



EGYPTIAN DENTAL ASSOCIATION
17th INTERNATIONAL DENTAL CONGRESS
IN COLLABORATION WITH
FUTURE UNIVERSITY



The 17th International Dental Congress
NEW PROSPECTS
IN DENTISTRY

HELD IN
INTERCONTINENTAL CITY STARS HOTEL
11th to 13th November 2015


UNDER THE AUSPICES OF



Professor Ashraf El Shihy

Minister of Higher Education
and Scientific Research



The 17th International Dental Congress
NEW PROSPECTS
 **DENTISTRY**





Professor Maguid Amin
Honorary President of the Congress



The 17th International Dental Congress
NEW PROSPECTS
DENTISTRY





Professor Salah Hamed
President of the Congress



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Professor Mouchira Salah-El-Din
Vice President of the EDA and the Congress



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Professor Ahmed Farid Shehab

Secretary General of the EDA
and The Congress



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Professor Tarek Abbas Hassan
President of the EDA



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Professor Hesham Katamish
General Director of the Congress
Treasurer of the EDA



Professor Nour Habib
Treasurer of the Congress



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Professor Reda Abdel- Rahman
Dean and Coordinator of FUE



Professor Ragab Radwan El-Beialy
Board Member of the EDA



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Professor Ibrahim E. Shindy
Board Member of the EDA



Professr Hussein M EL-Tanany
Board Member of the EDA



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Professor Mohamed R. Farid
Board Member of the EDA
Chairman of Scientific Committee



Ass. Professor Mohamed Farid Shehab
Co-Chairman, Scientific Committee



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ASSOCIATION 2015**

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Professor Tarek Abbas	Professor Ahmed Farid Shehab
Professor Salah Hamed Sherif	Professor Ibrahim Ezzat Shindi
Professor Ahmed Farid Shehab	Professor Ragia Mounir
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Professor Sameh Mekhamr	Professor Ahmed Barakat
Ass. Prof. Mohamed Farid Shehab	Ass. Prof. Mohamed Farid Shehab



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Organizers Team

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Mirette El Wakil	Yara Badr	Farah Sheba
Caroline George	Chantal Cherif	Farah Tarek
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Mostafa Hussein		
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Mohamed Gad	Remon Wahid	Omar Alaa
Khaled Abed	Islam Sherif	Amr Raed
Ibrahim Moussa		Moataz Ahmed





Dear Colleagues,

On behalf of myself and of all EDA board members, I extend a very welcoming hand to all our colleagues, our participants and our visitors. We are all very proud and happy to have you with us here in Cairo.

Our last meeting was a very successful one, both scientifically and socially, and we promise you at least an equally successful, or an even more enterprising meeting. The quality of the scientific papers to be presented in this conference is extremely high, and we promise you that the social program accompanying and following the congress will appeal to you all.

The EDA board and members are very happy to have you all with us, and we wish you a very pleasant stay and hope to see you all in Cairo in next EDA meetings.

Professor

Salah H. Sherif,

President of the Congress
Dean, Faculty of Dentistry, MSA



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It is indeed a source of great pleasure to welcome all our esteemed guests in the Egyptian Dental Association's 17th International Dental Congress.

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

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

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

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

Professor
Ahmed Farid Shehab
General Secretary
of the EDA and the Congress



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CONGRESS **TIMETABLE**



Wednesday 11th November, 2015

Hall (Al-Montazah)

First Session

Chairpersons

Professor Salah El-Beheiry

Professor Sherin Ezz El-Din

Professor Nevine Waly

Professor Mahmoud Hamdy

Professor Randa Hafez

Ass. Professor Noha Kabil

Time	Lecture
9:30 – 10:10	Management of Dental Traumatic Injuries in Children; An Update For The General Practitioner <i>Osama El Shahawy (Egypt)</i>
10:10 – 10:30	Achieving Excellence in Faculty and Students' Learning Using New Technology <i>Mihaela Harutunian (USA)</i>
10:30 – 11:40	Simple and Reliable Solutions in Modern Restorative Dentistry <i>Carlos Sabrosa (Brazil)</i>
11:40 – 12:00	Pediatric Panoramic and Cephalometric Exposure to Organs of the Head and Neck <i>Iryna Branets (USA)</i>
Break	

CONGRESS TIME TABLE



Wednesday 11 th November, 2015	
Hall (Al-Montazah)	
Second Session	
Chairpersons	
Professor Siza Yakoub	
Professor Medhat Abdel Rahman	
Professor Ashraf Attia	
Professor Amira Farid	
Professor Khaled Hazem Attia	
Ass. Professor Islam Tarek	
Time	Lecture
12:00 – 12:40	Integrated Case Presentation--- A Way of Learning, Teaching, and Establishing Inter-Professional Teams to Facilitate Team Based Learning Angela De Bartolo (USA)
12:40 – 1:00	Prognosis of Complicated Cases in Endodontics Rahil Douaihy (Lebanon)
1:00 – 2:00	Today's Dentistry: An Invaluable Experience with CAD/CAM Knowledge Denise Jean Estafan (USA)
2:00 – 3:00	Lunch Break

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Wednesday 11th November, 2015

Hall (Al-Montazah)

Third Session

Chairpersons

Professor Mohamed Taher

Professor Maged Negm

Professor Yehia El-Boghdady

Professor Khaled Ezzat

Professor Mohamed Abd El-Azim

Professor Randa El-Boghdady

Time	Lecture
3:00 – 4:00	Embracing The Future Of Endodontic Therapy <i>Sergio Kuttler (USA)</i>
4:00 – 4:20	Evaluation of the ability of different materials to reinforce coronally mutilated, endodontically treated teeth. <i>Elham Elshaboory (Egypt)</i>
4:20 – 5:00	Digital smile design (DSD): marketing vs. clinical application <i>Mohamed Foad (Egypt)</i>



CONGRESS TIME TABLE



Wednesday 11th November, 2015

Hall (Al-Montazah)

Fourth Session

Chairpersons

Professor Inas Samy

Professor Alaa Diab

Professor Abeer Marzouk

Professor Omailma Safwat

Professor Atef Aguib

Ass. Professor Mai Yousry

Time	Lecture
5:00 - 5:40	Earn Control & Maximize the Efficiency of Your Dental Clinic <i>Anna Maria Yiannikos (Greece)</i>
5:40 - 6:00	Challenges and achievements of implementing evidence based reporting guidelines at Cairo University. <i>Ahmed Elkhadem (Egypt)</i>
6:00 – 6:20	New Nomenclature, Incidence and location of Extra Roots and Root Canals in Human Permanent Teeth <i>Mohamed Fakhr (Egypt)</i>
6:20 – 6:40	The FDI criteria: Comprehensive evaluation of direct and indirect restorations for reliable randomized clinical trials. <i>Ahmed Gamal Zaghoul(Egypt)</i>
6:40 – 7:00	Do Different Types Of Egyptian Natural Bee Honey Have Different Cariogenic Effects? <i>Marwa Abdel Kader Taha (Egypt)</i>
7:00 – 7:20	Surgical Approach to Complicated and Lateral Orbital Fractures <i>Fawzy Tantawy (Egypt)</i>

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Wednesday 11th November, 2015

Hall (Abdeen)

First Session

Chairpersons

Professor Tarek Abbas

Professor Tarek El-Sharkawy

Professor Abdul Aziz Fahmy

Professor Mohamed Deheis

Professor Ahmed El-Adawi

Professor Tarek Abd El-Samad

Time	Lecture
9:30 - 12:00	Evidence based bioengineering of atrophied alveolar bone using polymers, bone blocks, stem cells and local growth factors and Implants. <i>Mohamed Sharawy (USA)</i>
Break	

CONGRESS TIME TABLE



Wednesday 11th November, 2015

Hall (Abdeen)

Second Session

Chairpersons

Professor Ragab El-Beialy

Professor Abd El-Hady Nasef

Professor Ibrahim Shindy

Professor Galal El-Behairy

Professor Amal Kaddah

Professor Ahmed Barakat

Time	Lecture
12:00 – 01:00	New alternative major maxillofacial reconstructions versus implant. <i>Gilberto Sammartino (Italy)</i>
1:00 – 2:00	Implant Therapy Strategies for the Aesthetic Zone <i>Konstantinos Valavanis (Italy)</i>
2:00 – 3:00	Lunch Break

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Wednesday 11th November, 2015

Hall (Abdeen)

Third Session

Chairpersons

Professor Laila Emara

Professor Nabila Fayed

Professor Reda Abdel- Rahman

Professor Hany Amin

Professor Khaled Tawfik

Professor Abd El Monem Abd El Ghafaar

Time	Lecture
3:00 – 5:00	<p>What Can Narrow-Diameter Implants Do?</p> <p>Shereen El Attar (Egypt)</p>



CONGRESS TIME TABLE



Wednesday 11th November, 2015

Hall (Abdeen)

Fourth Session

Chairmen

Professor Mansour Hussien

Professor El-Saied Mohamed

Professor Mohamed Abd El-Salam

Ass. Professor Walid El-Beialy

Ass. Professor Gamal Moatemed

Ass. Professor Nadia Galal

Time	Lecture
5:00 - 5:40	Management of Oral and Maxillofacial Infections Mohamed Said Hamed (United Arab Emirates)
5:40 - 6:20	Management of TMJ disorders for general dental practitioner Ashraf Fathy (Egypt)
6:20 - 6:40	Repair of Alveolar Cleft Defects Using Bone Marrow Aspirate Hassan Abdel-Ghany (Egypt)
6:40 - 7:00	Deproteinized Bovine Bone Graft in Maxillary Alveolar Cleft Reconstruction Tarek Faramawy (Egypt)
7:00- 7:20	Predictability of different modalities for mandibular angle fracture management Lydia Melek (Egypt)

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Thursday 12th November 2015

Hall (Al-Montazah)

First Session

Chairpersons

Professor Youniss Mohamed

Professor Faten Kamel

Professor Amgad Kaddah

Professor Hussein Gomaa

Professor Amr Abou El-Ezz

Professor Abaddy El-Kady

Time	Lecture
9:00 - 9:20	Bleaching, concept of controversies Ahmed EL Hoshy (Egypt)
9:20 - 10:00	Nanotechnology in dentistry Prathibha Prasad (India)
10:00 - 10:50	Teaching Dental Students Using Online Multimedia How To Do Invisalign Rebecca Poling (USA)
10:50 - 11:30	How Would you Treat this Patient with Severe Erosion and Irregular Spacing of the Anterior Teeth? Rebecca Poling , Denise Jean Estafan (USA)
11:30 - 12:00	Coffee Break

CONGRESS TIME TABLE



Thursday 12 th November 2015	
Hall (Al-Montazah)	
Second Session	
Chairpersons	
Professor Salsabyl Ibrahim	
Professor Saied Abdel Aziz	
Professor Khaled Abdou El-Fadl	
Professor Essam Othman	
Professor Mohamed Abd El-Mohsen	
Professor Ehab Hassanien	
Time	Lecture
12:00 - 1:00	Skyn Concept & DSD Workflow Livio Yoshinaga (Brazil)
1:00 - 2:00	CBCT in Endodontics: Scientific evidence and clinical experience Ahmed Abdel Rahman Hashem (Egypt)
2:00 - 3:00	Lunch Break

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Thursday 12th November 2015

Hall (Al-Montazah)

Third Session

Chairpersons

Professor Mohamed Sherien

Professor Mona Riad

Professor Nada Nouman

Professor Adel Ezat

Professor Hossam El-Malahy

Professor Amr Shabaka

Time	Lecture
3:00 - 4:00	Pain & Its Differential Diagnosis <i>Maged Negm (Egypt)</i>
4:00 - 4:20	Aspects of Oral Health in Georgia <i>Vladimir Margvelashvili (Georgia)</i>
4:20 - 5:00	Debunking of dental amalgam myths. Foolish propaganda vs scientifically documented acting role in modern restorative dentistry. <i>Mostafa Abdulhameed Hassan (Egypt)</i>



CONGRESS TIME TABLE



Thursday 12th November 2015

Hall (Al-Montazah)

Fourth Session

Chairpersons

Professor Ahmed Helmy

Professor Elie Azar Maalouf

Ass. Professor Osama El Shahawy

Ass. Professor Asmaa Harhash

Ass. Professor Manal El-Sayed

Ass. Professor Norhan El-Dokky

Time	Lecture
5:00 - 5:20	Management of delayed eruption in children Talat Mohamed Beltagy (Egypt)
5:20 - 5:40	Reciprocation versus continuous rotation...how do I choose? Amira Galal Ismail (Egypt)
5:40 - 6:00	Smile Makeover Using Prep-Less and Minimal-Prep Laminate Veneers. Hany Tarek Salah (Egypt)
6:00 - 6:40	Dentists and Marketing, choice or obligation. Mohamed Hassan Makhoul (Kuwait)
6:40 - 7:00	Modern Dental Advertisement Ehab Heikal (Egypt)
7:00 - 7:20	Productivity in Dentistry Dina Fathy El-Nabawy (Egypt)

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Signal
sensitive
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Thursday 12th November 2015

Hall Abdeen

First Session

Chairpersons

Professor Sherif Sabry

Professor Sayed Attia

Professor Hesham Abd-Elhakam

Professor Mohamed Abd EL-Akhar

Professor Tarek Mahmoud

Professor Mohamed Diaa

Time	Lecture
09:00 - 09:40	Tissue engineering, PRF, MPM and its role in dental implant treatment <i>Ahmed Halim Ayoub (Egypt)</i>
09:40 - 10:00	What do you know about the BRONJ. <i>Rehab El Sharkawy (Egypt)</i>
10:00 - 10:20	The Tongue: Achilles heel on the treatment of TMD <i>Silvana Beraj (Albania)</i>
10:20 - 11:00	Gunshot wounds to the face: An over view. <i>Hassan Sadek (Egypt)</i>
11:00 - 11:30	Bone surgery in cleft patients <i>AbdelFattah Sadakah (Egypt)</i>
11:30 - 12:00	Coffee Break

CONGRESS TIME TABLE



Thursday 12 th November 2015	
Hall Abdeen	
Second Session	
Chairmen	
Professor AbdelFattah Sadakah	
Professor Mohamed Kenawy	
Professor Mostafa Ezz	
Professor Ragia Mounir	
Professor Sameh Mekhemer	
Professor Hassan Sadek	
Time	Lecture
	Computer Guided Oral and Maxillofacial Surgical procedures. Oral and Maxillofacial Surgery Department Cairo University (Egypt)
12:00 - 1:45	Orthognathic Surgery Le Fort I Tooth-bone supported surgical guides Mohamed Farid Shehab Le Fort I Bone-bone supported surgical guides Youssef Al-Mansi BSSO condylar positioning device Adel Abou-Elfetouh
12:45 - 1:15	Mandibular resection and reconstruction Customized plates, Cutting guides and Condylar positioning device Adel Abou-Elfetouh Patient Specific Implants Mohamed Mounir Shaker
1:15 - 1:30	Maxillofacial Trauma Ahmed Barakat
1:30 - 2:00	Implants All on Four Concept Mohamed Farid Shehab Palatal bone graft in implant site development Sahar Abdel Salam
2:00 - 3:00	Lunch Break

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Thursday 12th November 2015

Hall Abdeen

Third Session

Chairpersons

Professor Mostafa El Dybany

Professor Tarek Abbas

Professor Abdellah Squalli

Professor Ali Ben Rahma

Professor Sana Rida

Ass. Professor Fardos Rizk

Time	Lecture
3:00 – 5:00	The value of the labial plate of bone in immediate implant placement therapy Abdelsalam Elaskary (Egypt)



CONGRESS TIME TABLE



Thursday 12th November 2015

Hall Abdeen

Fourth Session

Chairpersons

Professor Amr El-Swify

Professor Mahmoud A. Abd Allah

Professor Khaled M. Aly

Professor Mohamed Katamish

Ass. Professor Tamer Abd El-Bary

Ass. Professor Dalia Radwan

Time	Lecture
5:00 - 5:20	Oronasal Fistula Repair in Patients with Cleft Palate: Strategic Thinking Approach to Successful Repair <i>Marwa ELKassaby (Egypt)</i>
5:20 - 5:40	Sublevel II b in neck dissection: Is it really important? <i>Mostafa Shindy (Egypt)</i>
5:40 - 6:00	Personal experience in patients with problematic dento-facial deformities. <i>Samer Noman (Egypt)</i>
6:00 - 6:40	Management of Maxillofacial tumors in the Infra-temporal fossa <i>Ashraf Abd El-Fattah (Egypt)</i>
6:40 - 7:00	Immediate reconstruction of the mandible following segmental resection of osteosarcoma mandibular <i>Walid Ahmed Ghanem (Egypt)</i>
7:00 - 7:20	Compatibility of Biomimetic tailor made scaffolds Seeded with Bone Marrow Derived Stem Cells; Invitro study. <i>Hoda G. H. Hammad (Egypt)</i>

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Friday 13th November 2015

Hall (Al-Montazah)

First Session

Chairpersons

Professor Hany Halim

Professor Taheya Mousa

Professor Ashraf Mokhtar

Professor Ashraf Sherif

Professor Ahmed Naguib

Professor Nahed Bakir

Time	Lecture
9:00 - 9:40	ALL Ceramic Restorations Clinical Applications Ahmed Soliman (Egypt)
9:40 - 10:00	Restorative Dentistry: Need or Overtreatment Hala Imad Abboud (Lebanon)
10:00 - 10:40	Restoring pulpless teeth—Do traditional principles still apply Steve Morgano (USA)
10:40 - 11:40	New trend in Posterior restoration (bulkfill composite) Nour Habib (Egypt)
11:40 - 2:00	Prayer and Lunch Break

CONGRESS TIME TABLE



Friday 13 th November 2015	
Hall (Al-Montazah)	
Second Session	
Chairpersons	
Professor Mouchira Salah El-Din	
Professor Nour Ahmed Habib	
Professor Nevine Ragy	
Professor Mushira Dahaba	
Professor Mohamed El-Sourougy	
Ass. Professor Wael Amer	
Time	Lecture
2:00 - 3:00	Achieving Flawless Dental Care Sam Sadati (USA)
3:00 - 3:30	Diode Laser in Oral Soft Tissue Management Rita El Feghali (Lebanon)
3:30 - 4:00	Theoretical & Practical Considerations During Diode Laser Soft Tissue Surgery Hoda El Hallal (Lebanon)

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Friday 13th November 2015

Hall (Al-Montazah)

Third Session

Chairpersons

Professor Mokhtar Nagy

Professor Salma El-Ashry

Professor Ali M. El-Sahn

Professor Louloua M. Fathy

Professor Ola Fahmy

Professor Essam El-Wakeel

Time	Lecture
4:00 - 4:20	Optical properties of some recently used aesthetic veneer materials Saied Hamad Mohamed (Libya)
4:20 - 5:00	Restoring Happiness: Applying positive psychology in the dental clinic. Sherif Arafa (United Arab Emirates)
5:00 - 5:40	Periodontic Evolving But Still Saving Teeth? Mohamed M Nassar (Egypt)
5:40 - 6:00	Impacts of CPP ACPF Paste on Enamel Erosion of Human Teeth (In Vitro Study) Youssry El Hawary (Egypt)

CONGRESS TIME TABLE



Friday 13th November 2015

Hall (Al-Montazah)

Fourth Session

Chairpersons

Professor Hossam Kandil

Professor Gihan Omar

Professor Hany Omar

Ass. Professor Carl Hany Halim

Ass. Professor Mostafa Gheas

Ass. Professor Ahmed Abas

Time	Lecture
6:00 - 6:20	Evidence-Based for Laser Applications in Restorative Dentistry. Raafat Tammam Attia (Egypt)
6:20 - 6:40	To puff or not.....That is the question. Mohammed Shawki Hafez (Egypt)
6:40 - 7:00	The Effect Of Morinda Citrifolia On Human Dental Pulp Stem Cells Attachment To Root Canal Dentine Walls A Comparative Invitro Study Hinar EL Moghazy (Egypt)
7:00 - 7:20	Effect of induced periimplantitis on dental implants with and without ultrathin Hydroxyapatite coating Marwa Ibrahim Madi (Egypt)

EGYPTIAN DENTAL ASSOCIATION | The 17 International Dental Congress



Friday 13th November 2015

Hall (Abdeen)

First Session

Chairpersons

Professor Maguid Amin

Professor Faten Eid

Professor Amr Abd El-Azim

Professor Adel Zein

Professor Manal El-Assaly

Professor Nahed Sedki

Ass. Professor Abdel Fatah Amer

Time	Lecture
9:00 - 9:20	The Prevalence of Inflammatory and Developmental Odontogenic Cysts in a Libyan Population Orafi H. El Gehani (Libya)
9:20 - 9:40	The Influence of Exposing Dental Implants to The Maxillary Sinus Cavity on Sinus Complications and Implant Survival Rate (6 Years Postoperative Follow Up) Ashraf Ghanem (Egypt)
9:40 - 10:40	Improving quality of children and adolescents lives through appropriate management of teeth and jaw pathologies: difficulties, challenges, controversies, and future trends. Ziad Noujeim (Lebanon)
10:40 - 11:40	Oral Rehabilitation Influencing Smile Design and Facial Aesthetics Jean Marie (Lebanon)
11:40 - 2:00	Prayer and Lunch Break

CONGRESS TIME TABLE



Friday 13 th November 2015	
Hall (Abdeen)	
Second Session	
Chairpersons	
Professor Ahmed Mokhtar	
Professor Salah Hamed	
Professor Heba A. Farag	
Professor Ragia Mounir	
Professor Ahmed Yehia Ashour	
Ass. Professor Nader El-Bokl	
Time	Lecture
2:00 - 2:30	Efficacy of the new matrixmandible subcondylar plate in the treatment of subcondylar fractures Mohamed Abdel-Salam El-Baz (MSA)
2:30 - 3:00	Assessment of implanted tissue engineered condylar osteocartilagenous graft Ingy M. Chehata (MSA)
3:00 - 3:30	Clinical and biochemical assessment of different injection materials following arthrocentesis for the treatment of internal derangement of temporomandibular joint: comparative study. Shereen W. Arafat (MSA)
3:30 - 4:00	Discussion

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Friday 13th November 2015

Hall (Abdeen)

Third Session

Chairpersons

Professor Adel Aziz

Professor Fekry Georgi

Professor Amir Saad

Professor Hamdy Abou El-Fotouh

Professor Ghada Shehab

Professor Khaled Abdel-Ghaffar

Time	Lecture
4:00 - 4:40	A new comprehensive approach for tackling the ankylotic deformity and preventing recurrence. Khaled Barakat (Egypt)
4:40 - 5:20	Use and misuse of antibiotic in dentistry with emphasis on oral implantology Khalid Eid El-kholey (KSA)
5:20 - 6:00	Cone Beam Computed Tomography and computer guided implant surgery From virtuality to reality Khaled Ekram (Egypt)



CONGRESS TIME TABLE



Friday 13 th November 2015	
Hall (Abdeen)	
Fourth Session	
Chairpersons	
Professor Essam Adel Aziz	
Professor Ahmed Roshdy	
Ass. Professor Nihal Ezzat	
Ass. Professor Rehab El Sharkawy	
Ass. Professor Marwa El-Kassaby	
Ass. Professor Akram Al-Awadi	
Time	Lecture
6:00 - 6:20	A comparative histological and histomorphometric study of maxillary sinus augmentation using different graft materials Saleh Ahmed Saleh Ahmed Bakry (Egypt)
6:20 - 6:40	Management of symptomatic erosive-ulcerative lesions of oral lichen planus in an adult Egyptian population using Selenium-ACE combined with topical corticosteroids plus antifungal agent." Mahmoud Helmy Belal (Egypt)
6:40 - 7:00	Long standing oroantral fistula management and keys of surgical repair success Ghada Amin Khalifa(Egypt)
7:00 - 7:20	The influences of the patient's age, size and type of the primary lesions on the rate of shrinkage after marsupilisation of odontogenic cysts Hamed Gad (Egypt)

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ABSTRACTS





MANAGEMENT OF DENTAL TRAUMATIC INJURIES IN CHILDREN; AN UPDATE FOR THE GENERAL PRACTITIONER

Osama El Shahawy

Assoc. Prof of Pediatric Dentistry Cairo University

Traumatic dental injuries are one of the common emergencies received in the dental office. Fast and proper management are key factors in determining the prognosis of the affected teeth. This presentation will highlight the most common situations, which presents to the general practioners, and how to manage these cases and when to refer for an advanced team approach.



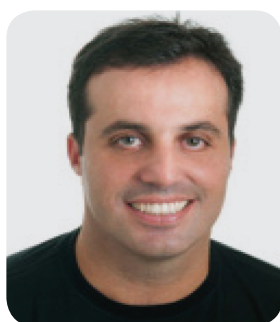
ACHIEVING EXCELLENCE IN FACULTY AND STUDENTS' LEARNING USING NEW TECHNOLOGY

Mihaela Harutunian

Clinical Assistant Professor, College of Dentistry, New York University, USA

Introduction: At New York University College of Dentistry we have been using CEREC CAD/CAM technology for more than two and half decades. For the use of the new Blue Light LED CAD/CAM faculty training was necessary. Therefore, a new educational program was implemented where each faculty doctor was required to prepare and design an inlay, an onlay and crown. Achieving excellence in students once they enter clinic poses a challenge to educators. New York University College of Dentistry implements technological programs that will help students achieve their goals in using the new CAD/CAM technology. **Objective:** The purpose of this educational program was to instruct faculty doctors on the new software to be competent in order to guide the student dentists in taking digital impressions and design restorations using CAD/CAM technology. In Simulation courses the students are required to observe a DVD prior to class time that demonstrates the procedure on a typodont. In the clinical setting the students continue to use these tools and apply the skills that are learned and taught in the preclinical course to clinical practice. **Methods: Faculty:** A new educational program was implemented where each faculty doctor was required to prepare and design an inlay, an onlay and a crown utilizing the two different modes of Biogeneric Individual mold and Biogeneric Copy mold. A well trained faculty doctor was able to finish the above requirement in two days of sessions and therefore certified to utilize the system in their respective group practice. The uncertified faculty doctors were required to do five indirect cases with their students under the supervision of the quality control faculty doctor. **Student:** During the treatment plan process, when a patient needs an indirect restoration, the student is required to observe the DVD of the acquired procedure, the day before the patient appointment. The DVD is available online through NYU classes' website. The core technique at NYUCD is to make two impressions, upper and lower and pour them. Students are required to perform an

indirect preparation on the cast and show it to their quality control faculty doctor. The faculty critically evaluates the preparation and gives the student a feedback. This creates a dialogue between student and educator. Students learn, the faculty asks open-ended questions allowing the students to think and assess. Once everything is approved by faculty, the student is ready to perform the procedure on the patient. The student dentist also performed all required steps such as digital impression, design, modification, and milling of the restoration. **Conclusion:** Investing the time to produce and execute this educational program created at least two proficient faculty doctors in each group practice and a generation of NYUCD student dentists that are proficient in this CAD/CAM technology. By the use of DVD, Quick Time Digital Video, performing the indirect preparation of the cast the student will be able to increase their efficacy as they learn and develop clinical skills.



SIMPLE AND RELIABLE SOLUTIONS IN MODERN RESTORATIVE DENTISTRY

Carlos Sabrosa

CAGS Prosthodontics , Boston University , USA

MSD and DScD Prosthodontics / Biomaterials, Boston University, USA

Associate Professor , State University of Rio de Janeiro, Brazil

Modern restorative dentistry implies esthetics allied to adhesive dentistry. With the improvement of restorative dental materials, new techniques and systems are available to fabricate dental restorations supported by teeth and implants. The potential of bonded restorations increase the amount of indications for esthetic procedures.

The indications of most systems fit the needs of professionals in the restorative field to restore both teeth and implants with simplified techniques. Furthermore, the objective is still to replace porcelain fused-to-metal restorations with better esthetic solutions without changing the success rate and longevity of the restorations delivered. Materials are evolving but some concepts remains.

Esthetic procedures can only be achieved when there is a good relationship between the restorative dentist and the dental technician. The main objective of this lecture is to show evidencebased requirements and conceptual bases that should be followed such as tooth preparation design and tooth surface topography, foundation restorations, provisional restorations, impression materials and techniques, cements and adhesive cementation as well as other steps throughout treatment to optimize results in restorative and implant dentistry.



PEDIATRIC PANORAMIC AND CEPHALOMETRIC EXPOSURE TO ORGANS OF THE HEAD AND NECK

Branets I, Dauer LT, Quinn B, DeBartolo A, Colosi DC, Peikidis E, Goren AD

Clinical Educator, Department of Cariology and Comprehensive Care, NYU College of Dentistry, NY, NY

Background: Very little research has been performed using anthropomorphic juvenile phantoms and Optically Stimulated Luminescent dosimeters to measure the absorbed doses and energy imparted to children during panoramic and cephalometric radiographic examinations of children. **Objectives:** To measure juvenile patient radiation dose to the organs of the head and neck during digital panoramic and cephalometric radiography. **Methods and Materials:** Two juvenile anthropomorphic CIRS phantoms 5 yr old and 10 yr old were filled with Optically Stimulated Luminescent dosimeters at 21 head and neck organ sites. An Instrumentarium OP100D orthopantomograph was used to expose the phantoms at 73 kVp, 6.4 mA, and 16.8 s for panoramic imaging and at 85 kVp, 12 mA, and 17.6 s for cephalometric imaging. The effective radiation dose was calculated for all the organs of the head and neck. Organ fractions irradiated were determined from ICRP-89. Organ equivalent doses and overall effective doses (micro Sieverts) were based on either one panoramic view or one cephalometric view and the ICRP-103 tissue weighting factors. **Results:** Overall measured organ doses were higher for the 5 yr old than the 10 yr old for both the panoramic and the cephalometric imaging. The highest doses seen were in the glands, extrathoracic airway and the oral mucosa. The organ equivalent dose in micro Sieverts also yielded similar results. The effective dose in micro Sieverts for the 5 yr old was 27.8 (pan) and 6.5 (ceph), while the 10 yr old results were 26.3 (pan) and 3.8 (ceph). **Conclusions:** This was the first study to evaluate radiation exposure to juvenile CIRS phantoms using OSL dot dosimetry in conjunction with panoramic and cephalometric imaging to provide organ equivalent doses and overall effective dose for 10 yr and 5 yr olds based on ICRP-103 tissue weighting factors.



INTEGRATED CASE PRESENTATION- A WAY OF LEARNING, TEACHING, AND ESTABLISHING INTER-PROFESSIONAL TEAMS TO FACILITATE TEAM BASED LEARNING

Angela De Bartolo

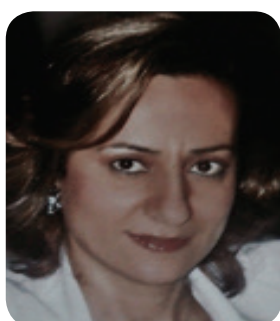
Clinical Assistant Professor, Department of Cariology and Comprehensive Care, New York University College of Dentistry

Today's student expects the educational experience to enhance their clinical skills and learn the relevance of what they are learning today in relation to their practice in the future. It becomes our responsibility to uphold the concept of excellence in a teaching capacity and encompass a student centered learning and teaching curriculum. The

"Integrated Case Presentation" seminar, which is part of the NYUCD curriculum, allows dental students, hygiene and nurse-practitioner students to collectively present a clinical case to their peers. Each member of the team discusses their specific issue about the patient and a comprehensive treatment plan is formulated.

The student led Integrated Case Presentation allows the team leader to strategically leads colleagues to present the comprehensive clinical, physiological, and practical aspects of the patient through evidence based research, and together they all present to a group of peers in a power point presentation. This promotes cooperative learning as well as critical thinking and team development. In addition, this peer-evaluation is a great method to assess learning through feedback by both colleagues and faculty members.

Integrated Case Presentation seminars are a teaching methodology to achieve cooperative learning and encourage members to come together as a team. Dental students, dental hygiene students, and nurse practitioners collaborate to develop an evidence based treatment plan that will benefit the patient. Students of all disciplines become accustomed to establishing the approach to a multi-discipline delivery of patient care.



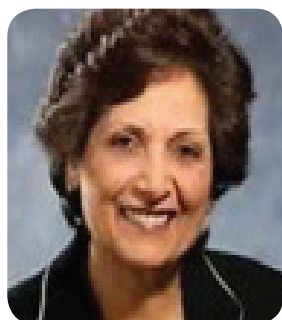
PROGNOSIS OF COMPLICATED CASES IN ENDODONTICS

Rahil Douaihy

President of Lebanese Dental Association, Tripoli

Major endodontic problems are pain and periapical lesions. Both situations are important to determine the treatment indicated to relief pain and estimate the pronostic of the tooth.

in this presentation we will show clinical cases and analyse separately, and demonstate that success of more complicated cases will be able with right Diagnosis, good cleaning and shaping and hermetic filling.



TODAY'S DENTISTRY: AN INVALUABLE EXPERIENCE WITH CAD/CAM KNOWLEDGE

Denise Jean Estafan

Associate Professor, Department of Cariology and Comprehensive Care, New York University College of Dentistry, NY, NY

Objective: How to prepare dental students to become familiar with CAD/CAM technology. CAD/CAM technology has established itself in dentistry and is being utilized in many different platforms. It is being used by lab technicians to scan dies, send data to milling machines, and fabricate restorations dentures and implant surgery in addition to their expanded use in the

laboratory, CAD/CAM is also being used in academic settings in both a chair side and simulation setting to enhance a student's education.

CAD/CAM technology is introduced to students at various levels throughout their education. Students received lectures in their second year detailing the procedures, indications, and technique required for CAD/CAM restorations. In addition to the didactic aspect, students are exposed to CAD/CAM technology in the simulation laboratory where they have the opportunity to have a hands-on experience fabricating a CAD/CAM restoration for a tooth colored inlay and onlay. Within the group practices, and simulation, the faculty are trained in how to use the CAD/CAM technology so they can instruct students chair side and in the laboratory setting. By adding CAD/CAM technology to the curriculum students are able to learn how to fabricate restorations and how to use the technology to assess their work and learn from their mistakes.

Conclusion: CAD/CAM technology can be used as an educational tool both in the classroom and in the simulation laboratory. It enables students to learn new techniques for restoring teeth as well as showing them where there are flaws in their work. This technology has become an integral part of the core curriculum.



EMBRACING THE FUTURE OF ENDODONTIC THERAPY

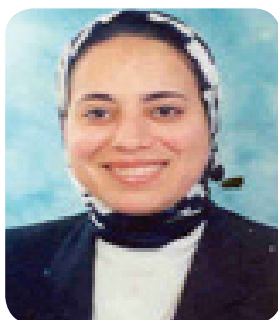
Sergio Kuttler

Co-Founder International Dental Institute

President & CEO International Endodontic Institute

Fort Lauderdale & Palm Beach,

Florida, U.S.A.



EVALUATION OF THE ABILITY OF DIFFERENT MATERIALS TO REINFORCE CORONALLY MUTI-LATED, ENDODONTICALLY TREATED TEETH. "A LABORATORY STUDY"

Elham I. Elshaboury

Head department of Endodontics, MSA University

Aim: To evaluate (in vitro) the ability of four different restorative materials (MTA, Nano Glass Ionomer, Composite and amalgam) to reinforce the crowns of root canal- treated teeth. **Materials and Methods:** Forty extracted, permanent, maxillary premolars were collected. After flattening of the occlusal surface, parallel walls access cavities were prepared, having dentinal thickness of 2 mm cervically while the pulpal floor of the coronal access cavities were at the level of the floor of the pulp chamber. Teeth were biomechanically prepared and obturated. Samples were divided into five groups based

on the type of restorative materials. Teeth will be examined by exerting diametral tensile force on the cervical area of the buccal surfaces using the Instron testing machine. The data obtained were recorded, tabulated and statistically analyzed using ANOVA followed by pair-wise Duncn post-hoc tests. **Results:** Results revealed that composite group recorded the highest fracture resistance mean value, followed by amalgam group then GIC group while MTA group recorded the lowest mean value. However, the differences were not statistically significant.



DIGITAL SMILE DESIGN (DSD): MARKETING VS CLINICAL APPLICATION

Mohamed Fouad

*Assistant Professor of Conservative and Esthetic Dentistry,
Faculty of Dentistry, Cairo University*

What is digital smile design?
Digital smile design systems
Digital smile design workflow
Clinic implications of DSD
How does DSD improve your clinic marketing?



EARN CONTROL & MAXIMIZE THE EFFICIENCY OF YOUR DENTAL CLINIC

Anna Maria Yiannikos

*Adjunct Faculty Member of AALZ at RWTH Aachen University
Campus*

*Dentist with Master in Business Administration (MBA, DDS,
MSc, LSO)*

If us dentist can learn how to implement critical business skills at our dental clinics we will immediately be able to maximize our clinics profits and efficiency. By starting with simple steps like creating a unique character for our dental clinics we can have the power to differentiate from the rest! This will cherish us with the competitive advantage and become first in patients' preferences. It is noted very important to teach dentists how they can differentiate and be unique among their colleagues in order to support and develop the positive aspects of competition and growth. Through achieving the above, dentists can also increase their profits a very important advantage! This presentation aims to teach useful and ideal marketing skills for all dental clinics. Through this, dentists can learn and be updated about everything they will need in order to efficiently do the marketing and promoting of their own clinic.

The educational objectives that are targeted through this presentation are:

- Basic knowledge of fundamental principles of marketing
- Creation of clinic's individual character in order to differentiate from colleagues and be first in patients' preferences
- Effective management and leadership of the dental clinic and staff
- Clinical growth & profitability
- Increase patient loyalty
- More efficient selection of associates and employees
- Ability to understand, design and implement a marketing campaign
- Achieve best Return of Investment (ROI) & be able to identify and select the most profitable and accurate investment either in equipment or in education for their clinics.



CHALLENGES AND ACHIEVEMENTS OF IMPLEMENTING EVIDENCE BASED REPORTING GUIDELINES AT CAIRO UNIVERSITY

Ahmed Elkhadem

Vice President, Evidence Based Dentistry Centre.

Lecturer, Pediatric Dentistry Department, Faculty of Oral & Dental Medicine, Cairo University

Introduction: Education at Faculty of Oral and dental medicine, Cairo University is divided into under-graduate and post-graduate. Postgraduate education involved Master and PhD degrees for three academic departments and nine clinical ones with total new enrollments reaching up to 400 post-graduate students per year. This huge number of candidates was supposed to produce an equivalent number of international publications, but that was not the case. One of the reasons behind the decreased number of international publications was the inadequate trial performance and poor reporting. The concept of "randomized controlled trial" was not familiar neither to post-graduate students nor their supervising staff members. Hence, no single RCT was performed at the faculty level before the year 2010. **Aim:** To enhance trial performance and reporting by following reporting guidelines published on Equator network. **Materials and methods:** A Center for Evidence Based Dentistry (EBD) was established in June 2010 with the aim of increasing awareness between faculty members and post-graduate students to different types of study designs and trial reporting guidelines. An EBD taskforce was formed from seven faculty members. The steps of taskforce recruitment and training are discussed. The challenges facing this taskforce are highlighted. **Results:** Tables and graphs will be presented to show the impact of implementing evidence based knowledge. A paradigm shift from invitro to randomized controlled trials occurred. Systematic reviews protocols using PROSPERO guidelines have been accepted for the first time in 2013. The process of integrating evidence based science into post-graduate curricula is shown. **Conclusion:** Resistance to change is the biggest challenge facing implementation of evidence based reporting guidelines at Faculty of Oral & Dental Medicine - Cairo University. Continuous learning, perseverance and team work are the pivots for success.



NEW NOMENCLATURE, INCIDENCE AND LOCATION OF EXTRA ROOTS AND ROOT CANALS IN HUMAN PERMANENT TEETH

Mohamad Alaa Fakhri

Assistant Lecturer of Endodontics at Misr International University School of Dentistry

The ability to identify, classify and manage extra roots and canals in human permanent teeth is of prime importance to ensure a successful outcome of non surgical and surgical root canal treatment.

Cone beam guided computed tomography and a 3-dimensionally reconstructing modeling software along with the surgical operating microscope have been used to detect and identify the frequency and location of extra roots and canals in human permanent teeth both in vivo and in vitro. Meta analysis studies were performed to reach a consensus about the true frequency and location of such variation. A new nomenclature has aroused for such anatomy for ease of communication and description.

To find extra roots and canals you must be aware of their presence and you must have the necessary equipment in order to manage them.



THE FDI CRITERIA: COMPREHENSIVE EVALUATION OF DIRECT AND INDIRECT RESTORATIONS FOR RELIABLE RANDOMIZED CLINICAL TRIALS

Ahmed Gamal Zaghloul

Assistant Lecturer, Operative Dentistry Department, The British University in Egypt

The continuous development of restorative materials and techniques necessitates effective evaluation methods that allow for evidence-based decisions regarding the applicability of such techniques in clinical practice; and the feasibility of replacing older materials with newly developed ones. For years, the assessment of direct and indirect restorations has been done using two main criteria; the USPHS assessment criteria and the CDA criteria. Recently, the World Dental Federation criteria, also known as the FDI criteria, has been introduced as a new assessment system to overcome the limitations of the above mentioned systems. It was approved in 2008 and further modified in 2010; in order to provide a reliable solution to the shortcomings of both the USPHS and CDA criteria. However, it was used on a limited scale in scientific literature.

The aim of this presentation is to describe the application of the FDI criteria and highlight its advantages and importance in evidence-based dental medicine. The components, scoring system and toolkit of the FDI system will also be summarized and compared to the USPHS system. On the other hand, the FDI criteria will also be correlated to the principles of evidence-based dentistry and to the conduction of randomized clinical trials in terms of complete reporting, description of study design, operational procedures, study outcomes and statistical analysis.



DO DIFFERENT TYPES OF EGYPTIAN NATURAL BEE HONEY HAVE DIFFERENT CARIOGENIC EFFECTS?

Marwa Abdel Kader Taha

Assistant Lecturer, Pediatric Dentistry Department, The British University in Egypt (BUE)

Egyptian Natural Honey...Is it cariogenic or not??? Honey's effect on the dental tissues is a debatable subject. Different types of bee honey definitely have different effects on the dental tissues. Although honey has been promoted as being good for dental health, yet the evidence to support it is sparse indeed. The data are not consistent with that view, and are certainly consistent with epidemiologic and in vitro data that support the concept that honey is indeed highly cariogenic. The results are hardly surprising because the major ingredients of honey are fructose 38%, glucose 30% and a small amount of sucrose. It was surprising to observe extensive erosion in addition to extensive cavitation in the animals that were fed honey.

But the question still remains... is that really the case with Egyptian types of honey?? Since each type of honey has unique constituents that differs from type to type and from country to another. And so, it was of interest to collect different types of Egyptian natural bee honey, (whether directly from bee hives or commercially available), analyze them and detect their cariogenic potential and so, it was possible to categorize the honey types according to their cariogenic potential. And by that, we can clearly advise the patients and ourselves in our community how to safely and wisely consume bee honey.

SURICAL APPROACH TO COMPLICATED AND TOO LAT ORBITAL FRACTURES

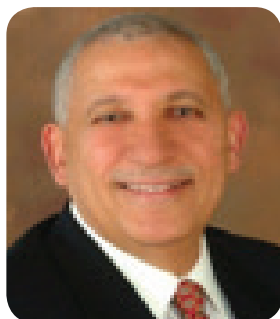
Fawzy Tantawy Al Sayed

Professor, Oral and Maxillofacial Surgery Department, Shebin Al Kom Teaching Hospital, Egypt

Introduction: Complicated orbital bone fractures are relatively increased and place the globe and associated structures at significant risk as well as un accepted esthetic problems. Management of this kind of fractures are challenging and indicates thorough ophthalmic evaluation, precise imaging, expertise surgeons and contemporary surgical approaches. The objective of this study is directed to evaluate: for how far we can regain near normality outcome in cases of complicated orbital fractures

Retrospective study had been done to 28 patient's sustained different forms of complicated and too late orbital bone fractures these cases were surgically managed at the department of Oral and Maxillofacial Surgery, Shebin El Kom Teaching Hospital Egypt, the patient and his relative should have adequate explanation about the scenario of management the hopeful outcome follow up was extended to more than one year. Each complicated case has a variety in clinical and radiographic findings so surgical approach was customized accordingly. The results were varied according the complicated factor and the time elapsed between trauma and surgical management.

Our conclusion no magic in management of complicated orbital fractures and patient may sustain mild residual deformities or indicated for staged surgical steps according the extent of complication. Further details about the results, the difficulty encountered and the obliged residual deformities are discussed and explained during oral presentation.



EVIDENCE BASED BIOENGINEERING OF ATROPHIED ALVEOLAR BONE USING POLYMERS, BONE BLOCKS, STEM CELLS AND LOCAL GROWTH FACTORS AND IMPLANTS

Mohamed Sharawy

Professor of Anatomy and Oral and Maxillofacial Surgery, Georgia Regent University, College of Dental Medicine USA.

There are millions of fully edentulous and partially edentulous patients in the world who suffer from significant loss or complete loss of alveolar bone. The advances in our knowledge of bone biology and physiology will be presented in the first part of this talk. Both experimental studies and clinical trials of procedures aimed at restoring the structure and function of atrophied jaws will be reviewed in the second part of the talk. The data that should support the use of allogeneic and autogenic bone blocks and growth factors such as BMP-2, PDGF, and VEGF will be emphasized. The steps for preparation of reliable bone banked materials will also be presented.



NEW ALTERNATIVE MAJOR MAXILLOFACIAL RECONSTRUCTIONS VERSUS IMPLANT

Gilberto Sammartino

Head of the Unit of Oral Surgery and Implantology University of Naples "Federico II"

In the last twenty years, the Clinical Research in Implantology has been able to perform the Implantology Rehabilitation, also in the patients without good quality and quantity of bone.

In this period the technique and the biomaterials have been more and more enhanced to rise the objective and evidence – based, the state of the Art of those procedures finally outcome.

However, those techniques often involve costs and benefits, and should be related to the patient's demands; this is the reason why in the last five years the mini-invasive approach took a place in Implantology with different techniques proposed, in order to restore the function and also being acceptable, related to the aesthetic results.

Are ultra – short implants a reliable treatment alternative?

The authors show the experience and the medium-term results compared to the traditional augmenting procedures.



IMPLANT THERAPY STRATEGIES FOR THE AESTHETIC ZONE

Konstantinos Valavanis

Professor a.c. in the Oral Surgery Department, Università degli Studi di Napoli Federico II, ITALY

The achievement of an aesthetic implant-supported restoration is a constant challenge to the restorative dentist.

Due to the circular shape of the implant and its smaller diameter, when compared to the root of a natural tooth, a dilemma inevitably occurs of how to construct an artificial crown that will imitate the natural tooth crown form.

The appearance of the surrounding soft tissue is of major importance, and various techniques have been developed to guide its topography.

The lecture will show individual strategies for implant therapy in the aesthetic zone with step-by-step clinical procedures from diagnostic models through surgery with immediate provisional restoration therapy to the definitive restorations.



WHAT CAN NARROW-DIAMETER IMPLANTS DO?

Shereen El Attar

Professor of Prosthodontics, Faculty of Dentistry, Univ. of Alexandria, Egypt.

Survival rates reported for Narrow-Diameter are similar to those reported for standard width implants. These survival rates did not appear to differ between studies that used flapless and flap reflection techniques. The failure rate appeared to be higher in shorter implants than in longer ones in the studies in which the length of the failed implants was reported. NDI could be considered for use with fixed restorations and mandibular overdentures, since their success rate appears to be comparable to that of regular diameter implants. They might also be an efficient, low-cost solution for elders who wish to reduce problems with denture instability.

This presentation will address:

- Presenting abuse of dental implants
- Offering extra treatment modality that avoids extensive surgeries, both immediate and delayed.
- Deficient points regarding narrow diameter implants.
- Proving that narrow diameter implants is a predictable tool
- For restoring cases. Also, offering solutions in cases with deficient torque.



MANAGEMENT OF ORAL & MAXILLOFACIAL INFECTIONS

Mohamed Said Hamed

Dean – College of Dentistry, Gulf Medical University, Ajman, United Arab Emirates

The causes of maxillofacial infections are numerous ranging from death of the tooth pulp, infection around the periapical area, infection limited to facial planes and spread beyond as in case of Ludwig's Angina.

This lecture will focus on the causes of maxillofacial infections, spread of infections to the anatomical spaces, describe the different modalities of treatment of maxillofacial infections and finally will list the danger signs of life threatening maxillofacial infections



MANAGEMENT OF TMJ DISORDERS FOR GENERAL DENTAL PRACTITIONER

Ashraf Fathy

Professor and Chairman of Oral and maxillofacial Surgery dept., Faculty of Dentistry Minia university and (M.U.S.T)

The complicated pathophysiology of the TMJ disorders renders most of dentists & general dental practitioners unable to properly diagnose and treat these disorders especially the internal derangement of the TMJ. The lecture simply illustrate the anatomy, physiology, diagnosis and recent trends in management which allows for better evaluation and whether the cases can be treated in their clinics or need referral for specialists



REPAIR OF ALVEOLAR CLEFT DEFECTS USING BONE MARROW ASPIRATE

Hassan Abdel-Ghany

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

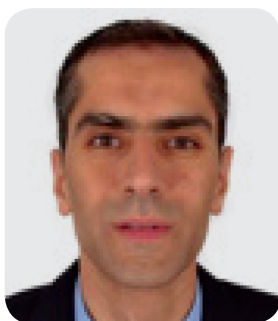
The Aim: is to evaluate the use of the bone marrow aspirate in a resorbable matrix for repair of alveolar cleft defects as an alternative grafting material. **Patients and Methods:** The study was carried on twelve patients with alveolar cleft. The patients were divided into two equal groups: group A were grafted with autogenous iliac crest as a standardized control grafting material, while group B were grafted with the bone marrow aspirate on a collagen carrier.



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Post operative clinical assessment was done at both the donor and the alveolar cleft region for all patients at regular intervals. Radiographic assessment was done using CBCT immediately and 6 months post-operatively. **Results:** Good satisfactory clinical and radiographic results were obtained in all patients regarding take of the graft with superior results for control group which is statistically non-significant. Donor site morbidity the study group showed better results than control group which is statistically significant. **Conclusion:** bone marrow aspirate with a resorbable collagen carrier is a promising grafting material for reconstruction of the alveolar cleft defects in young patients, with the best results regarding the donor site morbidity.



DEPROTEINIZED BOVINE BONE GRAFT IN MAXILLARY ALVEOLAR CLEFT RECONSTRUCTION

Tarek Faramawy

*Lecturer at the Department of Oral and Maxillofacial Surgery,
Faculty of Dentistry, Cairo University*

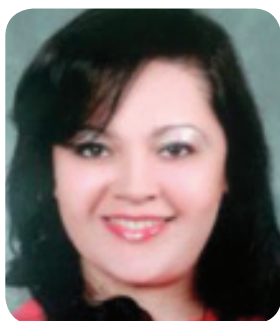
Though alveolar grafting continues to be a viable treatment regimen, its associated protocols and techniques are many and varied. The present study was conducted to evaluate the use of deproteinized bovine bone xenograft mixed with autogenous mandibular symphyseal bone graft in secondary maxillary alveolar cleft reconstruction compared to the gold standard anterior iliac crest autogenous graft.

10 patients (mean age 9.3years \pm 1.33) with unilateral maxillary alveolar cleft defect requiring secondary alveolar cleft grafting were included in this study. Patients were selected from the outpatient clinic, Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Cairo University. The study was conducted from June 2012 till February 2013. Patients were divided randomly into 2 equal groups. Group A received the gold standard anterior iliac crest graft. Group B received mandibular symphyseal bone mixed with deproteinized bovine bone in a 1:1 ratio. For each patient, 3 CBCT scans were ordered: preoperatively, immediately postoperatively and 6 months postoperatively. Volumetric and densitometric measurements were made using the Mimics1 software. Data were collected and statistical analysis was performed using SPSS (Statistical package for the social sciences)2. Data were represented as mean \pm standard deviation. Paired sample student t-test was used to compare each pair of the studied variables within the studied group of patients. Independent sample t test was used to compare variables between the two studied groups. The test result was considered statistically significant if the P-value was equal to or less than 0.05.

Results showed the percentage of defect filling immediately postoperatively to be 90.8 \pm 9.2% for Group A and 94.2 \pm 4.3% for Group B, while percentage of defect filling 6 months postoperatively was 86.6 \pm 10.0% for Group A and 88.4 \pm 2.8% for Group B. Comparison of the 2 groups regarding the percentage of defect filling by the graft immediately postoperatively and at 6 months showed no statistical significant difference with a P-value of 0.483 and 0.736 respectively. Comparison of the percentage of graft resorption between the 2 groups also showed no statistical significant difference. (P-value 0.704)

Similarly, comparison of graft density between Group A and Group B immediately postoperatively (P-value 0.52) and after 6 months (P-value 0.81) showed no statistical significant difference. Moreover, comparison of change in graft density between both groups showed no statistical significant difference. (P-value 0.949)

From the current study it was concluded that composite symphyseal bone mixed with deproteinized bovine bone in a 1:1 ratio gives comparable results to the gold standard anterior iliac crest graft in secondary alveolar cleft reconstruction.



PREDICTABILITY OF DIFFERENT MODALITIES FOR MANDIBULAR ANGLE FRACTURE MANAGEMENT

Lydia Nabil Fouad Melek

Lecturer of Oral & Maxillofacial Surgery, Faculty of Dentistry, Alexandria University

The mandibular angle is one of the most frequent sites for fractures of the lower jaw, accounting for between 20% and 36% of all mandibular fractures.

Techniques for treatment of mandibular fractures have evolved significantly in the past decades. These techniques have ranged from closed reduction with maxillomandibular fixation (MMF), to open reduction with wire osteosynthesis, to open reduction with either rigid internal fixation or adaptive miniplate fixation. Despite many advances in internal fixation, angle fractures remain among the most difficult and unpredictable fractures to treat compared with those of other areas of the mandible. The large number of studies on mandibular angle fracture treatment attests to the fact that no single approach has been shown to be ideal, and that treatment of mandibular angle fractures remains conceptually controversial.



BLEACHING, CONCEPT OF CONTROVERSIES

Ahmed El-Hoshy

Ass. Prof. of Conservative Dentistry, Faculty of Oral and Dental medicine, Cairo University

The lecture will be discussing the controversial issues in the tooth bleaching issue, starting from the name till the instructions of the postoperative care. Is bleaching the suitable treatment model for every tooth discolorations, what system do i use, in office or at home? Is light will be of great benefit or no? Does the bleaching gel have an effect on the tooth structure? Does bleaching affect the present restorations? Is bleaching real or optic illusion? Is it therapeutic or cosmetic treatment modality? What are we waiting from the future of the bleaching systems?



NANOTECHNOLOGY IN DENTISTRY

Prathibha Prasad

Assistant Professor of Histopathology – College of Dentistry, Gulf Medical University, Ajman, United Arab Emirates

Nano” is derived from the Greek word for ‘dwarf. Nanotechnology is the science of manipulating matter measured in the billionths of meters or manometer, roughly the size of 2 or 3 atoms.

Nanodentistry will make possible the maintenance of near-perfect oral health through the use of nanomaterials, biotechnology including tissue engineering and nanorobotics. Oral health and disease trends may change the focus on specific diagnostic and treatment modalities.

Nanotechnology is foreseen to change health care in a fundamental way:

- Novel methods for disease diagnosis and prevention
- Therapeutic selection tailored to the patient’s profile
- Drug delivery and gene therapy



TEACHING DENTAL STUDENTS USING ONLINE MULTIMEDIA HOW TO DO INVISALIGN

Rebecca Poling

Director, Predoctoral Invisalign Clinic, NYU College of Dentistry, New York

Clinical Assistant Professor, New York University, School of Dentistry, Department of Orthodontics, New York City, New York

Dental students at New York University College of Dentistry provide Invisalign therapy to patients after learning from online presentations the following:

1. How to examine a patient for esthetic treatment combined with Invisalign tooth movement?
2. Producing records including photos, alginate and PVS impressions or scans, and radiographs
3. Diagnosing and treatment planning a patient for Invisalign
4. Delivering Invisalign treatment
5. Retention of the final result

Examples of these presentations will be shown to illustrate how procedures are taught to a large group of students and then performed by students in the NYUCD Predoctoral Invisalign Clinic.

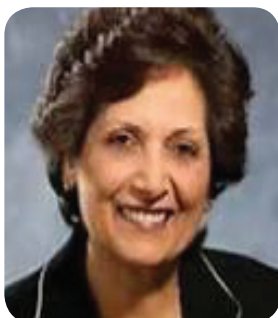


HOW WOULD YOU TREAT THIS PATIENT WITH SEVERE EROSION AND IRREGULAR SPACING OF THE ANTERIOR TEETH?

Rebecca Poling⁽¹⁾ and Denise Estafan⁽²⁾

1. *Director, Predoctoral Invisalign Clinic, NYU College of Dentistry, New York*

Clinical Assistant Professor, New York University, School of Dentistry, Department of Orthodontics, New York City, New York



2. *Associate Professor, Department of Cariology and Comprehensive Care, New York University College of Dentistry, NY, NY*

A 30-year-old male presents to you with a chief complaint of "gaps" in his front teeth and "short, worn down" front teeth. What options do you have? A case study will be presented that combines different disciplines to achieve a healthy, esthetic, functional, stable, and enduring result. Pre-treatment, immediate post-treatment, and 1-year follow-up records will be presented.



SKYN CONCEPT & DSD WORKFLOW

Livio Yoshinaga

Architect specialised in high tech projects for dental offices

Former PPAD High Technology editor

How is the digital dental office of the future? What are the limitations? How can I start my digital workflow to enter the CAD/CAM world? Those are questions that will be addressed on this 1 hour lecture. DSD - Digital Smile Design Workflow already dictates a new patient protocol for the first visit, from design, plan and sell your cases using a new perspective of the relationship dentist - patient - technician. The Skyn Concept brings the most high level aesthetics made with CAD/CAM, a concept that will impact the audience by its simplicity allowing the dentist to do directly the Skyn Mockup without the need of a wax-up until the final milled ceramics without build-up or any retouch from the technicians. Learn the new role of the dentist as well as the technician on this new stage of digital dentistry.



CBCT IN ENDODONTICS: SCIENTIFIC EVIDENCE AND CLINICAL EXPERIENCE

Ahmed Abdel Rahman Hashem

*Prof. of Endodontics, Faculty of Dentistry, Ain Shams University,
Director, Microscope center, Future University*

During the past few years, so many advancements changed the way how root canal treatment are performed

Ultrasonics has infiltrated into almost all phases of endodontic treatment, starting from coronal access, removal of post and broken instruments, and retro-cavity preparations.

Doing all these procedures under high magnification and illumination using the surgical microscope has opened new frontiers to the clinicians.

Cone beam computed tomography is rapidly invading our field with so many clinical applications that modern Endodontists become relying on it in almost every case. The importance of integrating the third dimension of this new tool has become obvious to everyone. However, some questions have to be answered;

Are there specific parameters for the CBCT machines to be used in Endodontics? and if so what are theses?

Are CBCT in accordance with the ALARA rules used in radiation exposure?

What are the clinical applications of CBCT in Endodontics?

This lecture will answer these questions and present several cases where CBCT was an essential part in diagnosis and treatment planning and some times during the endodontic work itself.



PAIN & ITS DIFFERENTIAL DIAGNOSIS

Maged Negm

*Professor of endodontics, Faculty of Oral and Dental Medicine,
Cairo University.*

Pain is perfect misery; it is the greatest problem of both the patient and the doctor. What is pain? How pain is produced? Why normally non-painful stimuli are sometimes excruciatingly painful?! While some horrendous injuries are not accompanied by pain complaint! Why not all pain entities; presenting as toothache; are of odontogenic origin?!

Understanding pain is much more complicated than understanding the neurophysiology!!!!

The present lecture will discuss orofacial neurons, the physiology of pain, types of pain, language of pain, referred pain, and how the mechanisms of dentinal pain occur?

The differential diagnosis of common cases of orofacial pain will also be included.



ASPECTS OF ORAL HEALTH IN GEORGIA

Vladimir Margvelashvili

Head of Dental and Maxillofacial Department, Faculty of Medicine, Tbilisi State University.

Secretary General of Georgian Stomatological Association.

President of Georgian Implantological Association.

Caries experience, periodontal status among the schoolchildren of Georgia.

Correlation between caries experience, teeth mineral content and environmental pollution among the preschool children of the capital of Georgia, Tbilisi.

Caries experience and periodontal status of adult population of Georgia.



DEBUNKING OF DENTAL AMALGAM MYTHS. FOOLISH PROPAGANDA VS SCIENTIFICALLY DOCUMENTED ACTING ROLE IN MODERN RESTORATIVE DENTISTRY

Mostafa Abdulhamid Hassan

Professor of Restorative & Esthetic Dentistry, Faculty of Oral & Dental Medicine, Cairo University, Cairo, Egypt

Amalgam has been used in dentistry since about 150 years and is still being used, yet, great concern & controversy has been raised that amalgam causes mercury toxicity. Supporters of amalgam use claiming it is safe, effective, and long-lasting, and critics arguing that it is toxic and unsafe. Some critics further say that if amalgam was used in the past, then it should be removed from the mouth to protect a person's health. Those opposed to amalgam suggest that modern composites are improving in strength. In addition to their claims of possible health and ethical issues, opponents of dental amalgam fillings claim amalgam fillings contribute to water contamination and environmental damage of mercury. Consumer Reports has suggested that many who claim dental amalgam is not safe, are "prospecting for disease" and using pseudoscience to scare patients into more lucrative treatment options. It is the position of the FDI World Dental Federation as well as numerous dental associations and dental public health agencies worldwide that amalgam restorations are safe and effective. In addition, numerous other organizations have publicly declared the safety and effectiveness of amalgam and warned the public against those who suggest otherwise.



MANAGEMENT OF DELAYED ERUPTION IN CHILDREN

Talat Mohamed Beltagy

Assistant Professor of Pedodontics, Kafr Elsheikh University, Egypt.

Vice Dean for Education and Student Affairs, Kafr Elsheikh University

Delayed eruption of permanent incisors may be associated with a variety of local and systemic causes such as, tooth in the path of eruption, insufficient space in the dental arch, trauma or dental infection, thickened or enlarged follicles around the unerupted incisor crown and hyperplastic or scar tissue are likely barriers to eruption. The problem of delayed eruption is usually noticed with eruption of the maxillary lateral incisors together with failure of eruption of one or both central incisors, this may result in mesial movement of the lateral incisors, reduction in the dental arch space with failure of the central incisors to fully erupt. This presentation will discuss the possible etiology and Management of delayed eruption in children.



RECIPROCATION VERSUS CONTINUOUS ROTATION...HOW DO I CHOOSE?

Amira Galal Ismail

Assistant Researcher, Restorative and Dental Materials Research Department, National Research Centre, Cairo

The goal of quality of endodontic therapy has remained the same since its inception. Root canal success is dependent upon two major factors: shaping and cleaning. In an ongoing quest to reduce complex problems of preparing curved narrow canals, endodontic breakthrough has progressed from utilizing a long series of stainless steel hand files to rotary nickel titanium files. Reciprocating motion has been recently suggested as an alternative to continuous rotation seeking a safer and more regular preparation.

With the popularization of single file techniques and the paradigm shift of canal preparation concept, a detailed investigation of their shaping effect is mandatory to understand how these modifications affect their performance in terms of conserving the original canal curvature and with regard to their cleaning capabilities.

Hence, the aim of this study is to assess the shaping and cleaning abilities using reciprocating motion of the single file WaveOne system, as compared to continuous rotary motion system Protaper Universal in preparation of curved root canals. A total of eighty mesial root canals of lower human mandibular first and second molars were randomly divided into two experimental groups. Pre- and postoperative CBCT images were taken and fusion technique was applied to all specimens to ensure standardization.

Shaping ability was assessed by measuring the change in canal curvature, change in transportation and centering ratio. Cleaning efficiency was evaluated by Image J analysis where it calculated the amount of remaining dye adhered to the canal walls. Both systems achieved good results regarding the straightening and transportation with no significant difference. Protaper showed the least amount of remaining dye followed by WaveOne with a statistical significant difference. The usage of CBCT in assessment of shaping ability was an effective technique.



SMILE MAKEOVER USING PREP-LESS AND MINIMAL-PREP LAMINATE VENEERS.

Hany Tarek Salah

Assistant Lecturer, Crown and Bridge Department, British University in Cairo

The esthetic treatment of anterior teeth has always presented a challenge in clinical practice. With the improvement of dental materials and CAD/CAM technology, minimum thickness ceramic laminate veneers became available and have been increasingly requested by patients and recommended by dentists. The ultimate success of a cosmetic case and patient satisfaction depends on many factors including case selection, well-planned tooth preparation, and accurate communication between the patient, dentist, and laboratory. This lecture will discuss these statements presenting some clinical tips to achieve a minimally invasive successful veneers treatment.



DENTISTS & MARKETING, CHOICE OR OBLIGATION

Mohamed Hassan Makhoul

Dentist & Self Development trainer

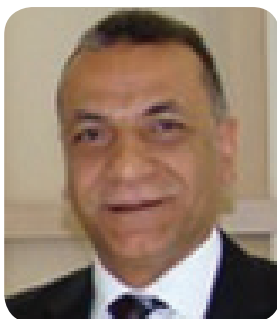
Since the dawn of time, dentistry has been one of the most noble branches of medicine because it addresses the most difficult pain suffered by the human: dental pain. We have learned from our eminent professors in dentistry that our profession is one that emphasises on the sympathetic side of the dentist and one that should not be financially-driven. As the years progressed, and as dentistry evolved, new branches such as cosmetic dentistry, were introduced to meet patients' demands. The need for marketing and advertising for these branches increased and so did the need for marketing for the dentists themselves.

In this lecture, we will learn the concepts of marketing and the myths associated with it.

Some questions that we will cover:

- Do I need to market myself and my products as a dentist?

- Shall we call the patient a client from marketing prospective?
- What are the 4 types of patients and how can I approach each of them?
- 5 specific tactics to market yourself on social media.
- This will be an interactive, interesting and intellectual lecture to think outside-the-box when marketing yourself.



MODERN DENTAL ADVERTISEMENT

Ehab Heikal

*Lecturer of Business, School of Dentistry, MSA University
Lecturer, Practice Management, Delta University*

Many dentists think that a dental ad design is very simple, a picture of the clinic, or a beautiful smile, or the famous "Pretty Girl" would do the job. The issue is not a nice looking design or ads, the issue is the message you want to deliver to your target.

Imitating each other by using the same concept of ads will make it meaningless.

In this lecture we will –together- criticise the different ads from old to modern, and introduce the new paradigm in dental ads. The different forms of advertisement will be explained as well as the goals of advertisement.



PRODUCTIVITY IN DENTISTRY

Dina Fathy El-Nabawy

*Training and Research Sector, Human Resource Department,
Egyptian Ministry of Health*

Productivity is the efficiency with which an economic activity transforms inputs into outputs. The higher the efficiency, the greater the productivity and hence the greater the output that can be achieved from a given set of inputs. Its importance for economic development and hence living standards is hard to understate.

At the level of individual businesses, productivity growth allows businesses and the people that work in them to better meet the needs of their customers compete with their competitors, support the payment of increased wages and profits over time and in the longer term allow working time to be reduced.

Dental care is an area of health care that has been divided from the rest of medical care in terms of financing and delivery of care. However, delivery of dental care is more complicated than this. In general, individual's demand for health care is unexpected and they may not inevitably know much about the quality of services. These aspects do not exist in dental care. Quality and efficiency of care are main attentiveness of health care providers all over the world. An important element is satisfaction from the provided services. Feedback on satisfaction from dental care is essential for constant improvement of the service delivery and outcome.

Drivers of productivity growth includes: Technological progress, new materials, Skills, Allied dental practitioners, Business models, Business and Hours worked by dentists.

Measuring dentists' productivity done through: Scope, Dentist visits measure (ARCPOH), Accounting for the mix of services.



TISSUE ENGINEERING, PRF, MPM AND ITS ROLE IN DENTAL IMPLANT TREATMENT

Ahmed Halim Ayoub

President, Egyptian society for oral implantology

Tissue engineering plays a great role in enhancing and accelerating tissue healing around implants or in a defect inside oral cavity.

This started by showing the role of platelets concentrates through PRP in initiating faster healing mechanism then followed by the introduction of PRGF then the innovation done by Chokroun 2001 who introduced the Platelet-rich fibrin (PRF) which is the second generation platelet concentrate widely used to accelerate soft and hard tissue healing.

Several trials were done to mix the PRF with bone graft particles through cutting the PRF into small pieces and mixing it with bone particles.

This lecture will introduce the 3rd generation of the platelet concentrate, which is the MPM, which is a PRF with integrated bone graft materials inside it, which offers good bone stabilization inside the defect. Also allow neovascularization in between bone grafts particles and direct effect of the of cytokines on cells in between grafting material



WHAT DO YOU KNOW ABOUT THE BRONJ?

Rehab Tarek Elsharkawy

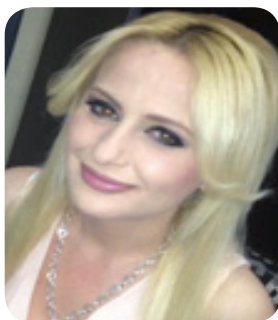
Assistant Professor of Oral and Maxillofacial Surgery

Faculty of Oral and Dental Medicine, Cairo University

Postmenopausal osteoporosis is a systemic skeletal condition that affects millions of women around the world. Osteoporosis prevention and treatment depends on hormonal treatment and anti-catabolic drugs and bone-resorption inhibitors including bisphosphonates. Currently, BPs are the first-line drugs for treatment of osteoporosis worldwide. Bisphosphonates have also been widely and efficiently used for the treatment of bone metastasis of solid cancers, and multiple myeloma bone diseases.

In October 2003 Marx reported 36 patients suffering from osteonecrosis of the jaws (ONJ) and who received BP. Ruggiero et al. also published an article in 2004 reporting 63 similar cases. Since then, numerous reports have proposed an association between BP

use and ONJ as a long-term side effect of this class of agents. The condition was called bisphosphonate related osteonecrosis of the jaw (BRONJ) and recently it was changed to medication related osteonecrosis of the jaw (MRONJ) to include new medications that are causing same condition. This presentation aims to warn dentists about Bps and other medications that cause MRONJ. It will also discuss strategies for management of patients with, or at risk for, MRONJ. Discussion will follow the guidelines of the last position paper released by the American Association of Oral and Maxillofacial Surgeons (AAOMS) on 2014.



THE TONGUE: ACHILLES HEEL ON THE TREATMENT OF TMD

Silvana Beraj

Lecturer in Faculty of Technical Medical Sciences, University of Medicine, Tirana, Albania

Tongue behavior is directly influenced from hyoid movement, which is directly linked to motion of the mandible. Taking present the concept of 'bidirectionality', in which they recognize that movement in one part of the system affects all the others, the muscular linkages among the mandible, the hyoid, the cranial base and sternum is performing in that way that the geometry of the relationship between the hyoid and the mandible is such that their relative positions are affected by the direction and amplitude of jaw movement. Usually in the treatment protocol of TMD we neglect this muscular linkages. **Objectives:** The aim of this study was to assess the efficacy of the rehabilitation of the tongue posture on the treatment of TMD using RiPaRa device. **Methods:** This investigation was carried out in 34 TMD patients divided in two groups: Patient group (PG) with 17 individuals treated with RiPaRa device and Control group (CG) does not undergo any treatment. The evaluation and analysis is based on the self-evaluation questionnaire. **Conclusion:** The findings of our study are favorable to the use of RiPaRa device, but based on the very limited number of the patient enrolled we suggest further investigation and result verification in time.



GUNSHOT WOUNDS TO THE FACE- AN OVER VIEW

Hassan Sadek

Professor of Oral & Maxillofacial Surgery British University in Egypt BUE

With the increase of terrorism especially in our region Firearm injuries is becoming a major public health problem. Understanding the mechanisms and velocities of various firearms will facilitate the managements of the victims exposed to the assault. Facial gunshot wounds, often comprising significant soft and bone tissue defects, pose a significant challenge for reconstructive surgeons. A thorough assessment of the defects is essential for planning

an appropriate tissue repair and replacement with a likely secondary revision. Because of the diversity of injury and the complexity of facial gunshot injuries, a systematic algorithm is essential to help manage the different stages of healing and to ensure that the best outcome is achieved.



BONE SURGERY IN CLEFT PATIENTS

AbdelFattah Abdel Mongy Sadakah

*Professor Oral & Maxillofacial. Surgery. Faculty of Dentistry.
Tanta University.*

*President of Pan African Association of Oral & Maxillofacial
Surgery.*

Clefts of orofacial structures are one of the most common of all congenital malformations. A very important problem, unique to cleft patients, is the presence of an alveolar cleft. This anomaly, when left unrepaired, contributes to many problems. Any patient born with complete cleft should be considered for alveolar grafting. The type of repair range from early primary repair to secondary and tertiary repair however secondary bone grafting offers great clinical benefits.

Donor site of bone graft various from intraoral and extra oral sites with variable degree of successes, each donor site has its own inherent problems and potential complications. However various allograft and Alloplastic Materials have been established, the advance in alveolar cleft grafting materials is the use of tissue engineered biomaterials seeded on carriers to replace autogenous grafts.

The use of tissue-engineered osteogenic material comprising platelet-rich plasma and autologous mesenchymal stem cells isolated, expanded and induced to osteogenic potential in bone augmentation procedures as a replacement for autologous bone grafts, offers predictable results with minimal donor-site morbidity. Distraction osteogenesis have been used for both closing of alveolar cleft and for maxillary advancement of hypoplastic cleft maxilla present distraction used with successful results in advancement because of the limitation in both soft and hard tissues.

Conclusion: Bone surgery in alveolar cleft patients is considered very controversial and debatable issues which should be accurately planned.

COMPUTER GUIDED ORAL & MAXILLOFACIAL SURGICAL PROCEDURES

Oral and Maxillofacial Surgery Department, Cairo University

Over the past 20 years, surgeons have adopted computer-aided surgical techniques to assist and guide complex surgical repairs. Computer-aided maxillofacial surgery can be divided into two main categories: computer-aided pre-surgical planning and image-guided navigational surgery. Computer-aided pre-surgical planning software allows the surgeon to import two-dimensional computed tomography (CT) data and generate a precise three-dimensional virtual representation of the skull. The proposed surgical

repair can then be performed in a virtual environment prior to the actual procedure then applied to the surgical field using CAD/CAM and rapid prototyping techniques. The increasing application of computer-aided design and manufacturing techniques have simplified these challenging procedures. In this session; we will discuss current advances in oral and maxillofacial surgery, three-dimensional imaging, stereolithographic and rapid prototyping techniques, surgical guide stents and the use of custom-made implants that could aid and improve the accuracy of existing reconstructive methods.



ORTHOGNATHIC SURGERY

LE FORT I TOOTH-BONE SUPPORTED SURGICAL GUIDES

Mohamed Farid Shehab

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



LE FORT I BONE-BONE SUPPORTED SURGICAL GUIDES

Youssef Al-Mansi

Consultant, Oral & Maxillofacial Surgery, Military Hospital, Egypt



BSSO CONDYLAR POSITIONING DEVICE

Adel Abou-Elfetouh

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



MANDIBULAR RESECTION AND RECONSTRUCTION

CUSTOMIZED PLATES, CUTTING GUIDES AND CONDYLAR POSITIONING DEVICE

Adel Abou-Elfetouh

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



PATIENT SPECIFIC IMPLANTS

Mohamed Mounir Shaker

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



MAXILLOFACIAL TRAUMA

Ahmed Barakat

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

Head, Oral & Maxillofacial Surgery department, Faculty of Oral and Dental Medicine, Future University in Egypt (FUE)



IMPLANTS

ALL ON FOUR CONCEPT

Mohamed Farid Shehab

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



PALATAL BONE GRAFT IN IMPLANT SITE DEVELOPMENT

Sahar Abdel Salam

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



THE VALUE OF THE LABIAL PLATE OF BONE IN IMMEDIATE IMPLANT PLACEMENT THERAPY

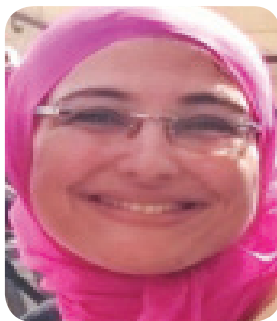
Abdelsalam Elaskary

Visiting lecturer at University of New York

President of the Arab society of oral Implantology in Cairo

Active member, fellow and the vice president of the International Congress of Oral Implantologists (ICOI).

Immediate implant placement in fresh extraction sockets offers several advantages which include patient comfort, immediate aesthetics; as well as decreased treatment time. The labial plate of bone plays a major key that influences the fate & prognosis of such procedure; other additional factors that involve: tissue biotype, type of implant loading, diameter of implant used, etc... The understanding of the nature of the labial plate of bone, and the detection, maintenance, and preservation of the labial plate of bone becomes then valuable, also the ability of the clinician to repair the defective labial plate of bone at surgery or after becomes valuable to the final treatment outcome, this presentation will highlight two novel repairing techniques of the labial plate of bone: the use of The use of fitted Autogenous bone lumineers & the use a new socket repair kit , these techniques helped to simplify the treatment complexity and predictably provided an outstanding clinical outcome.



ORONASAL FISTULA REPAIR IN PATIENTS WITH CLEFT PALATE: STRATEGIC THINKING APPROACH TO SUCCESSFUL REPAIR

Marwa El-Kassaby

Associate Professor Oral and Maxillofacial Surgery, Faculty of Dentistry, Ain Shams University

Oronasal fistula is a complication of palatoplasty procedure which can have significant functional sequelae. A variety of factors have been reported to increase the incidence of oronasal fistulae. Oronasal fistulae are difficult to definitively repair. The repair of a recurrent oronasal fistula is much more difficult than it seems where a small defect often requires an extensive operation to repair. The frequently disappointing results of some conventional methods of repair are evidenced by the multiplicity of techniques for fistula closure. Several factors should be considered for achieving successful oronasal fistula repair. Patient assessment is a crucial step towards selection of the most appropriate method to achieve successful oronasal fistula repair. In addition; the execution of repair and postoperative period all play very important role towards achieving the goal of successful oronasal fistula repair.



SUBLEVEL II B IN NECK DISSECTION: IS IT REALLY IMPORTANT

Mostafa Shindy, Samer A. Noman

Lecturer, Oral and Maxillofacial Surgery, Faculty of Oral and Dental Medicine , Cairo University

Selective neck dissection as a part of an elective or therapeutic treatment of the neck is a common practice during the surgical treatment of patients with Oral squamous cell carcinoma. Recently, the need for routine dissection of level IIb has been discussed. The aim of this study was to verify the incidence of metastases at level IIb in patients with clinically negative necks (N0) and clinically positive necks (N+) and discuss the need for its excision. Considering that we can now identify node levels at higher risk of metastases in relation to the primary site of the tumor. This type of neck dissection is useful not only as a staging procedure, but also for the treatment of occult node metastases. Functional results are not so good, mainly because of a post-operative shoulder dysfunction in many cases. Shoulder dysfunction is due to traction injury and interruption of blood supply to the spinal nerve during dissection of level IIb. Avoiding the dissection of this level, therefore, should help to minimize this complication, but its oncological effectiveness is still controversial.



PERSONAL EXPERIENCE IN PATIENTS WITH PROBLEMATIC DENTOFACIAL DEFORMITIES

Samer Noman, Mostafa Ibrahim Shindy

Assistant Professor of Oral & Maxillofacial surgery - Faculty of Oral & Dental Medicine, Sana'a University, Yemen.

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

It is a common practice in orthognathic and craniofacial 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 dentofacial and craniofacial patients involves extensive clinical and imaging data gathering. In our practice we utilize the 3D analysis and computer aided planning to these extremely complex cases.

We will present clinical cases demonstrating management of patients present to our clinics with multifactorial dentofacial deformities, orthognathic patients without a reliable dentation and occlusion, cleft patients, congenital deformities, growth abnormalities, pathology and previous surgeries all can create challenging cases for the oral & maxillofacial surgeon



MANAGEMENT OF MAXILLOFACIAL TUMORS IN THE INFRA-TEMPORAL FOSSA

Ashraf Abdel Fattah Mahmoud

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

Objective: To assess the efficacy of hemi-coronal flap as an approach in resection and reconstruction of benign and malignant tumours in infra-temporal fossa. **Aim:** Aim of this study is to review the methods of resection and reconstruction after oncological resection of tumours in infra-temporal fossa. **Review and background:** 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 pedicled flaps, Regional pedicled flaps, Distant pedicled 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 tumor stage and location and evaluation of prognosis and functional status of the patient. **Material and methods:** Twenty patients were treated in our department for resection of infra-temporal fossa tumors and reconstruction of their defects by free iliac crest bone graft, obturators and Microvascular flaps to cover the defect between 2005-2007. **Results and conclusion:** Primary reconstruction of infra-temporal fossa defects should be performed if possible. The temporalis muscle flap proved to be a valuable method for reconstruction, various techniques were discussed.



IMMEDIATE RECONSTRUCTION OF THE MANDIBLE FOLLOWING SEGMENTAL RESECTION OF OSTEOSARCOMA MANDIBULAR

Walid A. Ghanem

Chairman of Oral & Maxillofacial Surgery Department

Associate professor and Consultant of Oral and Maxillofacial Surgery, Faculty of Dentistry, Suez Canal University

Aim of the work: Evaluate the efficacy of immediate reconstruction of mandible following segmental resection of mandibular osteoblastic osteosarcoma with safety margin 2cm. **Patient & Methods:** This study was carried out on 6 patients (4 females & 2 males) age ranges from 13 to 15 years with a mean of 14 years. All patients had osteosarcoma of the body of the mandible that was confirmed clinically radiologic and by histopathological examinations of incisional biopsy of the lesion. Under general anesthesia all lesions

were surgically excised completely with safety margins 2cm which confirmed by aspirated needle cytology and frozen section in operating room then mandibular body defects were reconstructed by hydroxyl appetite blocks about 4x1x1cm in dimensions fixed by reconstruction bone plates 2.3mm, the gaps between the remaining healthy mandibular bone and the graft were filled by platelet rich fibrin. The surgical sites were closed by subcuticular sutures. Postoperative clinical and radiologic examination were started 1, 3, 6, 9 and 12 months postoperatively, chemotherapy started 3 weeks postoperatively. **Results:** Patients showed no wound dehiscence, edema, scar on the donor site, or difficult in tongue speaking, movements or swallowing postoperatively. Local lesions recurrence appeared 4 weeks postoperatively in the floor of the mouth posteriorly. **Conclusion:** Delayed reconstruction of mandible after eradication of osteoblastic osteosarcoma may be preferable.



COMPATIBILITY OF BIOMIMETIC TAILOR MADE SCAFFOLDS SEEDED WITH BONE MARROW DERIVED STEM CELLS; INVITRO STUDY

Hoda G. H. Hammad, Rania A. A. Elbehairy & Ibrahim M. I

Lecturer, Biomaterials Department, Faculty of Oral and Dental Medicine, MUST University, Giza, Egypt.

Lecturer, Oral and Maxillofacial Surgery Department, Faculty of Oral and Dental Medicine, Nahda University, Beni Suef, Egypt.



Prefabricated porous 3D chitosan composite scaffolds, were characterized physico-chemically and had proved invitro bioactivity in simulated body fluid (SBF) by use of Fourier transfer infrared spectroscopy (FTIR). Stem cell are the body's master cells due to their capacity to grow and mature outside the living body.

Objective: Prove the liability of stem cells to grow and expand on different prefabricated chitosan scaffolds. Aim: Investigate the number of cellular expansion for different chitosan scaffolds

in incubation periods of two and three weeks. **Methods:** Four different scaffolds were seeded individually in four identical flasks (25 ml volume). The scaffolds were: Chitosan (CH) only, chitosan with bioactive glass (CH/G), chitosan loaded with gentamycin sulfate (CH/S) and chitosan with bioactive glass loaded with gentamycin sulfate (CH/G/S). The control flask contained only UMSCS without scaffold. All were cultured for 15 and 21 days. Cell counting methods with the use hemocytometer. **Results:** Chitosan CH scaffolds showed an increase (7×10^5) in cell number compared to control (6×10^5) and drug loaded ones in different periods. **Conclusions:** The chitosan scaffold alone was promising for stem cell growth and expansion, while their composite scaffolds had lesser degrees for cellular proliferation. All scaffolds proved non-cytotoxic for the first 21 days. Recommendations for further assessments in experimental animal models.



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SENSITIVE
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ALL CERAMIC RESTORATIONS CLINICAL APPLI- CATIONS

Ahmed Soliman Idris

Lecturer at Fixed Prosthodontics Department, Faculty of Oral and Dental Medicine, Cairo University.

With the revolution of CAD/CAM and adhesion technology all ceramic restorations are considered nowadays the main choice for the dental clinicians to restore anterior and posterior teeth. Achieving successful aesthetic outcomes depend on proper selection of the ceramic material, which in turn necessitate ideal case selection, careful patient assessment and proper knowledge of mechanical properties of the ceramic materials.

The objectives of this presentation is to enable dental clinician to identify different ceramic materials, know the indication of lithium disilicate based restorations versus zirconia, Furthermore, the presentation will help the dentists to choose the correct type of ceramic according to different clinical considerations and difficulties.



RESTORATIVE DENTISTRY: NEED OR OVER- TREATMENT

Hala Imad Abboud

Member of scientific committee LDA, Tripoli

Until today our work as dentists was always to offer the best treatment whether functional or esthetic. Esthetic is always patients and dentists obsession to the point that some exaggerate either in shape and color. Our conference will aim to make a recapitulation of dental anatomy, hue, and tooth function by treating patients without exaggeration while respecting all anatomical and functional standards. The treatment should offer satisfaction to our patients and to us as dentists. Clinical cases will be shown at the end of the lecture.



RESTORING PULPLESS TEETH—DO TRADITION- AL PRINCIPLES STILL APPLY?

Steven M. Morgano

President of the American Academy of Fixed prosthodontics, and Director of Region 1 (The Northeast Region) of the American College of Prosthodontists

Guidelines for restoring pulpless teeth are well established; nevertheless the principles behind these guidelines were developed decades ago primarily from in vitro studies or retrospective studies of metallic

posts cemented with conventional cements. New materials and techniques have been introduced for the restoration of pulpless teeth, and there are additional clinical studies in the literature, not only on traditional materials and methods but also on the more novel materials. This presentation will critically review the latest available evidence on restoring pulpless teeth and suggest practical guidelines for the clinician.

Learning objectives:

At the completion of this presentation, the participant will:

- Be familiar with the literature supporting traditional recommendations for restoring pulpless teeth
- Be familiar with the most recent literature related to newer materials and techniques used in the restoration of pulpless teeth
- Have a clear understanding of the advantages, disadvantages, indications and contraindications of materials and techniques for the restoration of pulpless teeth



NEW TREND IN POSTERIOR RESTORATION (BULKFILL COMPOSITE)

Nour A. Habib

Professor, Dental material Department, Faculty of Oral and Dental Medicine, Cairo University

Esthetics is one of the main driving demands for patients to seek dental treatments. A Successful esthetic posterior restoration requires knowledge and understanding of all the properties and limitations of the materials used to produce a successful durable restoration. The dentist should apply all the concepts of esthetics and principles of minimal restorative techniques in order to obtain a functionally durable esthetic restoration. There are different materials and techniques available in the dental field, which requires meticulous and precise techniques to achieve these goals. Such techniques may be time consuming and technique sensitive to many general dentists. Recent types of composites as "BulkFill" are now available, which may solve a lot of such problems. The aim of development of such type of composite is to allow the practitioner to place and cure a 5mm deep restorations up to occlusion. Such composites have the ability to relieve the amount of shrinkage stresses upon light curing, while maintaining good physical and mechanical properties with optimized handling and sculptability with enhanced adaptation to the cavity preparation.

Learning objectives:

At the end of this Lecture the Attendee will be able to Know:

- Different types of Resin Composite Materials available in the market and which one to choose.
- The problems encountered with placing posterior composite restorations.
- The rationale of the BulkFill Composite development.
- Problems Solved by BulkFill.
- Techniques of BulkFill Placement with Representative Cases.



ACHIEVING FLAWLESS DENTAL CARE

Sam Sadati

Adjunct Professor Nova south eastern university college of dental medicine

Fellow of American Academy of cosmetic dentistry

Sharing different technique, success, failures & understand interdisciplinary treatment plans to achieve predictable aesthetics results



AMERICAN ACADEMY OF COSMETIC DENTISTRY ACCREDITATION

David Chan

Member of American Board of Cosmetic Dentistry

President of the Northwest Academy of Cosmetic Dentistry

American academy of cosmetic dentistry Accreditation serves to set the standard for excellence in cosmetic dentistry. Achieving accredited status from the AACD requires dedication to continuing education, careful adherence to the protocol, and a resolve to produce exceptional dentistry



DIODE LASER IN ORAL SOFT TISSUE MANAGEMENT

Rita El Feghali

Dental Surgeon. Private practice, Beirut-Lebanon

Laser applications in the field of dentistry have been a great scientific interest throughout the last decades and a variety of laser systems have been investigated in numerous in vitro and in vivo studies. The clinician may choose one of many laser wavelengths to achieve adjunctive therapy; the success of a given laser treatment will depend upon the predictability of the interaction of photonics energy with target tissue.

Diode Lasers have become popular due to their low cost in comparison to other laser devices and specially due to their optimal potential in achieving conventional daily oral soft tissue surgery through their ability to perform coagulation and hemostasis, to provide efficient bio stimulation, to produce an uneventful healing with a lack of sutures. Consequently, the intervention becomes more comfortable for the patient with less fear and anxiety.

An overview of the Diode laser-assisted oral soft tissue applications will be presented.

Objectives: The purpose of the presentation is to highlight the different applications of the Diode Laser in oral soft tissue management. Practical information on the related therapies will be demonstrated.



THEORETICAL & PRACTICAL CONSIDERATIONS DURING DIODE LASER SOFT TISSUE SURGERY

Hoda El Hallal

Dental Surgeon Private Practice in Beirut-Lebanon

Nowadays, dentistry profession benefits from new tools -LASERS- that can be used in soft tissue surgery as alternative to traditional old techniques such as scalpel and electrosurgery.

Lasers are the most advanced technology as they bring considerable benefits to clinical situations when applied properly. Too many wavelengths: Diode- Nd:YAG- Er:YAG- CO2 lasers, too many parameters, much confusion causing total loss of novice dentists. This lecture will give a quick overview about the principle key factors to consider when using Diode lasers in cutting soft tissue: Does the wavelength matter? Does the emission mode influence the ablation? Does the output power play a role? Does power density affect the cutting? What about laser tip size? Initiated or non initiated tip?

Learning curve stays a must before laser use in order to avoid unwanted tissue damage.

Objectives: This presentation has the aim to teach novice dentists what to do before performing surgical procedures with a diode laser device. There are many hints that should be taken into considerations before cutting oral soft tissue with a diode laser in order to avoid thermal rise and thermal injuries. All details regarding tissue characteristics and setting parameters on the diode device are given in the lecture.



OPTICAL PROPERTIES OF SOME RECENTLY USED AESTHETIC VENEER MATERIALS

Saied Hamad Mohamed, Najat H. Bubteina and Rafa A. Mohamed

Associate professor at Prosthodontics Department, Faculty of Dentistry, Benghazi University, Libya

The increased use of esthetic veneer materials requires a better understanding of the translucent characteristics of material used. In making aesthetically restoration such as veneer and crown, it is necessary to duplicate the shape and color near to those of the natural teeth. The translucency of ceramics has been emphasized as one of the primary factors in controlling the esthetic outcome of ceramic restorations. Two types of dental ceramics and one composite material were evaluated. Zirkon Zahn, IPS e.Max Empress and .XHD (high definition micro matrix composite resin). All the experimental samples of laminate veneers (LVs) were prepared using ready made veneer mould (3M ESPE) to standardize the thickness and the dimension of the tested samples. The samples prepared following the manufacturers' instructions. Photodetector (Double Beam Method- with source Red Laser, $\lambda=632.8$ nm) was used to measure the translucency of the samples. The Zirkon Zahn samples showed higher transparency value (82.4%) compared to other groups. Statistically, there was no significantly different between Zirkon Zahn and the e.max Press groups ($P=.108$). However, the translucency

value of the XHD composite was significantly lower than that of two other groups ($P < .020$). Irregularities in the distribution of the phases, defects and voids at grain boundaries, different refractive indexes among the particles, and their chemical nature may result in light scattering and difference in translucency.



RESTORING HAPPINESS: APPLYING POSITIVE PSYCHOLOGY IN THE DENTAL CLINIC

Sherif Arafa

Editorial cartoonist, self-development author, public speaker and dentist

MBA in Human Resources

Positive Psychology is a recently emerged branch within the psychology field, interested in exploring human strengths and promoting several positive outcomes such as happiness (i.e., eudiamonia and subjective wellbeing). This lecture presents how dentists can apply positive psychology to enhance their psyche and professional performance, as dentistry is a relatively stressful profession that requires the ability to handle physical and psychological stressors and continually refine and develop many special skills.



PERIODONTIC EVLOVING BUT STILL SAVING TEETH?

Mohamed M Nassar

Professor, Department of Oral Medicine, Periodontology, Oral Diagnosis and Radiology, Faculty of Dentistry, Tanta University

Recently there has been speculation about a change in the mindset of periodontists- one that could have a major impact. On the patient care and treatment outcome one have implied that today's periodontists are forgoing traditional periodontal therapy that aim to preserve natural dentition in favor of extracting diseased teeth and replacing implants. hower the most of them would agree that a paradigm shift is occurring but not one that discourage traditional treatment. Instead the specialty has turned to focus on minimally invasive technique that evolved dramatically advancement in therapeutic approaches based on evidence based criteria.in an effort to save natural teeth. Including growth factors and biological, bone grafting, biological barrier, root coverage techniques, functional esthetic crowns, anti-microbial and anti-inflammatory pharmaceutical, newly designed instrumentation and laser approaches. The lecture will embark on this various approaches supported by our researches in recent innovations revealing the strength and weakness of this modalities of treatment in preserving lifelong teeth health.

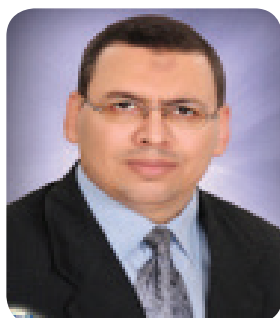


IMPACTS OF CPP ACPF PASTE ON ENAMEL EROSION OF HUMAN TEETH (IN VITRO STUDY)

Yousry Mahmoud El Hawary, Mona Denewar, Amr Negm, Rehab El Zehary, Lobna Radwan

Professor of Oral Biology, Vice dean of community service and environmental developmental affairs, Faculty of Dentistry, Mansoura University

Aim of the work: This study aimed to determine the effects of CPP-ACPF on eroded tooth enamel. **Materials and Methods:** Twenty sound posterior permanent teeth that had been freshly extracted for orthodontic reasons were selected after clinical and radiographic examinations. Each tooth was longitudinally sectioned bucco-lingually and mesio-distally into four sections parallel to the long axis of the root. The cervical one third of each specimen was the selected area for the current study. All the specimens were subjected to one complete pH cycling regimen twice daily for 3 weeks (N= 80). After completion of the 3 weeks, the specimens were examined then treated with CPP-ACPF paste twice daily. All the specimens were analyzed using Environmental scanning electron microscopy (ESEM) after 1, 2 and 3 weeks. The elemental analysis of enamel was tested using energy dispersive analytical x-ray for microanalysis (EDAX). The results of ESEM and EDAX were statistically analyzed. **Results:** The application of CPP-ACPF paste was significantly reduced the eroded areas on enamel surface enhancing the remineralization potential of enamel. **Conclusions:** CPP-ACPF paste is effective in treatment of enamel erosions and a promising material for remineralization.



EVIDENCE-BASED FOR LASER APPLICATIONS IN RESTORATIVE DENTISTRY

Raafat Abd El-Rahman Tammam

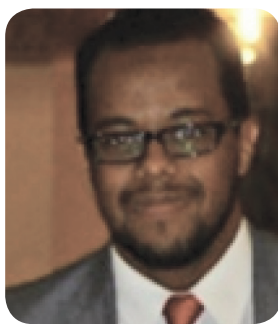
Lecturer of Crown & fixed prosthodontics and Implantology, Faculty of Dental Medicine, Assiut University

The term LASER is an acronym for 'Light Amplification by the Stimulated Emission of Radiation'. As its first application in dentistry by Miaman, in 1960, the laser has seen various hard and soft tissue applications. In the last two decades, there has been an explosion of research studies in laser application. In hard tissue application, the laser is used for caries prevention, bleaching, restorative removal and curing, cavity preparation, dentinal hypersensitivity, growth modulation and for diagnostic purposes, whereas soft tissue application includes wound healing, removal of hyperplastic tissue to uncovering of impacted or partially erupted tooth, photodynamic therapy for malignancies. Use of the laser proved to be an effective tool to increase efficiency, specificity, ease, and cost and comfort of the dental treatment.

Lasers used in dental practice can be classified by various methods: According to the lasing medium used, such as, gas laser and solid laser; according to tissue applicability, hard tissue and soft tissue lasers; according to the range of wavelength, and of course the risk associated with laser application.

As the laser can be used in conjunction with or as a replacement for traditional methods, it is expected that specific laser technologies will become an essential component of contemporary dental practice over the next decade. The current review is designed to focus on laser application related to restorative dentistry and tries to introduce evidences of laser settings capable to achieve this feature for clinical application.

The key words {laser restorative dentistry" laser dental treatment-laser dental therapy}, were searched in PubMed. In brief, the current paper involves the results on 5 items: A history of laser development; Different types of laser beams used for restorative dentistry; summary on laser application in restorative dentistry; Comparison of application of different laser types to evidence the best uses; and Conclusion



TO PUFF OR NOT..... THAT IS THE QUESTION

Mohammed Shawki Hafez

Ass. Lecturer of endodontics, Pharos University, Alexandria

Sealer extrusion into periapical tissues during obturation procedures is common, but is not considered an ideal option by many. Two schools in endodontic dentistry have a continuous controversy and dilemma about extrusion of sealer beyond apex and whether it is good or harmful thing to have. Authors stated that eluents derived from these materials when comes in contact with periradicular tissues causes potential irritation of the periradicular tissues that results in delayed wound healing. On the other hand, many studies presented that however countless overfilled cases and apical puffs produced from root canal treatment do not fail and are successful over time. So we will discuss factors affecting sealer extrusion either during preparation or obturation and different views of apical sealer puff.



THE EFFECT OF MORINDA CITRIFOLIA ON HUMAN DENTAL PULP STEM CELLS ATTACHMENT TO ROOT CANAL DENTINE WALLS A COMPARATIVE INVITRO STUDY

Hinar EL Moghazy, Jealan Mohamed El Shafei, Eman Hassan Anwar Abulezz and Alaa Abd El Salam El Baz

Lecturer in Endodontic Department, MSA University

The present study isolated and culture human dental pulp stem cells (HDPSc) and compared the effect of different irrigation solutions including Morinda Citrifolia(MC) as a natural irrigant on the HDPSc attachment to root canal dentine using Electron microscope. Ten human third molars collected for isolation of dental pulp stem cell from 8 healthy medically free young patients age from 17-25 years and twenty-five intact human first lower premolars were collected for addition of dental pulp stem cells.

After the 4th passage of DPSCs, human bone morphogenic protein type II (rh-BMP 2) was added to Confluent cultures. The cells were added to the cleaned and shaped root canals of the five groups. Group I irrigation was done using 5.25 % NaOCl, Group II irrigation and final rinse was done using 5.25 % NaOCl and 17%EDTA was used as a chelating agent, Group III irrigation was done using MC, Group IV irrigation and final rinse was done using MC and 17%EDTA was used as a chelating agent, Group V (control) Saline was used as irrigation. After 14 days of cell culture, the teeth were removed and processed for scanning electron microscopy. Data were presented as mean and standard deviation (SD) values. Numbers of cells data were compared using non-parametric tests. Mann-Whitney U test was used for pair-wise comparisons when Kruskal-Wallis test is significant. The significance level was set at $P \leq 0.05$. Results showed that group IV showed the statistically significantly highest mean number of cells. This was followed by Group II. Group III showed statistically significantly lower mean number of cells. Group V showed statistically significantly lower mean value. Group I showed the statistically significantly lowest mean number of cells. The results suggest that Morinda Citrifolia is a biocompatible irrigants that promotes DPSC attachment to root canal dentin, together with EDTA which is essential to accomplish regenerative endodontic treatment.



EFFECT OF INDUCED PERIIMPLANTITIS ON DENTAL IMPLANTS WITH AND WITHOUT ULTRATHIN HYDROXYAPATITE COATING

Marwa Ibrahim Madi, Osama Zakaria, Shizuko Ichinose and Shohei Kasugai

Lecturer, Department of oral Medicine, Periodontology, Diagnosis and Radiology, Faculty of Dentistry, Alexandria University, Egypt

The aim of this study was to compare the effect of ligature induced periimplantitis on dental implants with and without ultra-thin Hydroxyapatite HA coat. **Methods:** 32 dental implants (3.3 mm wide, 13mm long) with four surface treatments (8 implant /group) (M: machined, SA: sandblasted acid etched, S: sputter HA-coat and P: plasma sprayed HA-coat) were inserted into canine mandibles. After 12-weeks, oral hygiene procedures were stopped and silk ligatures were placed around the implant abutments to allow plaque accumulation for the following 16 weeks. Animals were sacrificed after 16 weeks and implants with the surrounding tissues were retrieved and prepared for Histological examination. Bone implant contact (BIC) and implant surfaces were examined using Scanning Electron microscope (SEM) and Energy dispersive X-ray Spectroscopy (EDS). **Results:** Histological observation revealed marginal bone loss and large inflammatory cell infiltrates in the periimplant soft tissue. Sputter HA implants showed the largest BIC (98.1%) and machined implant showed the smallest values (70. 4%). After 28 weeks, thin sputter HA coat was almost completely dissolved, while plasma sprayed HA coat showed complete thickness preservation. **Conclusion:** Thin sputter hydroxyapatite coated implants showed more bone implant contact and less marginal bone loss than thick hydroxyapatite (HA) coated implants under periimplantitis condition.



THE PREVALENCE OF INFLAMMATORY AND DEVELOPMENTAL ODONTOGENIC CYSTS IN A LIBYAN POPULATION

Oraf H. El Gehani R, Krishnan B

Professor, Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Al-Arab Medical University, Benghazi, Libya

Objective: The aim of this study was to determine the prevalence of odontogenic jaw cysts in a Libyan population and to compare the data with previously published reports from other countries. **Materials and methods:** We retrieved and analyzed 2190 case notes and biopsy records of the Department of Oral and Maxillofacial Surgery and the Department of Oral Pathology and Microbiology, Al Arab Medical Sciences University, Benghazi, Libya, dating from January 1990 to December 2005. There were 326 cases (14.8%) of diagnosed odontogenic cysts among the 2190 biopsies performed during this period. The cases were analyzed for age and sex distribution, site of presentation, association with impacted teeth, and the method of treatment. **Results:** The male to female ratio of patients was 1.3:1. Radicular cysts accounted for 222 cases (68.1%), followed by dentigerous cysts (n=49, 15%) and odontogenic keratocysts (n=43, 14.1%). Mean ages of the patients were, respectively, 31.7, 22.7 and 36.1 years. The maxilla was more commonly involved than the mandible (1.3:1). The anterior maxilla was the commonest site (n=132, 37.4%) followed by the posterior mandible (n=96, 29.4%). Fifty-three cases were associated with impacted teeth, and the highest frequency was for dentigerous cysts (n=37). Enucleation and curettage was performed on 300 patients, marsupialization on 14, and marginal/segmental resection on 12. **Conclusion:** To our knowledge, this is the first such study on a Libyan population. Our results are comparable to studies from other countries. Knowledge of the relative frequencies and sites of presentation of odontogenic cysts in different ethno-geographic backgrounds is essential for the early diagnosis and management.



THE INFLUENCE OF EXPOSING DENTAL IMPLANTS TO THE MAXILLARY SINUS CAVITY ON SINUS COMPLICATIONS AND IMPLANT SURVIVAL RATE (6 YEARS POSTOPERATIVE FOLLOW UP)

Ashraf Ghanem and Hamed Mohamed

Ass. Professor, Oral & Maxillofacial Surgery Dept., Faculty of Dentistry, Minia University, Egypt.

Objective: The aim of the present study was to evaluate through long term follow up whether the intruded dental implant into the maxillary sinus cavity increases the risk of maxillary sinus complications and influence the implant survival rates or not. **Study design:** 10 dental implants were placed into the posterior maxillary ridges and non-intentionally perforated the maxillary sinus lumen. The implants were exposed

up to 4 mm beyond the mucous membrane of the maxillary sinus. **Results:** Up to 6 years follow up; radiographic and clinical examinations did not reveal any significant signs or symptoms of pathologic findings of the maxillary sinus, in the meantime all osseous-integrated implants were functionally competent. **Conclusion:** The current study showed that dental implants which traumatically perforate the sinus mucosa with aseptic surgical procedures and biocompatible osseous-integrated implant may not harm or change maxillary sinus physiology.



IMPROVING QUALITY OF CHILDREN & ADOLESCENTS LIVES THROUGH APPROPRIATE MANAGEMENT OF TEETH & JAW PATHOLOGIES: DIFFICULTIES, CHALLENGES, CONTROVERSIES, & FUTURE TRENDS.

Ziad Noujeim

Director of Oral Pathology Postgraduate Program, and Former Director of Oral Surgery Postgraduate Program, Lebanese University School of Dentistry

Editor-in-Chief, Journal of the Lebanese Dental Association (JLDA), Beirut, Lebanon,

Odontogenic tumors and jawbone-related lesions constitute a surprisingly diverse group of pathologic lesions, and most of these pathologies originate through some aberrations from normal odontogenesis pattern, though some of these represent only minor alterations in odontogenesis and not true neoplasms. The last edition (2003) of WHO classification of histological typing of odontogenic tumors, neoplasms, and bone related lesions was chiefly in recognition of the complexity of this group and in a serious tentative aiming for international cooperation in order to establish a diagnostic and therapeutic rationale of such neoplastic diseases.

Difficulties in distinguishing between certain lesions, hamartomas, and true neoplasms have been the reason for vivid and controversial discussions in conventions and dental literature throughout the last 10 years, and our clinical attitude is nowadays arranged according to the 2003 classification.

In growing jaws(children and adolescents), head and neck tumors are uncommon and comprise less than 8% of all childhood tumors, and pediatric jaw tumors can be conveniently classified as odontogenic and non-odontogenic, and also as benign and malignant, the majority of oral tumors (91 %) being benign(R.K.Hall,1994).Most of pediatric pathologies arising from odontogenic tissues occur centrally within maxillary and/or mandibular bones, and considerable expansion of cortices will result in facial asymmetry and swelling and a malpositioned or unerupted tooth/teeth should inevitably be an indication for immediate radiological or imaging examination. In daily clinical pediatric oral surgery, mandibular and maxillary asymmetry, loosening of teeth and malocclusion are often the most likely presenting complaints in such pathologies.

Teeth pathologies and a large variety of diagnosed and treated pediatric jaw pathologies will be presented, with emphasis on conservative treatment (enucleation -with or without Carnoy's solution chemoablation-and surgical curettage). Other nontraditional methods will also discussed in the management rationale, mainly intra-lesional steroid injections and non-surgical treatment with calcitonin and interferon.

Unlike head and neck malignancies, there are no staging or therapeutic principles to guide oral and maxillofacial surgeons in the management of odontogenic tumors and lesions in children and adolescents, and this is, in part, due to a lack of generally accepted outcome-based and evidence-based treatment regimens, as well as the diverse biological behavior of these lesions. Age of patient, tendency for recurrence, histological classification, location, size, clinical and radiographic/imaging findings are all parameters instrumental in determining appropriate management. The majority of pediatric odontogenic tumors and lesions are indeed treated by simple surgical measures, aggressive ones warranting more extensive surgical treatment and medical management.



ORAL REHABILITATION INFLUENCING SMILE DESIGN AND FACIAL AESTHETICS

Jean Marie

Professor in periodontology including oral implants

Consultant in functional and esthetic dentistry

Oral Rehabilitation should not be considered as the treatment of some defective teeth with aesthetic upgrade which is often claimed in the profession but rather as the treatment of full arch or full mouth for therapeutic and/or aesthetic reasons.

To achieve all the objectives mainly the aesthetic ones, such therapy necessitates a rationale of therapy and a comprehensive multidisciplinary treatment planning involving a team approach with a constant coordination between the different specialties.

The end result would affect not only the components of the stomatognathic system (teeth and/or implants, periodontium, maxillae, TMJ) but could have an impact on the architecture of the smile and the face.

This lecture will focus on:

- The development of customized multidisciplinary treatment planning
- The relationship between different specialties
- The differentiation in therapy in absence or presence of infection problems.
- The achievement of objectives ranging from the basic triad: health, function, aesthetics to smile design and global oro-facial architecture.

EFFICACY OF THE NEW MATRIXMANDIBLE SUBCONDYLAR PLATE IN THE TREATMENT OF SUBCONDYLAR FRACTURES

Mohamed Abdel-Salam El-Baz, Galal Mohamed El-Behiery and Khairy El-Morsy

Lecturer, Oral and Maxillofacial Surgery Department, MSA University.

This study was conducted to evaluate the efficacy of the new MatrixMANDIBLE subcondylar plate in the treatment of subcondylar fractures. Patients and methods: Ten patients were selected from the outpatient clinic of the oral and maxillofacial surgery department at Cairo university. Patients selected all suffered from subcondylar fractures, but treated for any other facial fractures. All patients required open reduction and rigid fixation for the subcondylar fracture. Clinical follow-up was done postoperatively to check for open bite, maximal interincisal opening and deviation of the mandible. Radiographic follow up was done immediate postoperatively and 6 months postoperatively to check for proper anatomic location, reduction and healing of the fracture. Preoperatively, panoramic and Postero-Anterior view and CT Scans were taken. Immediate postoperatively, panoramic and Postero-Anterior views were taken, 6 months postoperatively, panoramic, Postero-Anterior and CT Scans were taken. Results: Clinical follow up showed that mouth opening was more than 40 mm in 8 patients, where 2 patients had less than 40 mm mouth opening. Radiographic follow up revealed complete healing of the fractures with proper anatomic contour of the condyles.



ASSESSMENT OF IMPLANTED TISSUE ENGINEERED CONDYLAR OSTEOCARTILAGENOUS GRAFT

Ingy M. Chehata, Ragia M.Mounir, Mohamed A. Abdelhamid, Mervat M. Eldeftar and Hisham S.Elhawary

Lecturer, Oral and Maxillofacial Surgery Department, MSA University

Introduction: The temporomandibular joint is susceptible to diseases and trauma that may ultimately lead to structural degeneration. Current approaches for replacing degenerated mandibular condyles suffer from deficiencies such as donor site morbidity, immunorejection, implant wear and tear, and pathogen transmission. The emerging field of tissue engineering has widened the search for better and less invasive treatments for many disease processes including those of the temporomandibular joint. **Aim of the study:** 1-In vitro engineering of bone and cartilaginous tissue from canine mesenchymal cells. 2-Assays for osteogenesis and chondrogenesis. 3-Radiographic, histological and immunohistochemical assessment of tissue engineered bone and cartilage implant. **Materials and methods:** Canine bone marrow MSCs were aspirated from six adult mongrel dogs, isolated and induced to differentiate into chondrogenic and osteogenic cells in vitro, seeded on a biocompatible silica calcium phosphate biphasic scaffold and implanted in-vivo at the site of induced condylar defect. **Results:** Sixteen weeks following in vivo implantation of the bilayered osteochondral constructs, condylar osteocartilagenous tissue formed de novo. Microscopic and histochemical analysis of the tissue-engineered osteochondral tissue demonstrated two stratified layers of histogenesis of cartilaginous and osseous phenotypes. The current approach is being refined for ultimate therapeutic applications.



CLINICAL AND BIOCHEMICAL ASSESSMENT OF DIFFERENT INJECTION MATERIALS FOLLOWING ARTHROCENTESIS FOR THE TREATMENT OF INTERNAL DERANGEMENT OF TEMPORO-MANDIBULAR JOINT: COMPARATIVE STUDY.

Shereen W. Arafat and Ingy M. Chehata

Lecturer Oral & Maxillofacial Surgery, MSA University

Objectives: The present study was performed to evaluate and compare the effect of ozonized water lavage followed by ozone injection, to lactated ringer lavage followed by either corticosteroid or sodium hyaluronate injection. **Material and Methods:** 27 patients suffering from internal derangement of temporomandibular joint and non-responding to conservative therapy were randomly classified into 3 groups. Group A: joint lavage was performed using ozonized water followed by injection of ozone. Group B: joint lavage was performed using lactated ringer solution followed by corticosteroid injection. Group C: joint lavage was performed using Lactated ringer solution followed by sodium hyaluronate injection. The treatment outcome was evaluated biochemically by measuring the change in Tumor Necrosis Factor-alpha (TNF- α) level in the synovial fluid preoperatively and 1 week post operatively. Clinical measurements of maximal mouth opening, lateral, and protrusive excursions were measured preoperatively, at 1 week, 1 month, and 3 months postoperatively. Pain was measured by Visual Analogue Scale at the study intervals. These data were statistically analyzed. **Results:** The three groups showed significant improvement ($P \leq 0.05$) in all biochemical and clinical measurements. However, Joint lavage using ozonized water followed by ozone injection provided more favorable results compared to sodium hyaluronate group which in turn was more superior to corticosteroid group regarding all the study parameters. All the study groups showed significant reduction ($P \leq 0.05$) in TNF- α level in the synovial fluid. Group A had the highest amount of reduction of TNF- α level with significant difference ($p \leq 0.05$) between its results and those of groups B and C, while groups B and C showed non-significant difference between them ($P \geq 0.05$). Concerning pain measurement, there was a significant reduction ($P \leq 0.05$) in VAS measurements at the three groups at 3 months post-operatively in comparison to the pre-operative measurements. Comparing the three groups at the different time intervals, group A showed the highest amount of reduction in VAS scale at all post-operative intervals with a significant difference ($p \leq 0.05$) between its results and those of groups B and C at 1, and 3 months post-operatively. There was non-significant difference ($p \geq 0.05$) between groups B and C at these intervals regarding VAS scale. **Conclusion:** data from our study suggested more favorable outcomes in terms of ozonized water lavage followed by ozone injection regarding the clinical and biochemical parameters.

A NEW COMPREHENSIVE APPROACH FOR TACKLING THE ANKYLOTIC DEFORMITY AND PREVENTING RECURRENCE.

Khaled Ibrahim Barakat

Professor & Head of Oral & Maxillofacial Surgery department, Faculty of Dentistry, Minia University

The ankylotic deformity is a real devastating problem to the patient that alter his functional, aesthetic and social life. Nevertheless, it represents a challenging task to the surgeon with a considerable recurrence rate as well as beyond optimum results.

A new comprehensive approach for management of complicated post ankylotic deformity will be thoroughly presented. It mainly comprises a novel extended surgical approach that facilitates complete access to the mass and decreases the risks of injuries to the major structures. In addition to, appropriate lengthening of underdeveloped bones using various distraction techniques. Moreover, it implements a biologic and friendly physiotherapy techniques that allows full return of chewing capabilities. Finally, the aesthetic touch that relieves the social predicament that hinders the patient. Values, complications and shortcomings will be also discussed.

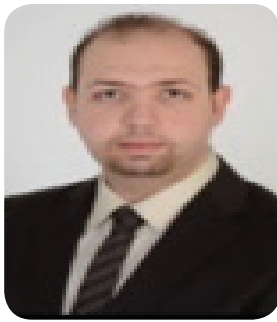


USE AND MISUSE OF ANTIBIOTIC IN DENTISTRY WITH EMPHASIS ON ORAL IMPLANT LOGY

Khalid Eid El-Kholey

Associate professor and head of Oral Surgery Department, IbnSina College for Medical Studies, Jeddah, Saudi Arabia

No one can deny the importance of antibiotics in our life, whether used to cure the infection or as a prophylactic against it. Nowadays, it is widely agreed by health professionals that the overall use of antibiotics should be reduced. This is to conserve antibiotics for use in life- threatening infection, and to reduce development of bacterial resistance to the available antibiotics. This talk will highlight the misuse of antibiotic in dentistry with specific reference to oral implantology.



CONE BEAM COMPUTED TOMOGRAPHY AND COMPUTER GUIDED IMPLANT SURGERY FROM VIRTUALITY TO REALITY

Khaled Ekram

Lecturer of Oral and Maxillofacial Radiology, Faculty of Oral and Dental Medicine, Cairo University

Cone Beam Computed Tomography (CBCT) is now very widely accepted and is already in use in dental practice all over the world. In this presentation we'll see that this modality can provide the dentist with useful diagnostic information which can be integrated with other modalities to produce computer guided surgical stents that can allow the operator to surgically apply the predetermined treatment plan. Difficult or even impossible to obtain by radiographic or conventional technologies.

The objective of this presentation is to enable the dentist to understand and interpret the CBCT scans, assess the wide variety of CBCT applications in Implantation and build up correct treatment plans with more confidence based on real information. Furthermore, this presentation highlights the advantages of CBCT and its integration with different CAD/CAM milling and Three dimensional printing methods.



A COMPARATIVE HISTOLOGICAL & HISTOMORPHOMETRIC STUDY OF MAXILLARY SINUS AUGMENTATION USING DIFFERENT GRAFT MATERIALS

Saleh Ahmed Saleh Ahmed

Lecturer of Oral and Maxillofacial Surgery, Faculty of Oral and Dental Medicine, Cairo University

Rehabilitation of the edentulous posterior maxilla with dental implants can be difficult because of insufficient bone volume caused by pneumatization of the maxillary sinus and crestal bone resorption. Different biomaterials have been used for sinus augmentation. The aim of the study was to compare different materials in maxillary sinus augmentation. A total of 30 patients divided into 3 equal groups participated in this study. For group A patients receive sinus augmentation with autogenous bone, group B receive sinus augmentation with autogenous bone in combination with PRP and group C receive sinus augmentation with xenograft material (Biogen). A core biopsy was taken at the time of implant placement at 6 month of healing period for histological and histomorphometric evaluation of bone quality. Histological results showed that almost all the particles of the different biomaterials were surrounded by bone. The histomorphometry clarified features of the newly formed bone around the different grafted particles. All biomaterials examined resulted in being biocompatible and seemed to improve new bone formation in maxillary sinus lift. The healing pattern in maxillary sinus bone grafting did not differ greatly among a variety of grafting materials, the appropriate material could be chosen according to the preference of the surgeon.



MANAGEMENT OF SYMPTOMATIC EROSION-ULCERATIVE LESIONS OF ORAL LICHEN PLANUS IN AN ADULT EGYPTIAN POPULATION USING SELENIUM-ACE COMBINED WITH TOPICAL CORTICOSTEROIDS PLUS ANTIFUNGAL AGENT

Mahmoud Helmy Belal, Mohamed Bahaa Kheidr

Associate Professor, Department of Oral Medicine, Periodontology, Oral Diagnosis & Radiology, Faculty of Dentistry, Damanhour University

Background & Aim: OLP is a chronic disease of unknown etiology & autoimmune pathogenesis. The presence of oxidative stress in OLP has been demonstrated. It is caused by an imbalance between the production of reactive oxygen species (ROS) & tissue ability to repair the resulting damage. The formation of lesions with potentially mutagenic DNA due to oxidative stress, may contribute to the development of oral cancer in OLP. It occurs in atrophic, bullous & erosive OLP, but not usually in reticular clinical forms. Thus, we decided to perform a therapeutic experience with antioxidants in patients with OLP. **Subjects and Methods:** Thirty patients were enrolled with a confirmed clinical and histopathologic diagnosis of OLP as erosive-ulcerative areas with moderate severity. Patients were randomly divided and managed in three groups as follows: I- topical corticosteroids, II- topical corticosteroids plus antifungal, III- Antioxidants combined with topical corticosteroids plus antifungal. The patients were followed for 6 weeks. The lesion size and pain or burning sensation were evaluated using different grades. The improvement of lesions and symptoms were also evaluated as clinical response using different scores. The data were analyzed by paired t- test and ANOVA test using SPSS with a p-value of ≤ 0.05 as a significant. **Results:** There were no differences between the experimental groups in lesion size, pain sensation and severity of lesions and previous treatment for OLP at the start of treatment. Using paired t-test statistically significant differences were noticed between the different follow-up intervals (2, 4 & 6 weeks) within the experimental groups. This means an evident reduction of OLP lesion size and alleviation of pain sensation throughout the whole experimental study of all groups. Furthermore, the intergroup differences of pain sensation and lesion size were analyzed by ANOVA test using Scheffe Test. Statistically significant differences were found between group III versus groups I and II, whereas no significant difference observed between groups I & II. **Conclusion:** Most of available treatment modalities are considered only as palliative therapies aimed at relieving pain, reducing symptoms and improving quality of life. This is due to chronic autoimmune nature of the disease with possible recurrence as a result of exposure to unknown antigens within oral epithelium. Topical corticosteroids alone or combined with antifungal was not effective in treating erosive-ulcerative lesions of OLP, but using antioxidants in combination with these agents may be effective. However, more research with a larger sample size and a longer evaluation period may be recommended.



LONG STANDING OROANTRAL FISTULA MANAGEMENT AND KEYS OF SURGICAL REPAIR SUCCESS

Ghada Amin Khalifa

Associate professor of Oral and Maxillofacial Surgery, Faculty of Dental Medicine for Girls, Al Azhar University

Oroantral fistulas (OAFs) can be recognized as epithelialized communications that develop between the pseudostratified columnar ciliated epithelium of the maxillary sinus and the squamous epithelium of the oral cavity. Despite various successful surgical techniques, chronic OAF remains one of the most challenging and difficult problems in oral surgery. It has been reported that the success rate of their surgical repairs is as low as 67%. Different surgical and nonsurgical techniques have been described for the closure of OAFs. These include single-layered and double-layered closure. The single-layered closure describes the use of buccal or palatal flaps and their modifications. While the double-layered closure is defined as the combinations of inversion and rotational advancement flaps. Many investigators have described that the double-layered closure is the best surgical technique for closure of chronic OAFs where they are more effective and provide sufficient tissue bulk and more stability. However, the developed maxillary sinusitis and contracture during wound healing are considered the main factors which result in failure of their surgical repair whatever the surgical technique was used. So the success keys of the OAFs repair, are the use of bulky, strong, and staple flap; suturing the surgical wounds without tension, and the most important factor is the pre-operative management of the developed sinusitis before surgical closure.

THE INFLUENCES OF THE PATIENT'S AGE, SIZE & TYPE OF THE PRIMARY LESIONS ON THE RATE OF SHRINKAGE AFTER MARSUPILISATION OF ODONTOGENIC CYSTS.

Hamed Gad and Ashraf Ghanem

Lecturer, Department of Oral & Maxillofacial Surgery, Faculty of Dentistry, Minia University.

The aim of this study was to evaluate the effectiveness of the patient's age, size and the type of the primary lesions on the rate of monthly shrinkage of odontogenic intrabony cystic lesions after marsupilisation. The current study was conducted on twenty patients, 11 females, 9 males, the age ranged from 10– 54 years. They suffered from 20 odontogenic cystic lesions and seeking treatment from March 2014 to April 2015. The duration of post-marsupilisation follow up was ranged from 6 to 12 months. The lesions were; eight odontogenic keratocystic tumors (OKCT), six radicular cysts (RC), three dentigerous cysts (DG) and three uni-cystic ameloblastoma (UAB). For all cases; marsupilisation was accomplished by excision of the overlying mucosa and

ABSTRACT



opening of a window into the cystic cavity and, where possible, suturing of the cyst lining to the oral mucosa. Patients were undergone follow up consecutively clinically and radiographical investigations to evaluate the rate of the monthly shrinkage after marsupilisation and the progress of size reduction of these lesions. At the end of the proposed post-marsupilisation follow up period; the percentage of size reduction of the cystic cavities was ranged from 67% to 100% with the mean reduction size percentage (82%). In the meantime, there is no statistical significant correlation between the rate of monthly speed shrinkage and patient`s age, (size and type) of these primary cystic lesions. Therefore, marsupilisation is a more viable alternative technique than the other traditional surgical maneuvers in the treatment of large intrabony cystic lesions despite size and type of these lesions as well as the age of patient.



ONGOING TIMELY CREDIBLE

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ONLINE
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ABSTRACTS

POSTERS



Thursday 12th November 2015

Glass Room Hall

First Session

12:00 – 2:00

THE PAPACARIE METHOD VERSUS CONVENTIONAL METHOD OF CARIES REMOVAL IN PRIMARY TEETH

Nura Ismaeel Abozena

Assistant lecturer, Faculty of Dentistry Tanta University

ONE YEAR FOLLOW UP AFTER FIXATION OF MANDIBULAR ANGLE FRACTURES

Abdulrahman Ahmed Hunaish

Assistant Professor, Alfarabi Colleges, Riyadh, Saudi Arabia

EFFECT OF TWO DIFFERENT DISSECTION APPROACHES TO THE TEMPOROMANDIBULAR JOINT ON THE FACIAL NERVE

Shadia Abdel-Hameed Elsayed

Lecturer of Oral and Maxillofacial Surgery, AL-Azhar University

FRACTURE STRENGTH OF ZIRCONIA SINGLE CROWNS VENEERED BY DIFFERENT TECHNIQUES

Eman Essam and Inas T. Motawea

Assistant professor of Fixed Prosthodontics, Faculty of Dental Medicine, Al-Azhar University, Egypt

Hopeless Teeth; Yes We Can Preserve....

Moataz A. Alkhawas

Lecturer of Endodontics, Al-Azhar University

Thursday 12th November 2015

Glass Room Hall

Second Session

3:00 – 5:00

REGENERATIVE CAPACITY OF LOCAL INTRAORAL ADIPOSE STEM CELL WITH DEMINERALIZED BONE MATRIX VERSUS AUTOLOGOUS BONE HARVESTING IN CANINE ALVEOLAR BONE DEFECTS

Lobna Abdel Aziz Aly, Hala El- Menoufy , Mahmoud Tag Elsabah, and Dina Sabry.

Associate Professor of Oral and Maxillofacial Surgery, Faculty of Dentistry, Future University

PUSH OUT BOND STRENGTH OF THREE ROOT CANAL SEALERS TO ROOT CANAL DENTIN WALLS

Eid B. Mohamed; Kataia M. Medhat and Alsayed R. Hassan

Lecturer of Endodontics, faculty of dentistry, Alahram Canadian University

HISTOLOGICAL EVALUATION OF CHEMOMECHANICAL CARIES REMOVAL EFFECT ON DENTAL PULP

Wael Mahmoud Abd Alkhalek

Lecturer of Pedodontics and Public Health, Faculty of Dentistry, Suez Canal University

EFFECT OF NEW DESIGN BULLARD AND CONVENTIONAL TELESCOPIC CROWN ON STABILITY OF IMPLANT RETAINED MANDIBULAR OVER-DENTURE

Ahmed Nader Abd Elsalam Elsherbini

MSA University

AUTOGENOUS BONE RINGS WITH AND WITHOUT SIMULTANEOUS IMPLANT PLACEMENT IN VERTICAL RIDGE AUGMENTATION (CLINICAL STUDY)

Doaa Adel Salah Kattab

Assistant Lecturer at Oral Periodontology department, Faculty of Dentistry, Ain Shams University.



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WORKSHOPS





"THE GOLDEN ERA OF ROOT CANAL INSTRUMENTATION" AND "SCIENTIFICALLY PROVEN 3D OBTURATION IN ENDODONTIC THERAPY" LECTURE & HANDS-ON

Sergio Kuttler

Co-Founder International Dental Institute

President & CEO International Endodontic Institute

Fort Lauderdale & Palm Beach, Florida, USA

The field of endodontics is still experiencing a virtual explosion of new techniques, instruments and materials. How many of these will stand the test of time is yet to be determined. Many manufacturers' claims and existing guidelines for selecting a NiTi file system.

You will Learn

- The ability of a single file system over multiple files systems in preparing canals without procedural errors
- The objectives of canal instrumentation and how to achieve these objectives with one single NiTi file system based on research
- The advantages of one single file NiTi system over other ones
- The advantages of core-obturation materials for 3D obturation of the prepared canal space based on the "best evidence possible" using Micro CT research

Date
Lecture: Monday, 9 th November, 2015 Hands-on: Tuesday, 10 th November, 2015
Time
Lecture: 09:00 am till 05:00 pm Hands-on: 09:00 am till 05:30 pm
Venue
Lecture: Faculty of Oral & Dental Medicine, Future University in Egypt (FUE) Hands-on: Faculty of Oral & Dental Medicine, FUE.
Participants' Number
Lecture: Limited to 400 Hands-on: Limited to 160

Course Outline	
Monday 9th November, 2015 (LECTURE)	
9:00 am 1:00 pm	Lecture Title: "The Golden Era of Root Canal Instrumentation"
1:00 pm 2:00 pm	Break
2:00 pm 5:00 pm	Lecture Title: "Scientifically Proven 3D Obturation In Endodontic Therapy"
Tuesday 10th November 2015 (HANDS-ON)	
Morning Session	
9:00 am 10:30 am	First group
10:30 am 11:00 am	Coffee Break
11:00 am 12:30 pm	Second group
12:30 pm 2:00 pm	Lunch
Afternoon Session	
2:00 pm 3:30 pm	Third group
3:30 pm 4:00 pm	Coffee Break
4:00 pm 5:30 pm	Fourth group

Every participant will train with his own Endodontic Kit during the Hands-On course

Lecture + Hands-on



Lecture



The attendance of the first day
Lecture-course portion is **REQUIRED**
to attend the hands-on course.



CBCT: FROM IMAGINATION INTO EVERYDAY'S PRACTICE

Ahmad Ali Hasan

*Assistant Lecturer, Faculty of Dental Medicine,
Fayoum University*

*Co-founder, Director, DENTASCAN Maxillofacial Imaging
Center*

Director, 3D Diagnostix Imaging & 3D Printing Center

Training on CBCT real cases to enhance diagnostic value of 3D images & ensure participants getting on-board with 3D interface, CBCT software tools & manipulation of volumetric data in different clinical indications. Highlighting the tips that enable the dentist to utilize CBCT imaging in daily clinical practice with maximum benefit to diagnostic decision.



Each Participant will be operating on real CBCT cases using 3 different software packages
Laptop and mouse are essential

You will Learn

- What is CBCT good at and what is NOT?
- How to judge a CBCT scan?
- Maxillofacial anatomy in 3D perspectives.
- Tracing of vital structures.
- Localization of impactions.
- Identification of anomalies, dental-related and intra-bony lesions.
- CBCT application in endodontic treatment.
- Implant planning and preparation for Guided Implantology.

Date
Wednesday, 11 th November, 2015
Time
11:00 am till 02:00 pm
Venue
Al-Manial Hall, InterContinental Citystars
Participants' Number
Limited to 25-30



TOOTH PREPARATION FOR LAMINATE RESTORATIONS

Carlos Eduardo Sabrosa

*CAGS Prosthodontics
Boston University, USA*

*MSD and DScD
Prosthodontics / Biomaterials
Boston University, USA*

Associate Professor, State University of Rio de Janeiro, Brazil

Tooth preparation is defined as the mechanical treatment of dental disease or injury to hard tissues that restores a tooth to original form. Reduction of tooth structure is preceded by a mental image of the design of the artificial crown and the anticipated occlusion. The design of a preparation is governed by five principles: preservation of tooth structure, retention and resistance form, structural durability, marginal integrity and preservation of the periodontium.

There are several possibilities in tooth preparation design including complete and partial coverage designs. Depending on remaining tooth structure, dentists should decide on an ideal design. With improvement in dental materials and special in adhesive systems, tooth preparation design should be modified to achieve best results. The classic design for the preparation must be visualized so modifications can be instituted. Diagnosis and disciplined tooth preparation are essential to successful fixed prosthodontics. With the advance in technology and materials field new techniques are proposed as standard procedures.

You will Learn

- Requirements and a step-by-step procedure that should be followed in tooth preparation design for veneers. After lecture and demonstration of the instructor all participants will be given a typodont to practice on preparation for veneers.



Date
Wednesday, 11 th November, 2015
Time
03:00 pm till 06:00 pm
Venue
Al-Manial Hall, InterContinental Citys
Participants' Number
Limited to 25 - 30





MAXIMIZE THE EFFICIENCY OF YOUR DENTAL PRACTICE

Anna Maria Yiannikos

Adjunct Faculty Member of the AALZ at RWTH Aachen University Campus.

Lecturer for the Master Course "Laser in Dentistry" for the Marketing Module in RWTH AACHEN University Germany

Lecture of the innovative dental continues education program Dental Business Administration (DBA).

Representative of Cyprus at the World Federation for Laser Dentistry.

The main objective of this workshop is to create a unique character for every individual dental clinic so it can have the power to differentiate from the rest. By accomplishing this, the clinic can gain the competitive advantage and be first in patients' preferences. It is noted very important to teach dentists how they can differentiate and be unique among their colleagues in order to support and develop the positive aspects of competition and growth. Through achieving the competitive advantage dentists can also increase their profits a very important advantage through this difficult economical period! The workshop aims to teach useful and ideal marketing skills for all dental clinics. The dental schools prepare dentists for the medical part of their clinic. Through this workshop dentists can learn and be updated about everything they will need in order to efficiently do the marketing and promoting of their own clinic.

You will Learn

- The Fundamental Concepts of Marketing
- The Marketing Mix for Dental Clinics
- The Value Proposition Concept
- The selection criteria for the most profitable and accurate investment for the benefit of your clinic, either in equipment or in education
- The Return of Investment Principles (ROI). Steps on how to gain the greatest immediate outcomes and profit from the investment selected



Date
Wednesday, 11 th November, 2015
Time
11:00 am till 01:00 pm
Venue
Mamouniah Hall, InterContinental Citys
Participants' Number
150



SUCCESSFUL ENDODONTICS: A ROAD MAP TO APEX

Ahmed Abdel Rahman Hashem

Professor, Endodontics Department, Faculty of Dentistry, Ain Shams University

Director, Microscope center, Future University

Visiting lecturer, Metro Health

Rotary NiTi instruments have invaded our daily dental practice. Definitely they had a great role in enhancement of the performance of general practitioners. However, they were complaining from the so many files in the early systems, which were used during shaping the root canal system. This motivated manufacturers to seek systems with less number of files. The dream of preparing the canals with small number of files possibly one was always there. With the recent introduction of such proposed ideas and files, several questions has to be answered regarding stresses induced, root canal walls contact and apical preparation size. Knowing that most shaping systems can not touch more than 60-65% of root canal walls and are not able to disinfect the root canal system, emphasized the importance of irrigation.

You will Learn

- Understand the importance of knowing the pulp space morphology.
- Discuss the different stresses induced upon rotary NiTi files during root canal preparation and the possible strategies to minimize stresses upon these files.
- Realize the importance of root canal irrigation and discuss the different materials and techniques used.
- Judge the rationales of increased taper and more apical canal preparation.
- Identify the characteristic features and advantages of I Race and BT Race rotary NiTi systems.



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Date
Wednesday, 11 th November, 2015
Time
02:00 pm till 07:00 pm
Venue
Mamouniah Hall, InterContinental Citystars

Participants' Number
Limited to 20
Course Outline
<ul style="list-style-type: none"> • Lecture Title: Successful endodontics: a road map to apex • Break • Live Demonstration using I Race rotary NiTi files to prepare root canals of extracted teeth. Hands on



KEY TO SUCCESS WITH ANTERIOR COMPOSITE RESIN RESTORATIONS

Ahmed El Zohairy

Associate Professor, Department of Operative, Faculty of Oral & Dental Medicine, Cairo University, Egypt

Head Of Operative Department, Ahram Canadian University, Egypt

A beautiful smile can make a difference in a person's confidence and self-esteem in building personal and business relationships. Esthetic restorations in particular composite resin has seen a dramatic improvement in material properties, cavity preparation, bonding and application techniques. Due to the reasonable price of the material and the increase in public demand for esthetic restorations rather than metallic restorations. Therefore, dental professionals have to diversified their practices to offer new cosmetic and preventive treatments.

You will Learn

- Select the composite restorative system that meets his/her needs.
- Create beautiful and natural direct composite restorations
- Get a fundamental overview of indications for composite restorations in the front teeth
- Know the indicators for composite restorations in the smile frame
- Become familiar with the Natural Layering Concept leading to more predictable esthetic results
- Master the application of composite in class IV cavity
- Master finishing and polishing techniques to achieve superior esthetics

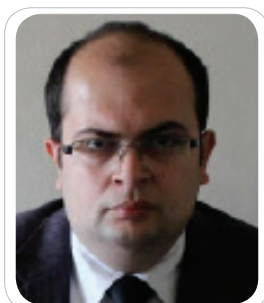


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Safwan Egypt



SAFWAN EGYPT Co.

Date
Thursday, 12 th November 2015
Time
09:00 am till 02:00 pm
Venue
Mamouniah Hall, InterContinental Citystars
Participants' Number
Limited to 15-20



SOFT TISSUE LASER FOR DENTAL PROFESSIONALS

Islam Kassem

Consultant oral & maxillofacial surgeon

MOMS RCPS Glasgow Oral & Maxillofacial Surgery, UK

The use of lasers in dentistry has now become a part of everyday clinical practice. Rapid development of technology has led to instruments with ever-improving performance; teamed with traditional methods, such laser-based instruments offer value-added benefits to primary dental treatment. Any advanced technological aids, i.e. operating microscope, piezoelectric devices, and laser require adequate knowhow with a progressive learning curve.

You will Learn

- To provide candidates with the confidence and ability to enhance their current clinical practice by incorporating the latest advances in technology and research in the use of lasers in dentistry.
- To provide an innovative programme which enhances current knowledge and clinical skills in laser use in dentistry
- To present sound academic theory and high quality practical training
- To deliver learning using the latest technology enabling students to access the course, whilst maintaining their commitment to their clinical practice. Through lessons on theory and hands-on participation activities



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Safwan Egypt



SAFWAN EGYPT Co.

Date

Thursday, 12th November 2015

Time

02:30 pm till 06:30 pm

Venue

Mamouniah Hall, InterContinental Citystars

Participants' Number

Limited to 15-20





THE ART & SCIENCE OF PERFECT SMILE

Mohamed Fouad

Associate Professor, Operative Department, Faculty of Oral and Dental Medicine, Cairo University, Egypt

Smile design means “planning a perfect smile”. It is based on general principles of aesthetics, mathematics (about proportions) and the sense of the dentist. Key aspects for proper aesthetic evaluations of teeth involved in the smile as well as appropriate treatment plans are a comprehensive analysis of the face and the mouth and a morphological study of proportions in comparison with the patient’s character and emotional traits.

In recent years, smile design has become a crucial tool for preliminary aesthetic assessments of patients’ mouth and face features and proportions. Digital technologies, vital part of our nowadays life, feed the whole system. A systematic approach aimed at a correct diagnosis of each clinical case is usually based on preliminary assessments such as general medical history, general dental evaluation, orthodontic assessment, functional objective analysis, emotional smile analysis, assessment of aesthetic expectations, aesthetic objective analysis (or smile analysis).

You will Learn

- Different esthetic perspectives
- How to diagnose different types of smiles
- How to record and analyze dynamic and static smile in a very simple and efficient way.
- The importance of the display (teeth & soft tissue)
- Basic photo and video for smile design
- The secrets of proportional smile analysis and design
- How to do complete esthetic analysis (facial, lip, gingival and dental)
- Use esthetic analysis for diagnosis and treatment planning
- Identify instruments and materials that are pertinent to esthetic restorations
- The latest smile design concepts
- Digital Smile Design concept & program (DSD)



Laptop with PowerPoint 2010- 2013 is essential

Every participant will get his own copy of the power point template to use it in his own practice

Date	
Thursday, 12 th November 2015	
Time	
09:00 am till 04:00 pm	
Venue	
Al-Manial Hall, InterContinental City	
Participants' Number	
Limited to 15-20	
Course Outline	
9:00 am 12:00 pm	<p>Basics of smile analysis & design</p> <ul style="list-style-type: none"> • Different esthetic perspectives • Analysis of dynamic and static smile • The importance of the display (teeth & soft tissue) • Complete esthetic analysis • Facial analysis • Lip analysis • Gingival analysis • Dental analysis
9:00 am 12:00 pm	<p>Concepts of Digital Smile Design (DSD)</p> <ul style="list-style-type: none"> • How to design your patient smile • Communicate with your team work • What is the emotional dentistry? How to use it? • Change the patient priority • How to convert your PowerPoint into smile design software? • Motivational mock-up and the WOW effect
12:00 am 1:00 pm	BREAK
Workshop	
1:00 am 4:00 pm	<p>Use power point software to analyze & design a perfect smile</p> <p>Step by step smile analysis & design</p>



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FUNDAMENTALS OF IMPLANT PROSTHODONTICS

Joce Perret

Obtaining dental technician degree from the school of crafts metal industries Lyon in 1973 obtaining the Masters in 1985 Since 1973, serving in dental offices directly Collaboration for 20 years with a leading consultant Astra external prosthesis for society AstraTech trainer and technical sales teams 2008 inclusive society tekka Development Prosthesis in Kone and technical support on the ground.

If the reliability of implant treatment is proven, the fact remains that prosthetic complications medium and long term are frequent. The completeness and simplicity of the prosthetic components of the implant, we will offer a vast armamentarium We will discuss the specifics of Implant Prosthetics, to be applied clinically to decrease the prevalence of complications.



Sponsored by
One Dental Solution



Date
Friday, 13 th November 2015
Time
02:00 pm till 06:00 pm
Venue
Al-Manial Hall, InterContinental City
Participants' Number
Limited to 25





ANTERIOR COMPOSITE RESTORATIONS IN A SIMPLE, SYSTEMATIC APPROACH THE STYLE ITALIA-NO LAYERING TECHNIQUE

Nour A. Habib

Prof of Dental Material and former Dean, Faculty of Dentistry Cairo University

Board member of the Egyptian, Dental Association EDA

Active member of the society for color and appearance in dentistry, (SCAD) USA

Director of continuing education EDA

An attractive smile has become an important demand for today's dental patient. Therefore, requirement of dental restoration has shifted from being functional to be esthetic and it becomes an important as health and function in recent years. Patients have become more aware of it and seek a dental treatment that meet their idea about perfect esthetics.

Restorations of anterior teeth may be challenging and time consuming operation. Proper shade matching requires good knowledge of color and related parameters.

The dentist should be aware of all these factors in order to obtain the best naturally look anterior restoration.

You will Learn

- Important color parameters which help achieving the right composite shade
- Factors affecting final appearance of anterior teeth.
- How to play with shape to change appearance
- How to construct their own composite shade guide
- Train on the style Italian layering technique



Date
Friday, 13 th November 2015
Time
02:00 pm till 06:00 pm
Venue
Mamouniah Hall, InterContinental City
Participants' Number
Limited to 25 - 30



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LIVE SHOWS



First Session

Chairpersons

Prof. Kamal El-Motayam

Prof. Mervat Rashed

Prof. Wagih Abdel Kader



COMPREHENSIVE PEDIATRIC DENTISTRY

Osama El Shahawy

Assoc. Prof of Pediatric Dentistry Cairo University

Head of the Pediatric Dentistry Future University in Egypt (FUE).

Member of EAPD (The European Academy of Pediatric Dentistry) and the IAPD (International Association of Pediatric Dentistry).

- Management of the pediatric dental patient is an ongoing learning experience starting from behavior management and treatment planning all through restorative and pulp therapy procedures.
- This presentation will demonstrate a live experience utilizing the most recent techniques and materials used in treating primary teeth.

Date : Wednesday, 11th November, 2015

Time : 11:30 am till 02:30 pm

Venue : Al-Hambra Hall, InterContinental Citystars

Fees : 100 L.E.

Second Session

Chairpersons

Prof. Fayez Hassan

Prof. Enas Mohey El-Din

Prof. Mohsen Abi EL-Hassan



MEETING THE CHALLENGE WITH POSTERIOR COMPOSITE RESIN RESTORATION

Ahmed El Zohairy

Associate Professor, Department of Operative Dentistry Cairo University, Egypt

Head of Operative Department, Ahram Canadian University, Egypt

- A beautiful smile can make a difference in a person's confidence and self-esteem in building personal and business relationships.
- Esthetic restorations in particular composite resin has seen a dramatic improvement in material properties, cavity preparation, bonding and application techniques.
- Due to the reasonable price of the material and the increase in public demand for esthetic restorations rather than metallic restorations. Therefore, dental professionals have to diversify their practices to offer new cosmetic and preventive treatments.

Course Objectives

Upon completion of this course the participants will be able to :

- Understand the multiple factors influencing the quality and long-term behavior of tooth colored posterior restorations
- Know the criteria of cavity preparation for posterior composite resin restoration
- Become familiar with the scientific background leading to the choice of the adhesive concept and system, the restorative techniques and materials
- Identify techniques that can minimize postoperative sensitivity with posterior composite resins
- Master the clinical application of direct composite restorations, including the new bulk fill techniques
- Discuss the different techniques or devices that will enhance the attainment of an anatomic proximal contact with a Class II composite resin
- Understand the importance for light curing devices in establishing a successful posterior restoration

Date : Wednesday, 11th November, 2015

Time : 03:00 pm till 06:00 pm

Venue : Al-Hambra Hall, InterContinental Citystars

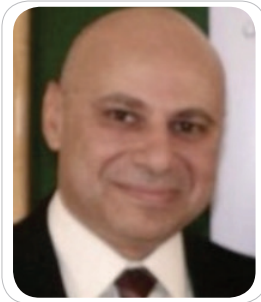
Fees : 100 L.E.



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First Session
Chairpersons
Prof. Ehab Hammad
Prof. Sherine Fouada
Prof. Gehan Fekry



DIGITAL SMILE DESIGN MEETS CEREC

Tarek Salah Morsi
Prosthodontist, Esthetics Consultant, CAD CAM consultant
Head of Prosthodontics Department AinShams University
Director of the Center of Esthetic Dentistry and program, Ain Shams University



Mahmoud Ezzat Ghazi
Certified DSD Instructor
CEO of The International Academy of Esthetic and Restorative Dentistry (IAERD)
Deputy MRD Course Director (Future University in Egypt)

The goal of this live demonstration is introduction of a new approach for designing anterior cases to improve patients esthetics and function using The DSD Concept in integration with Cerec.

We will show you how this approach aids in diagnoses and treatment planning, improves team communication, creates a real interdisciplinary treatment plan, and increases patients expectations and acceptance by utilizing visual communication.

Date : Thursday, 12th November, 2015
Time : 09:00 am till 12:30 pm
Venue : Al-Hambra Hall, InterContinental Citystars
Fees : 100 L.E.

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Program	
9:00am	Welcome (Lecture) Prof. Tarek Salah <ul style="list-style-type: none"> • The Program and the Goals • General information
9:10am	Smile Design - Why, How & When The 4 main concepts of DSD (Lecture) Dr. Mahmoud Ezzat <ul style="list-style-type: none"> • The 8 steps of the Facially Guided Smile Frame • Emotional Dentistry Approach • Interdisciplinary treatment planning • Integrating DSD with the 3D world
9:40am	Integrating DSD with Cerec (Lecture) Prof. Tarek Salah
10:00am	DSD Documentation Protocol - iPhone (Live patient demo) Prof. Tarek Salah & Dr. Mahmoud Ezzat
10:30am	Smile Design Frame step by step (Live patient demo) Dr. Mahmoud Ezzat
11:30am	Digital Wax-up guided by DSD on CEREC (Live patient demo) Prof. Tarek Salah <ul style="list-style-type: none"> • Transferring the 2D Smile Frame to CAD/CAM with DSD Connect Software
12:00pm	The Mock-up (Live patient demo) Prof. Tarek Salah & Dr. Mahmoud Ezzat
12:15pm	The Emotional Video/Photo documentation (Live patient demo) Prof. Tarek Salah & Dr. Mahmoud Ezzat
12:30pm	Creating the Smile Design Slides (Live demo) Prof. Tarek Salah & Dr. Mahmoud Ezzat
12:45am	Emotional Smile Design Communication (Live demo) Prof. Tarek Salah & Dr. Mahmoud Ezzat <ul style="list-style-type: none"> • The Emotional Smile Design Presentation to the patient
1:00pm	Course ends

Second Session
Chairpersons
Prof. Hesham Katamish
Prof. Rabab Ibrahim
Prof. Omailma El-Mahlawy
Prof. Mohamed Ghazy



WHEN MICRO-DENTISTRY MEETS DIGITAL DENTISTRY

Atef Shaker

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

- CAD/CAM Dentistry has proven to be one of the most successful treatments in dental field. The users of CAD/CAM dentistry are increasing, because it makes restorative & prosthetic dentistry fast, precise, enjoyable and for every dentist. BUT, a lot of roammers are going around CAD/CAM dentistry regarding the outcome of its restorations.
- Tooth preparation is practiced on everyday dentistry following certain principles stated long time ago... with the new technologies in vision, materials and CAD/CAM software, tooth preparation should be adjusted for the favor of the precious tooth structure & the precision outcome of the final restoration.
- Thus this Presentation will try to broaden the scope of CAD/CAM thinking, highlighting the influence of Micro-dentistry in teeth preparations on the success of CAD/CAM restorations.

Date : Thursday, 12th November, 2015
Time : 02:00 pm till 05:00 pm
Venue : Al-Hambra Hall, InterContinental Citystars
Fees : 100 L.E.

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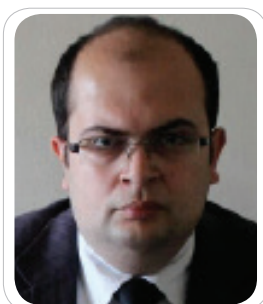
First Session

Chairpersons

Prof. Maha Kheidr

Prof. Azza Ezz El-Arab

Prof. Mona Darhous



LASER MANAGEMENT OF ORAL PIGMENTATION

Islam Kassem

*Consultant oral & maxillofacial surgeon, MOMS RCPS Glasgow
Oral & Maxillofacial surgery, UK*

- Aesthetic dentistry evolved a challenge for the practitioner to satisfy high demand of patient.
- Oral pigmentation either in teeth, gum or lip has a high impact on Self-esteem.
- Using diode laser with different parameter can provide a safe solution to these problems.
- Theory of laser and safety parameter is illustrated followed by life case demo on dental laser bleaching, gum and lip depigmentation.

Date : Friday, 13th November, 2015

Time : 09:00 am till 11:30 am

Venue : Al-Hambra Hall, InterContinental Citystars

Fees : 100 L.E.

Second Session
Chairpersons
Prof. Essam Abd El-Hafez
Prof. Makeen Mousa
Prof. Reda Abd El-Rahman



MANAGEMENT OF TOOTH DISCOLORATION

Ahmed El-Hoshy

Ass. Prof. of Conservative Dentistry, Faculty of Oral and Dental Medicine, Cairo University

- Tooth discolorations one of the major causes why patients seek dental clinics. Getting away from pain in the dental treatment, in this lecture we will help the operators to find a conservative pain free management of tooth stains. Starting tooth polish, bleaching and abrasion we can give our patients the best opportunity to seek their best healthy glamorous smile that they can have. Bleaching is not the only solution possible available.
- We will focus on helping the dentists to get the best use of the polishing system, abrasion and bleaching available on the market. How to overcome all the side effects possible? How to answer the repeated questions asked by the patients in their routine dental practice concerning this part in esthetics field. To achieve this target we will have a quick glance on the causes of this discolorations, how to diagnose and how to treat.

Date : Friday, 13th November, 2015
Time : 01:00 pm till 04:00 pm
Venue : Al-Hambra Hall, InterContinental Citystars
Fees : 100 L.E.

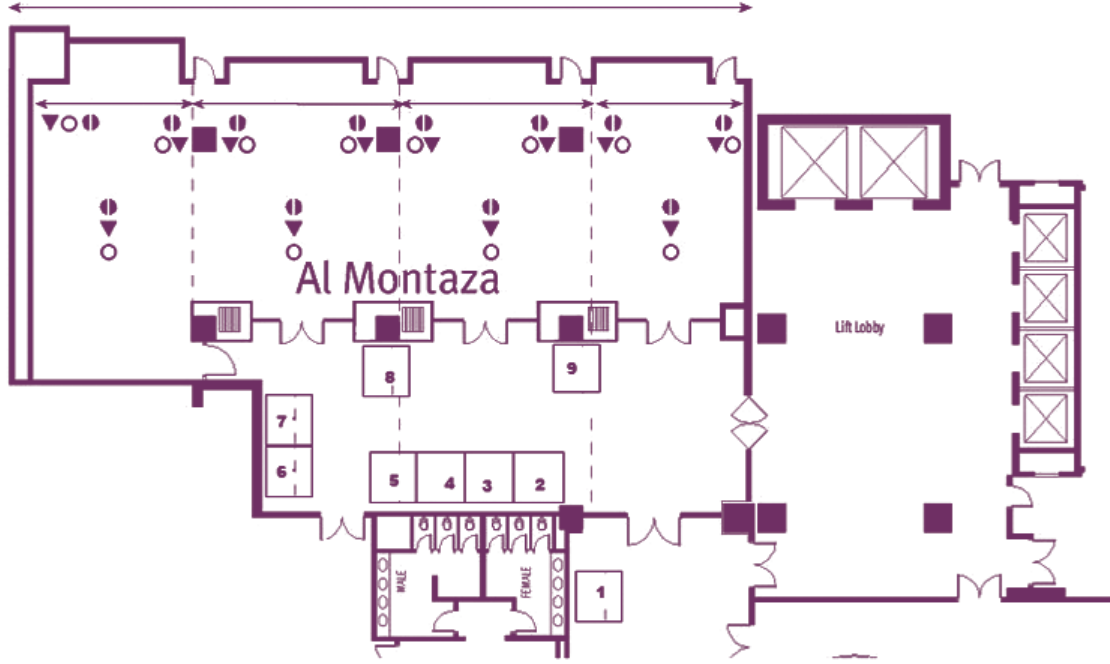
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EXHIBITION GUIDE



AL-MONTAZAH (Level-3)



Conference & Banquet Level -3

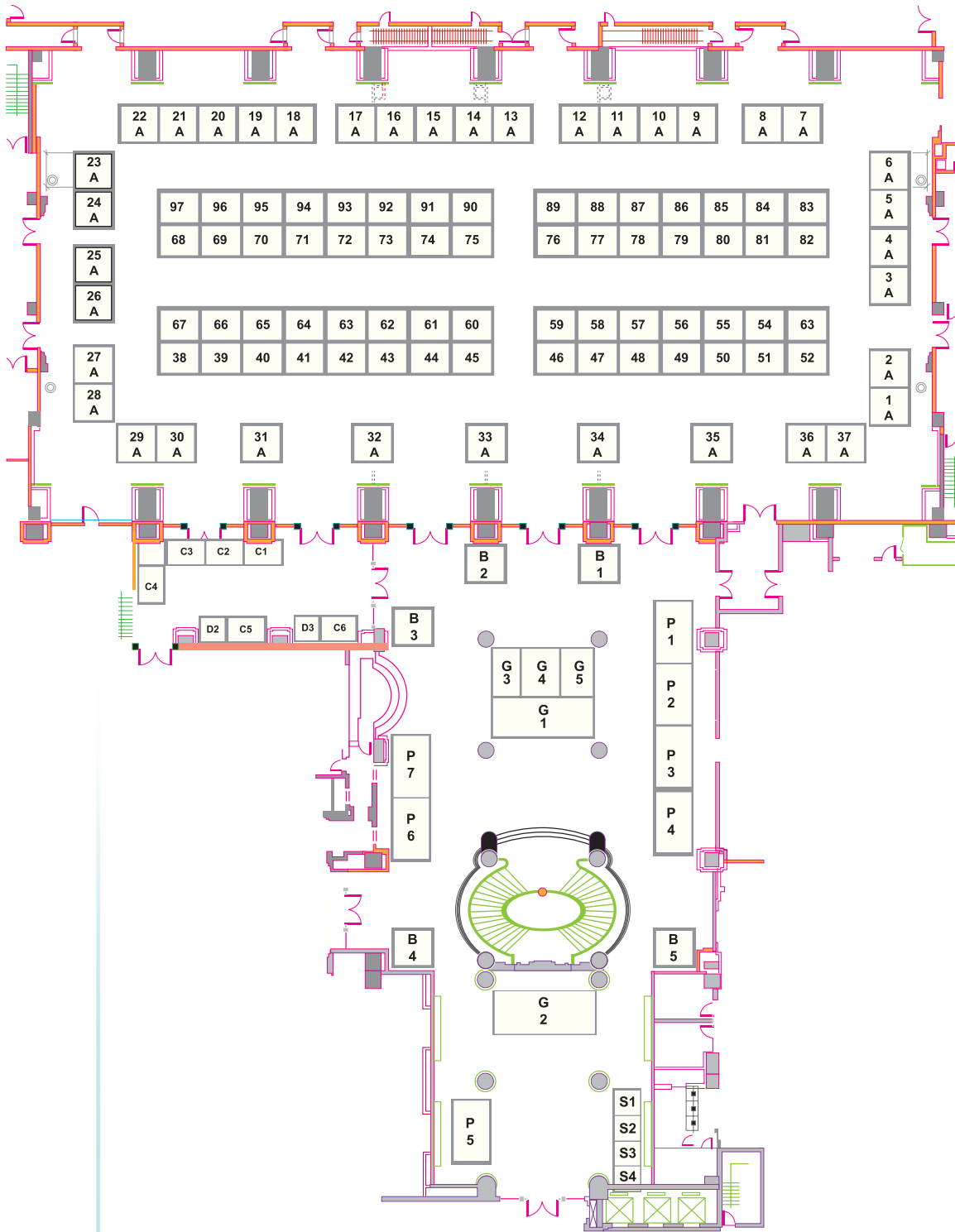
رقم القطع	أسم الشركة عربي
1	شركة فالى تريد
2-3	شركة كيميت
4	كرياتيفا لطب الأسنان
5	كلية طب الأسنان جامعة M.S.A
6	ديجيتال سمايل دزاين
7	النخبة للخدمات الطبية (مستشفى دار العيون)
8	٣٦٠ دنتال
9	مستشفى ايثيكا



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AL-SARAYA



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AL-SARAYA (Level-4)

رقم القطع	أسم الشركة عربي	رقم القطع	أسم الشركة عربي
78 - 79 - 86	دنتالى ايجيبت	A1 - A36 - A37	المكتب المصري
80 - 81 - 82	ام اتش جروب	A2 - A3	بروكير
83	الشرق الأقصى	A4 - A5 - A6	دوما دنت
84 - 85	تكنوويف	A7 - A8	الوردانى
87 - 88	مصر سينا	A9 - A10 - A11	دلنا
91 - 92 - 93	اليكس دنت	A12 - A13 - A14	قنديل الطبيه
94 - 95 - 96	زيدنت	A15 - A26 - A27	تراى A
C1	ثرى أم	A16 - A17 - A18	اكروستون
C2	امكو	70 - A19	النوردنت
C3	أسبايرس	A20 - A21 - A22	المتحده
C4	ام جروب	A23 - A24 - A25	عيد و كبريته
C5 - D2	دان	A28 - A29 - A30	كايرو دنت
C6	طيهه	A31- 42 -43	جيت
D3	مينادنت	A32 - A33 - A34	ميديكال جروب
P5	اليرموك	A35	فوميدكو
P6	جامعة المستقبل	38 - 39 - 67	مؤسسه البدر للاستيراد والتصدير
S1	العزبى الطبيه	40 - 65 - 66	ترست دنتال
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B2	ستار جروب للاستيراد والتصدير	44 - 45 - 60	وان دنتال سليوشن
B3+P7	شركة أبوسمره لتصنيع وتجميع المعدات الطبية	46 To 49 : 56 To 59	شركة صفوان
P1 To P4	شركة كومباس	50	شركة دنتست
B4	شركة أرزينج لطب الأسنان	51-52-53-54	شركة هاى تكنولوجى
B5	شركة أراك	55	سى أى جروب لكابينت الأسنان والتشطيبات والديكور
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G2	شركة سماركو	68 - 69 - 97	يوسف علام
G3	العالمية للأستيراد والتصدير	71 - 72 - 73	الشركه القوميه للتجاره
G4	إيه بى فارما	74 - 75 - 90	ميديا كير
G5	الجمعيه العربيه لتعليم طب الأسنان	76 - 77 - 89	ميدى تيك



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فريق المنظمين

رئيس المنظمين

د. احمد علام

التسجيل

د/مها الباز

ريناد الشودا	هاجر محمود	دينا اسامة
هلا جليانة	نسرين سلطان	نشوى أسامة
اية جوهرى	ميرنا الشافعى	شهد حاتم
فرح شلبى	رنا رابع	سلمى عمرو
نذا زاهر	دينا السيد	جيداء عصمت
نورهان نصر	تالا هشام	فاطمة إبراهيم
شروق كمال		حبيبة هشام

القاعات

د/دينا مرسى

هند الطاهر	سارة وليد	ندا فريد
يوسف مشرقى	مايكل مشرقى	دينا عادل
محمد مشالى	غادة عادل	طارق سنيور
نوران أسامة		أمنية عبد اللطيف
عمر هشام	أحمد طوى	رامى محمد
همسة أشرف	ميادة ماهر	ريم محمود
تقى محمد	سلمى أبو العزايم	ميادة جاد
مروة هشام	فارس ياسين	حسن دياب
فرح مجدى	سلمى حبيب	شروق بنا
لجين على	فيرينا نادر	سهير مجدى
نانسى مكرم	ياسمين الغنام	فريدة محسن
فرح عادل	أميرة جمال	فريدة بكر
ميريت الوكيل	يارا بدر	فرح شيبه
كارولين جورج	شانتال شريف	فرح طارق
محمد صلاح		بلال سيد

المعرض

د كريم فوده

مؤمن شيبه	أحمد هانى	إسلام محسن
طارق على	محمد عارف	رمسيس مجدى
نادر نجيب	ميانا مراد	على سامح
محمد فطين		خالد هاشم

العلاقات العامة والاستقبال

د/كريم المفتى		د/فادى مراد
عمر علاء	ريمون وحيد	محمد جاد
عمرو رائد	إسلام شريف	خالد عبيد
معتز أحمد		إبراهيم موسى

سكرتارية المؤتمر

أسعاد راشد	أهناء البسيونى	أوائل عبد السميع	أحمد رشاد
أرجب فتح الباب	أمصطفى اسماعيل	أاسلام حسن	أمصطفى صلاح
سيد فؤاد	عوض حسن	سمير عبد الوهاب	عبد النبي أمام
طارق زارع	سهير زكى		



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لجان المؤتمر

اللجنة العلمية	اللجنة الإجتماعية
أ.د. مجيد امين	أ.د. طارق عباس
أ.د. رجب رضوان البيلي	أ.د. رجب رضوان البيلي
أ.د. طارق عباس حسن	أ.د. احمد فريد شهاب
أ.د. صلاح حامد شريف	ا.د. ابراهيم عزت شندي
أ.د. احمد فريد شهاب	أ.د. راجية محمد منير
أ.د. محمد رياض فريد	أ.د. مجدي بدوي
ا.د. اشرف شريف	أ.د. محمد بيومي
لجنة المعرض	لجنة التسجيل
ا.د. احمد فريد شهاب	أ.د. هشام عبد المجيد قطامش
أ.د. صلاح حامد شريف	أ.د. مشيرة صلاح الدين
أ.د. هشام عبد المجيد قطامش	أ.د. راجية محمد منير
أ.د. نور احمد حبيب	ا.د. نيفين راجي
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أ.د. رجب رضوان البيلي	ا.د. حسين الطناني
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أ.د. مشيرة صلاح الدين	ا.د. ابراهيم عزت شندي
ا.د. حسين الطناني	أ.د. مجدي بدوي
أ.د. محمد رياض فريد	أ.د. محمد بيومي
لجنة البرامج العلمية	لجنة ورش العمل
أ.د. محمد رياض فريد	أ.د. نور احمد حبيب
ا.د. رضا عبد الرحمن	ا.د. حسين الطناني
ا.د. ابراهيم عزت شندي	أ.د. هشام عبد المجيد قطامش
ا.د. سامح مخيمر	ا.د. احمد بركات
ا.د. محمد فريد شهاب	ا.د. محمد فريد شهاب



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أعضاء مجلس إدارة الجمعية المصرية لجراحي الأسنان ٢٠١٥

أ.د. طارق عباس حسن
رئيس مجلس الإدارة

أ.د. مشيرة صلاح الدين
نائب رئيس مجلس الإدارة

أ.د. احمد فريد شهاب
سكرتير عام الجمعية

أ.د. هشام عبد المجيد قطامش
أمين صندوق الجمعية

أ.د. مجيد أمين
عضو مجلس الإدارة

أ.د. رجب رضوان رجب البيلي
عضو مجلس الإدارة

أ.د. صلاح حامد شريف
عضو مجلس الإدارة

أ.د. ابراهيم عزت شندي
عضو مجلس الإدارة

أ.د. حسين الطناني
عضو مجلس الإدارة

أ.د. محمد رياض فريد
عضو مجلس الإدارة

أ.د. احمد نور الدين حبيب
عضو مجلس الإدارة



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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

ضيوفنا الأعزاء / زملائنا الأفاضل

مرحبا بكم مرة أخرى في مؤتمركم العلمي، المؤتمر الدولي السابع عشر للجمعية المصرية لجراحي الأسنان، بل يمكن أن أقول الجمعية العربية لجراحي الأسنان. نرحب بكم ترحيبا حارا في مؤتمرنا الذي نتنظره ونتطلع إليه بشوق لنجدد لقاءاتنا العلمية التي نتبادل فيها آخر ما توصلنا إليه في سعينا الدؤوب لرفعة وتقديم مهنتنا.

نرحب بكم ونحن على ثقة تامة بأن هذا المؤتمر، كسابقه من مؤتمرات الجمعية المصرية لجراحي الأسنان سيؤتي ثماره ويسهم مساهمة فعالة في تبادل خبراتنا بما في ذلك من فوائدها لنا جميعا، وإن وجود الأساتذة الأفاضل من علماء الدول الغربية واليابان، بالإضافة إلى النخبة الممتازة من علماء الدول العربية لهو ضمان كاف لارتفاع المستوى العلمي للمؤتمر، بما يعود بأعظم الفوائد على جميع الزملاء حضور المؤتمر.

نتمنى لكم جميعا أطياب إقامة في مصرنا العزيزة، كما نتمنى أن نراكم جميعا مرات ومرات على ضفاف نيلنا الخالد. شكرا خالصا لجميع الزملاء من أعضاء اللجان المعاونة لما قاموا به من جهد فعال ومساهماتهم في إنجاح هذا المؤتمر، فلولا تعاونهم الصادق لما أمكننا الوصول بهذا المؤتمر لما وصل إليه بفضل الله تعالى ثم بتعاونكم معنا ومعاونتكم لنا.

وإلى أن نسعد بلقاءكم في مرات قادمة بإذن الله تعالى، نتمنى لكم أطياب إقامة، كما نرجو أن تستمتعوا معنا بالبرنامج الاجتماعي الحافل الذي أعدناه لكم. ولكم جميعا منا خالص الشكر والتقدير.

اللجنة المنظمة للمؤتمر



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الجمعية المصرية لجراحي الأسنان
بالتعاون مع
جامعة المستقبل



المؤتمر الدولي السابع عشر
آفاق جديدة
في مجال طب الأسنان

فندق إنتركونتيننتال سيتي ستارز
نوفمبر ١١ - ١٣ - ٢٠١٥