teeth; An Orthodontic Perspective

Abbas R. Zaher,

Professor of Orthodontics and Vice-Dean, Faculty of Dentistry, Alexandria University, Egypt.

Ectopic teeth are not an infrequent encounter in orthodontic practice. It can equally occur in the upper or lower dental arches. These cases could be encountered in a variety of situations and impaction, transposition and mal position are only examples. In the orthodontic office the frequency of tooth transposition might reach as high as 3% of the patients seeking treatment. The orthodontist is sometimes faced with a variety of treatment options and the decision is usually based on the position and the risk factors.



The orthodontists should be able to handle and is responsible for dealing with each and all of these issues. The final resolution of these conditions usually requires a multidisciplinary treatment approach, with the cooperation of many specialties.

In the presentation, these problems will be discussed and some solutions will be presented.

Evaluation of two orthodontic treatment options of Angle Class II div.1 malocclusion by means of the ICON Index.

M.Kalavritinos

Med.Dent Orthodontist, Athens-Greece.

Aim: *To evaluate orthodontic treatment outcome in Class II, division 1 malocclusion using the ICON index and to investigate possible differences resulting from the therapeutic method followed.*



Materials and methods: *Dental casts, before and immediately after orthodontic treatment, of 32 patients (18 boys and 14 girls) (mean age: 11.2±1.7 years) with Class II, division 1 malocclusion and overjet 6 mm were used. Patient records were taken from the files of an orthodontic practice in Germany. Two groups were formed according to the therapeutic method followed. From this sample, 16 patients were treated by the use of bionator and fixed appliances and 16 patients received a treatment with Jasper-*



jumper combined with fixed appliances. Patient dental casts were evaluated before and after treatment by using the ICON index. Wilcoxon Rank sum test was used for statistical analysis of data and the level of significance was set at $P < 0.05$.

Results: *On the basis of the ICON index, malocclusion improved in both samples. The comparison between the two groups revealed no statistically significant differences before treatment as well as in the improvement achieved.*

Conclusions: *Great improvement in all patients of both groups regardless of therapeutic approach, but no statistical significant difference between them before and after treatment was observed.*

Skeletal Dentofacial Deformities; Surgical-Orthodontic Rehabilitation

Ahmed Mohamed Medra

Head of of Cranio-Maxillo-Facial Oral & Plastic Surgery Department, Faculty of Dentistry, Alexandria University

Dentofacial deformities are common maxillo-facial problems. Treatment of these deformities usually needs the co-operation of an orthodontist and a maxillo-facial surgeon. Proper pre-operative orthodontic preparation, good planning, proper surgical techniques and post-operative follow up are mandatory to obtain as well as to maintain perfect and long lasting results. Improvement of surgical techniques, instrumentations, rigid internal fixations and modification of osteotomies minimized the operative time, morbidity, mortality, hospital stay as well as the costs.

Skeletal dentofacial deformities may be idiopathic, developmental or secondary to congenital conditions like cleft lip & palate.

Skeletal dentofacial deformities may be symmetric or asymmetric deformities. Also, they may be associated with open bite deformities.

Long face syndromes also, are included in the deformities.

Sixty patients with different dento-facial deformities were subjected to different types of orthognathic procedures, after proper pre-operative planning and orthodontic preparation, examples from different categories, the techniques, difficulties, complications and outcome of the procedures will be presented.



The phenomenon of ectopic eruption of the teeth Clinical point of view

khaled Mohamed Mansour

Head of the Alexandria Dental Research Center

An ectopic tooth can be found in sites outside of the oral cavity, and can be a supernumerary, deciduous or permanent tooth. The maxillary sinus and palate are the most frequently affected sites, while the mandibular condyle, coronoid process, orbits, and facial skin are affected much more rarely. Intranasal dental eruptions are another of the more unusual ectopic teeth, which present in the nasal cavity and are quite rare. The etiology of ectopic eruption is still unclear and many theories have been suggested including trauma, infection, cyst, tumor, crowding and developmental abnormalities. In many cases, however, the etiology cannot be identified. Ectopic eruption of teeth and may cause a variety of symptoms and complications. Clinical examination and radiographic imaging are extremely helpful in making the diagnosis. After complete evaluation, removal of the ectopic tooth is appropriate in order to prevent further complications. The etiologic, clinical, radiographic aspects and treatment for these teeth will be discussed in this lecture.

Basic techniques to attract patients to cosmetic treatments

Rami Elias Khouri;

Syria

It has become important to a valuable way to find a dental clinics and the appropriate mechanism for ending the state of supply and transport to treatment



- 1. Convince the patients and give them more confidence in the treatments.*
- 2. Help to increase the percentage of patients to make the right decisions in the treatments they need.*
- 3. Increase in revenues for the doctor through the closure of the teeth over the decision of the presentations began treatment. Option, however, the dentist. Can maintain the status quo and continue to allow the funds out of the door of the clinic each time failing to convince the patient to treatment.*

How many times the doctor provides the patient with treatment ways and the patient refuse treatment, and out of the door and never return!

Frustration, is not it? In this case, the doctor will lose revenue from the patient, which does not help the cash flow

How annoying this issue and affect the confidence of the doctor himself to an agreement of non-treatment, The person who reported the results of the examination of the patient and treatment prescribed by a doctor. In some practices, such a role of a doctor. However, in most cases, the task of “selling” the patient’s treatment is the dental assistant, or around the patient. Therein lies the root of the problem

One of the simplest and most effective types of education and training includes treatment is the recognition of and respond to objections with the scenario of the answers. For example, perhaps the most common objection - “costs a lot!”



Simultaneous sinus membrane elevation and implant installation in atrophic maxilla without any graft materials

Wael Ahmed El-Mouhandes

Lecture of oral and maxillofacial surgery, Al Azhar University.

Background: Recent clinical studies have described maxillary sinus floor augmentation by simply elevating the maxillary sinus membrane without the use of adjunctive grafting materials.

Purpose: The aim of this study was to investigate whether sinus membrane elevation and the simultaneous insertion of titanium implants without additional grafting material constitute a valid technique for bone augmentation of the maxillary sinus floor or not.

Materials and Methods: The study group comprised 10 patients in whom a total of 11 maxillary sinus floor augmentations were performed. A replaceable bone window was prepared in the lateral sinus wall and the sinus mucosal lining was elevated and implants installed in the residual subantral bone. The cortical window was replaced and the incision closed. The remaining bone height was recorded during surgery as well as perforations of the sinus mucosal lining. After 6 months of healing, abutments were connected. Clinical and radiological follow-up after loading was performed up to 1 year after implant installation.

Results: A total of 19 implants (Zimmer Swiss plus) in lengths of 8 to 12 mm were placed, with an average residual bone height of 7 mm (range, 4-10 mm). All implants remained clinically stable during the study period. Comparisons of pre- and postoperative CT radiographs clearly demonstrated new bone formation within the compartment created by the sinus membrane elevation procedure.

Conclusions: The study showed that there is great potential for healing and bone formation in the maxillary sinus without the use of additional bone grafts or bone substitutes.



Effect of cleaning methods after air-abrasion with reduced pressure

Ahmed Attia Abou EL-Naga; Matthias Kern

Associate prof., fixed prosthodontics, Faculty of dentistry, Mansoura University.

Objectives. *The purpose of this in vitro study was to evaluate the influence of different cleaning methods on the bond strength of resin to zirconia ceramic.*

Methods. *A total of 112 zirconia ceramic disks were divided into 7 groups (n=16). In the test groups, disks were low pressure air abraded at 0.05 MPa using 50 μ m alumina particles. Prior to bonding; the discs were ultrasonically cleaned either in isopropanol, hydrofluoric acid, demineralised water or tap water, or they were used without ultrasonic cleaning. Discs air abraded at a regular pressure of 0.25 MPa and cleaned ultrasonically in isopropanol served as positive control; not air abraded discs served as negative control group. Plexiglas tubes filled with composite resin were bonded with the adhesive luting resin Panavia 21 to the ceramic discs. Prior to testing tensile bond strength (TBS) subgroups of 8 specimens each were stored in distilled water either at 37°C for 3 days or for 30 days with 7,500 thermal cycles. Statistical analyses were conducted with two and one-way analysis of variance (ANOVA) and Tukey's HSD test.*

Results. *Initial tensile bond strength (TBS) ranged from 32.6 to 42.8 MPa. After 30 days storage in water with thermal cycling TBS ranged from 21.9 to 36.3 MPa. Storage in water and thermal cycling significantly decreased TBS of test groups which were not air abraded (P=0.05) or which were air abraded but cleaned in tap water (P=0.002), but not TBS of the other groups (P>0.05). Also, TBS of air abraded groups were significantly higher than TBS of the not air abraded group (P=0.001) and (P<0.01). Cleaning procedures did not significantly affect TBS either after 3 days or 30 days storage in water and thermal cycling (P>0.05).*

Significance. *Air abrasion at 0.05 MPa and ultrasonic cleaning are important factors to improve bonding to zirconia ceramic.*

The Value of Saliva As a Diagnostic Fluid for the Detection of Lead Poison in Lead Exposed Subjects

Rafil Hameed Rasheed; Shaimaa H. Mudher; Bashar H. Abdullah

Professor, College Of Dentistry / Baghdad University



Lead poisoning in adults continues to occur today, mostly as a consequence of occupational exposures. Heavy metal poisoning is the toxic accumulation of heavy metals in the soft tissues of the body. In human, lead can result in a wide range of biological effects depending upon the level and duration of exposure. Effects at the subcellular level as well as effects on the overall functioning of the body have been noted and range from inhibition of enzymes to the production of marked morphological changes and death. Such changes occur over a broad range of doses, the developing human generally being more sensitive than the adult. This study involves the possibility of using salivary lead concentration as alternative to blood lead concentration and estimate (clinical, biochemical) changes in lead exposed individual. The sample population of this study comprised 56 lead exposed subjects and 20 healthy subjects. The general information was taken from each person including age, medical history and duration of the lead exposure as well as saliva and blood samples. The result of this study showed a significant difference in the salivary lead concentration of the exposed and healthy groups while the blood lead concentration in the same groups were highly significant difference which means that saliva has a significant value in the detection of lead toxicity. In the present study the cytological examination of squamous epithelial cells revealed the presence of cytoplasmic basophilia and cytoplasmic inclusion bodies among the exposed group of persons. It was concluded that saliva testing for lead can become a valuable strategy for meeting the increasing demand for lead testing.

A study on the Cytogenesis changes on lymphocyte by using Low Level Laser

Aida Zaki Khalil

Head of dept., Ministry of Higher Education and Scientific Research, Iraq.



The aim of this study is to investigate the effects exerted by soft laser (638nm) on the proliferation and the genetic site of the lymphocyte of the human blood cells. 24 samples from normal persons' blood were irradiated by low level laser of (red) for different duration time; the samples were examined before and after laser irradiation. The study show that there is no increasing in the white blood cells, also there is no changes in the proliferation of these cells, no. of the chromosomes and its sequences.

This study shows that the laser was a save tools for both the patient and the physician and it proof that the laser not one of the cancer reason unlike the other types of radiation like X-rays.

Expression of Endoglin and D2-40 in Squamous Cell Carcinoma of the Tounge

Sedigheh Rahrotaban; Pouria Motahhary; Nosratollah Eshghyar

Assistant Professor, Qazvin University of Medical Science Faculty of Dentistry

Endoglin(CD105) is a powerful marker of neovascularization and D2-40 is a new indicator for identifying of lymphatic vessels. The densities of blood and lymphatic vessels have been showed that are useful in prediction of behavior of malignant tumors. Aim: In this study we evaluated the expression of CD105 and D2-40 in the squamous cell carcinoma (SCC) of the tongue and their correlation with lymph node metastasis and other clinicopathologic factors. Methods: 40 patients with primary tongue SCC were selected. Microvessel and lymphatic vessel densities were determined in all cases by CD105 and D2-40 immunostaining. The relation between micro vessel density and lymphatic vessel density with lymph node involvement and other clinicopathologic factors including age, sex and histologic grading were tested statistically. Results: In all cases CD105 and D2-40 expression were significantly higher in neoplastic tissue than peripheral normal ones. Also CD105 and D2-40 expression in invasive front and intratumoral areas of the tumors with lymph node metastasis were significantly higher ($p<0.05$) than the tumors without lymph node involvement. Conclusion: It can be concluded that CD105 and D2-40 markers may be helpful to predict the possibility of lymph node metastasis in primary squamous cell carcinoma of the tongue.

Index



Index

<i>Wafaa Awad El-Badrawy</i>	45
<i>Omar El-Mowafy</i>	45
<i>Andres Baltzer</i>	46
<i>Omar Zidan</i>	47
<i>Gary H Hildebrandt</i>	49
<i>Shiro Suzuki</i>	49
<i>Eduardo Mahn</i>	50
<i>Ahmed Abdel Rahman Hashem</i>	51
<i>Shehab EL-Din Mohamed Saber</i>	52
<i>Suzan A. Amin</i>	53
<i>Sahar Esmail Abo-Hamar</i>	53
<i>Mohamed Khaled Ahmed Azzam</i>	54
<i>Manal Mohamed Shira</i>	55
<i>Reda A Abdel-Fattah; Mervat M Alattar</i>	56
<i>Amr A. El-Swify</i>	56
<i>Hesham Abd El-Hakam</i>	57
<i>Hassan Sadek</i>	57
<i>Khaled Ibrahim Barakat, Aly Hassan , Marwa Safwat , Mostafa Taha</i>	58
<i>Dale Alan Baur</i>	59
<i>Sjon Grobbee</i>	59
<i>Sameh Barsoum</i>	60
<i>Ahmed Fatehy Al-Asmar</i>	60
<i>Ken Yaegaki</i>	61
<i>Fumiyo Tamura; Takeshi Kikutani; Ken Yaegaki</i>	62
<i>Mawlood Belkasem Kowash</i>	62
<i>Salwa F. Ahmad; Awatef I. Draz; Eman M.F. El-Maghraby ; Dalia Hussein El-Rouby</i>	63
<i>Ahmed A Moneim</i>	64
<i>Samara Mwafaq; Mohamed Abd El-Moneim Abdallah</i>	64
<i>Mohamed Abd El-Moneim Abdallah</i>	65
<i>Najla Chebib</i>	65
<i>Ahmed Samir Bakry</i>	66
<i>H. R. Makarita, John Highsmith</i>	66
<i>Hamdy Nassar</i>	68
<i>Eduardo Mahn</i>	68
<i>Gamal M. Moutamed, Rehab Ammar Sponsored by Abbott</i>	70
<i>Zaki Ali Malallah</i>	70
<i>Abd El-Hamied Yousef Saad</i>	71
<i>Kariem Mostafa Ibrahiem Al Batouty</i>	72
<i>Omar M. Fahim</i>	72

Index

<i>Faeze Hamze; Kiamars Honardar</i>	73
<i>Tarek Abd El-Samad</i>	74
<i>Likith V. Reddy</i>	74
<i>John N Kent</i>	75
<i>Dale Alan Baur</i>	75/76
<i>Becking A</i>	76
<i>Berge J</i>	76
<i>Joaquin Garcia Rodriguez</i>	77
<i>Medhat Mohamed Hussein Mahmud Badawi</i>	77
<i>Walid Ahmed Abdullah; Nasser Nooh</i>	78
<i>Khalifa Sulaiman Al-Khalifa</i>	78
<i>Khaled Hassan; Ali Gaddallah; Mohamed M. Osman</i>	79
<i>Khaled Atef Elhayes</i>	80
<i>Abdelsalam Thabet Elaskary</i>	81
<i>M.S. El Attar</i>	81
<i>Amr F Zahran</i>	82
<i>Tamer A El-Gendy</i>	82
<i>Likith V. Reddy</i>	83
<i>John N Kent</i>	84
<i>de Souza; Ahmed A Moneim; Antonio Carlos Cardoso; Almir Spinelli</i>	84
<i>Marwa El Kassaby; Abdelfattah Sadakah ; Amr Amin</i>	85
<i>Ahmad Salah Hashem</i>	86
<i>Arzu Atay</i>	86
<i>Waleed Abdel-Meguid El-Mahy</i>	87
<i>Lobna Abdel Aziz Aly; Hala Elmenoufy ; May Elattar; Mona Zaki</i>	88
<i>Afrah Adnan Khalil; Tahrir N. N. Al-Delaimi ; Suhair Wadea</i>	89
<i>Tahrir Nazal Al-Delaimi</i>	90
<i>Basheer Kadhimi Ali Kinaan</i>	90
<i>Athanasios E. Athanasiou</i>	91
<i>Abbas R. Zaher</i>	92
<i>M.Kalavritinos</i>	92
<i>Ahmed Mohamed Medra</i>	93
<i>khaled Mohamed Mansour</i>	94
<i>Rami Elias Khouri</i>	95
<i>Wael Ahmed El-Mouhandes</i>	96
<i>Ahmed Attia Abou EL-Naga; Matthias Kern</i>	97
<i>Rafil Hameed Rasheed; Shaimaa H. Mudher; Bashar H. Abdullah</i>	98
<i>Aida Zaki Khalil</i>	98
<i>Sedigheh Rahrotaban; Pouria Motahhary; Nosratollah Eshghyar</i>	99

Egyptian Dental Association

14th International Congress of Oral Maxillofacial Surgeons

Posters





Wednesday 11th November 2009

First Session Chairpersons

Professor **Ratiba Ghally**
Professor **Amir Saad**
Professor **Ahmed Helmy**
Professor **Atef Aguib**

<i>Time</i>	<i>Posters</i>
10:00 -12:00	<p>Stem cells therapy in dentistry</p> <p>Magdy kamel Hamam Prof. Oral Medicine, College of Dentistry – King Saud University</p>
	<p>The significance of Epstein Barr Virus (EBV) & DNA Topoisomerase II alpha (DNA-Topo II alpha) immunoreactivity in normal oral mucosa, Oral Epithelial Dysplasia (OED) and Oral Squamous Cell Carcinoma (OSCC)</p> <p>Ali A. Shamaa; Manal M. Zyada; Mathias Wagner; Sally S. Awad; Mohamed M. Osmants ; Ali A. Abd El-Azeem</p>
	<p>Enamel cream-laser synergistic effect on caries inhibition</p> <p>Maha Ahmed Niazy; Ehab Saeed Abdulhamid Head of Operative Dentistry Department, Faculty of Dental Medicine, Azhar University Girls</p>



Wednesday 11th November 2009

Second Session Chairpersons

Professor **Sayed Attia**
Professor **Nadia Metwally**
Professor **Mohamed Zaher**

<i>T i m e</i>	<i>P o s t e r s</i>
1:00 - 3:00	<p>Reconstruction of Residual alveolar cleft using mandibular bone graft with and without fibrin glue</p> <p>Nermeen Hassanien M. Sorour; Galal El-Behiery; Samar Sewelam; Mohammed El-Sherbieny Lecturer of Oral and Maxillofacial Surgery Department , Faculty of Oral and Dental Medicine , Cairo University</p>
	<p>Arthroscopy versus Arthrocentesis: An Evidence-based comparison</p> <p>Moustafa Mohammed Taha Assistant Lecturer, Ain- Shams University</p>
	<p>CAD CAM composite inlays and bond strength to tooth structure</p> <p>Sahar Esmail Abo-Hamar; fatma Al-Hoseiny Lecturer of Dental Materials , Faculty of Dentistry, Tanta University</p>
	<p>Distraction Osteogenesis of Hypoplastic Maxilla in Cleft Lip / Palate Patients using Modified Facial Mask</p> <p>Hassan Abdel-Ghany Osman Lecturer Pediatric Dentistry Department , Faculty of Oral and Dental Medicine , Cairo University</p>



Wednesday 12th November 2009

First Session Chairpersons

Professor **Laila Sadek**
Professor **Fekry Georgy**
Professor **Adel Aziz**
Professor **Nahed Abdel-Salam**

<i>T i m e</i>	<i>P o s t e r s</i>
10:00 -12:00	<p>The efficiency of two rotary nickel- titanium instruments compar</p> <p>Hajer Mohammed Muni; Abeer Sayed Hashem; Salma Hassan Elashry Head of Conservative Department, Faculty of Dentistry- El Fateh University Tripoli - Libya</p>
	<p>Preparation efficacy of Mtwo, RaCe and Hero Shaper instruments</p> <p>Hagar Abd El-Naby Bastawy; Moharred Moharred Khalifa; Medhat Abd EL-Rahrmn Kataia; Mervat Ibrahim Fawzy Assistant Lecturer of Endodontics, Endodontic Department, Faculty of Dental Medicine, Al-Azhar University</p>
	<p>Biocompatibility and cytotoxic effects of dental composites</p> <p>Farida Bashir Elsayeh Lecturer Assistant, Dental College Al Fateh University Tripoli - Libya</p>



Wednesday 12th November 2009

Second Session

Chairpersons

- Professor* **Mohamed Abd El-Aziz Attia**
Professor **Malak Soliman**
Professor **Awatef Draz**
Professor **Sawsan Abd El-Bary**

<i>T i m e</i>	<i>P o s t e r s</i>
<i>1:00 - 3:00</i>	<p>Relationship between BMI and dental caries in 8 to 11 Parvin Mirzakoucheki Boroujeni; Parvin Khadem; Raziye Masoomi Assistant Professor, Islamic Azad University, khurasgan Esfahan, Iran</p>
	<p>The role of periodontitis on hospital acquired pneumonia May M. El-Attar; Mona Z. Zaghoul ; Hala S. El-Menoufy Departments of Chest Diseases- Faculty of Medicine, Ain Shams University</p>
	<p>Topically applied closite of atridox in combination with indomethacim in managing Chronic periodontal lesions Muftah. Bashir Elkom; Abo-Egila M. Ftis Oral Medicine Department Al Fateh University Tripoli - Libya</p>



Wednesday 13th November 2009

First Session Chairpersons

Professor **Tarek Abbas**
Professor **Farouk Abd El-Azim**
Professor **El-Zahraa Fatma El-Bagoury**
Professor **Magda M. Aly Hassan**

<i>Time</i>	<i>Posters</i>
10:00 -12:00	<p>Evaluation of blood banked fibrin glue-versus platelet glue as local hemostatic agents in acute leukemic patients following dental extraction</p> <p>Hassan Abd El-Dayem; Ashraf El-Ghandour ; Riham El-Dibany; Suzan A. M. Salem Prof. Oral and Maxillofacial Surgery Department , Faculty of Dentistry, Alexandria University</p>
	<p>Assessment of the level of Cathepsin K in the crevicular fluid around early load single-piece dental implants during the follow-up period</p> <p>Hala Mokhtar Darwish; Naguiba Mahmoudm; Kamal M. Elsaid Selim Prof. Oral and Maxillofacial Surgery Department , Faculty of Dentistry, Alexandria University</p>
	<p>Marginal bone changes around dental implants inserted with simultaneous ridge splitting</p> <p>Hesham El-Hawary; Ahmed Barakat Lecturer , Oral and Maxillofacial Surgery Department , Faculty of Oral and Dental Medicine , Cairo University</p>
	<p>Radiodensitometric evaluation of mandibular bone and investing tooth structure among passive smoking children</p> <p>Osama I. El-Shahawy, Mouchira Salah El-Din Lecturer Pediatric Dentistry Department , Faculty of Oral and Dental Medicine , Cairo University</p>



Wednesday 13th November 2009

Second Session

Chairpersons

Professor **Kamal El-Motayam**

Professor **Adel Shuman**

Professor **Shireen Ezz El-Din**

Professor **Louloua M. Fathi**

<i>T i m e</i>	<i>P o s t e r s</i>
1:00 - 3:00	Cellular and nuclear damage of oral buccal mucosa of following panoramic radiograph exposure in children Eman Abd El-Aziz Abo-Hager; Eman A. El-Ashiry; Abeer S. Gawish Faculty of Dentistry, Al-Azhar University
	Sealing Ability of MTA and Portland Cement as Apical Plugs in an immature apex model Osama A. H. Elamoudi; Mohamed A. Albayoumi ; Suzan A. Amin Lecturer, Faculty of Oral and Dental Medicine
	Radio densitometric evaluation of the effect of low power Laser therapy to prevent tooth relapse and to control bone remodeling after removal of orthodontics appliance Islam Tarek , Mouchira Salah El-Din Lecturer, Faculty of Dentistry, Ain Shams University
	Clinical and Histopathological Assessment of the regenerative potential of immature permanent teeth with necrotic pulp Mohamed Mokhtar Nagy; Hossam Tawfik; Ahmed Abdelrahman Hashem; Ashraf M. Abdel-Rahman Abu-Seida Assistant Lecturer, Endodontic Department, Faculty of Dentistry, Ain Shams University
	Microdentistry and minimally invasive restorative care Farida Bashir Elsayeh Lecturer Assistant, Dental College Al fateh University Tripoli, Libya

Workshops





Title	<i>Orthognathic and distraction osteogenesis</i>
Lecturer	<p><i>Awwad Al-Bishri, Eddy Becking, Stefaan Bergé, Ahmed Al-Yamani, Abdelfattah Sadakah, Sherif Attia</i></p> <p><i>Learn treatment planning for patients with facial deformities, Facial esthetic evaluation, orthodontic preparation, surgical modalities and state of the art techniques including computer based analysis and surgical prediction in orthognathic surgery and distraction osteogenesis. Different techniques will be discussed with the anticipated soft tissue changes and the possible complications. Also, several other application of distraction osteogenesis in reconstructive surgery and alveolar ridge augmentation will be presented. Controversies and comparisons between orthognathic surgery and DO will be also considered</i></p>
Date	<i>11 & 12 Nov 2009</i>
Location	<i>City stars</i>
No of candidates	<i>60</i>
Candidate's fee	<i>500 L.E.</i>

Workshops



Title	<i>Direct posterior Composite restorations update</i>
Lecturer	<i>Prof. Omar Mowafy and Prof. Wafaa Albadrawy</i> <i>In recent years the concept of direct composite restorations has dramatically changed. Patients' awareness and demand of aesthetic restoration, introduction of new materials and bonding technologies has changed the face of dentistry. Dentists are exposed to an array of resin composites well as a vast number of adhesive systems. Selection of the appropriate materials and placement techniques to achieve success with posterior composite restorations will be discussed in this course. Methods to overcome polymerization shrinkage, postoperative sensitivity, microleakage and poor proximal contacts will be also demonstrated.</i>
Lecture topics	<ol style="list-style-type: none"> 1. Principles of successful direct composite restorations. 2. New low-shrinkage composite and adhesive system. 3. Post-operative sensitivity, causes and methods to overcome 4. Techniques to minimize polymerization shrinkage 5. Techniques for restoration placements to achieve tight proximal contacts
Hands-on	<ol style="list-style-type: none"> 1. Class 2 restorations using microhybrid composite with self-etch adhesives. 2. Class 2 restorations using low-shrinkage composite along with special matrix systems.
Date	<i>10 Nov 2009 Pre congress</i>
Location	<i>Dental Education Hospital, Cairo University</i>
No of candidates	<i>30</i>
Candidate's fee	<i>300 L.E.</i>
Notes	<i>Motors and Hand pieces</i>

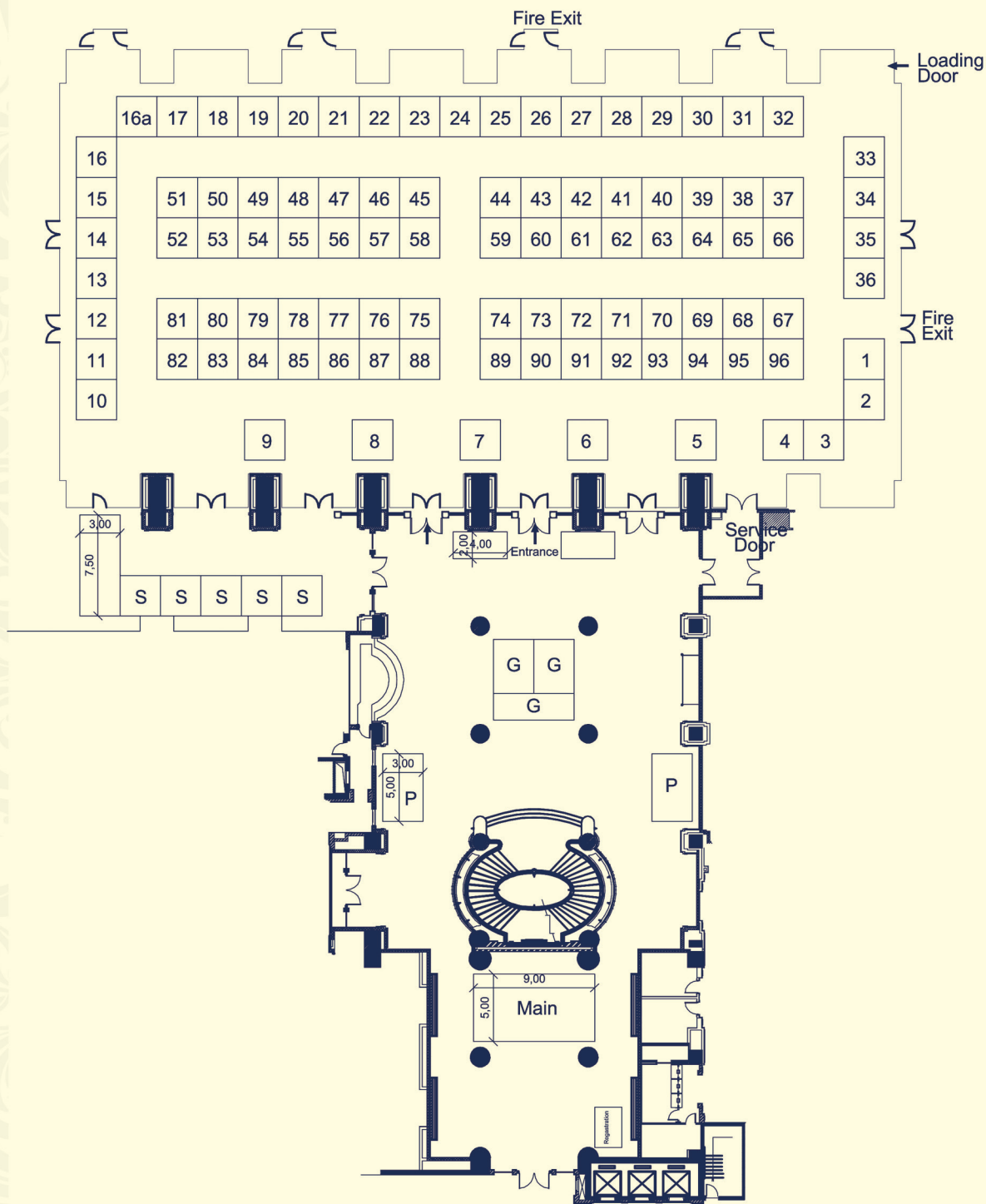


Title	<i>Start orthodontics in your clinic today, using invisalign®</i>
Speaker	<p><i>Hesham Mamdouh Amer, DDS, MSD</i></p> <p><i>Orthodontist practicing in USA, Assistant professor at the University of the Pacific. Invisalign Premier Provider, Authorized Invisalign Instructor for over 5 years</i></p> <p><i>Now dentists can do orthodontics with a peace of mind using invisalign, the invisible way to straighten teeth. With proper case selection, you will be able to increase your income by using the only FDA approved removable clear appliance used to straighten teeth in the world. With 1 million patients using invisalign and Dr. Hesham Amer's experience (Assistant Professor at the University of the Pacific, Top 5% invisalign provider worldwide and authorized invisalign instructor), you will learn step by step process to start cases and offer it to your patients today. All cases are monitored by Or. Hesham Amer to guarantee optimum results anticipated. Bonus presentation "How to market invisalign in your clinic". Case gallery DVD will be given free for the first 10 participants.</i></p>
Continuing Education	<i>4 hours</i>
Topics covered	<ol style="list-style-type: none"> <i>1. Orthodontic diagnosis.</i> <i>2. Treatment planning.</i> <i>3. Invisalign introduction:</i> <ul style="list-style-type: none"> <i>• History & background.</i> <i>• Advantages & disadvantages.</i> <i>• Limitations & complications.</i> <i>• Case selection & step by step process to start cases.</i> <i>4. Retention & follow-up.</i> <i>5. Cases.</i> <i>6. Q & A</i>
Date	
Location	<i>City stars</i>
No of candidates	<i>15</i>
Candidate's fee	<i>600 L.E.</i>

Workshops



Title	<i>Dental implant Deep rooted COMPANY with new SYSTEM improvement</i>
Lecturer	<i>Prof. Ahmed Barakat</i> <i>Step by step examination, and preparation of dental implant patients. Discover the potential of dental implants to your patients and practice. Find the answers to troublesome situations and keep your patients away from old fashioned dental prosthetic appliances</i>
Date	<i>12 Nov 2009</i>
Location	<i>City Stars</i>
No of candidates	<i>30</i>
Candidate's fee	<i>Pre congress 250 L.E. – 300 L.E. During conf.</i>



رقم القطعة	اسم الشركة	م
٦٠ / ٥٩ إلى ٤٤ / ٤٣	شركة ودجات فارما	٣١
٤٦/٤٥	شركة اكسترا كير	٣٢
٥٨/٥٧	شركة سيجنال	٣٣
٤٧		٣٤
٤٩/٤٨	شركة بايوميد	٣٥
٥٠		٣٦
٥١		٣٧
٥٣/٥٢	شركة ترائى إيه	٣٨
٥٥/٥٤	الشركة العلمية للمعدات الطبية	٣٩
٥٦	شركة رويال للتجهيزات الطبية	٤٠
٦٣/٦٢/٦١	شركة اكرستون للتصنيع والاستيراد	٤١
٦٤	معمل هاى تك	٤٢
٦٦/٦٥	شركة تكنووفيف	٤٣
٦٨/٦٧	هاى تكنولوجى	٤٤
٧٤/٧٣/٧٢/٧١/٧٠/٦٩		٤٥
٧٥	DENTAURUM	٤٦
٧٦		٤٧
٧٧	شركة داينا ايجيبت	٤٨
٧٩/٧٨	الشركة المتحدة للتوريدات الطبية	٤٩
٨٠		٥٠
٨١	شركة ماتيريا	٥١
٨٢	الشرق الأقصى للتجارة الدولية	٥٢
٨٣	Professional Dental Group (PDG)	٥٣
٨٤	شركة إيه بى فارما	٥٤
٨٨/٨٧/٨٦/٨٥	زيدنت	٥٥
/٩٢/٠١/٩٠/٨٩ ٩٦/٩٥/٩٤/٩٣	شركة صفوان مصر	٥٦
G1	المكتب المصرى للإستيراد EIO	٥٧
G2	ستارجروب للإستيراد والتصدير	٥٨
G3	ميديكال جروب	٥٩
SSSSS	شركة أبو سمرة الأجهزة الطبية	٦٠

الشركات العارضة بالمعرض

رقم القطعة	اسم الشركة	م
		١
		٢
		٣
١ إلى ٣		٤
٤	شركة الرضوان للتجارة والهندسة	٥
٥	شركة ثرى إم	٦
٦	شركة انكوردج للإستيراد والتصدير	٧
٧	شركة عيد وكبريته لطب الأسنان	٨
٨	الشركة العالمية للأدوية (بترجى)	٩
٩	شركة زيكون زان مصر	١٠
١٢/١١/١٠	شركة ألكان ميديكال	١١
١٣	شركة نبراس للتكنولوجيا	١٢
١٦/١٥/١٤	شركة مصر سينا للتوريدات (قطاع الأسنان)	١٣
A ٢٠-١٩-١٨-١٧-١٦	شركة جيست للإستيراد مستلزمات طب الأسنان	١٤
٢١	البنك الأهلي سوسيتيه جنرال	١٥
٢٤/٢٣/٢٢	شركة كايرونت لمستلزمات طب الأسنان	١٦
٢٥	Fire Exit	١٧
٢٦	Fire Exit	١٨
٢٩/٢٨/٢٧	شركة دلتا للمستلزمات الطبية	١٩
٣٠		٢٠
٣١	شركة أورال ترونكس	٢١
٣٢	شركة اليرموك للأثاث الطبي والمعملى	٢٢
٣٣	الشركة الإسلامية لمستلزمات الأسنان	٢٣
٣٤	شركة أرزينج لمستلزمات طب الأسنان	٢٤
٣٦ إلى ٣٥	شركة دومادنت	٢٥
٣٧	الشركة العالمية للإستيراد والتصدير	٢٦
٣٨	شركة فورندتل لمستلزمات الأسنان	٢٧
٣٩	شركة برفكت دس انفكشن	٢٨
٤٠	الشركة الدولية للمستلزمات الطبية - إيمكو د/ خالد بسطاويسى	٢٩
٤٢/٤١		٣٠

لجنة القاعات

مسئولى اللجنة		أ.د/ أحمد بركات
أعضاء اللجنة		د/ هشام الهوارى
		د/ مها نجم
زيد جعفر	أمنية خالد توفيق	معتز بهاء
أميرة سلامة	شهرين الرفاعى	منى الحديدى
عمرو نجيب	شريف الكردى	كارين زكى
محمد أشرف مختار	ندى مروان	أحمد نجم
باسم أحمد	لمياء لاشين	نسمة شمس
هشام صلاح	عمر مشالى	هند خالد
هند الطاهر	محمد محسن	سارة وليد
ياسمين الأعسر	بسنت المرسى	نوران أحمد
يوسف عماد	نورهان الرفاعى	ندى أحمد فريد
نوران أسامة	داليا طلعت الديب	أحمد علاء
	أجى عمرو عزت	آيه أمين عبد القادر

سكرتارية المؤتمر

الأستاذة/ سعاد راشد	الأستاذة/ هناء البسيونى
الأستاذ/ رجب فتح الباب	الأستاذ/ مصطفى إسماعيل
الأستاذ/ وائل عبد السميع	الأستاذ/ ياسر حجاج
الأستاذ/ محمد رشاد	

لجنة الاستقبال والعلاقات العامة

رئيس اللجنة		أ.د/ هشام قطامش	أ.د/ محمد رياض
أعضاء اللجنة		د/ أحمد علام	د/ فادى مراد
كريم المفتى	أحمد جمال سرحان	عمر أبو ستيت	
أحمد المهدي	محمد عبد العزيز	عمر سعيد	
محمد مشالى	أمير مدحت	محمد سمير	
ياسر منصور	مارك وجيه	محمد جاد	
مايكل عماد	محمد إبراهيم		

لجنة المعرض

مسئولى اللجنة		أ.د/ حاتم عبد الرحمن	أ.د/ صلاح حامد	أ.د/ نور أحمد حبيب
د/ خالد عزيز	د/ كريم فودة	د/ شريف عاصم		
عمرو على	محمد الخشاب	أحمد فودة		
خالد مرسى	أحمد أبو العينين	أحمد السيد		
اسلام محمد	عمر هاشم	مهند علاء		

لجنة التسجيل

رئيس اللجنة		أ.د/ مشيرة صلاح الدين	
أعضاء اللجنة		أ.د/ هشام قطامش	أ.د/ راجيه منير
د/ هالة زكريا	د/ أحمد علام	د/ مها الباز	
هاجر الشرقاوى	لياء حبيب	سهيلة على	
اسراء عبد الصمد	هايدى مجدى	اسراء محمد هانى	
حاتم وائل	يسرا محمد	هبة الشهاوى	
منى منير	سهر حمزة	ياسمين منير	
لبنى أيهاب	شيماء رفعت	رندة عبد الرحمن	
أجى محمود	بسنت عبد الله	منة حسين	
ندى أشرف	آية الحصرى	رناد مازن	
دينا عادل	سلمى محمد هشام	ماريهام شريف	
هدير جاد	ميهاد محمد فاروق	ندى وليد	
منة مسعد	شذى أبو لين	منى محمد بدران	

لجان المؤتمر

أعضاء مجلس إدارة الجمعية

ضيوفنا الأعداء زملائنا

الجمعية المصرية لجراحي الأسنان
المؤتمر الدولي الرابع عشر



PROBLEM SOLVING IN
DENTISTRY
w w w . e d a - e g y p t . o r g

فندق انتركونتيننتال ستيه ستارز - القاهرة
الفترة من ١١-١٣ نوفمبر ٢٠٠٩