



EGYPTIAN DENTAL ASSOCIATION

15th International Dental Congress

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**IN COLLABORATION WITH
FUTURE UNIVERSITY**

**FUTURE TRENDS IN
DENTISTRY**
Into The Twenty First Century

**HELD IN
Intercontinental City Stars Hotel**
26th to 28th October 2011





UNDER THE AUSPICES OF



Professor
Moataz Khorshid

*Minister of Higher Education
and Scientific Research*



EGYPTIAN DENTAL ASSOCIATION
The 15th International Dental Congress



UNDER THE AUSPICES OF



Professor
Amr Helmy
Minister of Health



EGYPTIAN DENTAL ASSOCIATION
The 15th International Dental Congress



Professor
Maguid Amin

Honorary President of the Congress



EGYPTIAN DENTAL ASSOCIATION
The 15th International Dental Congress



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Tarek Abbas Hassan
President of the EDA and the Congress



EGYPTIAN DENTAL ASSOCIATION
The 15th International Dental Congress



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Ibrahim E Shindy
Vice President of the EDA & the Congress



Professor
Hussein M A El-Tanany
Secretary General of the EDA and Congress





Professor
Hesham A. Katamesh
Treasurer of the EDA and Congress



Professor
Hatem Abdel-Rahman
Executive Director of the Congress





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



Professor
Nour A. Habib

General Director of the Congress





Professor
Mouchira Salah-El-Din

Board Member of the EDA
Chairman of Registration Committee and
Reception Committee
Member of Correspondence Committee



Professor
Salah Hamed Sherif

Board Member of the EDA
Chairman of Public Relations Committee
Chairman of Social Activities Committee
Member of Scientific Committee and
Exhibition Committee





Professor
Ahmed Farid Shehab

Board Member of the EDA
Chairman of Exhibition Committee
Coordinator of FUE & EDA
Member of Scientific Programs
Committee and Scientific Committee



Professor
Mohamed Riad Farid

Board Member of the EDA
Chairman of Correspondence Committee
Member of Press Committee
and Scientific Committee





Professor

Reda Abdel-Rahman

Dean and Coordinator of FUE

Member of Scientific Committee

Member of Workshops Committee



EGYPTIAN DENTAL ASSOCIATION
The 15th International Dental Congress

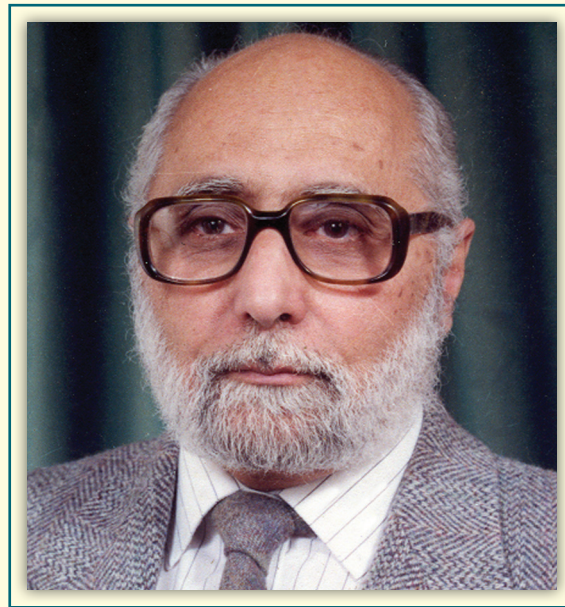


Appreciation

The Board of Directors of the EDA and the Organising Committee of the 15th 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,
for undertaking the editorship of the Congress Book
and for managing the EDA web site on the Internet.*



Professor
Mamdouh M. Abdel-Latif
Chairman of the Scientific Committee





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(2011)**

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Professor Nour Ahmed Habib	Member





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OF THE
15th International Dental Congress

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Professor Nour Ahmed Habib
Professor Hisham A Katamesh





Welcome

It is indeed a source of great pleasure to welcome all our esteemed guests in the Egyptian Dental Association's 15th International Dental Congress.

The present Congress is the first Congress to be held after our January 25th revolution and in a new era that is witnessing great democratic upheavals in many Arab nations, but with great turmoil still raging in some other nations.

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

***President and Organizing
Committee of the Congress***





EGYPTIAN DENTAL ASSOCIATION
The 15th International Dental Congress

CONGRESS TIME TABLE

Future Trends in Dentistry
Into The Twenty First Century

CONGRESS TIME TABLE

EGYPTIAN DENTAL ASSOCIATION The 15th International Dental Congress



Wednesday 26th October, 2011 Hall (Al Hambra)

First Session

CHAIRMEN

Professor **Said Abdel Aziz**

Professor **Yehia Ashour**

Professor **Medhat Abdel Rahman**

Professor **Yehia M. El Baghdadi**

Professor **Houssam Tawfik**

<i>Time</i>	<i>Lecture</i>
9:30 – 10:30	Non-Vital Open Apex Teeth: What Does The Future Hold <i>Ahmed Abdel Rahman Hashem (Egypt)</i>
10:30 – 11:30	Dentistry Yesterday, Today & Tomorrow <i>Ismail Elsherif (USA)</i>
11:30 - 12:00	Coffee Break





CONGRESS TIME TABLE

EGYPTIAN DENTAL ASSOCIATION The 15th International Dental Congress

Wednesday 26th October, 2011

Hall (Al Hambra)

Second Session

CHAIRPERSONS

Professor Salsabyl Ibrahim

Professor Siza Yakoub

Professor Khaled Ezzat

Professor Alaa Diab

Professor Naguib Abol Enein

<i>Time</i>	<i>Lecture</i>
12:00 – 2:00	Endodontic In The New Millennium: Micro-endodontics <i>Mohamed I Fayad (USA)</i>
2:00 – 3:00	Lunch Break

CONGRESS TIME TABLE

EGYPTIAN DENTAL ASSOCIATION The 15th International Dental Congress



Wednesday 26th October, 2011
Hall (Al Hambra)

Third Session

CHAIRMEN

Professor **Ahmed Mokhtar**

Professor **Salah El-Beheiri**

Professor **Hany Eid**

Professor **Mohamed Sabry**

Professor **Adel Shouman**

<i>Time</i>	<i>Lecture</i>
3:00 – 3:30	Dentistry in the U.S. for Foreign Graduates <i>Ahmed A Moneim (USA)</i>
3:30 - 4:00	Avoiding Dental Implant Complications <i>Dircilene Souza (USA)</i>
4:00 – 5:00	Time and Timing in Implant Therapy <i>Atef Ismail (Egypt)</i>





CONGRESS TIME TABLE

EGYPTIAN DENTAL ASSOCIATION The 15th International Dental Congress

Wednesday 26th October, 2011
Hall (Al Hambra)

Fourth Session

CHAIRPERSONS

Professor Abdel-Salam El-Baz

Professor Ahmed El-Adawy

Professor El-Said Abdul-Latif

Professor Mohamed Abdel Salam

Professor Maha Hakam

<i>Time</i>	<i>Lecture</i>
5:00 – 5:30	Treatment Modalities for Temporomandibular Disorders, Clinical Experience and Surgical Maneuver <i>M. Al-Bahrani (KSA)</i>
5:30 – 6:00	Quantitative Assessment of Pain Threshold of TMD Patients Before and After Conservative Treatment Using Digital Pressure Algometer <i>Maraai Idris Soliman Said (Libya)</i>
6:00 – 6:30	Influence of Autologous Adipose Derived Stem Cells and PRP on Regeneration of Dehiscence-Type Defects in Alveolar Bone: A Comparative Histochemical and Histomorphometric Study in Dogs <i>Lobna Abdel Aziz (Egypt)</i>
6:30 – 7:00	Dental Pulp Tissue Compared to Oral Soft Tissues in Cone Beam Computed Tomography. <i>Hamdy Abdelmegeed Marzook (Egypt)</i>



CONGRESS TIME TABLE

EGYPTIAN DENTAL ASSOCIATION The 15th International Dental Congress



Wednesday 26th October, 2011 Hall (Abdeen)

First Session

CHAIRPERSONS

Professor **Faten Kamel**

Professor **Abdel Hafez El-Hossainy**

Professor **Hussein Gomaa**

Professor **Mohamed Bayoumy**

Professor **Abdel Fatah Amer**

<i>Time</i>	<i>Lecture</i>
9:30 – 10:30	Calcium Hydroxide Versus Mineral Trioxide Aggregate <i>Abdel-Hamid Y Saad (KSA)</i>
10:30 – 11:30	Oral Plastic Surgery for Teeth and Implants <i>Vincent J. Iacono (USA)</i>
11:30 - 12:00	Coffee Break





CONGRESS TIME TABLE

EGYPTIAN DENTAL ASSOCIATION The 15th International Dental Congress

Wednesday 26th October, 2011
Hall (Abdeen)

Second Session

CHAIRPERSONS

Professor **Samy Sadek**

Professor **Mohamed Hosny Mostafa**

Professor **Gamalat Ahmed Hassan**

Professor **Neveen Raji**

Professor **Akram Al-Awadi**

<i>Time</i>	<i>Lecture</i>
12:00 – 1:00	Enhanced Clot Blended Graft and Antimicrobials – Root Surface Adhesion, More Predictable Ways Of Periodontal Regeneration <i>Ahmed Y Gamal (Egypt)</i>
1:00 – 2:00	Biological Response To Corticotomy-Facilitated Tooth Movement <i>Alpdogan Kantarci (USA)</i>
2:00 – 3:00	Lunch Break



CONGRESS TIME TABLE

EGYPTIAN DENTAL ASSOCIATION The 15th International Dental Congress



Wednesday 26th October, 2011 Hall (Abdeen)

Third Session

CHAIRPERSONS

Professor **Adel A. Hakim**

Professor **Nadia Abbas**

Professor **Magdy Badawy**

Professor **Shereen Fouda**

Professor **Gehan Fekry**

Professor **Ingy Talaat**

<i>Time</i>	<i>Lecture</i>
3:00 – 4:00	Problems Solving in Dental Practice <i>Ahmed Roshdy (Egypt)</i>
4:00 - 4:30	Effect of Ozonated Plant Oil Application on Implant Osseointegration in Irradiated Bone: An In Vivo Study <i>Amany A. El Hadary; Hadir F. El-Dessouky (Egypt)</i>
4:30 - 5:00	Incisal Edge Strength of Different Laminate Veneers Restoring Mandibular Incisors <i>Ahmed Mohamed Hamdy; Ahmed Kamal Ebeid (Egypt)</i>





CONGRESS TIME TABLE

EGYPTIAN DENTAL ASSOCIATION The 15th International Dental Congress

Wednesday 26th October, 2011
Hall (Abdeen)

Fourth Session

CHAIRPERSONS

Professor **El-Zahra Fatema Albagory**

Professor **Mohamed Deheis**

Professor **Ibrahim Shindy**

Professor **Salah Hamed Sherif**

Professor **Hesham Abd El-Hakam**

<i>Time</i>	<i>Lecture</i>
5:00 – 5:30	Expression of PTEN in Basaloid Squamous Cell Carcinoma and Its Clinicopathological Significance <i>Manal M. Zyada (Egypt)</i>
5:30 – 6:00	Effect of Calcium Phosphate on Salivary Immunoglobulin A and Interleukin-6 in Minor Oral Surgery <i>Abeer Kamal (Egypt)</i>
6:00 – 6:30	Surgical Management of the Challenging Implant Cases <i>Mostaf Shindy (Egypt)</i>
6:30 – 7:00	Principles of surgical interventions of Maxillofacial trauma <i>Mostaf Shindy (Egypt)</i>



CONGRESS TIME TABLE

EGYPTIAN DENTAL ASSOCIATION The 15th International Dental Congress



Wednesday 26th October, 2011 Hall (Al Montaza)

First Session

CHAIRMEN

Professor **Sherif Sabry**

Professor **Abdel-Fattah Sadakah**

Professor **Mostafa Ezz**

Professor **Salah Yassin**

Professor **Khaled Allam**

<i>Time</i>	<i>Lecture</i>
9:30 – 10:30	Morbidity After Chin Graft Harvesting Using Piezosurgery Versus Conventional Osteotomy Techniques <i>Gamal M. Moutamed (Egypt)</i>
10:30 – 11:30	Facial Cosmetic Surgery <i>Faisal A. Quereshy (USA)</i>
11:30 - 12:00	Coffee Break





CONGRESS TIME TABLE

EGYPTIAN DENTAL ASSOCIATION The 15th International Dental Congress

Wednesday 26th October, 2011 Hall (Al Montaza)

Second Session

CHAIRPERSONS

Professor **Maguid Amin**

Professor **Laila Emara**

Professor **Hany Amin**

Professor **Ragia Mounir**

Professor **Ghada Shehab**

<i>Time</i>	<i>Lecture</i>
12:00 – 1:00	Implants Made Easy: New Generation of Dental Implants and Innovative Techniques <i>Amr Zahran (Egypt)</i>
1:00 – 2:00	Techniques to Improve Implant Placement and Restorations <i>Mahmoud Abd Elsalam Ali (USA)</i>
2:00 – 3:00	Lunch Break

CONGRESS TIME TABLE

EGYPTIAN DENTAL ASSOCIATION The 15th International Dental Congress



Wednesday 26th October, 2011
Hall (Al Montaza)

Third Session

CHAIRPERSONS

Professor **Tarek El-Sharkawy**

Professor **Maha Shawky**

Professor **Abbady El-Kady**

Professor **Amr Abo El-Ezz**

Professor **Khaled Hazem**

<i>Time</i>	<i>Lecture</i>
3:00 – 3:30	Comparison of Mean Tooth Attrition Score in Psychiatric Patients with Depression, with Healthy Individuals <i>Azad Ali Azad (Pakistan)</i>
3:30 - 4:00	A New Approach to Treat Nasal Bone Fractures <i>Tahrir N. N. Al-Delaimi (Iraq)</i>
4:00 - 5:00	Anthropology and Orthodontics <i>Aly El Nofayly (Egypt)</i>



CONGRESS TIME TABLE

EGYPTIAN DENTAL ASSOCIATION The 15th International Dental Congress

Wednesday 26th October, 2011
Hall (Al Montaza)

Fourth Session

CHAIRPERSONS

Professor Omar Fahim

Professor Nahed Abdel-Salam

Professor Mona Abu Fotouh

A. Professor Nader El- Bokl

A. Professor Dalia Radwan

<i>Time</i>	<i>Lecture</i>
5:00 – 5:30	Discolored Endodontically Treated Teeth. How to Solve the Problem? <i>Kariem M Batouty (Egypt)</i>
5:30 – 6:00	Identification of Sources of Fluoride Intake and Body Retention of Fluoride in Four-Year-Old Children in the Gaza Strip: Working Towards a Strategy for Dental Fluorosis Prevention <i>Lamis Mohammed Arafa (Palestine)</i>
6:00 – 6:30	Assessment of Peripheral Alcohol Injection With Different Concentrations In Management of Trigeminal Neuralgia <i>Amr Adel Abd El-Atty (Egypt)</i>
6:30 – 7:00	Orofacial Fistula <i>Mahmoud EL-Gridly (Egypt)</i>



CONGRESS TIME TABLE

EGYPTIAN DENTAL ASSOCIATION The 15th International Dental Congress



Thursday 27th October, 2011 Hall (Al Hambra)

First Session

CHAIRMEN

Professor Abd El-Aziz Fahmy

Professor Ragab Radwan ElBeialy

Professor Mamdouh Shaaban

Professor Mounir Shaker

Professor Mahmoud Abdallah

<i>Time</i>	<i>Lecture</i>
9:30 – 10:00	Maxillofacial Trauma During The Egyptian Revolution <i>Mohamed Faramawey (Egypt)</i>
10:00 - 10:30	Maxillofacial Casualties in 25th of January Egyptian Revolution <i>Hassan Sadek (Egypt)</i>
10:30 – 11:00	The Tunisian Revolution <i>Ali Ben Rahma (Tunisia)</i>
11:00 – 11:30	Management of Oral and Maxillofacial Gunshot Injuries during the Libyan Revolution <i>Rafa EL-Gehani (Libya)</i>
11:30 – 12:00	Coffee Break





CONGRESS TIME TABLE

EGYPTIAN DENTAL ASSOCIATION The 15th International Dental Congress

Thursday 27th October, 2011 Hall (Al Hambra)

Second Session

CHAIRPERSONS

Professor **Ratiba Ghali**

Professor **Mohamed Abdel-Aziz Attia**

Professor **Malak Soliman**

Professor **Amir Saad**

Professor **Atef Aguib**

<i>Time</i>	<i>Lecture</i>
12:00 – 12:30	Head and Neck Cancer: Molecular Clock – Significance and Clinical Application <i>Sahar Mohammed Bukhary (KSA)</i>
12:30 - 1:00	Role of Saliva and Oral Mucous Membrane in Non-Cellular Innate immunity <i>Gamal Eldin Zulhemma Elsharkawy (KSA)</i>
1:00 - 2:00	Predictable Dental Esthetics: The Dutch Way Treatment Planning <i>Hein de Kloet (Netherlands)</i>
2:00 – 3:00	Lunch Break



CONGRESS TIME TABLE

EGYPTIAN DENTAL ASSOCIATION The 15th International Dental Congress



Thursday 27th October, 2011
Hall (Al Hambra)

Third Session

CHAIRPERSONS

Professor **Fayez Hassaan**

Professor **Inas Mohey El-Din**

Professor **Amr Shabaka**

Professor **Adel Ezzat**

Professor **Amira Farid**

<i>Time</i>	<i>Lecture</i>
3:00 – 4:00	Predictable Dental Esthetics: The Dutch Way Procedures and Case Presentations <i>Hein de Kloet (Netherlands)</i>
4:00 – 5:00	Which Bonding, Which composite? <i>Brigitte Douaihy (Lebanon)</i>



CONGRESS TIME TABLE

EGYPTIAN DENTAL ASSOCIATION The 15th International Dental Congress

Thursday 27th October, 2011
Hall (Al Hambra)

Fourth Session

CHAIRPERSONS

Professor Ahmed Roshdy

Professor Mona Riad

Professor Samar Sewilam

Professor Randa Hafez

Professor Ehab Hassanein

<i>Time</i>	<i>Lecture</i>
5:00 – 5:30	Effect of B-Tricalcium Phosphate on Osseointegration of Endo-Osseous Implant: An Experimental Study on Rabbit Tibia <i>Amr El-Swify (Egypt)</i>
5:30 - 6:00	Temporomandibular Disorders: The Egyptian Experience <i>Waleed R. El-Beialy, Nadia Galal (Egypt)</i>
6:00 - 6:30	Cervical Teratoma: Two Case Reports <i>Mostafa Ahmed Rashad (Egypt)</i>
6:30 - 7:00	Comparative Morphometric Analysis with Use of Two Irrigates Assist in Retrieving Separated Instruments <i>Mostafa Negm (Egypt)</i>



CONGRESS TIME TABLE

EGYPTIAN DENTAL ASSOCIATION The 15th International Dental Congress



Thursday 27th October, 2011 Hall (Abdeen)

First Session

CHAIRMEN

Professor Mostafa Al Dybany

Professor Tarek Mahmoud

Professor Mahmoud El-Far

Professor Khaled Zekry

Professor Hussein El-Sharkawy

<i>Time</i>	<i>Lecture</i>
9:30 – 10:30	Reconstruction of Teeth With an Endodontic Treatment. An Insight on the New Materials and Their Properties <i>Umberto Ratti, (Italy)</i>
10:30– 11:30	Etiology, Treatment and Management of Implant Complications <i>Vincent J. Iacono (USA)</i>
11:30 – 12:00	Coffee Break



CONGRESS TIME TABLE

EGYPTIAN DENTAL ASSOCIATION The 15th International Dental Congress

Thursday 27th October, 2011
Hall (Abdeen)

Second Session

CHAIRMEN

Professor Mahmoud El-Refaay

Professor Khaled Abou El Fadl

Professor Reda Abd El-Rahman

Professor Mohamed Shereen

Professor Ayman Aboul-Enein

<i>Time</i>	<i>Lecture</i>
12:00 – 1:00	Periodontal Plastic Surgeries For Implants In The Esthetic Zone <i>Khaled Atef Abdel-Ghaffar (Egypt)</i>
1:00 - 2:00	Localized Aggressive Periodontitis: What Do We Know? <i>Alpdogan Kantarci (USA)</i>
2:00 – 3:00	Lunch Break



CONGRESS TIME TABLE

EGYPTIAN DENTAL ASSOCIATION The 15th International Dental Congress



Thursday 27th October, 2011
Hall (Abdeen)

Third Session

CHAIRPERSONS

Professor Mouchira Salah El-Din

Professor Hala Kamal

A. Professor Aly El-Hossainy

A. Professor Tarek Ibrahim

A. Professor Mostafa Geiss

<i>Time</i>	<i>Lecture</i>
3:00 – 4:30	Using Er, Cr: YSGG Lasers in Cosmetic and Interdisciplinary Dentistry <i>Nuket Berk, Gizem Berk (Turkey)</i>
4:30 – 5:00	Effects of CO₂ or Er: YAG Laser Treatment. Root Surface Morphological Changes and Periodontal Ligament Cell Attachment. A Scanning Electron Microscopy Analysis <i>Mahmoud Helmy Belal (Egypt)</i>



CONGRESS TIME TABLE

EGYPTIAN DENTAL ASSOCIATION The 15th International Dental Congress

Thursday 27th October, 2011
Hall (Abdeen)

Fourth Session

CHAIRPERSONS

Professor **Inas Samy**

Professor **Ahmed Nour Habib**

Professor **Tarek Salah**

Professor **Azza Hashem**

Professor **Sayed Senyour**

<i>Time</i>	<i>Lecture</i>
5:00 – 6:00	Factors Associated With Tooth Loss in Adults Having Diabetes Mellitus in Northeast Thailand <i>S. Chatrchaiwiwatana (Thailand)</i>
6:00 - 6:30	Health Hazards of nanotechnology in Dentistry <i>Nagy Abdul-Hameed (Egypt)</i>
6:30 - 7:00	Different Approaches for Grafting the Implant Bed <i>Ramy El-Beialy (Egypt)</i>



CONGRESS TIME TABLE

EGYPTIAN DENTAL ASSOCIATION The 15th International Dental Congress



Thursday 27th October, 2011 Hall (Al Montaza)

First Session

CHAIRPERSONS

Professor **Kamal Motayam**

Professor **Mohamed Riad**

Professor **Maha Abd Elsalam**

Professor **Neveen Waly**

Professor **Heba Hamza**

<i>Time</i>	<i>Lecture</i>
9:30 – 10:30	Future Trends of Caries Detection and Prevention in Children <i>Fouad Salama (USA)</i>
10:30 – 11:30	Complete or Partial Caries Removal and Bio-Active Restorative Materials in Primary Teeth <i>Fouad Salama (USA)</i>
11:30 – 12:00	Coffee Break





CONGRESS TIME TABLE

EGYPTIAN DENTAL ASSOCIATION The 15th International Dental Congress

Thursday 27th October, 2011 Hall (Al Montaza)

Second Session

CHAIRMEN

Professor Abdel-Hady Nassef

Professor Ahmed El-Mahallawy

Professor Ahmed Farid Shehab

Professor Galal El Beheiry

Professor Emad Saeed

<i>Time</i>	<i>Lecture</i>
12:00 – 1:30	Orthognathic Surgery Update <i>Faisal A. Quereshy (USA)</i>
1:30 - 2:00	Three dimensional surgical planning in orthognathic surgery <i>Mohamed F. Shehab (Egypt)</i>
2:00 – 3:00	Lunch Break



CONGRESS TIME TABLE

EGYPTIAN DENTAL ASSOCIATION The 15th International Dental Congress



Thursday 27th October, 2011
Hall (Al Montaza)

Third Session

CHAIRPERSONS

Professor Sherif El-Mofty

Professor Nabila Fayed

Professor Amin Hendy

Professor Ibrahim Abdullah

Professor Emad Tawfik

<i>Time</i>	<i>Lecture</i>
3:00 – 4:00	Dredging Method: A Conservative Approach for the Treatment of Keratocystic Odontogenic Tumor <i>Yoichi Ohiro (Japan)</i>
4:00 – 5:00	New approach to identify genes associated with cisplatin resistance <i>Tetsuya Kitamura (Japan)</i>



CONGRESS TIME TABLE

EGYPTIAN DENTAL ASSOCIATION The 15th International Dental Congress

Thursday 27th October, 2011 Hall (Al Montaza)

Fourth Session

CHAIRPERSONS

Professor Mamdouh Abd El-Latif

Professor Sanaa Abo El-Azm

Professor Mohamed Salah Ayoub

Professor Heba A Farag

Professor Mona E Wali

Professor Kadry Geesa

<i>Time</i>	<i>Lecture</i>
5:00 – 5:30	Prognostic Significance of Nm23 in Oral Sarcoma <i>Samia M. El-Azab (Egypt)</i>
5:30 - 6:00	Flow Cytometric Analysis in Tongue Squamous Cell Carcinoma: Relation to Disease-Free Survival <i>Mohammed H. El Malahi (Egypt)</i>
6:00 - 6:30	Serum Levels Of Growth Factors Following Photodynamic Therapy (Pdt) <i>Mohammed H. Al-Bodbajj (KSA)</i>
6:30 - 7:00	Evaluation Of Sensitivity And Specificity Of Toluidine Blue In Diagnosis Of Oral Lesions <i>Mohammed Mostafa Mohammed (Egypt)</i>



CONGRESS TIME TABLE

EGYPTIAN DENTAL ASSOCIATION The 15th International Dental Congress



Friday 28th October, 2011 Hall (Al Hambra)

First Session

CHAIRMEN

Professor Hamdy A Fotouh

Professor Ahmed Barakat

Professor Sameh Mekhemer

Professor Mohamed Kenawy

A. Professor Salah Abdel Fatah

<i>Time</i>	<i>Lecture</i>
9:30- 10:00	Treatment Concepts to Overcome Failures of Dental Implants <i>Elsayed H. Elgazzaz (KSA)</i>
10:00 – 11:00	Managing Complications in Immediate Implant Therapy <i>Abdel Salam Thabet Elaskary</i>
11:00 - 12:00	Immediate Loading in the Aesthetic Zone: Is It Possible To Be Simpler <i>M. Sh. Elattar (Egypt)</i>
12:00 – 2:00	Friday Prayer and Lunch Break





CONGRESS TIME TABLE

EGYPTIAN DENTAL ASSOCIATION The 15th International Dental Congress

Friday 28th October, 2011
Hall (Al Hambra)

Second Session

CHAIRPERSONS

Professor Maha Kheidr

Professor Ahmed Helmy

Professor Kamil Guirgis

Professor Etmad Shraibah

A. Professor Wael Amer

<i>Time</i>	<i>Lecture</i>
2:00 – 3:30	Eat Well to Live Well <i>Mouchira Salah El-Din (Egypt)</i>
3:30 – 7:00	Live Transmission Via Satellite From Future University Live Surgery Live Workshops



CONGRESS TIME TABLE

EGYPTIAN DENTAL ASSOCIATION The 15th International Dental Congress



Friday 28th October, 2011 Hall (Abdeen)

First Session

CHAIRMEN

Professor Ezzat Sabet

Professor Fekry Georgi

Professor Adel Aziz

Professor Ahmed Rashad

Professor Khaled Tawfik

<i>Time</i>	<i>Lecture</i>
9:30- 10:30	Skeletal Dentofacial Deformities - Surgical-Orthodontic Rehabilitation - Changing Policy of Treatment??? <i>Ahmed Medra (Egypt)</i>
10:30 - 11:00	Management of Jaw Deformities Secondary to Temporomandibular Joint Ankylosis <i>Ahmed Medra (Egypt)</i>
11:00 - 12:00	Occlusal Splint Therapy <i>Mahmoud Abd Elsalam Ali (USA)</i>
12:00 – 2:00	Friday Prayer and Lunch Break





CONGRESS TIME TABLE

EGYPTIAN DENTAL ASSOCIATION The 15th International Dental Congress

Friday 28th October, 2011 Hall (Abdeen)

Second Session

CHAIRPERSONS

Professor Ahmed Abdellah

Professor Moushira Dahaba

Professor Mervat Rashed

Professor Louloa N Fathey

Professor Mona Darhous

<i>Time</i>	<i>Lecture</i>
2:00 – 2:30	Future Trends in the Management of Impacted Third Molars: Philosophy, Principles, and Implementation. <i>Ziad Noujeim (Lebanon)</i>
2:30 – 3:00	Surgical Management of Pediatric Maxillo-Facial Tumors <i>Ashraf Abdel Fattah Mahmoud (Egypt)</i>
3:00 - 3:30	Management of Maxillofacial Tumours in the Infratemporal Fossa <i>Ashraf Abdel Fattah Mahmoud (Egypt)</i>
3:30 – 4:00	The Use of Foreign Implants in Closure of Oro-Antral Fistula <i>Ameen Al-Shanon (Iraq)</i>

CONGRESS TIME TABLE

EGYPTIAN DENTAL ASSOCIATION The 15th International Dental Congress



Friday 28th October, 2011
Hall (Abdeen)

Third Session

CHAIRPERSONS

Professor Mokhtar Nagy

Professor Salma El-Ashry

Professor Hamdy Nassar

Professor Azza Ezz El-Arab

Professor Mohamed El-Shahat

<i>Time</i>	<i>Lecture</i>
4:00 - 5:00	Stem Cells In Endodontics <i>Omar Fahim (KSA)</i>
5:00 - 6:00	Recent Advances In Stem Cells And Future Applications (Overview) <i>Magdy Kamel (KSA)</i>
6:00 - 6:30	Tissue Engineering in Endodontics: Current Progress And Future Directions <i>Shehab El Din Mohamed Saber Ismaeel</i>
6:30 - 7:00	Dental Informatics <i>Ahmad El-Barak</i>





CONGRESS TIME TABLE

EGYPTIAN DENTAL ASSOCIATION The 15th International Dental Congress

Friday 28th October, 2011 Hall (Al Montaza)

First Session

CHAIRPERSONS

Professor **Wissam Ghazallah**

Professor **Hany Haleem**

Professor **Mohamed Abd El-Mohsen**

Professor **Ashraf Sherif**

Professor **Omaima El-Mehallawy**

<i>Time</i>	<i>Lecture</i>
9:30- 10:00	Dentin Replacement: Is It A Smart Choice for Direct Posterior Restorations? <i>Hatem M. El-Damanhoury (Egypt)</i>
10:00 - 1200	All-Ceramic Restorations in All Situations <i>Atef Shaker (Egypt)</i>
12:00 – 2:00	Friday Prayer and Lunch Break

CONGRESS TIME TABLE

EGYPTIAN DENTAL ASSOCIATION The 15th International Dental Congress



Friday 28th October, 2011

Hall (Al Montaza)

Second Session

CHAIRMEN

Professor Ashraf Mokhtar

Professor Essam Abdel Hafez

Professor Ehab Mosleh

Professor Hesham Abd El-Wahab

Professor Mohsen Abil Hassan

<i>Time</i>	<i>Lecture</i>
2:00 – 2:30	The Effect of Load and Saliva Contamination on Number and Distribution of Voids in Glass Ionomer Cement Microstructure-Image Analysis Screening <i>M S Hawas (Libya)</i>
2:30 – 3:00	Dental Implants In Grafted Jaw Bones <i>Elsayed H. Elgazzaz (KSA)</i>
3:00 – 4:00	PRF Concept and Its Use in Dental implants <i>Ahmed Halim Ayoub (Egypt)</i>





CONGRESS TIME TABLE

EGYPTIAN DENTAL ASSOCIATION The 15th International Dental Congress

Friday 28th October, 2011

Hall (Al Montaza)

Third Session

CHAIRPERSONS

Professor **Maher Fouda**

Professor **Sanaa El Zoghby**

Professor **Mohamed Adel**

Professor **Youna El Shennawy**

Professor **Manal Elessaily**

Professor **Hala Zaatar**

<i>Time</i>	<i>Lecture</i>
4:00 – 4:30	Aesthetic Complications of Dental Implants. Causes, And How to Avoid <i>Mohamad Al-Shahat (Egypt)</i>
4:30 – 5:00	Management of the Complex Orthognathic Patients <i>Samer A. Noaman (Yemen)</i>
5:00 – 5:30	Electromyographic Evaluation of Muscle Relaxants in Reducing Postoperative Muscle Spasm after Surgical Removal of Impacted Mandibular Third Molar <i>Mohamed El Sayed (Egypt)</i>
5:30 – 6:00	Comparison between stability of the adjustable plating system versus bicortical screw fixation after bilateral sagittal split ramus osteotomy (BSSRO) : (Clinical Study) <i>Abdulrahman A Hunish (Yemen)</i>
6:00 – 6:30	Different Approaches to Intrusion of Incisors: Clinical Evaluation and Comparison of Mini-Screw Implants versus Intrusion Arches. <i>Fadi Abduallah Saad (Egypt)</i>
6:30 – 7:00	A Clinical Study to Compare Autogenous Versus Allogenic Bone Grafts With Immediate Dental Implants <i>Khaled Hassan (Egypt)</i>



EGYPTIAN DENTAL ASSOCIATION
The 15th International Dental Congress

ABSTRACTS

*Future Trends in Dentistry
Into The Twenty First Century*



NON-VITAL OPEN APEX TEETH: WHAT DOES THE FUTURE HOLD?

Ahmed Abdel Rahman Hashem

Associate Professor, Faculty of Dentistry, Ain Shams University

For a long time, open apex teeth with apical periodontitis have been a dilemma for dental practitioners. Difficulty in cleaning and shaping, difficulty in obturation and thin dentine with liability to fracture are among the problems encountered during treating such teeth. Apical surgery was advocated at certain times, but it holds a lot of problems. Calcium hydroxide apexification stood for a long time as the treatment of choice, but concerns about its long time use have arisen. In the last decade, MTA has emerged as the wonder material and permitted one visit procedure. However, all these solutions aimed only to induce an apical barrier and no one thought about letting the root resume development, as the pulp is nonvital. However, in recent years, several case reports and series have shown cases where root thickness increased and apical closure occurred. At conclusion, participants should be able to:



- List the problems encountered with non-vital open apex teeth.
- Evaluate the different techniques to manage non-vital open apex teeth with reference to their advantages and drawbacks.
- Discuss the current evidence-based approaches to regenerate pulp-dentine complex.

DENTISTRY YESTERDAY, TODAY, AND TOMORROW

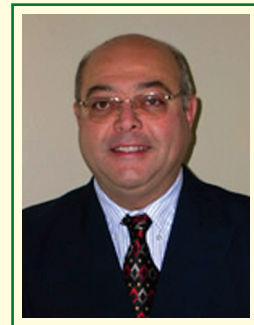
Ismail Elsherif

Assistant Professor at Loma Linda University, California, USA

The science and protocols of Dentistry change almost completely every decade. Yesterday, Conservative Restorative dentistry and Root Canal therapy were considered a luxury. Today they are considered common and regular dental treatment and standard of care. Implant dentistry which is considered auxiliary today will be mandatory tomorrow.

Attendees will have an idea about

- The up-to-date techniques in Endodontic treatment,
- Integrate different types of Bone Grafting and Implant therapy,
- CAD CAM technology in their dental treatment.





ABSTRACTS

EGYPTIAN DENTAL ASSOCIATION The 15th International Dental Congress

DECISION MAKING: 3-D IMAGING: A NEW ERA IN ENDODONTIC DIAGNOSIS AND TREATMENT PLANNING

Mohamed I Fayad

Director of Endodontic Research, Endodontic Department, College of Dentistry, UIC, USA



Dentists often face the challenge to choose between nonsurgical, surgical retreatment and extraction and implant placement. This presentation will demonstrate how advancement in 3-D imaging, microbiology, instruments, materials and growth factors in bone grafting materials have changed our philosophy in approaching, and treatment of endodontic post-treatment disease. The clinical cases based presentation will focus on the treatment protocols and techniques utilizing video footages to demonstrate step-by-step techniques utilized to guide each case to successful completion. Information will be given on the relevant issues affecting treatment planning for management of complex cases.

At conclusion, the participants should be able to:

- Utilize the new technology available (3-D imaging, dental operating microscope, ultrasonics and different bone grafting materials) to improve on the diagnosis and prognosis of cases with post-treatment disease.
- Establish the correct strategy to achieve a good prognosis well before the beginning of treatment (non-surgical, surgical, or single tooth implant).
- How can endodontists include implant placement in their practice.

DENTISTRY IN THE U.S. FOR FOREIGN GRADUATES

Ahmed A. Moneim

Assistant Professor, University of California-San Francisco, USA



Some of the most important long-term investments of your life are your education and your career. This course is a must for dentists and/or dental students who seek advice to continue their career and practice dentistry in the United States of America. In summary, to become a licensed dentist in the U.S. you need education, written examination and clinical exam by state/region. This one-day course will enable you to save time and cost as well as learn new information. Participants will need to fill out their profiles and answer a questionnaire so they can have one to one professional advice and a clear idea about whether or not to go to the U.S.





AVOIDING DENTAL IMPLANT COMPLICATIONS

Dircilene C Souza; Ahmed A. Moneim

Specialist, Los Gatos Dental Center, USA

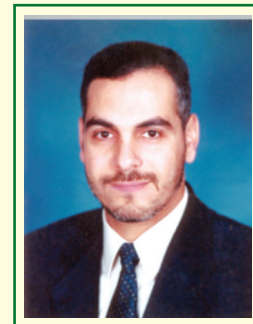
How we define complications is influenced by patient expectations, clinician expectations, and limitations inherent in the implant therapy. It is sometimes difficult to categorize dental implant complications because of the different ways in which complications are defined. In general, complications are classified into two categories, such as prosthetic or operative, major or minor, biological or mechanical, or reversible or irreversible. The aim of this presentation is to define and categorize dental implant complications and to understand their implications with failures. Even though no one can guarantee that you will never experience a dental implant complication, the recommendations addressed in this presentation may help you reduce both the incidence and severity of complications and failures of dental implants.



TIME AND TIMING IN IMPLANT DENTISTRY

Atef Ismail

One of the most important goals of implant therapy is to obtain optimal aesthetic and function. In order to achieve this, visualization of the final restorative reconstruction is necessary prior to beginning treatment. Only when the goals have been defined, the sequence and timing of therapy can be established. Whether to extract and place the implant immediately or stage the case, careful analysis is required.



In all steps we need to consider time and timing, when and why at this time? Not later and why later? The presentation will review time factor in all steps of implant therapy bridging clinical outcome with biology.

Upon completion of this presentation, participants should be able to

1. Define time factor in implant therapy
2. Discuss the relation between time, timing, biological aspect and clinical outcome
3. Describe how time and timing could affect the final outcome
4. Discuss the recent time table concerning implant placement

TREATMENT MODALITIES FOR TEMPOROMANDIBULAR DISORDERS CLINICAL EXPERIENCE AND SURGICAL MANOEUVRE

M. Al-Bahrani

Consultant Maxillofacial Surgeon, King Fahad Hufuf Hospital, KSA.



Temporomandibular disorders (TMD) is a group of conditions affecting the temporomandibular joint, masticatory muscles and the adjacent structures, and most clinicians and researchers believe that it is multifactorial etiology. There are multiple risk factors associated with TMD. The etiology of TMD has not been yet completely understood. In adolescents with TMD, psychosocial factors such as increased levels of stress, somatic complaints, and emotional problems seem to play a more prominent role than dental factors. It seems that muscular pain may overshadow joint pain. Recent studies suggest that subjects with muscular diagnoses have more severe pain and psychological distress than those with joint diagnoses. Management of TMD disorders is dependent upon the cause range between the conservative, medical and surgery.

QUANTITATIVE ASSESSMENT OF PAIN THRESHOLD OF TMD PATIENTS BEFORE AND AFTER CONSERVATIVE TREATMENT USING DIGITAL PRESSURE ALGOMETER

Maraai Idris Soliman Said

Ass Lecturer, Dept. of Oral and Maxillofacial Surgery, Faculty of Dentistry- Benghazi , Libya



The main aim of this study is to quantify the pain threshold in TMD patients before and after the conservative treatment using digital pressure algometer.

This study tested the PPT in 23 female patients with TMD diagnosed by proper history taking and thorough clinical examination. The tested. areas were temporalis, masseter, and TMJ region. The Pressure threshold (PTM) was measured using digital pressure algometer, and the pain intensity was rated on a 100 mm scale of Visual analogue scale (VAS). The treatment was applied in form of bite raising appliance (BRA), medications and physiotherapy, after the treatment the PPT and pain intensity were measured again. Results revealed improvement in most of the patients on both pressure algometer and VAS, but we could not confirm this statistically in case of the pressure algometer whereas in cases of VAS, it was statistically significant.



INFLUENCE OF AUTOLOGUS ADIPOSE DERIVED STEM CELLS AND PRP ON REGENERATION OF DEHISCENCE-TYPE DEFECTS IN ALVEOLAR BONE: A COMPARATIVE HISTOCHEMICAL AND HISTOMORPHOMETRIC STUDY IN DOGS

Lobna Abdel Aziz Aly; Hala Elmenoufy; Aliaa Ragae

Assistant Professor, Future University



Autogenous bone grafts are considered to be the best choice for reconstructive surgery. Adipose-Derived-Stromal-Cells (ASCs) represent a promising tool for new clinical concepts in supporting cellular therapy. The goal of our study was to investigate bone regeneration following application of autologous ASCs with or without Platelet-Rich Plasma (PRP) at dehiscence-type defects in alveolar bone in dogs.

Standardized buccal dehiscence defects (4×3×3mm) were surgically created in eighteen dogs, the defects were grafted with either ASCs - PRP, ASCs alone, or without grafting material. Three months later; a bone core was harvested from grafted and non-grafted sites for histological, histochemical and histomorphometric assessment.

There was no evidence of inflammation or adverse tissue reaction with either treatment. Defects grafted with ASCs-PRP showed a significantly higher result ($P \leq 0.05$), with a mean area of spongy bone and compact bone of ($64.96 \pm 5.37\%$ and $837.62 \pm 24.95\%$), compared to ASCs alone ($47.65 \pm 1.43\%$ and $661.92 \pm 12.65\%$) and without grafting ($33.55 \pm 1.74\%$ and $290.85 \pm 7.27\%$) respectively. The area percent of lamellar bone increased significantly reaching its highest level in group A followed by group B. Also a significant increase in area percent of neutral mucopolysaccharides and calcified reactivity of Masson's Trichrome stain in groups A and B compared to group C was obtained.

Our results suggest that the addition of PRP to ASCs enhances bone formation after 3 months and may be clinically effective in accelerating postsurgical healing in both periodontal and maxillofacial surgical applications.

DENTAL PULP TISSUE COMPARED TO ORAL SOFT TISSUES IN CONE BEAM COMPUTED TOMOGRAPHY

Hamdy Abdelmegeed Marzook

Lecturer, Oral Surgery Department, Faculty of Dentistry, Mansoura University.

The aim of this study was to determine the mean voxel values of dental pulp compared to different oral soft tissues using cone beam computed tomography.

Voxel values of dental pulp, tongue, and tonsils were recorded in coronal, sagittal, and axial planes in 10 cone beam tomography scans by two investigators. Two readings from five different slices were recorded using Planmeca Romexis Viewer 2.2.7.R. computer program. The data were collected and statistically analysed.

Mean voxel values of dental pulp tissue were significantly higher than those of the tongue and tonsils.

CALCIUM HYDROXIDE VERSUS MINERAL TRIOXIDE AGGREGATE

Abdelhamied Y. Saad

Professor, Endodontic Department, College of Dentistry, King Saud University, KSA

The purpose of this study was to investigate the use of $\text{Ca}(\text{OH})_2$ and MTA in different aspects of the dental field. Several cases are presented in which both materials were used in traumatic injuries, as antimicrobial agents, as an apical plug before obturation, in iatrogenic perforation, root resorption, and in pediatric endodontics. The results demonstrated that because of their sealing ability, biocompatibility, and other desirable properties, complete healing with good prognosis occurred when using either $\text{Ca}(\text{OH})_2$ or MTA. Composition and mechanism of action of both materials are discussed. It was concluded that because of their many favorable properties and characteristics both are valuable materials in many aspects of dentistry in general and endodontics in particular. Calcium hydroxide is much less expensive than MTA.



ORAL PLASTIC SURGERY FOR TEETH AND IMPLANTS

Vincent J. Iacono

Distinguished Service Professor and Chair of the Department of Periodontology, Director of the Advanced Education Program in Periodontics, and Director of Postdoctoral Education, School of Dental Medicine Stony Brook University, NY, USA

Obtaining optimal function, aesthetics and comfort for the natural dentition and implant-supported restorations is the goal of contemporary dental practice. Oral plastic surgery includes the refined surgical procedures of soft and hard tissues associated with the oral cavity. In the first section of this presentation, examples of the treatment of periodontal defects will be discussed with comprehensive surgical guidelines outlined for the use of autografts, allografts, xenografts, and biologics with supporting data from a clinical trial. The second section will address evolving techniques and technologies, including biomimetics, to enhance implant site development and implant placement for long-term stability of the implants and peri-implant soft and hard tissues. The presentation will conclude with clinical guidelines using the team approach for successful implant therapy



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ENHANCED CLOT BLENDED GRAFT AND ANTIMICROBIALS – ROOT SURFACE ADHESION, MORE PREDICTABLE WAYS OF PERIODONTAL REGENERATION

Ahmed Y Gamal

Professor of Periodontology, Faculty of Dental Medicine, El Azhar University, Cairo, Egypt



Many biodegradable and non-biodegradable materials have been evaluated as anti-infective delivery materials. However, one of the most important limitations of local delivery vehicles is that the main bulk of the delivery vehicle or its acidic degradation products could interfere with regenerating tissues. In addition; tissue-implanted materials could be surface friendly to biofilm-forming bacteria. This presents a potential risk of retained graft material acting as a surface for the re-establishment of the original bacteria or for the initiation of an infection by new bacteria. In our recent SEM study, we reported that ethylene-diamine-tetra-acetic acid (EDTA) gel improved significantly CHX substantively to periodontally affected root surfaces which could augment periodontal regeneration during initial active stages of healing without compromising regenerating tissues. We also demonstrated that EDTA – CHX as an anti-infective regimen that resulted in a significant improvement in the clinical soft tissue parameters compared to open flap debridement (OFD). In another study we reported significantly higher levels of CHX along a period of 2 weeks in the GCF of intrabony defects treated by OFD and EDT-CHX root surface treatment than sites treated by bone graft mixed with CHX gel. This presentation will tackle biochemical quantification data, clinical, SEM root surface evaluation, effect on PDL cell adhesion of EDTA-CHX and EDTA-Doxycycline anti-infective regimen and will compare their outcomes with some other local delivery antimicrobials.

BIOLOGICAL RESPONSE TO CORTICOTOMY-FACILITATED TOOTH MOVEMENT

Alpdogan Kantarci

Associate Member of the Staff at the Forsyth Institute in Cambridge, MA, USA

*Faculty Member at Harvard University's School of Dental Medicine, USA
Associate Professor at Boston University's Henry Goldman School of Dental Medicine. USA*



Remodelling of the alveolar bone in response to orthodontic forces occurs as a multicellular process during the growth or as a result of bone reshaping due to the mechanical adaptation that comprises of a coordinated series activation, resorption, reversal, and formation. An important paradigm about bone remodelling is the coupling between formation and resorption where the bone is neither lost nor gained. The orthodontic tooth movement can be described in terms of how the periodontal ligament reacts to the orthodontic forces and divided into three clinical

phases: 1) initial strain where instantaneous tooth displacement is observed; 2) lag (delay) phase where no visible movement occurs; and 3) progressive phase where linear tooth movement is observed. Alveolar bone deposition occurs on the side opposite the direction in which the tooth is moving. The tissue reaction to this movement is by bone apposition and periodontal fibre rearrangement accompanied by osteoclastogenesis and osteogenesis. Intentional wounding of the alveolar bone in selective areas to enhance the speed of the tooth movement has been introduced as “corticotomy-facilitated orthodontic treatment”. The biological mechanism of this phenomenon and how it “speeds” the tooth movement is well-understood. We have established a rat model to study the corticotomy process and its impact on the orthodontic treatment in vivo. Using this model, we have demonstrated a high bone turnover following alveolar decortication suggesting a periodontium-mediated assisted phenomenon accompanying the decortication, which included enhancement of the PDL activity and a dominant role by the spongiosa. The findings also showed that the enhanced tooth movement could be the result of increased turnover rate in alveolar bone. The current work is focused on further biological characterization of the tooth movement in conjunction with the selective alveolar decortication. We have studied the macroscopic characteristics, histomorphometric changes, and osteoclastic and osteoblastic activities as well as systemic impact of corticotomy-facilitated tooth movement.

PROBLEM SOLVING IN DENTAL PRACTICE

Ahmed Roshdy

Professor of Oral Surgery, Faculty of Oral and Dental Medicine, Cairo University



The presentation will focus on the following items:

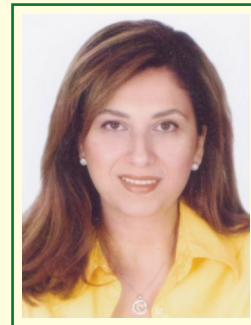
- Pain control in the dental office, especially acute pain, operative pain and immediate postoperative pain in addition to tips for using medications for conscious sedation in the dental office like dormicum, propofol and valium.
- Some technical points for removal OF IMPACTED WISDOM TOOTH.
- How to manage fracture of the mandible during removal of wisdom tooth?
- How to manage a broken wisdom tooth?
- Conservative (using wires) vs. using plates in the management of jaw bone fractures.
- Orthognathic surgery vs. camouflage orthodontic treatment.
- Some technical tips during implant surgery.
- The abuse of bone grafts to fill jaw cysts.
- Some cases of full-arch restoration using dental implants.
- Implant vs. endodontic treatment...we consider the natural tooth the best implant.



EFFECT OF OZONATED PLANT OIL APPLICATION ON IMPLANT OSSEOINTEGRATION IN IRRADIATED BONE: AN IN VIVO STUDY

Amany A. El Hadary; Hadir F. El-Dessouky; Eman M.F. El- Maghraby

Associate Professor, Department of Removable Prosthodontics, Faculty of Dentistry, 6th October University; Associate Professor, Periodontics, Oral Medicine and Oral Diagnosis Department, Faculty of Dentistry, Ain Shams University



Treatment of malignancies commonly involves radiation therapy. As a result of this therapy the vascular supply to irradiated structures is altered and results in decreased tissue perfusion. In addition, bony structures undergo alteration in osteoblastic and osteoclastic activities. These tissue alterations enhance the risk of osteoradionecrosis. To avoid this occurrence, many patients who have undergone radiation therapy do not receive elective preprosthetic surgeries, including implant therapy. Ozone, an allotropic form of oxygen, possesses unique properties which are being defined and applied to biological systems as well as to clinical practice.

The purpose of this study was to evaluate the effect of ozonated plant oil on implant osseointegration in irradiated bone.

Thirty two titanium screw implants were placed into tibias of 16 experimental New Zealand Albino rabbits assigned to groups I and II, both groups were further divided into 2 subgroups "a" and "b", group "I a" was considered control, In group II, the right and left tibias were irradiated prior to implant insertion. Both groups "I b" and "II b" received Topical ozonated plant oil. After 4 weeks animals were sacrificed and all specimens were examined under both light microscope and scanning electron microscope.

Tibias of the control group revealed intimate contact of implant with bone in localized areas. Group "I b" showed intimate contact between the original well formed bone and implant. Architectural alterations were noted in the irradiated groups, where uncalcified newly formed tissue separated implant from bone. Application of Ozone in the irradiated group "II b" resulted in the formation of newly formed osteoid tissue.

The use of implants in conjunction with topical ozonated plant oil in irradiated tissues may provide a mean of enhancing osseointegration.

INCISAL EDGE STRENGTH OF DIFFERENT LAMINATE VENEERS RESTORING MANDIBULAR INCISORS

Ahmed Mohamed Hamdy; Ahmed Kamal Ebeid

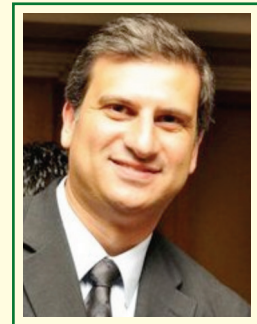
Lecturers, Fixed Prosthodontics Dept., MSA University

Mandibular incisors are generally the smallest teeth in adult dentition, with relatively small thicknesses of enamel and dentine. Bad oral habits, staining from beverages and smoking subject them to wear and abrasion more than any other teeth in the oral cavity. This study was designed to compare the fracture resistance of different laminate veneers restoring mandibular incisors and to inspect their fracture patterns macroscopically and microscopically using the scanning electron microscope.

Twenty intact extracted human mandibular incisors were divided into four groups (N=5). Group: 1 was left intact (control), all other groups were prepared according to previous studies for laminate veneer restorations. Group 2: Feldspathic porcelain (Vitadur Alpha). Group 3: Nanofilled composite resin (Filtek Supreme XT). Group 4: Low shrinkage composite resin (Filtek Z 250). Fracture resistance (N) was measured using a universal testing machine at 30° to the long axis of the tooth till failure. The mean loads of failure for different groups were statistically compared using ANOVA $P > 0.05$. Chi-square tests were used to compare frequencies of failure types among the groups.

Significant difference was found between mean (N) of fracture resistance of different groups as follows: group 1:375 N, group 2:433 N, group 3:302 N and group 4:332 N. All groups showed different fracture patterns; mixed failure type (chipping of laminate with enamel (70%), both cohesive and adhesive failure patterns were equal (15%).

Fracture resistance of different groups was in ascending order: low shrinkage then nanofilled composite resin followed by intact teeth and feldspathic porcelain, respectively. Most failure modes of the restorations were chipping of laminate and tooth structure. On microscopic level; cohesive failure of different groups was significantly lower than adhesive failure.



EXPRESSION OF PTEN IN BASALOID SQUAMOUS CELL CARCINOMA AND ITS CLINICOPATHOLOGICAL SIGNIFICANCE

Manal M. Zyada; Naglaa M. Salama

Assistant Professor, Oral Pathology Department, Faculty of Dentistry, Mansoura University

There are few ideal predictors used to evaluate the prognosis of basaloid squamous cell carcinoma (BSCC). This study was designed to investigate the expression of PTEN (phosphatase and tension homolog deleted on chromosome ten) and its association with clinicopathological and available follow-up data. PTEN protein was examined by using immunohistochemical SABC staining method in eight cases of BSCC. Loss of PTEN expression was noted in 5 (62.5%)



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of the 8 studied BSCC cases. Statistically, there was significant relationship between PTEN expression and studied BSCC groups depending upon basaloid component level, lymph node involvement and the clinical stage of the disease. Of the 5 patients whose tumours were PTEN negative, 3 (80%) had recurrence or death at follow-up, whereas none of the 3 patients whose tumours were PTEN positive had recurrence or death. It was concluded that the PTEN positive expression may be useful for predicting the prognosis of BSCC.

EFFECT OF CALCIUM PHOSPHATE ON SALIVARY IMMUNOGLOBULIN A AND INTERLEUKIN-6 IN MINOR ORAL SURGERY.

Abeer Kamal, Al-Tayeb Abuasbeh, Mariam Yacoub, Mohammad Dehis

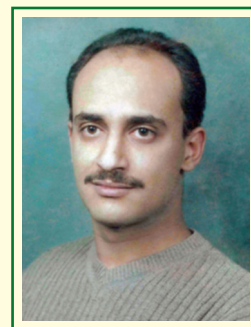
Lecturer of Oral and Maxillofacial Surgery, Faculty of Oral and Dental Medicine, Misr University for Science and Technology (MUST).

Twenty patients suffering from impacted mandibular third molar. They were selected from those attending the out patient clinic, Department of Oral and Maxillofacial Surgery, Faculty of Oral and Dental Medicine, Cairo University. Have moderately difficult impacted lower third molar according to modified difficulty index of Pederson, medically free from any systemic disease and with age range from 20-35 years. Divided into two equal groups, group I was surgically operated and the socket of the impacted tooth was closed without insertion of bone substitute, group II was surgically operated and the socket of impacted mandibular third molar was packed with injectable calcium phosphate cement bone substitute. The effect of the injectable calcium phosphate bone substitute on the oral and serum immunocompetance was assessed by sample collected from the serum and mixed non-stimulated whole saliva at the following intervals; Preoperative, two hours postoperative, one week and two weeks postoperative. The collected data of serum Interleukin-6 (IL-6) and salivary Immunoglobulin-A (IgA) were tabulated and statistically analyzed. The present study revealed that injectable calcium phosphate cement utilized a model of minor oral surgery represented by surgical removal of impacted mandibular third molar has no significant immunological effect.

MANAGEMENT OF THE COMPLEX ORTHOGNATHIC PATIENT

Samer A Noaman, Galal Beheiri, Mostafa Ibrahim Shindy, Abdulrahman Ahmed Hunish

Assistant Lecturer, Oral & Maxillofacial Surgery department, Faculty of Oral & Dental Medicine, Sanaa University, Yemen



Orthognathic surgery involves correction of functional and esthetic disharmonies. It is important to appreciate what constitutes our shared perceptions of beauty and how we can translate these into successful clinical outcomes. Although we all recognize a beautiful face when we see one, attempts to quantify standards for facial aesthetics have led to a reliance on numerical measurements. While there may be no single standard template for beauty, an understanding of the components of an attractive face common to all will improve results for our surgical patients.

In this article we will review these insights into the biologic basis for facial attraction, apply these concepts to treatment planning and surgical execution in the complex orthognathic patients, and illustrate these principles with specific case examples.

It is a common practice in orthognathic surgery to develop a clinical protocol to study and plan patient cases, and, usually, every surgical team applies its own modifications to the published protocols.

Proper diagnosis and planning for the complex orthognathic patients involves clinical and imaging data gathering. In our practice we use lateral and frontal cephalometric radiographs and a full-face cone beam scanner, based on which we perform computerized Delair's architectural and structural craniofacial analysis, along with other isolated cephalometric measurements. We preserve the 3D analysis and planning to the extremely complex cases.

Delair's concept is based on a study of craniofacial balance wherein the interdependence of the cranium, facial skeleton, and cervical spine are examined. Since individual proportions and balance are influenced by the unique features of each skeleton, statistical averages are not used. Differing facial patterns are identified by comparison with an ideal constructed facial pattern for each patient. We will present clinical cases demonstrating how the Delair's architectural and structural craniofacial concept are applied for management of patients who presented to our clinics.

ELECTROMYOGRAPHIC EVALUATION OF MUSCLE RELAXANTS IN REDUCING POSTOPERATIVE MUSCLE SPASM AFTER SURGICAL REMOVAL OF IMPACTED MANDIBULAR THIRD MOLAR

Mohamed El Sayed, Khaled El Hays, Ragia M. Mounir

Assistant Lecturer, Oral Surgery Department, Future University

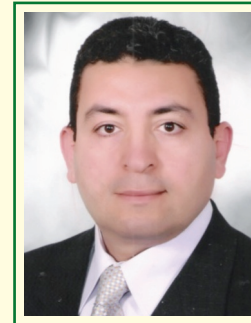


The aim of this study was to evaluate the effect of Tizanidine on postoperative muscle spasm after surgical removal of impacted mandibular third molars. The study included 24 patients divided equally into 2 groups; group I received immediate postoperative regimen of Augmentin tablets 1 gm orally every 12 hours for 5 days and Ibuprofen tablets 600 mg orally every 12 hours for 5 days. While group II received the same regimen of medication in addition to Tizanidine tablets 2 mg orally every 8 hours for 3 days. Electromyographic records were performed for each patient for the masseter and temporalis muscles using surface electrodes at 3 time intervals. It was found that there was no significant difference between the mean amplitude of masseter and temporalis muscles in both groups over all time intervals. Mouth openings were measured for all operated patients using caliper at the same time intervals. It was found that there was no significant difference between the mouth openings in both groups over all time intervals. In conclusion, reducing jaw muscles spasm after third molars surgery would be a creditable goal, the finding of this study indicated that the postoperative use of Tizanidine as a muscle relaxant to minimize the postoperative trismus after surgical removal of impacted lower third molar did not provide the desired effect.

MORBIDITY AFTER CHIN GRAFT HARVESTING USING PIEZOSURGERY VERSUS CONVENTIONAL OSTEOTOMY TECHNIQUES

Gamal M. Moutamed

Lecturer of Oral and Maxillofacial Surgery, Cairo University



Augmentation of the resorbed site using chin bone graft is a common method. This study aimed to investigate the morbidity at the donor site following harvesting of chin bone using piezosurgery versus conventional bone cutting tools. A group of 20 patients who had undergone chin bone harvesting for alveolar ridge augmentation or sinus floor elevation procedures were selected. Patients were equally divided into two groups; group I in which piezosurgery was used for chin graft harvesting and group II in which conventional cutting tools were used. Six patients (30%) experienced anaesthesia of the gingivae immediately postoperatively and had full recovery when reviewed at 3 month follow up. Three (15%) of these patients experienced paraesthesia of the chin and lower lip, however full recovery occurred at the 6-month follow-up. Nine patients showed a negative pulp sensitivity reaction in their lower teeth at one week postoperatively. In conclusion, this study indicated that chin graft donor site showed some post-operative morbidity. The most frequent disturbance was impaired tooth sensitivity. Comparisons between both piezosurgery and conventional groups showed no statistically significant difference. However, comparisons across each group showed statistically significant difference between different parameters in teeth with and without negative response to thermal pulp testing.

FACIAL COSMETIC SURGERY

Faisal A. Quereshy

Associate Professor, Residency Director of the Department of Oral and Maxillofacial Surgery at the Case School of Dental Medicine and University Hospitals Case Medical Center in Cleveland, Ohio, USA



Since the scope of oral and maxillofacial surgery involves treatment of both hard and soft tissues, attention to the esthetic concerns that patients present can be addressed. Analysis of the facial structures in a systematic method to help with diagnosis and eventual treatment planning will be presented. Patient selection is of paramount importance as patient-doctor communication will help to establish patient expectations. Patient treatment can be divided into non-surgical and surgical options. For patients that request minimal post-operative recovery period "down-time", and in office procedures, non-surgical treatments such as the use of alloplastic fillers, neurotoxins for muscle relaxation, and various skin care modalities will be presented. For more permanent treatment options, surgical procedures addressing the various facial sub-units will be discussed, including, face and neck lift, use of facial implants both autogenous fat grafting and alloplast for facial augmentation in malar and chin regions, eyelid and forehead rejuvenation, rhino- and otoplasty.



ABSTRACTS

EGYPTIAN DENTAL ASSOCIATION The 15th International Dental Congress

IMPLANTS MADE EASY: NEW GENERATION OF DENTAL IMPLANTS AND INNOVATIVE TECHNIQUES

Amr Zahran

Professor of Periodontology, Faculty of Oral and Dental Medicine, 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, as well as surgical and prosthetic protocols. This presentation will discuss the clinical benefits of the flapless implant placement, the immediate loading of implants as well as flapless internal sinus lifting, and outline their indications. Our findings indicate that although implants have become widely accepted, and the available literature consistently cites high levels of success (ranging from 95 to 100 per cent), there is no universal agreement on implant design, case selection criteria, surgical techniques and prosthetic 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.

TECHNIQUES TO IMPROVE IMPLANT PLACEMENT AND RESTORATIONS

Mahmoud Abd Elsalam Ali

Prosthodontist NYU and Columbia Universities, Woodhull and Wycoff Hospitals NY, USA.



The dentist will be familiar with dental implants. Indications and contraindications, medical history and systemic diseases interfering with dental implants will be discussed. Surgical stents: types and indications will be explained and discussed. Step by step surgical performance of implant placement will be discussed and performed. Diagnosis and treatment planning for different cases will be performed. The dentist will be familiar with different types of restorations from start to finish. In conclusion: the dentist will have broad ideas for indications and performance of dental implants (surgical and restorative) including MINI DENTAL IMPLANT (MDI) and stability of mandibular complete denture.





COMPARISON OF MEAN TOOTH ATTRITION SCORE IN PSYCHIATRIC PATIENTS WITH DEPRESSION, WITH HEALTHY INDIVIDUALS

Azad Ali Azad; Capt Dr Muhammad Amjad

*Army Medical College , Armed Forces Institute of Dentistry,
National University of Science and Technology Islamabad, Pakistan*



The aim of this study was to compare the Mean Tooth Attrition Score in psychiatric patients with depression, with healthy individuals of same age groups.

This study was carried out in De partment of Prosthodontics, Armed Forces Institute of Dentistry and Psychiatric Department, Armed Forces Institute of Mental Health, Rawalpindi, between August 2010 and March 2011.

Seventy Patients were divided into two equal groups, A and B. Group A comprised 35 psychiatric patients with depression from Armed Forces Institute of Mental Health while group B comprised 35 otherwise healthy individuals of same age range reported to AFID for dental treatment. They were included by non-probability consecutive sampling method. Smith and Knight index with scores ranging from 0 (no loss of enamel) to 4 (complete loss of enamel) was used to measure tooth attrition score of central, lateral incisors and first molars. The data was analyzed with SPSS version 16. Mean \pm S.D was calculated for age and tooth attrition score in both groups. Independent samples t-test was applied to compare mean tooth attrition scores for both groups.

Significant difference was found between groups for mean tooth attrition score. The mean dental attrition score was 2.14 ± 0.74 for psychiatric patients (Group A) and 1.03 ± 0.54 for the control group (Group B) ($p < 0.05$).

Psychiatric patients with depression and anxiety revealed the highest degree of tooth wear, many of them requiring complex treatment. However, prevention should be the main objective because patients with advanced mental illness are often anxious and uncooperative in the dental clinic, thereby precluding complex treatment.

A NEW APPROACH TO TREAT NASAL BONE FRACTURES

Rafil H. Rasheed, Tahir N. N. Al-Delaimi

Professor, Dean of College of Dentistry, Anbar University, Iraq

Successful management of nasal bone fractures is a complex and challenging task. Inadequate treatment of fractures can produce a severe cosmetic deformity that is very difficult to correct secondarily. Fractures are challenging injuries. The complex and delicate anatomy of the region, concomitant facial injuries, and the recognized difficulty in correcting late deformities contribute to the problem. Thirty four patients with nasal bone fractures were seen at Department of Maxillofacial Surgery, College of Dentistry, Anbar University and Maxillofacial Surgery Department at Ramadi Teaching Hospital during the period of December 2007 to January 2010. Age, sex, etiology, associated injuries, pattern of fractures and treatments were reviewed and a radiographic study was performed to analyze and diagnose nasal bone fractures clinically and radiographically by CT scan and/or plain x-ray views. Significant advances have been made in the management of these injuries, decreasing the incidence of secondary deformities.



ANTHROPOLOGY AND ORTHODONTICS

Aly El-Nofaily

*Professor of Biological Anthropology and Dento-Facial Orthopedics
National Research Centre, Dokki*

Anthropology deals with the scientific exploration of human variations both physically and culturally in relation to time and space. Limits of normal variations in body morphology are usually defined by determination of the average tendency and its standard deviation. Contemporary Orthodontics looks to malocclusion as a three dimensional dynamic condition specific to certain age, sex and ethnicity.

Proper diagnosis and consequent competent management of a given malocclusion requires sufficient scientific background about the normal variation limits within a given population. These variations concern teeth as units, their integration in the carrying bones, size and shape of the jaws as well as their integration in the facial skeleton as part of a human body. Phylogenic evolution and ontological growth and development of these components in various human groups, which form the biologic basis of contemporary dento-facial orthopedics, are among the central concerns of Biological anthropology researches.





DISCOLOURED ENDODONTICALLY TREATED TEETH. HOW TO SOLVE THE PROBLEM?

Kariem Mostafa El Batouty

Lecturer, Endodontic Department, Faculty of Dentistry, Ain Shams University



Endodontically treated teeth (ETT) are known to present a higher risk of biomechanical failure than vital teeth. While Sedgley and Messer concentrated upon the loss of tooth structure, others have indicated decreased moisture content and the subsequent brittleness of root canal treated teeth as causes of fracture. Some ETT suffer from discolouration, which particularly in the anterior teeth, may result in considerable cosmetic impairment. Discolouration of ETT may be due to pulp haemorrhage, large metallic restorations, pulp necrosis, intra-canal medicaments and sealers. Different treatment modalities for correcting the colour of ETT are available such as, laminates, full coverage and bleaching. The use of posts is recommended for reinforcing the remaining tooth structure of ETT. Fiber posts which have a similar modulus of elasticity to dentine can distribute stresses evenly along the post-dentine interface reducing the incidence of root fracture. Several studies have compared the biomechanical behaviour of ETT after restoration with different types of fiber posts. Nevertheless, the reinforcing effect of fiber posts after bleaching has not been extensively evaluated. Bleached ETT may require such reinforcement, eliminating the need for complete tooth coverage as a colour correction treatment modality. In the presentation, the author will discuss the effect of different post-endodontic colour correction treatment modalities on the fracture resistance of ETT.

IDENTIFICATION OF SOURCES OF FLUORIDE INTAKE AND BODY RETENTION OF FLUORIDE IN FOUR-YEAR-OLD CHILDREN IN THE GAZA STRIP: WORKING TOWARDS A STRATEGY FOR DENTAL FLUOROSIS PREVENTION

Lamis Mohammed Arafa Abuhaloob

Assistant Professor, Palestinian Ministry of Health, Palestine



Children in Gaza Strip (GS) suffer from a high prevalence of dental fluorosis and low energy intake. This study aimed to determine the total fluoride intake (TFI), urinary fluoride excretion (UFE), retention and relative contribution of different sources of fluoride to TFI in 4-year-old children exposed to low, moderate or high fluoride in home tap water (<0.7, 0.7-1.2, >1.2 ppm respectively) in GS; to determine energy and nutrient intakes; and to make recommendations for preventive studies for dental fluorosis.

A 3-day food diary, tap water, drinks, foods, tooth brushing expectorate and 24-hour urine samples were collected from 216 children receiving low (n=81), moderate (n=72) or high (n=63) fluoride in tap water. Fluoride concentration of samples was analysed. A Food Tables Access Database was used to estimate the daily intakes of energy and nutrients. Statistical analyses used ANOVA, Tukey's test and Pearson's Correlation.

The mean (\pm SD) fluoride concentration in tap water in low, moderate and high fluoride groups was 0.21 (\pm 0.15), 0.91 (\pm 0.13) and 1.71 (\pm 0.35) ppm respectively. Mean TFI was 0.02, 0.04 and 0.05 mg/kg body-weight/day respectively ($P < 0.0001$). UFE significantly differed between groups but retention did not. Foods made the largest contribution to TFI (63.85%). A weak positive correlation existed between TFI and UFE ($r = 0.28$, $P < 0.0001$). Children had low energy intake (5.17 (\pm 1.41) MJ/day) and imbalanced nutrients intake. A negative relationship ($P < 0.0001$) was found between Fractional UFE and daily intakes of protein, fat, fibre, carbohydrate and calcium suggesting that nutrients affected stomach fluoride absorption.

Tap water significantly impacted on TFI and UFE. As tap water was used to prepare foods, foods were the primary source of fluoride. The UFE was not a strong indicator of TFI. Thus preventive studies should consider all fluoride sources, the use of other fluoride biomarkers and the impact of nutrients intake and nutrition status.

ASSESSMENT OF PERIPHERAL ALCOHOL INJECTION WITH DIFFERENT CONCENTRATIONS IN MANAGEMENT OF TRIGEMINAL NEURALGIA

Amr Adel Abd El-Atty, Gamal M. Moutamed, and Khaled Atef

Assistant Lecturer, Oral and Maxillofacial Surgery Depts., Future University



The effect of peripheral alcohol injection with different concentrations in management of Trigeminal Neuralgia (TGN) was studied and compared in fourteen patients suffering from Trigeminal Neuralgia. Patients were divided into two groups. Group A were injected with 70% ethyl alcohol while patients in group B were injected with 99% ethyl alcohol (absolute alcohol). The results of the study showed that there was no significant difference in sensation between patients received ethyl alcohol injection 70% and those receiving absolute ethyl alcohol for treatment of TN. It may be concluded that office-based peripheral alcohol injection is a useful technique for treatment of trigeminal neuralgia regardless of the concentration.

ABSTRACTS

EGYPTIAN DENTAL ASSOCIATION The 15th International Dental Congress



OROFACIAL FISTULA

Mahmoud EL-Gridly

Consultant Oral Medicine



An orofacial fistula is a pathologic communication between the oral cavity and the cutaneous surface of the face. Chronic dental infections cause the most common orofacial fistula. These infections can lead to chronic osteomyelitis, cellulitis and facial abscesses. Spread of infection to the skin goes through the path of least resistance. Numerous barriers including bone, muscles and fascial planes determine the path of infection spread.

Antibiotics do not resolve the lesion, so removal of the original cause and eradication of the fistulous tract are mandatory to treat the condition.

Trauma such as old infected penetrating wound, infections, malignancy, iatrogenic causes such as unsterile surgical procedures or using unsterile splint or wire in treating jaw fracture are aetiologic agents beside the developmental defects at the embryonic fusion lines.

Periapical, occlusal, panoramic and lateral radiographs may be necessary for diagnosis.

Histopathologically the fistula is characterized by all features of chronic infection with proliferation of connective and granulation tissues. The fistulous tract which perforate the bone is long enough to form a tube lined by stratified epithelium and surrounded by fibrous granulation tissue. Removal of the communicating tube completely is a must.

MAXILLOFACIAL TRAUMA DURING THE EGYPTIAN REVOLUTION

Mohamed El Faramawy

Lecturer - Oral & Maxillofacial Surgery, Faculty of Oral & Dental Medicine, Cairo University



Maxillofacial trauma in the era before the revolution involved mostly the lower half of the facial skeleton involving mandibular and midface fractures. Moreover, the causes of trauma in most cases were road traffic accidents followed by violence. On the other hand, during the revolution days, the pattern of trauma completely changed to involve the upper half of the face including frontal sinuses, orbits and midface. The causes of trauma were assaults, direct hits on the head and shot gun wounds. The rate of the latter cause had been noticeably increased during and after the revolution. Management of such complicated cases needed systematic and scientific approaches using different treatment modalities including rigid fixation, external pins, IMF, sinus obliteration or cranialization.

MAXILLOFACIAL CASUALTIES IN 25th OF JANUARY EGYPTIAN REVOLUTION

Hassan G Sadek; Yasser Nabil

Professor, Lt. General, Chief the Egyptian Armed Forces Dental Corps

Various types of ammunition and gun fire were used for riot control and to break up protests during the 25th of January revolution.

Many of the wounded protestors were treated by our Army Field Hospital that was stationed in Tahrir square, the heart and core of the revolution; the more major casualties were transferred by our army ambulance to Specialized Dental Hospital and Maadi Armed Forces Hospital for more advanced surgical interference.

in this lecture we will illustrate the clinical presentation, treatment modalities, and social disabilities that resulted from various maxillofacial injuries caused by different types of ammunition during and immediately after the success of the revolution.



THE TUNISIAN REVOLUTION

Ali Ben Rahma

Dean faculty of Dentistry, Monastir University, Tunis

The uprising and massive public outrage in Tunisia has been triggered by a series of events which led to the downfall of ousted president Zein El Abidine Ben Ali, who ruled the country for 23 years.

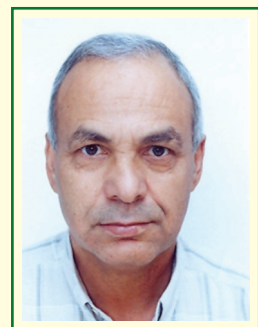
The increase in unemployment, inflation and poor living conditions for the middle urban community was getting more and more frustrating and people were looking for an outlet. The main causes of the protests - unemployment and poor job prospects for college graduates, corruption from the ruling establishment and a long-time dictator ruling with an iron fist, are seemingly present in many other countries.

The uprising resulted in country-wide riots, violence and looting. Finally, the Army was deployed to control the situation which has greatly improved thanks to people's awareness.

The Tunisian revolution, also termed as Jasmine Revolution (Jasmine is the national flower of Tunisia) had a great impact on other Arab countries like Egypt, Yemen and Lybia. The uprising against a dictator who ruled with an iron fist for two decades has sent a strong message to all the authoritarian governments where citizens are deprived of basic civil and human rights, where the youth are suffering from unemployment, where corruption is rampant, where the rich are getting richer and the poor are getting poorer, and violence and injustice prevail.

Following Ben Ali's departure, a state of emergency was declared. A caretaker coalition government was also created. However, daily street protests in Tunis and other towns around Tunisia continued, demanding the removal of all former government officials.

Following further public protests, on 3rd March 2011, the interim president announced that elections to a constituent Assembly would be held on 23 October 2011.





ORAL AND MAXILLOFACIAL GUNSHOT INJURIES IN THE EASTERN PART OF LIBYA. CASE PRESENTATIONS AND LITERATURE REVIEW

Rafa EL-Gehani, Abdulla Glessa

Chairman, Dept. of Oral and Maxillofacial Surgery, Faculty of Dentistry- Benghazi and Consultant at Al-Gala Trauma Hospital , Libya



Head, face, and neck Injuries are an important source of mortality and morbidity in combat even though these areas represent only 12% of the body's surface area.

The incidence of head and neck injuries in the 21st century has been reported as 20%, 21% and 40%; 16% was quoted for most of the conflicts of the 20th century.

Data from the Falklands Campaign and Northern Ireland indicate that 3-8% of all casualties sustained middle or lower third fractures of the facial skeleton. Facial lacerations are the most commonly reported maxillofacial injuries in war.

Specialists who have expertise in maxillofacial surgery remain an indispensable part of casualty care in modern warfare.

HEAD AND NECK CANCER: MOLECULAR CLOCK – SIGNIFICANCE AND CLINICAL APPLICATION

Sahar Mohammed Bukhary

Asst Professor, Faculty of Dentistry - King Abdulaziz University - Jeddah - Saudi Arabia

Despite the rapid advances in treatment modalities of head and neck cancers (HNC), the overall 5-year survival of patients remains poor, being estimated as approximately 50%; a figure which has not improved over the past few decades.

Squamous cell carcinoma of the head and neck arises as a result of sequential multiple molecular events that develop from the combined influences of an individual's genetic predisposition and exposure to environmental carcinogens.

Decades of basic science research have resulted in a plethora of genetic and molecular events associated with development and progression of HNC. The significant increase in knowledge regarding the molecular biology of HNC, aided by the continuous development of novel biological techniques and sophisticated bioinformatics technologies, has improved the understanding of the complexity of HNC tumourigenesis.

Data on different biomarkers that make up the molecular signature of tumour cells is accumulating, and are now readily available to change the face of oncology and the HNC.

The current advances have opened a window of hope for better diagnosis, prognosis, and treatment outcome. Each discovery brings us closer to early detection, and cure, of cancer.

In this talk I will go through the recent discoveries in relation to the pathways and molecular signature of the squamous cells of HNC and I will focus on the implications of these findings as it pertains to clinical practice and the treatment of HNC patients.

ROLE OF SALIVA AND ORAL MUCOUS MEMBRANE IN NON-CELLULAR INNATE IMMUNITY

Gamal Eldin Zulhemma Elsharkawy

Professor, Faculty of Dentistry - King Abdulaziz University - Jeddah - Saudi Arabia



The defensive mechanism of the oral cavity (immunity) is generated either by innate immunity which is started at birth, nonspecific and not decreased by previous infection or acquired immunity which is acquired after birth, specific to certain mediated origin (M.O) and has memory to previous infections

The innate immunity is described as Non cellular and Cellular innate immunity Saliva, oral mucosa and bacterial commensale are active complementary factors to generate non cellular innate immunity in the oral cavity

In this talk I will go through recent studies in the physiology and histoimmunological relations between Saliva, oral mucosa and oral noncellular innate definsive mechanism.

PREDICTABLE DENTAL AESTHETICS: THE DUTCH WAY TREATMENT PLANNING

Hein de Kloet

Researcher, Lecturer at ACTA School of Dentistry in Amsterdam, Netherlands



One of the first goals a patient has, visiting a dentist, is a beautiful, nice looking smile. It is of utmost importance a dentist deals effectively with patient wishes and desires in the field of dental aesthetics.

To tune patient's wishes and sometimes much too high expectations to the technical and aesthetic possibilities there are in someone's mouth, a thorough investigation, knowledge of aesthetic principles and intensive communication is necessary. In the lecture will be demonstrated how dental imaging is used for this communication and design of a treatment plan and how predictable dentistry becomes a reality.

PROCEDURES AND CASE PRESENTATIONS

Hein de Kloet,

Researcher, Lecturer at ACTA School of Dentistry in Amsterdam, Netherlands

Hein will explain the remarkable properties of Filtek Z350 XT and how you can imitate natural enamel and dentin in an efficient, no nonsense way. Different procedures for closing diastemata, masking crowding and discolorations, and treatment of malformations and wear will be demonstrated with many case presentations. Of course adhesion to enamel, dentin and existing restorations will be covered.



WHICH BONDING, WHICH COMPOSITE?

Brigitte Douaihy

GC Europe, Professional Service Manager in the Middle East, Lebanon

In modern dentistry, adhesive and aesthetic dentistry are part of the daily practice.

Nevertheless, dentists are always confronted to a wide choice of materials and products that complicates the selection process.

This presentation will review the available bondings giving highlights on how to correctly select a bonding agent depending on the clinical situation.

Highlight is also brought to a selected composite material that easily and nicely secures the aesthetic results.



EFFECT OF B-TRICALCIUM PHOSPHATE ON OSSEO-INTEGRATION OF ENDOSSEOUS IMPLANT: AN EXPERIMENTAL STUDY ON RABBIT TIBIA

Amr Aly El-Swify, Maha H. Bashir, Mohammad H. Shekidef

Professor of Oral and Maxillofacial Surgery, Faculty of Dentistry, Suez Canal University

The use of dental implant in order to restore missing teeth has become increasingly wide spread over the past two decades. One of the main factors influencing implant survival rate is the quality and quantity of local bone surrounding the implants. Thus, the aim of this study was to investigate the validity of B-tricalcium phosphate (Cerasorb) on osseointegration of endo-osseous implant on rabbit tibia. Eighteen adult New Zealand white rabbits were used in the current study. They were divided into two equal groups, control group and experimental one. Each group was subdivided into three equal subgroups. The experimental group received an endo-osseous implant in each tibia (Right and Left) after application of B-tricalcium phosphate granules. Rabbits of control group received an endo-osseous implant in each tibia without B-tricalcium phosphate. Animals were sacrificed at 2, 4 and 8 weeks following implant insertion (six rabbits in each time). Specimens were examined radiographically and under scanning electron microscope. The bone density was evaluated using the Digora soft-ware system, followed by statistical analysis.

The current findings revealed a significant delay in the osseo-integration rate of the control group versus the experimental one. B-tricalcium phosphate can be one of the methods used to improve and accelerate the osseo-integration around endo-osseous implant.



TEMPOROMANDIBULAR DISORDERS: THE EGYPTIAN EXPERIENCE

Waleed R. El-Beialy, Nadia Galal

A. Professor of Oral & Maxillofacial Surgery Dept., Faculty of Oral & Dental Medicine, Cairo University

Internal Derangement (ID) and Myofascial Pain Dysfunction syndrome (MPD) are among the most common temporomandibular disorders (TMD) encountered among Egyptians. Those two disease entities are abundantly expressed both solely and overlapped. While the research of the chemical nature of both is currently in the plateau stage, we present new players in their molecular field. Their etiology however, remains multi-factorial. We present our experience with different treatment modalities ranging from conservative to surgical.



CERVICAL TERATOMA: TWO CASE REPORTS

Saber Mohamed Wahib, Mostafa Ahmed Rashad

Professor of Pediatric Surgery, Faculty of Medicine, University of Alexandria; Resident, Paediatric Surgery, Faculty of Medicine, University of Alexandria.

Teratomas are tumours composed of multiple tissues foreign to the part in which they arise, and are derived from all three germ layers. Lesions of this kind arise in the anterior and posterior triangles of the neck—excluding those involving the base of the skull and cervical spine—are defined as cervical teratomas.

Perinatal neoplasms represent only 2.6% of all tumors observed in children. Among these perinatal masses, 35% are teratomas, of which cervical teratomas represent an incidence of less than 0.1%. This extreme rarity is reflected in the literature, where, at present, about 165 cases of perinatal cervical teratoma have been reported worldwide.

Although most of these tumours are histologically benign, foetal and neonatal outcome are often compromised where the anterior localization and the semi-solid appearance of these tumours can provoke an upper airway obstruction, which is the most urgent neonatal emergency, requiring immediate intervention, also compression of the esophagus usually occurs and can inhibit foetal swallowing.

In this paper we present two cases of cervical teratomas in neonates that had been admitted to the Pediatric Surgery Unit, Faculty of Medicine, University of Alexandria.



COMPARATIVE MORPHOMETRIC ANALYSIS WITH USE OF TWO IRRIGATES ASSIST IN RETRIEVING SEPARATED INSTRUMENTS

Mostafa Ibrahim Negm; Salsabyl Mohamed Ibrahim; Mohamed Abdelazim

Assistant Lecturer, Faculty of Dentistry, Future University



Since the introduction of rotary Ni-Ti files, and despite their superior flexibility and shaping ability, there was a significant increase in sudden file separation. A number of devices, technologies, and techniques have been reported to remove an intra canal obstruction such as a broken file. This study was conducted to evaluate the efficiency of piezoelectric ultrasonic unit and Remove All Kit in retrieval of two brands of rotary Ni-Ti files (Protaper and Alpha). Selected files intentionally separated at middle and apical levels of mesiobuccal root canals of first mandibular molars assisted by two different irrigate EDTA and NaOCl. Radiographic assessment of the remaining dentine thickness, monitoring time elapsed for retrieval of the separated instruments by the two methods and the incidence of perforation during the use of two methods.

In general, the overall success rate for retrieval of fractured instrument fragments in this study was high; 66% for Ultrasonic while that of Remove all kit was 34%. Furthermore, Ultrasonic was superior in removing separated instruments from root canals with higher degree of root curvature but at or above the point of maximum curvature. It was found that both irrigates assisted in retrieval but no one was dominating statistically which indicates that method of retrieval is more influential than its assistants.

RECONSTRUCTION OF TEETH WITH AN ENDODONTIC TREATMENT. AN INSIGHT ON THE NEW MATERIALS AND THEIR PROPERTIES

Umberto Ratti

Researcher and Lecturer , CEO Bioloren , Italy





ABSTRACTS

EGYPTIAN DENTAL ASSOCIATION The 15th International Dental Congress

AETIOLOGY, TREATMENT AND MANAGEMENT OF IMPLANT COMPLICATIONS

Vincent J. Iacono

Distinguished Service Professor and Chair of the Department of Periodontology, Director of the Advanced Education Program in Periodontics, and Director of Postdoctoral Education, School of Dental Medicine Stony Brook University, NY, USA

Peri-implantitis is an inflammatory reaction in the oral mucosa associated with loss of supporting/marginal bone around an implant in function. According to recent studies, the prevalence of peri-implantitis was estimated to be in the range of 28% to 56% and 12% to 43% at the patient and implant level, respectively. This condition can lead to implant loss and significant soft and hard tissue defects that become very challenging to restore. Thus, appropriate identification of the aetiology, diagnosis, and management of peri-implantitis become essential to ensure successful and well maintained dental implants. In this presentation, the current terminology associated with dental implant complications will be reviewed and highlighted by a series of clinical cases. These include examples of failing and failed implants and the local and systemic therapy that was rendered in each case. The therapeutic management of these cases was based on empirical data extrapolated from in vitro periodontal research and anecdotal case reports. Using the available evidence, a flow chart will be presented and discussed that incorporates practical clinical guidelines for the diagnosis and therapeutic management of peri-implantitis. This will provide the clinician with an objective and step-by-step protocol for the successful management of implant complications.

PERIODONTAL PLASTIC SURGERIES FOR IMPLANTS IN THE AESTHETIC ZONE

Khaled Atef Abdel-Ghaffar

Professor and Chairman of Periodontology Department, Faculty of Dentistry, Ain Shams University



In recent years, esthetic demands in dentistry have been climbing ever higher, driven by an enhanced awareness of beauty and physical appearance. The esthetic factor in implant dentistry is the soft tissue profile. The esthetic replacement of teeth has become an important standard for implant dentistry. While defining this goal has not been difficult, the ability to resolve implant esthetically has been fraught with obstacles and sometimes has not been attainable. The purpose of this presentation is to summarize essential anatomical and surgical considerations for cosmetic implant dentistry as well as soft and hard tissue requirements for placing an implant in an ideal position. Basic concepts for perfect smile and critical diagnostic guides will also be addressed to optimize our esthetic results. Periodontal plastic surgeries to improve esthetic results in the form of soft tissue grafting, hard tissue grafting and peri-implant papilla reconstruction will be also discussed.



LOCALIZED AGGRESSIVE PERIODONTITIS: WHAT DO WE KNOW?

Alpdogan Kantarci

Distinguished Service Professor and Chair of the Department of Periodontology, Director of the Advanced Education Program in Periodontics, and Director of Postdoctoral Education, School of Dental Medicine Stony Brook University, NY, USA



Aggressive Periodontitis presents as a localized or a generalized form of destructive periodontal disease. While it is not clear if there could be continuity between these forms, research supports the notion that at least in certain populations, the localized form of aggressive periodontitis is a distinct entity. Biological mechanisms as well as microbial aetiology show a strong specificity to localized aggressive periodontitis. Destruction pathways of the host tissue present unique characteristics, which could shed light on other complex diseases elsewhere in human body. Infections, such as periodontal infections, result in significant reduction of oxygen tension in inflamed tissues creating a hypoxic environment. Hypoxia has been suggested to play a role in several phagocytic functions, including increased superoxide generation. Cells and tissues exposed to sustained concentrations of reactive oxygen species such as superoxide anion require tight control of iron homeostasis to prevent tissue damage. Phagocytes are hyperactivated, or primed, to some degree in all forms of periodontitis, including the most common, chronic periodontitis, and localized aggressive periodontitis. Primed cells respond to increased hypoxia (e.g. periodontal pockets) with excessive superoxide production. In this presentation, the impact of hypoxia on O_2^- generation by PMN and its role in tissue destruction in periodontal disease will be discussed. Evidence suggests that hypoxia-mediated cell activity is mediated by HIF-1 α and Ceruloplasmin. There is also evidence that Resolvin E1 (RvE1) can reverse hypoxia-mediated changes in both normal and primed cells. The potential impact of these findings is high; a new pathway for pharmacologic intervention in the pathogenesis of periodontitis and other inflammatory diseases has been identified. RvE1 and other resolution-phase agonists (e.g. lipoxins, maresins, and protectins) have the potential to prevent and restore the hypoxia-mediated host cell-initiated tissue injury providing a new tool to combat the destructive inflammatory processes in periodontal tissues.

USING ER, CR:YSGG LASERS IN COSMETIC AND INTERDISCIPLINARY DENTISTRY

Nuket Berk, Gizem Berk

Associate Professor, Denta Form ,Dental Center, Ankara, Turkey



In everyday practice we mostly come across patients who are in need of interdisciplinary treatments for their dental health and the best smile. Since the 1980's, soft tissue lasers, and since 1997 hard tissue lasers have been proved to be useful in dentistry. By choosing the right and the

suitable wavelength laser, we may achieve excellent results with high level of patient satisfaction. The possibility of cavity preparations, soft tissue and bone surgeries without anesthesia, little to no bleeding at the operation field improves patient's attitude towards dental treatments and even enables pregnant ladies at the first trimester or patients allergic to dental anesthetics to have dental treatments.

Known as a hard tissue laser; Er, Cr:YSGG laser (2780 nm) can be used for both hard and soft tissue applications with great benefit of non-thermal cutting leading to temperature controlled treatment outcomes on hard tissues and scar-free healing on soft tissues. Due to the absorbance spectrum, one of the best target structures for Er, Cr:YSGG laser is water where its concentration in human dentine, bone and gingiva is high. Another benefit of this wavelength is the penetration depth of around 400 microns which enables us to work risk free of affecting deeper layers. In this lecture, almost all the possible treatments that can be performed by Er,Cr:YSGG laser with appropriate settings and techniques will be presented.

Cosmetic soft tissue recounterings, periodontal treatments, minimally invasive bone surgeries, treatment of peri-implantitis, depigmentation of gingival tissues, fillings and nearly all the conventional treatments could be done more precisely with less healing time and with the highest patient satisfaction by using 2780nm Er;Cr:YSGG lasers.



EFFECTS OF CO₂ OR ER:YAG LASER TREATMENT. ROOT SURFACE MORPHOLOGICAL CHANGES AND PERIODONTAL LIGAMENT CELL ATTACHMENT. A SCANNING ELECTRON MICROSCOPY ANALYSIS

Mahmoud Helmy Belal

Associate Professor of Oral Medicine, Periodontology and Oral Diagnosis. Faculty of Dentistry, Minia University,

The clinical application of lasers in periodontal therapy has continued to expand in the last decades. The aim of the present study was to evaluate and compare effects of using either CO₂ or Er:YAG laser for the management of periodontal disease on the affected root surfaces through attachment of periodontal ligament cells.

Fifteen patients having single-rooted teeth, in at least three quadrants of the mouth, with hopeless prognosis due to advanced periodontal disease were included in this study. Forty five specimens (three/patient) were randomly assigned into three groups (ten specimens/group): Control (untreated diseased), CO₂ laser (repetitive pulsed mode), and Er:YAG laser (slight contact mode). Thirty specimens (ten/group) were incubated in Petri dishes with human periodontal ligament cell suspension that were counted and scanned by light microscopy using a counting grid. The remaining fifteen specimens (five/group) were used for root surface topographic examination. All specimens were finally evaluated and examined by scanning electron microscopy analysis.

The control specimens showed the lowest number of cultured periodontal ligament cells, with no tightly attached cells, mostly in oval shape. The CO₂ lased specimens showed a significant

increase in number of attached cells than the controls, and demonstrated some morphological alterations of the root surfaces. The Er:YAG lased specimens showed the highest number of attached periodontal ligament cells, mostly in flat form, and did not show any morphological changes and/or damage to the root surfaces.

Both CO₂ and Er:YAG laser can significantly stimulate periodontal ligament cell attachment, but CO₂ laser has some deleterious effect on root surfaces. Er:YAG laser may constitute a useful conditioning tool to increase periodontal ligament cell attachment to periodontitis-affected root surfaces.

FACTORS ASSOCIATED WITH TOOTH LOSS IN ADULTS HAVING DIABETES MELLITUS IN NORTHEAST THAILAND

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This study aimed to determine factors associated with tooth loss in patients having diabetes mellitus residing in Nachaluay district, Ubonratchathani province, Thailand during December, 2010. The study was a cross-sectional analytic whereby the subjects included 379 adults (73 males and 306 females) aged 27 to 86 years, who received an interview and oral health examination. Results were analyzed by means of descriptive, bivariate, and multivariable logistic regression analyses. Findings from the descriptive statistics showed that 264 out of 379 adults (69.7 percent) had tooth loss (defined as missing 1 or more teeth). Results from the final multivariable logistic regression model showed that tooth loss was associated significantly with age, periodontal pocket >6 mm, dental caries, loss of clinical attachment level (CAL) 6 mm or more, and use of fluoride toothpaste, with the adjusted odds ratio (AOR) (95% CI) being 1.055 (1.027,1.084), 1.537 (1.245,1.899), 16.010 (2.054,124.798), 1.117 (1.019,1.255), 1.073 (1.002,1.149), and 0.417 (0.199,0.875), respectively. Conclusion can be drawn that several factors are associated with tooth loss. Therefore, planning of preventive oral health program based on this knowledge is necessary in reducing oral complications and tooth loss among these patients.

HEALTH HAZARDS OF NANOTECHNOLOGY IN DENTISTRY

Nagy Abdul-Samee Abdul-Hameed

Professor, Misr University for Science and Technology

Nanotechnology in dentistry is an emerging technology and is evolving faster than we are. Within a few decades they will surpass us. Unless we learn to live with them in safety, our future will likely be both exciting and short. Health hazards to dental team and dental patients, from nanoparticles of dental origin and means to avoid them will be discussed.

DIFFERENT APPROACHES FOR GRAFTING THE IMPLANT BED

Ramy R. El-Beialy

*Assistant Lecturer- Department of Oral and Maxillofacial Surgery-
Cairo University*

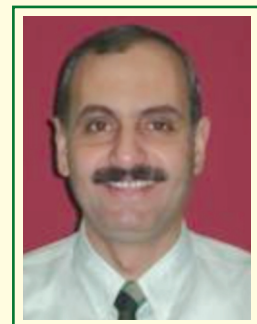


The posterior maxilla is a challenging site for Oral implantologists due to physiologic nature of bone that is further complicated by sinus pneumatization. The lateral window approach is a single stage surgery that allows consecutive sinus lifting and grafting as well as immediate multiple implant placement. Moreover, the lateral window provides adequate visibility for inspection of perforations and can be commenced even with minimal [3mm] residual alveolar bone. Combining the procedure with intraoral autogenous bone grafting [chin] provides a time saving state of the art augmentation/restoration technique.

FUTURE TRENDS OF CARIES DETECTION AND PREVENTION IN CHILDREN

Fouad S Salama

Professor, University of Nebraska Medical Centre, USA



Dental caries is the most prevalent infectious disease in children. The rates and severity of dental caries experienced by children are even more alarming when we consider that dental caries is essentially a preventable disease. The goal is to arrive at a diagnosis for each caries lesion. Use of indices such as the International Caries Detection and Assessment System (ICDAS), can improve the performance of this method. Using visual inspection, the clinician must decide about the presence, severity, and activity of lesions. After this process, additional methods could aid the dentist in reaching a more appropriate treatment decision in some cases. It is critical to improve the detection, assessment, diagnosis and monitoring of caries to ensure optimal personalized caries management. The pros and cons of current technologies of caries detection and the direction of caries-lesion detection activities in clinical dental practice will be discussed. Treating dental caries as an infectious disease and early recognition and intervention are important. This presentation will outline concepts and components of how to prevent and even reverse early lesions using oral disinfectants, polyols, fluoride, and other methods, rather than traditional surgical techniques. The latest topical agents in caries prevention for infants, children and adolescents will be discussed including caries risk assessment and maintaining the integrity of enamel, overview of the caries process/ balance, what is in the future for caries prevention including probiotics, slow-releasing devices, ozone therapy and cavity-fighting herbal lollipop, and caries prevention using different agents such as remineralising agents, and antimicrobial mouth rinses.



COMPLETE OR PARTIAL CARIES REMOVAL AND BIO-ACTIVE RESTORATIVE MATERIALS IN PRIMARY TEETH

Fouad S Salama

Professor, University of Nebraska Medical Center , USA

Vital pulp therapy aims to treat reversible pulpal injury and include indirect pulp treatment for deep dentinal cavities. Recent progress in understanding the molecular and cellular changes during tissue repair, offers the opportunity to assess the biologic validity of the various vital pulp treatments. Indirect pulp treatment is recommended as the most appropriate procedure for treating primary teeth with deep caries and reversible pulp inflammation; provided that this diagnosis is based on a good history, a proper clinical and radiographic examination, and that the tooth has been sealed with a leakage-free restoration. Viable bacteria can persist in tooth cavities regardless of the technique used for caries removal. Various treatment concepts have been suggested to solve the deep carious lesion dilemma. Observational studies on indirect pulp treatment and stepwise excavation demonstrate that these treatments avoid pulp exposures. Marsh's ecological plaque hypothesis showed that if the environment of an actively cariogenic plaque biofilm can be altered, for example by sealing in the caries with a restoration and so isolating it from nutrients from the oral cavity, then the caries process could arrest. Partial caries removal in symptomless, primary or permanent teeth not only reduces the risk of pulp exposure but also the fracture strength of teeth restored over incomplete caries excavation is significantly reduced. New caries excavation techniques have been introduced, such as the use of plastic and ceramic burs, improved caries-disclosing dyes, enzymatic caries-dissolving agents, and laser ablation. They all aim to remove or help remove caries-infected tissue as selectively as possible, while being minimally invasive through maximum preservation of caries-affected tissue. It is suggested that persistence of bacteria does not seem to be a reason for reopening of cavities in primary teeth after partial caries removal. The emerging technologies in bio-active restorative materials, biomimetics and nanorestoration of tooth structure will be reviewed.

ORTHOGNATHIC SURGERY UPDATE

Faisal A. Quereshy

Associate Professor, Residency Director of the Department of Oral and Maxillofacial Surgery at the Case School of Dental Medicine and University Hospitals Case Medical Center in Cleveland, Ohio, USA

Orthognathic jaw repositioning surgery continues to be a treatment option for those patients whereby dental malocclusion and masticatory dysfunction cannot be treated with conventional orthodontic care. Skeletal malocclusion can result from both acquired/ congenital causes as well as post traumatic injuries. The treatment for chronic obstructive sleep apnea can also be addressed with maxilla-mandibular advancement surgeries, and is considered a 'gold standard'. Patient selection and consultation is of critical importance when addressing their concerns. Discussions with regards to post-operative healing and potential risks involved need to be communicated at the outset. Most patients requiring surgical correction of the dental malocclusion will need to be 'pre-surgically' prepared with orthodontic phase of treatment to remove the dental compensations.

This process may take 12-15 months depending on the degree of deformity. Surgical protocols including Maxillary Lefort I osteotomy, Mandibular bilateral sagittal split osteotomy, and genioplasty will be discussed, including observance of anatomical vital structures and the use of various rigid fixation devices, ie, titanium vs. resorbable.

The use of various cutting instrumentation will be introduced, as Piezosurgery for orthognathic surgery was first performed at the University Hospitals of Cleveland Case Medical Center. Post-operative course and nursing care will be discussed. Finally, case discussions and examples of various deformities, including, the treatment of craniofacial morphologies will be presented.

THREE DIMENSIONAL SURGICAL PLANNING IN ORTHOGNATHIC SURGERY

Mohamed Farid Shehab

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The three dimensional (3D) surgical planning has wide applications, including orthognathic surgery, craniofacial surgery, trauma, distraction osteogenesis, etc. Virtual surgical planning creates and manipulates 3D bone model in all dimensions of space. With the recent advances in the 3D medical image computing for orthognathic surgery, it is now possible to perform the entire virtual diagnosis, surgical treatment planning, and potential outcomes in a computerized virtual environment. Rapid prototyping has been introduced into the field of surgery several years ago, and has now found its way into various applications. The use of rapidly prototyped splints generated after virtual planning on a segmented 3D skull model will soon be considered state of the art in orthognathic surgery.



DREDGING METHOD - A CONSERVATIVE APPROACH FOR THE TREATMENT OF KERATOCYSTIC ODONTOGENIC TUMOUR

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Keratocystic odontogenic tumour (KCOT) was previously designated as odontogenic keratocyst, which stresses the benign behavior of this lesion. In 2005, WHO Working Group recommended the term KCOT as it better reflects its neoplastic nature. The most important clinical feature of the KCOT is its potential for locally destructive behavior, its recurrence rate, and its tendency to multiplicity, particularly when associated with the nevoid basal cell carcinoma syndrome. The traditional method for the treatment of KCOT is surgical enucleation. However, due to the lining of the cyst being delicate, the presence of daughter cysts and the fact that KCOT frequently recur, this method is not sufficient. Furthermore, the tumour may reach a large





size prior to discovery. In such cases, additional surgical treatment, such as marginal resection or segmental resection should be considered. The resection of the mandible including involved condyle, wide anterior region and young patient is associated with numbers of complications, such as loss of jaw support, deformity, dysfunction and psychological distress even after reconstruction. To overcome these disadvantages by invasive surgery, to eliminate the tumour completely and to restore the normal form and function of the jaw, dredging method is performed for the treatment of KCOT in our division. The term “Dredging Method:’ is a conservative surgical procedure in which, after deflation and enucleation or only enucleation, repeated dredging is applied to accelerate new bone formation by removing the scar tissue from the bony cavity.

NEW APPROACH TO IDENTIFY GENES ASSOCIATED WITH CISPLATIN RESISTANCE

Tetsuya Kitamura

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Surgical resection is currently the first choice for oral cancer, but surgical treatment often causes physical and esthetic problems. Therefore non-operative therapy such a chemoradiotherapy is expected for cancer treatment, especially for head and neck cancer.

Cisplatin is one of the widely used anticancer drugs for many types of tumours including head and neck carcinoma. Although cisplatin is a potent anti-cancer drug, there are cisplatin-resistant cancers, and it cannot be predicted beforehand whether the cancer is cisplatin-sensitive or resistant.

Studies concerning the mechanism of action of cisplatin have been performed, and many anti-cancer drug resistant genes were identified. However, the exact clinical markers that correlate with cisplatin-sensitivity of tumour in vivo are still unknown.

Anti-cancer drug resistance genes are divided into two groups, the intrinsic resistance genes are highly expressed in resistant cell without any stimulation, and another type of genes are the acquired-resistance genes that are induced in cancer cells when cells are exposed to anti-cancer drugs. Researches surveying anti-cancer drug resistant genes have been conducted by establishing the resistant cell line from a parental cell line, and comparing the expression diversities of genes. As mentioned above, the acquired-resistant genes are induced when cells are exposed to anti-cancer drugs, but intrinsic-resistance genes would be the true factor that could predict the sensitivity of anti-cancer drug.

Therefore we established several cell lines from HSC-3 oral cancer cell line by limiting dilution-culture method, and examined the receptivity of cisplatin.

Sensitivity for cisplatin was different among each cell line, and we examined the gene expression profile by DNA microarray to the level of tolerance to cisplatin. Osteopontin was identified as the candidate gene for cisplatin resistance. Exogenous osteopontin induced cisplatin resistance, and osteopontin knock-down by siRNA reduced the resistance for cisplatin. These results suggest that this method is useful for researching de novo intrinsic resistance genes that will contribute to identify target genes for chemotherapy.



PROGNOSTIC SIGNIFICANCE OF NM23 IN ORAL SARCOMA

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Sarcoma is a malignant tumour arising in mesenchymal tissues and classified into bony or soft tissue sarcomas. Oral sarcomas represent 10% of all sarcomas where the most common bony sarcomas are osteosarcoma and chondrosarcoma. Soft tissue sarcomas include fibrosarcoma, liposarcoma, leiomyo- and rhabdomyo-sarcoma. The prognosis depends on where the sarcoma is located and the stage it is caught in. Sarcomas affect thousands of people around the world, yet they are rare cancers that receive limited research attention. Accordingly, the aim of the current study was to assess NM23 as one of the prognostic markers with metastatic suppressor activity in the most common oral sarcomas. The available paraffin sections of oral sarcomas during the period 2000 to 2010 were retrieved from the archives. Soft tissue sarcomas were represented by fibrosarcoma and rhabdomyosarcoma, whereas bone sarcomas included osteosarcoma and chondrosarcoma. Four micrometer thick sections were immunohistochemically stained with NM23, and then image analyzed. The clinical data including metastasis and the grade of each tumour was recorded. The obtained parameters were correlated and statistically analyzed. The results revealed different expression profile between bony and soft tissue sarcomas with a common triad pointing to inverse correlation between intensity of immuno-expression and final prognosis of the cases. It was concluded that nm23 marker could be used to evaluate the prognosis of oral sarcoma.

FLOW CYTOMETRIC ANALYSIS IN TONGUE SQUAMOUS CELL CARCINOMA: RELATION TO DISEASE-FREE SURVIVAL

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*Associate Professor, Oral Pathology, Ain Shams University
Assistant Lecturer, Oral Pathology, Minia University*



DNA ploidy was investigated in 19 formalin fixed-paraffin embedded blocks of tongue squamous cell carcinoma. Single cell suspensions for flow cytometric analysis were prepared according to Hedley (1989). The DNA ploidy and histogram were calculated and compared with the incidence of tumour recurrence. DNA aneuploidy was observed in 8 (42%) tumours. The mean DNA index was 1.46 with a range of 1.74 to 1.89. Recurrence of the primary lesions was seen in ten cases, distant metastases were found in three cases while only one case showed both local recurrence and distant metastasis. The results indicate positive relationship between aneuploidy and recurrence of tongue squamous cell carcinoma.

SERUM LEVELS OF GROWTH FACTORS FOLLOWING PHOTODYNAMIC THERAPY (PDT)

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Head of Oral & Maxillofacial Surgery Department, King Fahad Hospital- Hofuf. KSA



Photodynamic therapy (PDT) is one of the treatment modalities of treatment for primary or recurrent cancer as well as pre-malignant lesions of the oral cavity.

The aim of this study was to evaluate the effect of PDT on two angiogenic factors (VEGF and EGF) which are essential for tumour growth and metastasis. The serum levels pre (24 hours) and post-PDT (24 hours) of these growth factors were assayed in patients undergoing PDT for pre-malignant and malignant lesions of the head and neck region.

To ensure that the changes observed were not due to the photosensitiser we also investigated of the effect of Foscan in whole blood cultures of healthy individuals. The growth factors (VEGF and EGF) were measured after 24 hours incubation with Foscan.

The results show that there is no significant difference in the patients' pre-PDT and post-PDT serum levels of VEGF and EGF. In contrast, there was a significant decrease of serum VEGF levels in the healthy individuals' whole blood cultures at concentration of 400 and 600 ng/ml Foscan. There was no effect on EGF levels in the Foscan treated whole blood cultures.

In conclusion, PDT had no effect on growth factors at 24 hours post PDT, however further evaluation of PDT effect at time point longer than 24 hours is recommended. Foscan reduces the levels of VEGF in vitro, but has no effect of EGF.

EVALUATION OF SENSITIVITY AND SPECIFICITY OF TOLUIDINE BLUE IN DIAGNOSIS OF ORAL LESIONS

Mohammed Mostafa Mohammed; Amr A. El-Swify; Tamer Abd-Elbari Hamed and Rania Hanafy Mahmoud

Chairman of Oral Maxillofacial Surgery Depart. Faculty of Dentistry, Sinai University

The present study aimed to evaluate the sensitivity and specificity of Toluidine blue in determining dysplastic changes. Twenty patients were selected from outpatient clinic of oral and maxillofacial department. A thorough examination of oral tissues was conducted for all patients. Patients with oral lesions that persisted for a long time without change and did not respond to treatment were recorded.

Invasive malignant lesions and lesions without risk were excluded. Each lesion was photographed before and after staining. All lesions were stained with direct application of 1% aqueous solution of Toluidine blue for 30 seconds followed by direct application of 1% acetic acid to remove excess stain. Reapplication of Toluidine blue was performed after 7 to 14 days to eliminate false negative results, and stains that were retained were considered as suspicious of dysplasia. All lesions were biopsied and the degree of dysplasia (none, mild, moderate, severe) was recorded and the results were tabulated.



ABSTRACTS

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Results showed that 4 lesions were asymptomatic and had not any dysplastic changes, these lesions did not retain the stain and were considered to be negative. The 16 lesions that retained the stain were considered to be positive. All lesions were biopsied either by excisional or Incisional biopsy according to the size and site of the lesion. According to the results obtained from histopathological examination, the sensitivity of Toluidine blue was 100% to all lesions that had dysplastic change, and 36% in lesions that retained the stain and did not have any dysplastic character.

TREATMENT CONCEPTS TO OVERCOME FAILURES OF DENTAL IMPLANTS

Elsayed H. Elgazzaz

Head of Oral and Maxillofacial Surgery Dpt, G. Organ. of Teaching Hospitals, Egypt



Dental implants have proved to be an effective and efficient treatment modality for loss of teeth during the past decade. However, the occurrence of failure may be expected.

Implants fail for a variety of reasons. Some studies have related failures to biological or microbiological factors, while others attribute dental implant failure to biomechanical factors, and biomaterial factors. In this paper we will discuss the direct causes of failure and how to overcome these factors. Proper patient selection is a significant reason for failure. Obviously, a patient not motivated to control plaque around natural teeth would not be a good candidate for dental implants. Implants are doomed to fail when placed in patients having insufficient quality and/or quantity of bone to support the implant fixture. The proper treatment modalities could be advocated to rescue such failing implants. The aim of this article is to collect the causes of failures and list the possible treatment options.

MANAGING COMPLICATIONS IN IMMEDIATE IMPLANT THERAPY

Abdel Salam Thabet Elaskary

Lecturer, NYU

Vice President of the International Congress of Oral Implantologists (ICOI)



Immediate implant placement in fresh extraction sockets offers several advantages which include patient comfort, ridge preservation as well as decreased treatment time. Prior to undertaking this therapeutic path, however, clinicians must consider several critical factors that become apparent in a thorough diagnostic protocol. These include socket morphology, apical pathology, deficiencies in the labial plate of bone if applicable as well as biotype. This presentation will highlight the potential complications that can occur during immediate implant placement as well as their clinical management.

ABSTRACTS

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IMMEDIATE LOADING IN THE ESTHETIC ZONE: IS IT POSSIBLE TO BE SIMPLER?

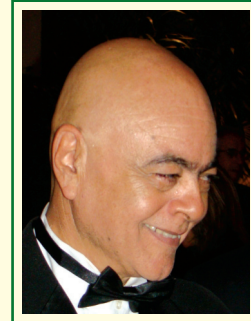
M. S. El-Attar

*Professor of Prosthodontics, Faculty of Dentistry,
Alexandria University*

The demand for immediate loading is increasing in all aspects. Professionals and patients do feel its necessity. However, lots of trials and research are yet to be performed in order to reach a solid protocol for such a treatment modality.

The aesthetic zone rehabilitation is a tough job. Immediate implant loading in such a zone can be made easier. We need to restore cases immediately for our patients to feel the results quickly. Moreover, we can use different implant designs that offer simplicity in both the surgical and prosthetic phases. We will present situations that would frequently face most practitioners, and would ultimately be treated with immediate loaded implants.

It's our way of thinking that we cannot compare implants with natural teeth in regards to dimensions and load. Narrow diameter implants are continuously proving successful, and longevity in restoring anterior edentulism.



PROPER NUTRITION, THE WAY TO GOOD HEALTH

Mouchira Salah El-Din

*Professor of Oral Medicine, Periodontology and Oral Radiology,
Faculty of Oral and Dental Medicine, Cairo University*

You can reduce the risk of cardiac diseases, cerebrovascular stroke and even malignant transformation by 60% by knowing *what, how* and *when* to eat



SKELETAL DENTOFACIAL DEFORMITIES; SURGICAL-ORTHODONTIC REHABILITATION; CHANGING POLICY OF TREATMENT???

Ahmed M. Medra

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

Dentofacial deformities are common maxillo-facial problems. Treatment of these deformities usually needs the help 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, instrumentation, rigid internal fixation, and modification of osteotomies minimized the operative time, morbidity, mortality, hospital stay as well as the costs.

Skeletal dento-facial deformities may be idiopathic, developmental, or secondary to congenital conditions such as cleft lip and palate. Skeletal dento-facial deformities may be symmetric or asymmetric. Also, they may be associated with open bite deformities. Long face syndromes are also included in the deformities.





ABSTRACTS

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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 used, difficulties, complications and outcomes of the procedures will be presented.

PROTOCOL FOR MANAGEMENT OF JAW DEFORMITIES SECONDARY TO UNILATERAL TEMPOROMANDIBULAR JOINT ANKYLOSIS.

Ahmed Medra

Professor and Head of the Cranio-Maxillofacial and Plastic Surgical Department. Faculty of Dentistry; Alexandria University

The management of these patients depends on: Age of the patient at onset of ankylosis and at time of treatment (growing or adult), previous surgery (released ankylosis or not), duration of ankylosis (short time, intermediate or long-standing), the surgeon's capabilities and facilities available, and possibilities of occlusal adjustment by pre-operative orthodontics.

In the period from Jan.2004 to Dec.2008, thirty patients were treated in the Cranio-Maxillofacial and Orthodontic Departments, Faculty of Dentistry, Alexandria University.

According to the above mentioned factors, our patients were divided into the following categories:

A- Growing patients; these are subdivided into:

1. Growing patients with early and fresh ankylosis(no jaw deformity)
2. Growing patients with jaw deformity (Facial asymmetry)

B. Adult patients; may be

1. With early and fresh ankylosis;(no jaw deformity)
2. With jaw deformity(facial Asymmetry); the ankylosis may be:
 - a. Fresh (not operated upon before)
 - b. Recurrent (single or multiple recurrences)
 - c. Miscellaneous group; mis-managed and mal-treated patients from any of the above groups.

The surgical protocol for these patients was as follows:

- A. Primary; before release of ankylosis or
- B. Secondary after release of ankylosis or
- C. Simultaneously correcting both the ankylosis and the deformity.

The choice of treatment protocol depended on:

- 1- Age of the patient,
- 2- Severity of jaw deformity,
- 3- The patient's chief complaint (dental problem, inability to open mouth, the deformity).

Accordingly the following lines of treatment were performed: Pre- & post-surgical Orthodontics, genioplasty, bimaxillary osteotomies, unilateral mandibular distraction, or simultaneous bimaxillary distraction.

The age ranged from 4 years to 26 years with a mean of 16 years, 18 males and 12 females. In 12 patients a primary procedure was done, while in 8 it was a secondary procedure (after release of ankylosis), and the other ten patients simultaneous correction of the deformity and release of ankylosis was done. Six patients had mild deformity, 12 had moderate and the other 12 had severe deformities. Fourteen patients were growing and sixteen were adults. Patients were followed from 3 to 7 years.





OCCLUSAL SPLINT THERAPY

Mahmoud Abd Elsalam Ali

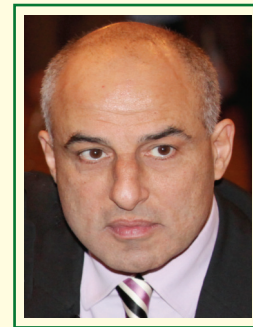
Prosthodontist NYU & Columbia Universities, USA.

The dentist will be familiar with different types of occlusal splints and indications. The effect of occlusal problems and identification of premature contact between upper and lower teeth will be discussed. The Temporomandibular joint problems and its relations to the occlusal splint will be opened to discussion. Anterior bite splint and ITI-TSS splint will be discussed. Step by step fabrication of maxillary occlusal splint will be performed.

FUTURE TRENDS IN THE MANAGEMENT OF IMPACTED THIRD MOLARS: PHILOSOPHY, PRINCIPLES AND IMPLEMENTATION

Ziad Noujeim

Senior Lecturer, Department of Oral and Maxillofacial Surgery, Lebanese University, School of Dentistry, Beirut, Lebanon.



Dental surgeons and general practitioners should be fully aware of the scientific, clinical and ethical implications surrounding the management of third molar surgery. Indeed, wisdom teeth are the most frequently impacted teeth in human jaws and their eruption times vary considerably and are often unpredictable; and with the evolutionary decrease in jaw dimensions due to modern diet of relatively soft processed foods, there is often insufficient space within the dental arch for third molars to erupt into the mouth.

The appropriateness of surgical removal of third molars was audited by many oral surgical and research groups; prophylactic removal at an early age (8 to 10 years) as advocated by Ricketts in 1979, is almost widely considered nowadays as being unjustified.

Recommendations for surgical removal of unerupted and impacted third molars have been based mainly on personal bias rather than scientific and evidence-based facts, and commonly accepted criteria are those of the US National Institutes of Health (NIH) Consensus Conference in 1979, but in 1995, the American Association of Oral and Maxillofacial Surgeons recognized the need for more definitive guidelines and issued a statement in which indications for treatment were expanded to include preventive or prophylactic removal to facilitate orthodontic tooth movement and promote dental stability.

The potential for pathologic changes in the third molar area is greatly exaggerated, the influence of third molars on the development of malocclusion is still a subject of controversy and it has been stated that there is no scientific basis for the removal of third molars to prevent incisor relapse. R. B. Kaplan, in 1974 and 1975, stated that "the theory that third molar exerts pressure on the teeth mesial to them could not be substantiated".

In our presentation, we will briefly quote the literature and tackle several personal clinical cases in order to discuss the philosophy, principles and rationality of third molar extraction, as well as contemporary tools, techniques, tips and hints used in its surgical removal.



ABSTRACTS

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SURGICAL MANAGEMENT OF PEDIATRIC MAXILLO-FACIAL TUMOURS

Ashraf Abdel Fattah Mahmoud

Professor, Oral and Maxillofacial Surgery , Faculty of Dentistry , Al Azhar University

In the paediatric population, central tumours of the jaws are uncommon. This paper reviews all jaw tumours occurring up to 15 years of age seen in our department in the last 3 years. Most tumours in the paediatric age group are benign lesions which can be treated conservatively. Giant cell lesions of the jaws are the most common benign jaw tumours in childhood, yet they are poorly understood and their management is ill-defined. There is also a large sub-category of tumours which although histologically benign are aggressive and require wider clearance if recurrence is to be avoided. It is essential to determine the clinical features, histology and biological behaviour of these lesions before a treatment plan can be formulated. A rare case of melanotic neuro-ectodermal tumour is described to illustrate this point. Malignancies of jaw bones in this age group are rare but their possibility needs to be recognised when forming a clinical opinion. Some of these lesions are described, their differential diagnosis discussed and their management outlined in this paper.

MANAGEMENT OF MAXILLOFACIAL TUMOURS IN THE INFRATEMPORAL FOSSA

Ashraf Abdel Fattah Mahmoud

Professor, Oral and Maxillofacial Surgery , Faculty of Dentistry , Al Azhar University

The aim of this study is to review the methods of resection and reconstruction after oncological resection of tumours in the infra-temporal fossa.

Reconstruction of large defects in the infra-temporal fossa requires challenging functional and aesthetic considerations. Wide excision may include soft tissue and bone. Large defects can affect other critical regions such as cranial basis. Reconstructive methods aiming to restore the defect after oncological resection affecting the infra-temporal structures including palatal obturators, non-vascularized free grafts, local pedicle flaps, regional pedicle flaps, distant pedicle flaps and microvascular flaps.

Indications and advantages of the different techniques are reviewed. When planning an individual reconstruction, the safest and simplest method to recover form and function should be selected. Selection requires careful pre-operative planning, evaluation of tumour stage and location and evaluation of prognosis and functional status of the patient.

Twenty patients were treated in our department for resection of infra-temporal fossa tumours and reconstruction of their defects by free iliac crest bone graft, obturators and microvascular flaps to cover the defect between 2005-2007.

Primary reconstruction of infra-temporal fossa defects should be performed if possible. The temporalis muscle flaps proved to be a valuable method for reconstruction, various techniques are discussed.



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THE USE OF FOREIGN IMPLANTS IN CLOSURE OF ORO-ANTRAL FISTULA

Ameen Khadim Al-Shanon; Zakia Abdulla Mohammed

Alkhademia Specialized Dental Teaching Centre, Iraq.

This presentation is about the causes and surgical techniques of closure of oro-antral fistula. Present cases in which we used foreign implants in closure of oro-antral fistula include the use of soft polymethylene thyacrylate plate and polytetrafluoroethylene synthetic membrane with and without titanium reinforcement. By using simple incision around the fistula that extended to the adjacent teeth buccally and palatally and reflect a flap to expose the fistula followed by removing the fistula, we used the foreign implant to cover the bony defect subperiosteally and suture it without tension.



STEM CELLS IN ENDODONTICS

Omar Fahim

Professor of Endodontics, Cairo University, & King Abd El-Aziz University, Jeddah, KSA.

This lecture will discuss definitions, sources and different types of stem cells used in endodontics, their hypotheses and mode of action in different modalities in endodontic regenerative therapy. Also it will review the historical, classical and most recent articles and different researches done with different materials, scaffolds and genes used



RECENT ADVANCES IN STEM CELLS AND FUTURE APPLICATIONS (OVERVIEW)

Magdy Kamel Khaled Hamam

Professor of Oral Medicine, College of Dentistry, King Saud University, KSA

The use of stem cell medicine was first used in 1956 by D. Thomas, a bone marrow transplant specialist. He administered donor adult stem cells to a leukemic patient who went into complete remission. Stem cells are unspecialized cells with an extraordinary ability to self-renew, capable of replicating themselves for indefinite periods and to divide producing one copy of themselves and one cell of a different type (differentiation).

Some scientists wish to pursue research on embryonic/fetal stem cells because of their versatility and pluripotentiality, while others prefer to pursue research on adult stem cells because of the controversial ethical sensitivities behind embryonic/fetal stem cells. However, both embryonic/fetal and adult stem cells are equally important and research on both types must be enthusiastically pursued since the final objective is the application of this technology for the treatment of a variety of diseases that plague mankind.



Now, stem cell therapy has already reached the bedside in some hospitals through the transplantation of donor bone marrow stem cell into the circulatory system of leukemic patients and the transfer of umbilical cord stem cells into the circulatory system of leukemic children or their siblings produced from the same mother who had previously stored her umbilical cord cells. Moreover, stem cells can be used to treat diseases such as cancer, spinal cord injuries, and Parkinson's disease.

The regeneration potential of adult stem cells obtained from various sources including dental tissues has been of interest for clinicians over the past years and most research is directed toward achieving regeneration of damaged coronal dentine and pulp, regeneration of roots, periodontal tissues, repair and replacement of bone in craniofacial defects and whole tooth regeneration.

TISSUE ENGINEERING IN ENDODONTICS: CURRENT PROGRESS AND FUTURE DIRECTIONS

Shehab El Din Mohamed Saber Ismaeel

Lecturer of Endodontics, Faculty of Dentistry, Ain Shams University,

Tissue engineering is the science of design and manufacture of new tissues to replace impaired or damaged ones. The key ingredients for tissue engineering are stem cells, the morphogens or growth factors that regulate their differentiation, and a scaffold of extracellular matrix that constitutes the microenvironment for their growth. Recently, there has been increasing interest in applying the concept of tissue engineering to endodontics. The aim of this lecture is to review the body of knowledge related to dental pulp stem cells, the most common growth factors, and the scaffolds used to control their differentiation. Also to review early and contemporary attempts to regenerate pulp and dentin tissue, with emphasis on the prospective outcome of the current advancement in this line of research.



Assessment of Skills and Attitude of Dental Students and Interns toward Dental Informatics in KSU, Riyadh.

Ahmed Al-Barrak; Rua'a Al -Yami; Arwa Bamajboor

Associate Professor, Head of Medical Informatics and e-learning Unit, College of Medicine, King Saud University, Riyadh, KSA

This study aimed to assess skills and attitude of dental students and interns toward dental informatics (DI) at the Dental College, KSU. In addition, to investigate the relationship between skills and attitude along with the effect of other factors on that relation. The Results showed that The participants were familiar with the basic computer skills (skills mean was 68.3%), and had positive attitude (attitude mean was 71.7%), with a significant correlation between skills and attitude ($P < 0.01$). Most of the participants (98.8%) have computer at home and have been using it regularly for (8.5 ± 3.4) years (mean \pm SD). However, (92.5%) of surveyed participants familiarized themselves with computer applications through personal study and self experience. Computers and Internet were used (ranging from always to frequently) for e-mail (92.1%) and personal





use (85.5%). On the other side, utilization of the computer and Internet for academic activity was only (63.4%). Furthermore, (85.9%) of participants used the Internet mainly as a source of information, followed by lecture notes (80.5%). Google scholar was used by (73.4%) of the participants as a searching engine among other search engines including Pub Med, Ovid, Web of Science, and MD Consult. Despite the good computer skills and the positive attitude, for undergraduate dental students and interns in this study, however a relatively low level of utilization of these skills in clinical and academic activities was observed. A positive relationship was observed between level of computer application skills and participants attitude, which support the introduction of formal DI training/courses for undergraduate students and Interns.

DENTINE REPLACEMENT: IS IT A SMART CHOICE FOR DIRECT POSTERIOR RESTORATIONS?

Hatem M. El-Damanhoury

Assistant Lecturer, Department of General and Specialist Dental Practice, College of Dentistry, University of Sharjah, Sharjah, UAE

Several negative effects in resin-based composite (RBCs) restorations, like marginal discrepancies, marginal staining, white lines around the restoration, cusp deflection and fractures, microleakage, debonding, recurrent caries, postoperative sensitivity or pain, are frequently connected to polymerization shrinkage stress. Several approaches have been proposed to overcome polymerization shrinkage stress and its clinical effects, including placement techniques, material chemistry, and polymerization kinetics. However, most of these approaches were either complicated and time consuming, or unable to significantly eliminate shrinkage stresses and their sequels. Providing the clinician with a flowable base material for posterior direct and indirect restorations that can be placed and cured in bulk must be one of the most exciting technological advancements in dentistry.

ALL-CERAMIC RESTORATIONS IN ALL SITUATIONS

Atef Shaker

Professor of Fixed Prosthodontics, Faculty of Oral and Dental Medicine, Cairo University



Due to increasing interest in esthetics and concerns about allergic reactions to certain alloys, patients and dentists have come to prefer metal-free, all-ceramic restorations. Fortunately, significant advances in materials and techniques have occurred in the last 30 years that justify the routine use of all-ceramic restorations in dentistry today.

No one can deny the role of ceramics in enhancing the smile in esthetic zone but in posterior areas high masticatory forces of about 500 N require the application of high strength restorative materials. High-strength core materials containing alumina, zirconia, zirconia-toughened alumina, magnesium aluminate spinel and lithium di-silicate have been introduced and clinically tested to solve the problem of strength in the posterior segment.

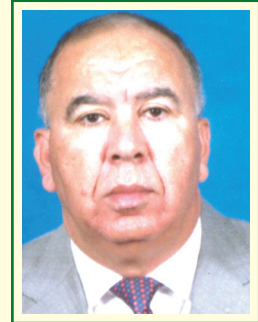
The question here comes in mind.....

Is It Possible to Use an All-Ceramic Restoration in Every Situation?

THE EFFECT OF LOAD AND SALIVA CONTAMINATION ON NUMBER AND DISTRIBUTION OF VOIDS IN GLASS IONOMER CEMENT MICROSTRUCTURE-IMAGE ANALYSIS SCREENING

M S Hawas

Associate Professor of Restorative Dentistry, Dean of Zawia Dental School, Libya



Glass ionomer cements possess several properties that support their consideration in a wide variety of clinical applications including luting cement and filling cement. The purpose of this study was to compare and evaluate MediCem and Medifil glass ionomer luting and filling cements in terms of volume distribution and fraction of voids. Forty samples from each type were prepared, with and without loads applied on these samples. Half of these samples mixed with one drop of saliva. There was noticeable effect of load applied and adding or contamination with saliva on the distribution of voids in the sample studied. The effect of load applied; 300g, 600g and 900g on the sample is noticeable. Load weight directly affects the number of voids in GIC formulation. The filling material more sensitive than luting type for salivary contamination. Significant difference was clear for the voids distribution acquisition after adding one drop of saliva.

DENTAL IMPLANTS IN GRAFTED JAW BONES

Elsayed H. Elgazzaz

Head of Oral and Maxillofacial Surgery Dpt, G. Organ. of Teaching Hospitals, Egypt



Bone grafting is performed to reverse the bone loss/destruction caused by periodontal disease, trauma, or ill-fitting removable dentures. It is also used to augment bone to permit implant placement, such as augmenting bone in the sinus area for implant placement, or augmenting bone to enhance the fit and comfort of removable prostheses, or to enhance esthetics of a missing tooth site in the smile zone. When one loses a tooth, as in an extraction, the surrounding bone collapses.

To preserve this bone for future implant placement or for esthetics, a bone graft is used.

Replacing missing bone or adding to existing bone is very often essential to the success of a dental implant and the ensuing restoration. The techniques to do this are well documented and should be used when indicated by any dentist who places dental implants. Most of us will have a good idea when additional bone or bone repair will be necessary before actually starting the placement of a dental implant and the patients should be informed of this possibility. Sometimes, however, we do get fooled and run into areas where unexpected bone grafting is indicated. As long as the dentist is prepared to replace or add to the existing bone and the patient understands the bone grafting procedure, there should not be any problem with these techniques.

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PRF CONCEPT AND ITS USE IN DENTAL IMPLANTS

Ahmed Halim Ayoub

President of the Egyptian Society of Oral Implantology

Platelet-rich fibrin (PRF), developed in France by Choukroun et al (2001), is a second generation platelet concentrate widely used to accelerate soft and hard tissue healing. Its advantages over the better known platelet-rich plasma (PRP) include ease of preparation/ application, minimal expense, and lack of biochemical modification (no bovine thrombin or anticoagulant is required). PRF is a strictly autologous fibrin matrix containing a large quantity of platelet and leukocyte cytokines. This lecture serves as an introduction to the PRF "concept" and its potential clinical applications.

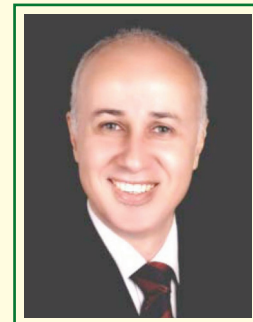


AESTHETIC COMPLICATIONS OF DENTAL IMPLANTS. CAUSES, AND HOW TO AVOID

Mohamad Al-Shahat

Vice Dean, Faculty of Dentistry, Mansoura University, Professor of Oral Medicine and Periodontology, Vice President NAOI

The numbers of endosseous dental implants being inserted all over the world are increased every year, with subsequent increase in their complications. The complications associated with dental implants are multifactorial and may be related to systemic disorders, implant planning, surgical procedures, biomechanical factor, prosthetic-related and bone and/or soft tissue augmentation techniques. Esthetic became the main issue in the final outcomes of dental implants, and failure to achieve good esthetic can be caused either by malpositioned implants, inappropriate number and/or size of utilized implants, or peri-implant infection progressively leading to the destruction of peri-implant bone, or by existing bone or soft-tissue deficiencies in the alveolar process. Factors that may lead to esthetic complications of the final implant restorations will be discussed as well as method of avoiding such complications.



SURGICAL MANGEMENT OF THE CHALLENGING IMPLANTS CASES

Mostafa Shindy, Galal Beheiri, Samer Abdulgabar Noman

Assistant Lecturer - Oral & Maxillofacial Surgery, Faculty of Oral & Dental Medicine, Cairo University

Challenging and difficult implants cases require meticulous planning and precise surgical execution. Many of these patients may have severe resorption of the maxillary and/or mandibular ridges from disuse atrophy or long-term denture wear. They may have lost bone, teeth, and soft tissue as a result of a traumatic injury. Bony defects, of varying sizes, can occur as a result of benign or malignant pathology of the jaws. Reconstructive surgical procedures to treat benign and malignant diseases can leave areas of





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abnormal bony anatomy and scarred soft tissue. Patients may have congenital or developmental growth deformities that require reconstructive procedures and dental implants.

These challenging cases may require a large amount of planning and preparation. Treatment plans may require multiple sequenced procedures, sometimes using multiple and unusual approaches.

We will present clinical cases demonstrating how the advanced and recent concepts are applied for management of patients present to our clinics with multifactorial reconstructive problems, both small and large. Jaw atrophy, congenital deformities, growth abnormalities, pathology and previous surgeries all can create challenging reconstructive cases for the oral & maxillofacial surgeon.

Our treatment concepts for such cases include: computerized CT-guided graft and implants planning, stereolithographic models utilization, advanced grafting techniques, nerve repositioning and combined orthognathic osteotomies with grafting and implants.

These techniques are beneficial and must be considered in the planning and treatment of patients who present with these challenging and difficult cases.

PRINCIPLES OF SURGICAL INTERVENTIONS OF MAXILLOFACIAL TRAUMA

Mostafa Shindy, Galal Beheiri, Samer Abdulgabar Noman

Assistant Lecturer - Oral & Maxillofacial Surgery, Faculty of Oral & Dental Medicine, Cairo University

Trauma to the maxillofacial area mandates special attention. Due to their close proximity and frequent involvement, the vital structures in the head and neck must be evaluated whenever the head and face are injured. Additionally, the psychological impact of disfigurement associated with facial and maxillary trauma can be devastating.

Given the broad variety of facial injuries and potential concomitant complications, management can be challenging even for the most experienced clinician. Goals in the treatment of facial injuries include a return of normal ocular, masticatory, and nasal function, restoration of speech, bone healing, and an acceptable facial and dental aesthetic result.

We will present different cases demonstrating proper approach for surgical management of maxillofacial trauma patient which includes: Mandibular fractures, maxillary fractures, midface trauma, orbital, NOE and panfacial fractures.

COMPARISON BETWEEN STABILITY OF THE ADJUSTABLE PLATING SYSTEM VERSUS BICORTICAL SCREW FIXATION AFTER BILATERAL SAGITTAL SPLIT RAMUS OSTEOTOMY (BSSRO): (Clinical study)

Abdulrahman Ahmed Hunish; Galal Beheiri; Sameh Seif; Samer Noman

Lecturer, IBB University, Sanaa, Yemen.

This study was performed to compare between stability of the adjustable plating system versus bicortical screw fixation after bilateral sagittal split osteotomy (BSSO).

Patients and Methods: a total of 12 female patients suffering from mandibular prognathism and indicated for mandibular setback were referred to the outpatient clinic of Oral and Maxillofacial Surgery department, Faculty of Oral and Dental Medicine, Cairo University. BSSO was performed as described by Trauner and Obwegeser (1957) and modified by Dal Pont (1961).

According to the type of fixation, our patients were divided into two equal groups (6 patients of each).





In Group I bone fixation was achieved by using the adjustable bone plate and four 2.0 mm monocortical screws. Bone fixation was achieved in Group II by using three positional bicortical screws (2.0 mm in diameter).

Results: for group I (plates fixation group), the mean anterior movements (horizontal relapse) of B point, Pog and Me were $1.33 + 0.38$ mm, $1.20 + 0.44$ mm and $1.20 + 0.18$ representing 19.05 %, 20.40 % and 20.69 % respectively.

For group II (screws fixation group), the mean anterior movements (horizontal relapse) of B point, POG and ME were $1.18 + 0.28$ mm, $1.23 + 0.17$ mm and $1.25 + 0.22$ mm representing 20.16 %, 21.62 % and 20.90 % respectively. For both groups, relapse in the vertical direction was very small and did not affect the occlusal stability.

DIFFERENT APPROACHES TO INTRUSION OF INCISORS: LINICAL EVALUATION AND COMPARISON OF MINI-SCREW IMPLANTS VERSUS INTRUSION ARCHES

Fadi Abduallah Saad

Lecturer, Faculty of Oral and Dental Medicine, Aden University, Yemen.

The aim of this study was to compare the effects of incisor intrusion obtained with the aid of miniscrews and intrusive arch.

Methods: Ten patients (4 male, 6 female) with a deepbite of at least 4 mm were divided into two groups. In group 1, 5 patients (2 male, 3 female; mean age, 20 ± 5 years) in the postpubertal growth period were treated by using miniscrews; in group 2, 5 patients (1 male, 4 female; mean age, 21 ± 5 years) were treated with intrusive arches. Lateral cephalometric headfilms were taken at the beginning of treatment and after intrusion for the evaluation of the treatment changes.

Statistical analyses of the data were performed with a significance level of $P \leq 0.05$. Results: Intrusion lasted 6 ± 2 months for both groups. The changes in the center of resistance of the incisors were calculated and change in the axial inclination of incisors and molar were also evaluated.

Conclusions: Unlike with intrusive arches, true incisor intrusion can be achieved by application of intrusive forces close to the center of resistance by using miniscrews with no counteractive movements in the molars.

A CLINICAL STUDY TO COMPARE AUTOGENOUS, VERSUS ALLOGENIC BONE GRAFTS WITH IMMEDIATE DENTAL IMPLANTS

Khaled Hassan

Lecturer, Oral and Maxillofacial Surgery, MIU

Immediate implant is placement of a dental implant immediately after extraction, it is considered to be a predictable and widely used technique nowadays with good success rate. We did our study to evaluate the success rate of immediate dental implants with autogenous and allogenic guided bone regeneration. Patients were divided into two groups:

Group 1: Received immediate implants augmented with autogenous bone graft.

Group 2: Received immediate implants augmented with allogenic graft.

The results revealed that there was a significant difference between the two groups in the benefit of the first one.





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INFLUENCE OF DIFFERENT RESIN CEMENTS ON SHEAR BOND STRENGTH TO ZIRCONIA CERAMICS

Inas T. Motawea, Eman Essam, Rania A. Amin

Lecturer of Dental Materials, Faculty of Dental Medicine (Girls), Al-Azhar University, Egypt.

The aim of this study was to compare the influence of three different resin cement categories on shear bond strength to zirconia ceramics.

Twenty-seven zirconia disks of 10 mm diameter and 3 mm thickness were copy milled from Zirconia blanks. The zirconia substructures were glass infiltrated using zirconia glass. The specimens were embedded in an acrylic resin base and polished with silicon carbide paper under water cooling. The surface was then airborne-particle abraded using 110 µm alumina powder at 2.5 bars from a distance of approximately 10 mm for 14 seconds. Thereafter, all the specimens were ultrasonically cleaned in distilled water for 10 minutes and air-dried. The specimens were randomly assigned to three groups of 9 specimens each (n=9) according to resin luting agent used. A circular split Teflon ring with a central hole of 8 mm internal diameter and 2 mm thickness was filled with composite resin to fabricate composite resin cylinders. The composite resin cylinders were bonded to the zirconia specimens with the three different resin luting agents [RelyX Unicem, Multilink, Bistite] according to the manufacturer's recommendations of each. The ceramic-resin luting agent-composite resin combination was placed under a load of 750 gm using a custom-made alignment apparatus and excess resin luting agent was removed. The resin luting agent was polymerized for 40 seconds on each side of the bonding area. The specimens were washed with air-water spray and stored in distilled water at 37°C for 24 hours. A circular interface lap shear test was designed to evaluate the bond strength. Debonded specimen surfaces were examined by USB digital microscope to determine the nature of their failure.

One-way analysis of variance ANOVA followed by Newman-Keuls multiple comparison tests were used to evaluate the significance between groups. Failure modes were analyzed using Chi-square test. P values ≤ 0.05 are considered to be statistically significant in all tests. Multilink group recorded the highest shear bond strength mean value (8.340 ± 0.166 MPa) followed by RelyX Unicem group (4.500 ± 0.5534 MPa), meanwhile Bistite group recorded the lowest shear bond strength mean value (2.715 ± 0.1 MPa). Bistite group showed adhesive type failures at the interface between zirconia and the resin luting agent, RelyX Unicem group showed adhesive and cohesive type failures, whereas, the Multilink group showed cohesive and mixed type failures in the resin luting agent.

According to the findings of the present study, the combination of airborne particle abrasion and a phosphate based monomer would produce stronger bond to zirconia frameworks.



MEASUREMENT OF DEMINERALIZATION SURROUNDING ORTHODONTIC BRACKETS IMAGE ANALYSIS IN AN ORAL STIMULATING ENVIRONMENT AFTER DIFFERENT FLUORIDE TREATMENTS.

Islam T Abbas. Noha S Kabil

Lecturer in Orthodontics, Faculty of Dentistry, Ain Shams University

The purpose of this study was to investigate the use of image analysis for diagnosis, quantification and comparison of artificially induced demineralization lesions around premolar bonded brackets in an in vitro highly cariogenic oral stimulating environment while comparing the potential of fluoride varnish versus fluoride solution in inhibiting this highly acidic challenge.

Brackets were bonded to sixty extracted premolars that were randomly allocated to 6 groups (n 6 = 10). Two of the groups received no fluoride application (NF4 and NF5), APF gel (9,040 ppm F) was applied to two groups (FS4 and FS5) and the final two groups (FV4 and FV5) were treated with fluoride varnish (22,600 ppm F) before placement of groups (NF4.FS4 and FV4) in pH4 and groups (NF5.FS5 and FV5) in pH5. All groups were cycled for 14 days in the demineralization solution for 8 hours a day, and stored overnight in artificial neutral saliva, until the cycle was repeated completing a cycle of 24 hours. Specimens were kept in an incubator at a constant temperature of 37°C in order to simulate the oral environment. Standardized digital images of the teeth were taken after the experiment. All the images were randomly numbered and then assessed by two investigators, for presence or absence of demineralization areas using image-processing software, and inter-observer reliability was computed. After a week the images were evaluated again by the same observer to evaluate intra-observer reliability.

The area of demineralization in groups with a pH5 was always significantly less than those with a pH4. Group FV5 showed the least area of demineralization followed by FS5. As for the pH 4 groups, the difference between the control and the 2 other experimental groups (F14 and F2 4) showed a low significance with a p-value of 0.06. for both, but the difference between the two experimental groups themselves was non significant with a p-value of 0.414. Intra-observer and inter observer measurements, had a reliability coefficient of 0.96 and 0.91 respectively.

Image analysis is a reproducible and reliable method for quantification of artificial enamel demineralization around orthodontic brackets and the difference in fluoride concentration was not significant when the acid attack reached pH4 but the varnish produced more protection at pH5 next to orthodontic brackets.



SHEAR BOND STRENGTH OF TWO RESIN-ASED RESTORATIVE MATERIALS TO DECIDUOUS AND PERMANENT HARD DENTAL SUBSTRATES USING A SINGLE BOTTLE ADHESIVE AND A SELF ETCHING, ONE STEP ADHESIVE.

Noha S Kabil, Mohamad S Nassif,

Lecturer Pediatric Dentistry Department, Faculty of Dentistry, Ain Shams University

The purpose of this work was to evaluate shear bond strength of a composite and a compomer to deciduous enamel and dentine and





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again with permanent enamel and dentine using etch and rinse single bottle adhesive and a single step self etching adhesive.

Twenty four lower permanent molars and 24 lower deciduous molars were selected in this study. Two resin based restorative composites (Estelite1:, a microhybrid composite resin restorative and Compoglass, a polyacid modified composite) were bonded to deciduous enamel, permanent enamel, deciduous dentine and permanent dentine using two different adhesives (Excite which is a self priming single bottle adhesive and Prompt LP which is a self etching, one step adhesive). The bonded specimens were subjected to shearing force on the universal testing machine. The mean shear bond strength was calculated. The data was subjected to three way ANOVA to study the effect of the different variables (substrate, adhesive and restorative materials) on bond strength. One way ANOVA followed by Tukey post hoc test were performed to compare means. The significance level was set at p value = 0.05.

Three way ANOVA showed significant differences between substrates, adhesives and restorative resins as well as the interaction of the three variables.

Significantly higher bond strength of composite and compomer to enamel whether permanent or deciduous could be achieved using the self priming single bottle adhesive. On the other hand the self priming single bottle adhesive achieved a good bond with permanent dentine but not with the deciduous dentine

DIGITAL PHOTOGRAPH AS A MEASURING TOOL

Ahmad S. Hashem

Medical Photography Course Director, Continuous Education Center, Faculty of Oral and Dental Medicine, Cairo University, Faculty of Dentistry, MSA University

Using digital photographs in the dental field has been a routine work for registration of practical procedures. Digital images can be used as a measuring tool (linear or angular, colour evaluation) to give accurate and reproducible measurements. This study was performed to evaluate the use of digital images as a measuring tool of smile components compared with real measurements. Results showed no significant difference between real and image measurements proving digital images can be a reliable tool in measurements.

Dental Future Planning, How to start your Own dental career.

Dr. Ahmed Massad

*Founder of Dental Future Planning Programs
Dental Specialist of healthcare development project*

In a changing environment fresh dental graduates and young dentists face some challenges in making a suitable and stable financial income through practicing dentistry in a traditional way. Two different out of the box models in the Dental Health Care Projects can support young dentists, help them make calculated decisions and open new windows for innovative ideas in the field of dentistry.





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*Future Trends in Dentistry
Into The Twenty First Century*

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The 15th International Dental Congress

POSTERS

*Future Trends in Dentistry
Into The Twenty First Century*

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Wednesday 26th October, 2011

Al Montaza Foyer Hall

First Session

CHAIRPERSONS

Professor **Ahmed Kassem**

Professor **Ossama Atta**

Professor **Nadia Loffy**

Professor **Nadia Metwally**

Professor **Gamal Fathallah**

10:00- 12:00 *Clinical and Radiographic Evaluation of Laser-Treated Versus Acid-Etched Early Loaded Dental Implants*

Mona Yehia El-Gammal, Heba Abdel-Monem Tawfik Gad Allah, Manal Mohamed Abou Madina, Nahed Ebrahim Hassan Ghoneim
Assistant Professor of Oral Surgery, Faculty of Dentistry, Mansoura University

Gingival Health and the Public

Muazz M Zendaki, Nouran Abdulla Mater, Aisha Khaled
Teaching Assistants, Faculty of Dentistry, MSA University

Ignorance Is Bliss When It Comes To Oral Cancer

Rania I Younis, Haytham A ElKhouly and M Hamdy
Teaching Assistants, Faculty of Dentistry, MSA University

Implant, a GDP Experience

Mohamed Atef Zaky
General Practitioner, Elmallah

Influence of Different Resin Cements on Shear Bond Strength to Zirconia Ceramics

Inas T. Motawea, Eman Essam, Rania A. Amin
Lecturer of Dental Materials, Faculty of Dental Medicine (Girls), Al-Azhar University, Egypt



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Wednesday 26th October, 2011

Al Montaza Foyer Hall

Second Session

CHAIRPERSONS

Professor **Hatem Abdel Rahman**

Professor **Aly Shehata**

Professor **Shereen Ezz El-Din**

Professor **Nawal Lashin**

Professor **Samia El-Azab**

1:00 - 3:00

Implants Connected To Teeth: Scientific Evidence and Clinical Experience

Assem Mohamed Hossam Eldein

Specialist, Alexandria Dental Research Center

Sagittal Arch Developer Appliance: Clinical and Radiographic Evaluation.

El Hendawy F, Khatab A, Abdelwareth A.

Tanta University, College of Dentistry, Pediatric Dentistry;

Orthodontic Department

Shear Bond Strength Of Two Resin-Based Restorative Materials To Deciduous And Permanent Hard Dental Substrates Using A Single Bottle Adhesive And A Self Etching, One Step Adhesive

Noha S Kabil, Mohamad S Nassif

Lecturer Pediatric Dentistry Department, Faculty of Dentistry, Ain

Shams University

The Relation of Systemic Conditions and Oral Health

Maha Abu-Heikal, Anhar El-Gebeely, Zahra Nabil

Teaching Assistants, Faculty of Dentistry, MSA University

Maxillary and Mandibular Bones Dimensions Measurements for Implant Site Assessment Using Cone Beam Computed Tomography: Inter and Intra Observers Agreement

Nagla'a Abdel Wahed, Reham Hamdy, Zeinab Abdulsalam

Associate Professor, Oral Radiology Department, Faculty of Oral and Dental Medicine.



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Thursday 27th October, 2011

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First Session

CHAIRPERSONS

Professor Farouk Abdallah

Professor Ahmed Zaki

Professor Badawy Abul Mahassen

Professor Ashraf Karakasy

Professor Amr Labib

10:00- 12:00 ***Preserve the Best, Remove the Rest”: Minimally Invasive Dentistry for Dental Caries Management***

Nidhi Madan; Arun Rathnam

Assistant Professor of Pedodontics and Preventive Dentistry

College of Dentistry, Jazan University, Jazan, Kingdom of Saudi Arabia

Radiodensitometric Evaluation of Low Power Laser on Bone Density in Diabetic Patients

Ahmed M El Rawdy; Mouchira Salah Eddin, Mohamed Said Hamed,

Wael Amin; Jehan El Desouky

Suez Canal University

Removable Prosthesis, Concepts, Limitations And Future

Hoda Abdel Rahman; Ahmed Salah Hashem

King Abdul Aziz University

Update Treatment Modalities for Oral Ulcers

Khaled Abul Fadl, KSA

Comparative Evaluation of the Preparation Efficacy of Mtwo, Race, and Hero Shaper in Curved Root Canals

Hagar Abd El Naby Bastawy; Mohamed Mohamed Khalifa; Medhat

Abd El Rahman Kataia; Mervat Ibrahim Fawzy

Lecturer, Faculty of Dental Medicine (Girls), Al-Azhar University

Effect of Different Surface Treatments on the Microleakage of Pressable Ceramic/Enamel Interface

Faisal S. Hamza, TA, Fixed Prosthodontics Dept., MSA University



POSTERS

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Thursday 27th October, 2011

Al Montaza Foyer Hall

Second Session

CHAIRPERSONS

Professor Zoheir Abu Tabl

Professor Mohamed Sadek

Professor Osman Salah El-Abbassy

Professor Moataz El-Mahdy

Professor Magda M Aly Hassan

1:00 - 3:00

Immunohistochemical Expression Of Cyclooxygenase-2, Vascular Endothelial Growth Factor-C And Tyrosine Kinase Receptor Protein C-Kit In Salivary Gland Carcinomas

Awatef Ibrahim Draz, KSA

Investigations of Primary Non-Hodgkin's Lymphoma of the Mandible in Young Yemeni Adults

Nader A Al-Aizari, Layla H Fadhel, Louloa Mohamed Fathy, Yemen

Measurement of Demineralization Surrounding Orthodontic Brackets Image Analysis In An Oral Stimulating Environment After Different Fluoride Treatments.

Islam T Abbas, Noha S Kabil

Lecturer in Orthodontics, Faculty of Dentistry, Ain Shams University

The Influence of Surface Conditioning On the Shear Bond Strength of Several Resin Cement to Zirconia Ceramics

Jihye Jung; Cho Hyewon; Kim Yulee

Specialist, The Catholic University of Korea Uijeongbu St. Mary's Hospital

Use Of Platysma-Based Transpositional Flap In Reconstruction Of Oro-Facial Defects

Mohamed M Osman, Tarek Mohadel, Egypt

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Friday 28th October, 2011

Al Montaza Foyer Hall

First Session

CHAIRPERSONS

Professor Essam Sanad

Professor Mohamed Yassaky

Professor Mervat Moussa

Professor Sawsan N Abdel-Bary

Professor Amina Kamel Amin

Professor Ossama El-Shal

10:00- 12:00 ***A Prospective Study of Early Loaded Single Implant-Retained Mandibular Overdentures: Preliminary One-Year Results***

*Ali Mohamed El-Sheikh, Omar F Shihabuddin, Sahar MF Ghoraba
Department of Oral and Maxillofacial Surgery, Dammam Dental
Centre; Department of Periodontology, Oral Medicine, Radiology and
Diagnosis, Faculty of Dentistry, Tanta University*

Comparative study between 2.0 mm locking plates and 2.0 mm standard plates In treatment Of mandibular fracture

Soud Abdelaziz Alamiri, kuwait

Comparison of Mean Tooth Attrition Score in Psychiatric Patients with Depression, With Healthy Individuals

*Azad Ali Azad; Capt Dr Muhammad Amjad
Army Medical College / Armed Forces Institute of Dentistry/ National
University of Science and Technology Islamabad, Pakistan*

Cone Beam Computedtomography in Assessment of Anterior Maxillary Osteotomy

Ahmed Fathi AL-Omar, Palestine

Rating of profile attractiveness after mandibular advancement.

*Nabeel Abu Shamaa, Abbady El-Kadi, Mohamed Adel Nadim;
A. Professor, Faculty of Dentistry, Suez Canal University*



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Friday 28th October, 2011

Al Montaza Foyer Hall

Second Session

CHAIRPERSONS

Professor Ahmed Hassanein

Professor Adel Zein

Professor Hassan Sadek

Professor Taheya Moussa

Professor Soona Ezz El-Din

1:00 - 3:00 ***Dental Extraction In Patient On Anticoagulant Therapy Using Two New Local Haemostatic Agents***
Talal Gazi Alotaibi

Prevalence Of TMJ Symptoms In Traumatized Patients Previously Treated For Mandibular Fractures. "Retrospective Study"

Hala M Abdel-Alim, Hassan A Abdel-Dayem, K M Mohamed
Professor of Oral and Maxillofacial Surgery, Assistant Professor of Oral and Maxillofacial Surgery, Faculty of Dentistry, King Abdelaziz University, Jeddah Saudi Arabia

Clinico-Pathological Study Of Odontoma In 19 Libyan Patients

Ali Mohammed Elmurtadi; Mohamed S Ingafou
Associate Professor, Dental School-Garyounis University-Libya

Evaluation of Periodontal Conditions in Morbid Obesity Patients

Silvia Helena de Carvalho Sales-Peres; Matheus de Carvalho Sales-Peres;
Patrícia Garcia de Moura-Grec; Juliane Avansini Marsicano; Reginaldo Ceneviva; Arsenio Sales-Peres
Associate Professor, University of São Paulo, Brazil

Shear Bond Strength Between Porcelain To Castable And Non-Castable Metal Base Alloy

Talal Bader Al-Jutaili



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ENDODONTICS IN THE NEW MILLENNIUM "MICROENDODONTICS"

Lecturer *Prof. M. Fayad (USA)*

Abstract Magnification in endodontics has been documented to improve the success of endodontic therapy. From non surgical to surgical endodontics, the philosophy of practicing endodontics has changed. This pre conference symposium will demonstrate from the clinician's point of view how magnification and illumination can facilitate clinical non surgical and surgical procedures achieving a predictable outcome.

Date Tue. Oct 25-10-2011

Venue Future University

Fees 1500 L.E For staff members: 900 L.E

Credit Hours 6 CH

APPLYING DENTAL FUTURE PLANNING TECHNIQUES TO ACHIEVE WEALTH & HEALTH

Lecturer *Dr. Ahmed Mossad (Egypt)*

Abstract In this course you will have different tools to be able to manage your dental future career within the Egyptian market.

- How to make a decision regarding your dental future by using the Decision making process tool.
- How to Perform your CV (CV writing Skills)

Date Wed. Oct 26-10-2011

Venue (Al Manial Hall)
9:00 A.M. -2:00 P.M.
Inter. City Stars

Fees 200 L.E

Credit Hours 5 CH



WORKSHOPS

EGYPTIAN DENTAL ASSOCIATION The 15th International Dental Congress

MINI IMPLANTS IN RESTORATION OF LOWER DENTURE

Lecturer *Prof. Mahmoud Addel Salam (USA)*

Abstract The dentist will be familiar with dental implants. Indications and contra indications, medical history and systemic diseases interfering with dental implants will be discussed. Surgical stents: types and indications will be explained and discussed. Step by step surgical performance of implant placement will be discussed and performed. Diagnosis and treatment planning for different cases will be performed. The dentist will be familiar with different types of restorations from start to finish. In conclusion: the dentist will have broad ideas for indications and performance of dental implants (surgical and restorative) including MINI DENTAL IMPLANT (MDI) and stability of mandibular complete denture.

Date Wed. Oct 26-10-2011

Venue (Al Manial Hall)
3:00 P.M. – 7:00 P.M.
Inter. City Stars

Fees 500 L.E

Credit Hours 4 CH

WAVE ONE: INNOVATIVE TECHNIQUE FOR ROOT CANAL PREPARATION

Lecturer *Prof. Hossam Tewfik (Egypt)
with Endodontic Dept. Cairo University*

Abstract

- Only one NiTi instrument per root canal in most cases
- Optimal cutting efficiency
- Decreases the global shaping time by up to 40%
- Saves time and increases comfort
- Simplicity, safety and efficiency
- Reduced risk of a screwing effect and file breakage
- Flexibility and greater resistance to cyclic fatigue, the leading cause of file separation

Date Wed. Oct 26-10-2011

Venue (Mamouniah Hall)
3:00 P.M. – 7:00 P.M.
Inter. City Stars

Fees By Invitation



WORKSHOPS

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DENTISTRY IN THE US FOR FOREIGN GRADUATES

Lecturer *Dr. Ahmed Adel Monem (USA)*

Abstract Some of the most important long term investments of your life are your education and your career. This course is a must for dentists and/or dental students who seek advice to continue their career and practice dentistry In the United States of America In summary, to become a licensed dentist in the U S you need education, written examination and clinical exam by state/region.

This one-day course will enable you to save time and cost as well as learn new information. Participants will need to fill out their profiles and answer a questionnaire so they can have one to one professional advice and a clear idea about whether or not to go to the U.S.

Date Thu. Oct 27-10-2011

Venue (Mamouniah Hall)
9:00 A.M. -2:00 P.M.
Inter. City Stars

Fees 300 L.E

Credit Hours 4 CH

PREDICTABLE DENTAL ESTHETICS: THE DUTCH WAY.

Lecturer *Dr. Hein de Kloet (Netherlands)*

Abstract One of the first goals a patient has, visiting a dentist, is a beautiful, nice looking smile. It is of utmost importance a dentist deals effectively with patient wishes and desires in the field of dental aesthetics. To tune patient's wishes and sometimes much too high expectations to the technical and aesthetic possibilities there are in someone's mouth, a thorough investigation, knowledge of aesthetic principles and intensive communication is necessary. In the lecture will be demonstrated how dental imaging is used for this communication and design of a treatment plan and how predictable dentistry becomes a reality.

Date Thu. Oct 27-10-2011

Venue (Mamouniah Hall)
4:00 P.M. – 7:00 P.M.
Inter. City Stars

Fees By Invitation (3M)



WORKSHOPS

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ROTARY ROOT CANAL INSTRUMENTATION AND GUTTA PERCHA OBTURATION : A NEW APPROACH (IREVO-S)

Lecturer	Dr. A. Abdel-Rahman (Egypt)
Abstract	Working Length determination using digital apex locator Access Cavity -Endo Flare [®] and Coronal Flaring Root Canal Preparation Using REVO-STM Ni. Ti. Rotary system Root Canal Obturation using continuous heat wave & Injection moulded thermoplastic Technique-E&Q Plus [®] .
Date	Thu. Oct 27-10-2011
Venue	(Al Manial Hall) 9:00 A.M. -2:00 P.M. Inter. City Stars
Fees	500 L.E
Credit Hours	5 CH

IRACE FILE WITH ALTERNATING CUTTING EDGES QUICK EFFECTIVE AND SAFE

Lecturer	Alexandre Mulhauser (Switzerland) Dr. M. Mahmoud Ibrahim (Egypt)
Abstract	Introduction to the last generation of endodontic files: the quick, effective and safe iRaCe. This course will be dedicated to give a view on root canal preparation with a short sequence of RaCe files called iRace. This workshop will provide an access to the participants to get acquainted with the application of this new nickel-titanium system (iRaCe).
Date	Thu. Oct 27-10-2011
Venue	(Al Manial Hall) 3:00 P.M. – 7:00 P.M. Inter. City Stars
Fees	500 L.E
Credit Hours	5 CH



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PROTAPER , NEW MODIFIED ROTARY NI-TI ROTARY INSTRUMENTS

Lecturer *Dr. Hossam Tewfik (Egypt)*

- Abstract**
- Cleaning & Shaping of narrow curved root canals is time consuming with higher chances of procedural errors as ledges, perforations & instrument separation.
 - The introduction of new automated systems which incorporates increased taper NiTi files is changing the profile of endodontic.
 - These new systems when conjugated with proper coronal access preparation & new instrumentation concepts appears to be revolutionary.
 - This presentation will overview the rotary NiTi instrumentation systems & helps understand their advantages & limitations.
 - In addition the presentation will correlate research data with clinical application of ProTaper Universal NiTi rotary system & The Thermo Plasticized Obturation system as compared with the other traditional techniques.

Date Fri. Oct 28-10-2011

Venue (Al Manial Hall)
9:00 A.M. -2:00 P.M.
Inter. City Stars

Fees 500 L.E

Credit Hours 5 CH

OCCLUSAL SPLINT THERAPY

Lecturer *Prof. Mahmoud Addel Salam (USA)*

Abstract The dentist will be familiar with different types of occlusal splints and indications. the effect of occlusal problems and identification of premature contact between upper and lower teeth will be discussed. the Tempromandibular joint problems and its relations to the occlusal splint will be opened to discussion. Anterior bite splint and ITI-tss splint will be discussed .Step by step fabrication of maxillary occlusal splint will be performed.

Date Fri. Oct 28-10-2011

Venue (Al Manial Hall)
3:00 P.M. – 7:00 P.M.
Inter. City Stars

Fees 300 L.E

Credit Hours 4 CH



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EGYPTIAN DENTAL ASSOCIATION The 15th International Dental Congress

COMPREHENSIVE ORAL CARE FOR CHILDREN : NEW CONCEPTS

Lecturer	Prof. Fouad Salama (USA)
Abstract	These four parts presentations will cover pertinent information to be used by pediatric dentists and general practitioner in their practice for providing dentistry for children and adolescents. The practitioner treating the young and growing child dental patient has a unique opportunity to provide services across the spectrum of care; from diagnosis to prevention; restorative and other treatments. This course will provide the attendee with evidence based up-to-date information regarding comprehensive oral care for the child patient and present the new modalities of prevention and restorative pediatric dental care and what every dentist or allied health professionals needs to know about advances in pediatric oral care. The course will review a variety of cutting edge topics as related to clinical application perspective. Upon completion of this course, the participant should have a better understanding of the major clinical and knowledge base areas of pediatric dentistry.
Date	Fri. Oct 28-10-2011
Venue	(Mamouniah Hall) 9:00 A.M. -2:00 P.M. Inter. City Stars
Fees	500 L.E
Credit Hours	6 CH

MASTERING MEDICAL PHOTOGRAPHY

Lecturer	Dr. Ahmed Salah (Egypt)
Abstract	What the candidate will be able to do? <ul style="list-style-type: none">o Selecting the proper tool to use.o Producing high quality standardized medical images.o Avoiding errors affecting image quality.o Correcting some errors.o Image enhancemento Using standardized photographs as a measuring toolo Recent application of photography in dental field
Date	Fri. Oct 28-10-2011
Venue	(Mamouniah Hall) 3:00 P.M. – 7:00 P.M. Inter. City Stars
Fees	500 L.E
Credit Hours	4 CH



WORKSHOPS

EGYPTIAN DENTAL ASSOCIATION The 15th International Dental Congress



REGENERATIVE ENDODONTICS NON-VITAL OPEN APEX TEETH: WHAT DOES THE FUTURE HOLD?

Lecturer *Dr. A. Abdel-Rahman (Egypt)*

Abstract Participants should be able to:

1. List the problems encountered with non-vital open apex teeth.
2. Evaluate the different techniques to manage non-vital open apex teeth with reference to their advantages and drawbacks.
3. Discuss the current evidence based approaches to regenerate pulp-dentin complex.

Date Sat. Oct 29-10-2011

Venue Future University

Fees 500 L.E

Credit Hours 6 CH

ALL CERAMIC PREPARATIONS AND CEREC SOFTWARE APPLICATIONS

Lecturer *Prof. Atef Shaker (Egypt)*

Abstract Each participant will be familiar with:

- Failures of all-ceramic restorations, causes and how to avoid them.
- Preparation parameters of natural tooth to receive all ceramic restorations including inlays, onlays, anterior & posterior crowns, veneers and FPDs.
- Unusual preparations parameters as inlay-retained FPDs & Endo-crowns.
- The use of CEREC software in preparation evaluation.
- CAD/CAM applications in everyday dentistry.

Date Sat. Oct 29-10-2011

Venue Future University

Fees 1800 L.E

Credit Hours 6 CH



WORKSHOPS

EGYPTIAN DENTAL ASSOCIATION The 15th International Dental Congress

DENTAL IMPLANTS : BASICS, CHALLENGES AND SOLUTIONS HANDS ON FOR IMPLANT INSERTION

Lecturer	Prof. Ahmed Barakat (Egypt)
Abstract	Lecture topics: 1. Patient selection, examination and preparation. 2. Surgical protocol of classical implant placement. 3. Overview of prosthetic steps of implant restoration. 4. Restoration of the resorbed alveolar ridge. Hands-on: 1. Implant site osteotomy, preparation and implant insertion. 2. Demonstration on the components of dental implants and their uses.
Date	Sat. Oct 29-10-2011
Venue	Future University
Fees	900 L.E
Credit Hours	5 CH

TOOTH BLEACHING (CONSERVATION TREATMENT OF DISCOLORED TEETH)

Lecturer	Dr. Ahmed Al-Hoshy (Egypt) Dr. Karim Abo Elenien (Egypt)
Abstract	Tooth whitening removes intrinsic and extrinsic staining. Many tooth-whitening options are currently available, including in-office treatments and home-use products that can be office-dispensed or purchased over the counter. Each type of treatment has its own advantages and disadvantages. Management of potential side effects such as tooth sensitivity and gingival irritation must be considered and managed if necessary.
Date	Sat 29 and Sun 30-10-2011
Venue	Future University
Fees	600 L.E
Credit Hours	8 CH



WORKSHOPS

EGYPTIAN DENTAL ASSOCIATION The 15th International Dental Congress



LATEST TECHNIQUES IN DENTISTRY : LUMINEERS, SNAP-ON SMILE, SAPPHIRE LASER DIODE

Lecturer *Dr. David Silber (USA)*

Abstract LUMINEERS, SNAP-ON SMILE, SAPPHIRE LASER DIODE.
1st LUMINEERS: - The LUMINEERS smile design workshop is a comprehensive 2- day course on non-invasive LUMINEERS procedures designed to provide a foundation for diagnosis, treatment planning, treatment initiation, placement and finishing.

WHAT IS LUMINEERS?

LUMINEERS BY CERINATE is a pain free alternative to traditional veneers. (MADE of patented Cerinate , these as thin as a contact lens and placed over your existing teeth , without removing sensitive tooth structure.)

WHY PATIENTS LOVE CERINATE PROCEDURES?

- o Minimal to no reduction of sensitive tooth structure usually no injections required.
- o The strength of Cerinate Porcelain allows LUMINEERS to be made as thin as a contact lens.
- o Provide patients with instant orthodontics.
- o Permanent whitening-no staining or discoloration.
- o Guaranteed 5-years available.
- o Strengthen, lengthen and reshape teeth.

2nd SAPPHIRE: - Learn how sapphire soft tissue management can give the dentist the ability to perform minimally invasive precise incision which will minimize bleeding at the site and accelerate healing time for patient.

Learn how to use SAPPHIRE Laser diode for:-

- o Gingival Contouring.
- o Gignectomy.
- o Gingival Thoroughing.
- o Labial Frenectomy.
- o Homeo Stasis.

3rd SNAP-ON SMILE: - Discover Snap-on smile the first and only affordable, non-invasive & completely reversible dental treatment that requires no shots, no drilling, no adhesives. The people in these photographs are actual Snap-On Smile clients. See how Snap-On Smile has transformed their smiles....and their lives!

The Advantages of LUMINEERS and SNAP-ON SMILE in our workshop:-

- o Learn to diagnose, treat and market LUMINEERS.
- o Focus on full-arch aesthetics.
- o How to determine if minimal tooth preparation is necessary.
- o The fine art of finishing.
- o Aesthetics and Golden proportions.

Date Sat 29 and Sun 30-10-2011

Venue Grand Hyatt Hotel

Fees 7900 L.E with LUMINEERS
4500 L.E without LUMINEERS

Credit Hours 14 CH