



INTERNATIONAL  
DENTAL CONGRESS  
Egyptian Dental Association  
22<sup>nd</sup> - 24<sup>th</sup> November 2017 - Cairo - City Stars Intercontinental Hotel

EGYPTIAN DENTAL ASSOCIATION

18<sup>th</sup> INTERNATIONAL DENTAL CONGRESS

“80 YEARS  
SERVING  
DENTISTRY”



Cairo - CityStars Intercontinental Hotel

22<sup>nd</sup> : 24<sup>th</sup> November 2017



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UNDER THE AUSPICES OF



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## Welcome Message from



PROFESSOR

*Ahmed Farid Shehab*

Secretary General of the EDA and The Congress

On behalf of the Egyptian Dental Association board of trustees, it is my privilege to invite you and your staff to attend the 18th International dental congress in Cairo, Egypt from 22th to 24th November 2017. This year EDA will be celebrating 80 years of service in the dental field and I hope you can all join us.

It is my pleasure to share with you the most comprehensive educational program and exhibition in Egypt and the Middle East. The EDA's Bi-annual Dental Congress will feature the latest innovations in clinical research, procedures and practice.

During the three days of the conference you will be able to attend a wide range of lectures, educational sessions, poster sessions, live shows and workshops. All designed for every clinical interest and every dentist. Also you don't want to miss our exhibition of latest equipment, products and services for the dental practice; that will help you provide the best services for your practice.

We have exciting special social events in our congress that will allow you to network with friends and colleagues from across the country and around the world. You are welcome to the opening ceremony which will be held on the 21st of November evening where a number of eminent professors, keynote speakers and brilliant clinical innovators will be attending and honored for their work.

I welcome our foreign speakers from all over the world for their help and support with their valuable knowledge and efforts.

I look forward to meeting you in Cairo

*A. Farid Shehab*



Abstract



## BIOMIMETIC DENTISTRY: APPROACHES FOR RESTORATION OF NATURAL TOOTH TISSUE AND CONSTRUCTION OF ARTIFICIAL ENAMEL



**MONA I. RIAD**

Professor of Conservative Dentistry – Faculty of Dentistry – Cairo University



**MAHA E. ELKORASHY**

Associate Professor of Conservative Dentistry  
Faculty of Dentistry – Fayoum University – Egypt

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Biomimetic dentistry is based on nature imitation by studying the natural structural processes aiming to replicate it artificially to restore function and aesthetics. The concept of “we had to destroy in order to create” has been changed to the concept of building the tooth up, not grinding it down, to prevent future breakage. Traditional approaches used in treatment of decayed tooth structure are usually aggressive and scarify a huge amount of tooth structure to be restored using artificial restoratives lacking the superior properties of nature. The emphasis is on the strength of the restoration, but no attention is placed into the function and biomechanics of final restored teeth. Hence, tooth preservation and dental conservation lie at the heart of biomimetic dentistry. Based on this concept, different treatment options have been evolved relay on; the use of adhesive restorative techniques depend on usage of remaining tooth structure instead of its removal and the use of restorative materials mimicking natural tooth structure.

Restoration of endodontically treated teeth is still a challenging task for clinicians due to their structural differences, chemical, physical and bio-mechanical changes. No more posts, cores and crowns in dealing with root canal treated teeth. Novel restorative techniques are innovated aiming to improve durability of such cases.

Certain biomimetic and bioactive dental materials utilized in endodontics and now increasing being applied in restorative dentistry. Bioactive materials have evolved over the past three decades from relatively specialized, highly biocompatible, but low-strength dental materials to now emerge in product compositions for expanded clinical uses in restorative dentistry. Further developments to meet additional restorative clinical needs are anticipated in this newly emerging category of dental materials.



Recently, several trials have been attempted to produce an artificial enamel tissue. Microstructure of human tooth enamel is composed mainly of hydroxyapatite which is arranged in columnar structure. Hence, trials of construction of artificial enamel tried to mimic composition as well as design. Also, some laboratory trials have been proceeded to use it in reconstruction of lost enamel tissue in order to solve some clinical problems.

## MARGINAL ADAPTATION AND FRACTURE RESISTANCE OF RESIN NANO CERAMIC AND ZIRCONIUM DIOXIDE ALL CERAMIC RESTORATIONS



**AHMED MOHAMED HAMDY**

Associate Professor, Fixed Prosthodontic Dep.  
Faculty of Dentistry, Modern Science and Arts  
University.

This in vitro study investigated the marginal adaptation and fracture resistance of Zirconium Dioxide and Resin Nano Ceramic CAD-CAM restorations (Lava Ultimate Restorative, 3M ESPE) consisting of 80% ceramic and 20% composite resin with nano technology. Materials and methods: Twenty extracted maxillary first molars were selected and prepared according to previous studies. Cerec 3 crowns were fabricated from optical impression and luted using Scotchbond Universal Adhesive and Rely X Unicem, 3M ESPE. Marginal adaptation was evaluated and measured for all specimens then fracture resistance (N) was measured using a universal testing machine parallel to long axis of tooth till failure. The mean loads of failure of each group were statistically compared using ANOVA  $p < 0.001$  Results: Marginal adaptation of group 1:  $68.90\mu$ , group 2:  $80, 60\mu$  ( $p = 0.14$ ). Fracture resistance of group 1:  $1483\text{ N}$  and group 2:  $1952\text{ N}$  ( $p < 0.001$ ). Conclusions: Zirconium Dioxide restorations showed significantly higher marginal discrepancy than Resin Nano Ceramic, fracture resistance of Zirconium Dioxide is significantly higher than Resin Nano Ceramic restorations.

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## INTRODUCTION OF FORENSIC ODONTOLOGY



**AHMED OSMAN REZK**

PRESIDENT, SUDANESE DENTAL ASSOCIATION

The field of forensic dentistry of forensic odontology is that area of dentistry concerned with the correct management examination, evaluation, and presentation of dental evidence in criminal or civil legal proceedings.

This discipline of dentistry has existed for many years and practiced by small number of dedicated clinicians within the last twenty years the idea of becoming involved in the legal aspects of dentistry has become popular among an increasing number of practicing dentists.

This is due in part, to an increasing awareness by both professionals and the lay public of the role that forensic science and forensic dentistry play in the resolution of minimal and civil legal issues in this lecture we will define forensic dentistry and develop foundational role edge of the processes involved in beaming active and etiolated in this discipline and dentistry resources of advance education in forensic dentistry

## NOVEL TECHNIQUES IN RECONSTRUCTIVE PERIODONTAL SURGERY



### RALUCA COSGAREA

Assistant Professor and Research Fellow at the  
Department of Periodontology, University Clinic  
Marburg, Germany

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In the last years, functional and aesthetical treatment outcomes are a demand from the patients and have become the biggest challenge in Periodontology and Implant dentistry. New surgical techniques, minimally invasive approaches together with the introduction of new biological materials and concepts, such as Growth Factors, bone substitutes and membranes, enable the clinician to answer the patients' demands, restore periodontally compromised teeth and improve their prognosis to achieve predictable long term results. The present lecture will give an overview on the evidence supporting the use of various regenerative materials and on the indications and contraindications of regenerative periodontal surgery and novel surgical approaches in recession coverage. Finally, recommendations will be given on how to treat various types of intrabony defects and multiple gingival recessions in order to obtain predictable outcomes

## GAP DISTANCE EFFECT ON SELECTION OF THE REGENERATIVE MATERIAL FOR TREATING PERIODONTAL AND PRI IMPLANT DEFECTS (EVIDENCE BASED OVERVIEW AND CLINICAL EXPERIENCE)



### AHMED Y GAMAL

Professor of Periodontology, Faculty of Dentistry,  
Ain Shams University

We have endless number of regenerative materials either inductive or conductive and each one has different advantages and limitations. The manufacturing of such materials differ greatly and each one has some of the ideal characteristics that make it to function at a certain level. No one material possess all the ideal requirements of a regenerative material. In this presentation we will through light on the characteristics that should be considered in selecting the ideal graft material, in addition, correlating the material selection with the defect morphology either periodontal or peri-implant will be discussed. By the end of this presentation you will be able to select your material in relation to your specific defect in order to get a maximum outcome in a cost-value effect.

## MANAGEMENT OF TREATMENT COMPLICATIONS IN IMPLANT DENTISTRY



### ABDELSALAM ELASKARY

Visiting lecturer at University of New York

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Implant related treatment complication is often having a multi-faceted reasons, also requires a multi-disciplinary management protocol, the treatment errors would be either due technical, diagnostic skills, poor case selection, or patient related high risk factors. Among the technical errors; implant related surgical, prosthetic and biological complications, this presentation will focus on how to identify, avoid and treat treatment complications related to dental implant therapy in a step by step protocol, it highlights the author's experience in long term follow up predictability bone grafting procedures, also gives an insight on some treatment modalities to repair failed previously treated complex cases that involves surgical , prosthetic and biologic aspects of implant dentistry.

## TOOTH OR IMPLANTS – TISSUE IS THE ISSUE



### KUMAR SWAMY

Hon. Prof. Dept. of Oral Implantology,  
GDC&H, Mumbai

Traditionally the soft tissue drape around teeth pose a range of challenges to the clinician, like Deficiency (Recession), Excess (Gummy smile), Diseased (Periodontal Infection), Pigmented etc. Corrections of anomalies to enhance esthetics and reset the pink to white ratio can be an interesting aspect of this presentation.

The soft tissue drape around implant / abutment / prostheses can pose a different set of problems. Role of keratinized mucosa, papilla recreation between implants and management of peri-implantitis will bring up the content in implants.

## BASIC LIFE SUPPORT, CARDIO PULMONARY RESUSCITATION AND AUTOMATIC EXTERNAL DEFIBRILLATOR THREE CONCEPTS THAT DENTISTS SHOULD BE AWARE OF.



**DANIEL KAHALÉ,**

Assistant Professor and Lecturer, Dentistry, Head & Neck Anatomy and Emergency Medicine, Faculty of Dental Medicine, Saint-Joseph University Beirut, Lebanon.

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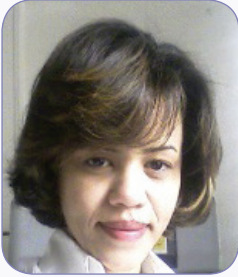
### Learning Objectives

The learning program in all dental schools includes a basic life support course. Although all guidelines and recommendations stress on the importance and necessity of renewing basic knowledge and practical techniques on a regular basis but the question still remains; Are practicing dentists ready to face life threatening emergencies on one of their patients?.

#### This course will:

- Provide updates on the latest modifications in the 2015 Cardio pulmonary resuscitation(CPR) guidelines
- Refresh Basic Life Support (BLS) algorithm in assessing emergency cases
- Address the main elements in recognizing and preventing cardiac arrest
- Expose the time component in any emergency response
- Consider the use of simple airway adjuncts during (CPR)
- Provide data on survival rates and the outcome upon implementing the different steps of the chain of survival
- Present the main features of the Automatic External Defibrillator AED
- Consider the integration of the Automatic External Defibrillator AED in any cardiac emergency intervention.

## CHILDREN CANNOT STOP CHILD ABUSE: CAN ADULTS?



### HALA M. ABBAS

Professor in Pediatric Dentistry & Dental Public Health  
Dep. Cairo University and Head of Pediatric Dentistry  
Department Misr International University (MIU).

### SARAH SHAFIK

lecturer in Pediatric Dentistry & Dental Public Health Dep.  
Beni-Suef University & Misr International University (MIU).

A large proportion of child abuse and neglect cases go undocumented and unreported. Dentists can play an important role in identifying and reporting these cases. So The aims of this study were to (1) assess dentists' knowledge of child abuse, (2) assess dentists' attitudes towards child abuse, and (3) assess the behaviors of dentists in identifying and reporting child abuse.

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## LABORATORY AND CLINICAL EVALUATION OF UNCOMPLICATED FRAGMENT REATTACHMENT USING PINHOLES TOPICS: PEDODONTICS



### TALAT MOHAMED BELTAGY

Vice Dean for Education and Student Affairs,  
Faculty of Dentistry, Kafr Elsheikh University, Egypt.  
Associate professor of pedodontics

Aim of the study: To evaluate laboratory and clinically the uncomplicated fragment reattachment using pinholes.

Materials and methods: The laboratory study: A total of 40 extracted human intact upper permanent central incisors with close similarity were selected and randomly divided into 4 groups (n=10). The incisal third of 30 specimens were sectioned horizontally. Group I: pinholes, group

II: internal dentinal groove, group III: simple reattachment, and group IV (control group): intact teeth. Each fragment was reattached to its sectioned tooth using adhesive bond and resin cement. All specimens were tested for fracture strength under standard conditions in Instron testing machine. Force was applied to each specimen in a labio-palatal direction using a small stainless steel rod.

The clinical study: It was performed on twenty patients, aged 8-16 years, presented with uncomplicated fragments of fractured upper central incisors, and divided into two groups (10 patients each). Group I: pinholes and group II: internal dentinal groove. All patients were followed-up clinically and radiographically 3, 6, 12, and 18 months. Data were analyzed using ANOVA and post hoc test with the significant level at  $p < 0.05$ .

Results: The control group recorded the high strength value followed by pinholes, internal groove, and simple reattachment and the difference was statistically significant ( $P < 0.05$ ). However, the clinical results showed no significant differences between the two techniques ( $P > 0.05$ ). Conclusions: It was concluded that the pinholes technique had only a significant effect on fragment reattachment success in the in vitro study

## SHOULD FIXED PROSTHODONTIST USE BOTOX AND FILLER?

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### WALEED ELSHAHAWY

Professor, Department of Fixed Prosthodontics, Faculty of Dentistry, Tanta University

Many of dentists think of Botox and fillers primarily as a cosmetic treatment for lines and wrinkles on the face. Dentists are sometimes afraid that Botox and fillers belong to medical arena and only physicians should perform these procedures. First of all, we are part of the medical arena. Secondly, Botox and Fillers have now been increasingly used in dentistry as well due to their therapeutic uses in treatment of certain oral conditions.

Most dentists are not aware of the substantial benefits of Botox and Fillers that have an adjunctive therapy in fixed prosthodontics. Therefore, this presentation will be directed to answer an important question: "Should fixed prosthodontist use Botox and Fillers?!" It is certainly time to recognize the answer.

## NECK DISSECTION IN PATIENTS WITH ORAL SQUAMOUS CELL CARCINOMA



### MOSTAFA SHINDY

Lecturer, Oral and Maxillofacial Surgery, Faculty of Dentistry, Cairo University

Whether patients early –stage oral cancers should be treated with elective neck dissection at the time of the primary surgery or with therapeutic neck dissection after nodal relapse has been a matter of debate

We demonstrate the oncologic surgical technique with effectiveness of radical and different types of modified neck dissections with preservation of the spinal accessory nerve, internal jugular vein and sternocleidomastoid muscle and to identify prognostic factors for regional control and survival, Elective neck dissection resulted in higher rates of overall and disease free survival than did therapeutic neck dissection.

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## TMD SYNDROME SIGNS, SYMPTOMS AND TREATMENT MODALITIES



### MAHMOUD ABDEL SALAM M. SHAKAL

Associate professor of Fixed prosthodontics, Faculty of Dentistry, Tanta University

An occlusal relationship capable of producing pathologic changes in the teeth, supporting tissues, and/or other components of the Stomato-gnathic system. These pathologic changes could have a wide acute disabling and disrupting signs and symptoms that is sometimes confusing for both the patient and the treating physicians. These disabling signs and symptoms reduce patient's life quality and are often missed, diagnosed and left without treatment. The rational understanding of the myth of causes and the consequences they are manifested are very essential in dealing with such cases. Therefore, this presentation shall focus on causes, the neuro-muscular cycle of pain, clinical examinations, diagnosis and treatment modalities of patients presented with TMD Syndrome.

**ADVANTAGES AND LIMITATIONS OF COMPUTER GUIDED IMPLANT SURGERY****HESHAM MAREI**

Associate professor & Consultant of oral and maxillofacial surgery, Suez Canal University, Egypt.  
College of Dentistry, Imam Bin Abdulrahman Alfaisal University, Saudi Arabia.

Computer guided implant placement provides significantly higher predictability and accuracy than freehand implant placement. However the level of precision depends on multiple factors that might lead to cumulative and interactive errors, from data-set acquisition to the surgical procedure. The aim of this presentation is to provide an overall view on the advantages and limitations of computer guided implant surgery.

**The presentation is going to focus on:**

Concept of computer guided implant surgery  
Advantages and limitations of computer-guided surgery  
Clinical cases to show a step by step the surgical technique  
Future of computer guided implant surgery

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**AUTOGENOUS BONE “ GOLD STANDARD “ BACK IN DALIY****UGUR MERIC**

Faculty of Dentistry Department of Oral Surgery,  
University of Istanbul.  
Founder of private clinic Meric & Meric

**Learning objectives:**

1. Detailed Lectures of the topic “Autogenous Bone “ Gold Standard “ back in Daily practice.
2. You will know about Autogenous Bone; Philosophy, Indications, Executions.
3. You will know about Methods of the collecting Autogenous Bone in Daily practice.



## ESTHETIC CONSIDERATIONS IN FIXED PROSTHODONTICS



### HASAN NECDET ALKUMRU

University of Western Ontario, Schulich School of Medicine and Dentistry Department of Prosthodontics.

Esthetics is one of the most challenging part of dentistry. Although beauty is on the eye of beholder there are certain rules dentists must follow for excellent esthetics.

Oral health and healthy tissues are the key factors for dental esthetics. Beautifully formed whiter teeth cannot look nice and be considered as esthetics if the soft tissue is not healthy.

#### **Esthetics can be categorized into two group:**

1. White Esthetics
2. Pink esthetics

All factors like, form and shade, alignment of teeth in the dental arches, occlusion affecting white esthetics and factors like level of gingiva, gingival color and texture affecting the pink esthetics will be discussed in this presentation

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## RIDGE WIDENING PROCEDURES FOR DENTAL IMPLANT PLACEMENT



### AMR ZAHKAN

Professor, Department of Periodontology, Faculty of Oral and Dental Medicine, Cairo University, Cairo, Egypt.

The successful placement of dental implants is limited by the presence of a deficient maxillary alveolar ridge. This presentation shows a variety of techniques including bone augmentation, GBR as well as the modified approach to the split-crest technique using piezoelectric surgery in combination with immediate placement of tapered implants. This modified approach within which expansion of the alveolar ridge and implant placement are combined into a single procedure. Many case reports as well as studies will be presented during the lecture.

## INDICATIONS FOR REMOVAL OF IMPACTED MANDIBULAR THIRD MOLARS: A SINGLE INSTITUTIONAL EXPERIENCE IN LIBYA



### HAMED ALI ORAFI

Jordan university of science & technology oral surgery & oral medicine & oral pathology dep.

**Aims:** to investigate the various indications for the removal of impacted lower third molars in Libya

**Methods:** The records of all patients who underwent a surgical removal of a lower third molar over a 3 year period were reviewed retrospectively. The indications for removal were classified into 10 groups. Radiographs were also studied to determine angular position as well as pathologies associated with such teeth. Age, gender and chief complaint were recorded.

**Results:** The results were based on the data of 439 patients who had their molars removed (Male-183; Female-256). 61% of patients were in the age groups 15-24. Recurrent pericoronitis was the most common indication recorded (54%), followed by pulpitis/caries of the 3rd/2nd molar (31%). Orthodontic reasons (2%) and cysts/tumours (5%) . Pain and tenderness was recorded as the most common symptom. The relative absence of prophylactic removal as an indication could be attributed to socioeconomic and logistic reasons.

**Conclusion:** Awareness of the indications for removal of impacted lower third molars will help in the management. Fear of dentistry appears to be responsible for patients reporting to the surgeon only when symptoms occur. Patients generally do not agree to prophylactic removal of lower third molars. Removal of only symptomatic lower third molars seems to be the only logical choice.

## PROBLEM SOLVING IN DENTAL PRACTICE (TIPS AND TRICKS)



### AHMED ROSHDY RAGAB

Prof. Oral Surgery and Maxillofacial , Faculty of Dentistry, Cairo University

### Problem Solving in Dental Practice (Tips and Tricks)

- Technical points for removal of wisdom teeth.
- Conservative approach in traumatology .
- Technical tips in implant surgery.
- The abuse of bone grafts to fill jaw cyst.
- Management of chronic skin fistula.
- Management of TMJ disorders.
- Pain prophylaxis in dental office.
- Management of tooth sensitivity.
- Tips in use of laser in dentistry.
- Tips in treatment of aphthous ulcer.
- Neutral zone.

### LONG TERM FOLLOW UP AFTER MANDIBULAR SETBACK



#### ABDULRAHMAN AHMED HUNAISH

Head of Oral and Maxillofacial Surgery Dep, Alfarabi Colleges, Riyadh, Saudi Arabia. Department of Oral and Maxillofacial Surgery Ibb University, Yemen.

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**Objective:** The purpose of this study was to compare between stability of the adjustable plating system versus bicortical screw fixation after bilateral sagittal split osteotomy (BSSO).

**Patients and Methods:** This study was conducted on 12 patients suffering from mandibular prognathism. All patients underwent BSSO for mandibular setback. According to the type of fixation, patients were divided into two equal groups. In group I, bone fixation was achieved by using the adjustable bone plate and four 2.0 mm monocortical screws. In group II: bone fixation was achieved by using three positional bicortical screws. In order to measure the amount of relapse, lateral cephalometric analyses were performed preoperatively (T0), immediate postoperative (T1), one year postoperatively (T2) & 6 years postoperatively (T3).

Results. The surgical changes (T1) could be characterized as posterior movements of the mandible. The results of the cephalometric analysis at T2 could be characterized as anterior movement of the mandible. At T3, surgical changes were relatively well maintained in both groups. There were no statistically significant differences between the two groups regarding the measurements after surgery.

**Conclusion:** Adequate stability of the osteomized segments after BSSO could be achieved by using the adjustable plates as well as bicortical screws.

## CONSERVATIVE MANAGEMENT OF TMJ ANKYLOSIS: A SELECTED AGE GROUP STUDY



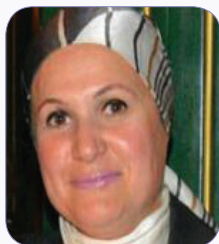
**AHMED TALAAT TEMEREK**

Lecturer of OMFS, Faculty of Dentistry, Assuit  
university - South Valley University

**Abstract:** In this prospective, cohort, clinical follow-up study we aimed to investigate the role of conservative gap arthroplasty without interpositional material in managing ankylosis of the temporomandibular joint (TMJ). Thirteen patients (15 joints) with ankylosis who fulfilled the other inclusion criteria were enrolled. The ankylotic mass was excised to create a gap of 7-9 mm. No interpositional material was used. Ipsilateral or bilateral masseter reflection, pterygomasseteric sling, and temporalis tendon release plus coronoidectomy were considered if maximum mouth opening failed to reach 35 mm. A physiotherapy protocol was started on the first day. Patients' ages ranged from 13-38 (mean (SD) 18(7) years). Trauma was the main cause. Duration of ankylosis at presentation ranged from 1-17 years (mean (SD) 5 (4) years). Eleven patients had unilateral, and two bilateral, ankylosis that did not involve the sigmoid notch. The mean (SD) maximum incisal opening (mm) was 38(4) two years' postoperatively. The facial nerve was affected temporarily in two patients. Mean (SD) duration of follow-up was 4 (2) years without recurrence. Within our selection criteria, conservative gap arthroplasty of 7-9 mm without interpositional material and with vigorous postoperative physiotherapy has a role in treating ankylosis of the TMJ and preventing its recurrence for more than four years.

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## ASSESSMENT OF BONE REGENERATION OF CRITICAL SIZE MANDIBULAR DEFECTS USING ADIPOSE DERIVED STEM CELLS: AN EXPERIMENTAL COMPARATIVE STUDY



**SHEREEN WAGDY  
ARAFAT**



**SAMAH M. KAMEL**



**AHMED M. HOSSAM**

Oral surgery & Oral Biology & Oral Radiology October University for Modern Sciences and Arts (MSA)

**Summary:** Objectives: this study was to assess the effect of adipose derived stem cells on bone regeneration of mandibular defects of rabbits. **Material and methods:** Twenty four adult male New Zealand white rabbits were divided into two groups. Group A (control group) in which surgically created critical size mandibular defects were created and left to heal without grafting. Group B (test/stem group) from which adipose tissue was withdrawn and stem cells were processed and then seeded on the gel-foam scaffold to be grafted in the surgically created critical size mandibular defects. The treatment outcome was evaluated at 2, 4, 8 weeks postoperatively both radiographically and histologically. Mineralization ratio was statistically analyzed. **Results:** histologic and radiographic evaluation revealed significant ( $p < 0.05$ ) enhancement of bone regeneration at test group (A) as compared to control group (B). **Conclusion:** the use Adipose derived mesenchymal stem cells proved to be effective for enhancing bone regeneration in mandibular critical-size bone defects. **Key words:** stem cells, adipose tissue, mandibular defects, bone healing

## ORBITAL ADHERENCE SYNDROME: CLINICAL CHARACTERIZATION & RISK FACTOR TRACING.



### HEBA ABDUL WAHED SLEEM

Associate professor of oral and maxillofacial surgery Ain shams University.

### WAHDAN W

Associate professor of plastic surgery, Cairo University.

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**Back ground:** Titanium mesh is one of mostly used reconstruction material in management of orbital floor fracture with successful outcome. Few reports describe unfavorable tissue reaction to titanium mesh with subsequent diplopia and lid retraction secondary to periorbital adhesions, or as mentioned in literature orbital adhesion syndrome OAS. However, there is no accurate description of such condition and how to avoid. **Aim:** This manuscript was made in an attempt to review characterization of this syndrome, associated risk factors and recommendations to avoid it. **materials and methods:** a through revision of orbital floor fracture cases treated with titanium mesh in oral and maxillofacial surgery unite in both Cairo university and Ain shams university 2015-2017 according to criteria described by Lee HB 2009 . **Results:** only six cases from 100 cases treated with titanium mesh in the orbital floor & or medial wall was diagnosed clinically and radio graphically as OAS. All cases underwent removal of implant (3-6 months) after primary repair with replacement by PDS. Four cases showed clinical improvement in ocular motility within two weeks while two cases didn't improve. **Conclusions:** OAS is an unfavorable tissue reaction to rough surface of titanium mesh where delayed primary repair, use of large mesh with wide pores in an un-intact periorbital extending to inferior orbital rim are main risk factors. Early detection of this rare complication with removal of titanium mesh is essential for successful management. **Key words:** orbital fracture, titanium mesh, orbital adhesion syndrome, post-operative diplopia

## BENEFITS OF CBCT SOFTWARES AND SURGICAL GUIDED IN DENTAL IMPLANTS



### WALAA SAMIR ABDEL-FATAH

Lecturer of oral maxillofacial radiology, MUST university, Beni-seuif university

Computer technology nowadays enable the development of systems that can assist the clinical in diagnosis, treatment planning and surgical procedures itself.

The main goal of implant drilling and placement is offering best position within bone avoiding engender vital anatomical structure and best function without surgical complication

## THE MAXILLARY SINUS FLOOR AUGMENTATION; NEW NONINVASIVE APPROACHES.

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### AHMED MORTADA FIKRY

Lecturer of periodontology & oral Implantology-  
School of dentistry - Assiut University

**Background:** An update of the maxillary sinus floor augmentation techniques regarding its newly introduced instruments in the market which minimizes the surgical complications and maximizes its benefits.

**Introduction:** The maxillary sinus floor augmentation techniques is a corrective surgery to the upper posterior atrophic alveolar ridge with the height problem that contradict the implant placement at this site. Many complications were associated the use of the conventional rotary burs or the osteotomes and mallet. Noninvasive techniques are now available to perform the sinus floor augmentation surgery either the crestal (internal, indirect) approach or the lateral (open, direct) one.

**Aim:** Recently, different tools are available in the market which designed to minimize the possibility of sinus membrane tear, minimize the possibility of operative bleeding, patient fear and post-operative swelling and pain.

## ZIRCONIA: WHAT YOU REALLY WANT TO KNOW



### MAZEN AHMED MAHMOUD ATTIA

Lecturer of Fixed Prosthodontics, Beni-Suef University.  
Lecturer of Fixed Prosthodontics, Assiut University.

Recently, Zirconia (zirconium oxide)-based ceramics have been introduced to dentistry because of their desirable esthetics, biocompatibility, superior fracture strength, and fracture toughness compared with other dental ceramic systems. The development of these materials, coupled with the new computer-aided design/computer-aided manufacturing (CAD/CAM) fabrication techniques, has created a wide range of applications for dental restorations. Core substructures for dental restorations can be fabricated from fully or partially sintered ceramic blanks using manually controlled copy-milling or CAD/CAM technology.

After milling, zirconia has to be veneered with porcelain in layering or press technique; however, Chipping of the veneering porcelain is reported as a common problem and has been labeled as its main clinical setback. To overcome this problem, (monolithic) full-contoured zirconia restorations can be fabricated with occlusal design without veneering.

Zirconia-based ceramic restorations can be cemented with traditional cements or bonded with adhesive resin cements. Self-adhesive resin cements offer less technique sensitivity than traditional cements, making them excellent choices for the cementation of appropriate zirconia-based ceramic restorations.

The objective of this lecture is to address the evolution of zirconia as a biomaterial; to explore the material's physical, mechanical, optical properties; to identify the strengthening mechanism; and finally to describe the processing techniques, core/veneer interfacial effects and cementation procedures.

## EVALUATION OF THE EFFECT OF PUERARIN ON BONE REGENERATION IN MAXILLARY SINUS AUGMENTATION



### HASSAN ABDEL-GHANY OSMAN M

Oral & Maxillofacial Surgery Dep, Cairo University



**AIM AND PURPOSE:** The aim of this study was to evaluate the effect of Puerarin on bone formation during sinus augmentation

**MATERIALS AND METHOD:** 10 patients with bilateral maxillary edentulism involving the premolar/molar areas were selected. They were 5 males and 5 females with a mean age of 49 of + 8.6 years. Bilateral maxillary sinus augmentation was performed. One side was grafted with particulated bone from the chin (Group 1), and the contralateral side was grafted with Puerarin/Fisiograft carrier. Patients were clinically assessed on regular intervals postoperative after 1st stage surgery. Bone height and density were assessed and evaluated in comparable standardized cross sectional cuts derived from reformatted panorama (one week postoperative and six months later) using on Demand 3D software. Postoperative Computerized Cone Beam C.T. Scan (CBCT) was performed 1 week after the surgery. This was followed by a second CBCT scan performed 6 months later assessment of the bone graft.

**RESULTS:** Intraoral wounds showed no signs of infection, no dehiscence, nor hematoma. The study group was unidentifiable as regards to both height and density, unlike the control group, chin bone graft which was found to have adequate height and density when compared with the native bone. At six months postoperative CT scan evaluation showed, study group graft as well as control group induced new of relative density comparable to native bone.

**CONCLUSIONS:** Puerarin induced bone in this anatomic site of the evaluable patients, which has been proven to be comparable to that of autologous Chin bone graft as well as native bone in density.

## DIODE LASER APPLICATIONS IN DENTISTRY



### GHASSAN HABASH

BDS, MSC Periodontology and Oral Medicine , Head of  
Palestinian Periodontists Group Middle East Clinical Instructor  
for the British Institute of Laser Dentistry Komet-Dental  
Certified lecturer German Board In Oral Implantology

Laser therapy has been widely used and practiced in medical fields for many years, but is becoming nowadays a reliable treatment modality in dentistry with a scientifically proven success.

Diode laser can be used in various fields of dentistry; and is easily adopted by general dental practitioners. Diode lasers are useful in performing surgical procedures with reduced post operative complications, treatment of periodontites, peri-implantites, oral ulcers, teeth whitening, and have its share in treating TMJ disorders.

My lecture will demonstrate several cases where diode laser therapy has contributed in the success of the previously listed challenges supporting every case with evidence based papers from well known journals.



## CONTROVERSIES IN DENTAL BLEACHING



**AHMED EL HOSHY**

Assistant professor of Conservative Dentistry,  
Cairo and Future University

Our current presentation will be covering the tooth bleaching but from controversial point of view as: Is it called whitening or bleaching? How to diagnose the type of stains? What kit should we use? Is light has an effect or no? Do we go for hydrogen peroxide or carbamide peroxide? What concentration should we use? Does bleaching affect dental restorations? Is it safe or no? Does bleaching should be part in our daily practice? Does bleaching alone get us the results that we are really looking for? What is the future of the dental bleaching? How to reach the successful results that the patient is dreaming of? Types of dental bleaching? How to avoid relapse? How to avoid failure?

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## “THE USE OF THE OPERATING MICROSCOPE IN DENTAL PRACTICE”



**THOMAS MONTAGNESE**

Associate Professor in the Endodontic Department  
of Case Western Reserve University, School of Dental  
Medicine, in Cleveland Ohio

Good visualization is a key factor in providing meticulous dental surgical procedures and as an aid in making accurate diagnoses. The operating microscope is becoming the standard of care in endodontic practice in the United States and can be used effectively in other areas of dentistry.

The speaker will present the advantages of using the operating microscope in dental practice, techniques in its usage, placement options in the treatment room, space requirements, costs, maintenance, and other considerations. Dr. Montagnese has been using the surgical operating microscope in his private endodontic practice for over 25 years.

## Learning Objectives:

- List the advantages of using the operating microscope (OM)
- List the types of OM options available
- Discuss how the OM can make dental practice more efficient and enjoyable.

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## TREATMENT PLAN .... KEYS OF SUCCESS



### HALA I. ABBOUD

Member of scientific committee LDA – Tripoli

Any restorative treatment, from simple treatment of decay to severe total rehabilitation, requires many preparatory procedures and the cooperation of different specialties in dentistry.

- What are the procedures to follow in the treatment?
- What information we have to know about our patient? (Medical and dental history, social state, economic condition)
- What are the patient's needs?
- What is our diagnosis?
- How to evaluate every case?
- What is our treatment plan? How to make it?

Making a treatment plan is so essential, like project requires organized management. This lecture will give answers to these questions and discuss different ways to establish a better treatment plan based on patient evaluation and dentist expertise....  
(Clinical cases will be reported)

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## POST –ENDODONTIC PAIN MANAGEMENT



### RAHIL FARID MORCOS DOUAIHY

President of the Union of the liberal professions in Lebanon  
President of Lebanese Dental Association - Tripoli

Endodontic pain is an unpleasant situation for both the dentist and the patient and post treatment one can be more perplexing problem for both of them . Though the pain may not indicate endodontic failure, relief of pain is more important to patient than success or failure of root canal treatment. Prevention and management of pain is a crucial factor to the endodontist's success. The purpose of this presentation is to analyze the effect of certain factors like, gender, teeth type, single/multiple visits, and pre-obturation pain, on the incidence of post endodontic pain. The variables that affect post endodontic pain can be in relation with pre-obturation pain, single/multiple visits, medications, instrumentation and obturation techniques and vitality of teeth. The literature review suggest that the factors that influenced the post endodontic pain were interrelated and directly interdependent. Our daily practice and small experience post endodontic pain can reduce significantly by a correct diagnosis of the pain and appropriate root canal treatment . Clinical cases will be discussed to determine the cause of persistent pain and describe the methods to prevent post endodontic pain and improve success rate.

**ARE THE MOST RECENT DENTAL MATERIALS, ALWAYS THE BEST CHOICE?!!!**



**YASSER F GOMAA,**

Professor and chairman of Dental Biomaterials  
Department, Faculty of Dentistry, Minia University, Egypt

The gold standard rule in dentistry is using material that you can master, not the material with better properties. In this lecture we will discuss some recent advances in different procedures in different dental practice, discuss major advantages, disadvantages and limitation. And the compatibility of these material with others and limitation if we used recent materials with conventional techniques. By the end of the lecture we will discuss materials used in different fields as; Restorative Dentistry; amalgam and composite, Endodontics; rotary files and resin sealers finally Crown and bridge; and Post and cores, Laminate, materials and cementation.

**SYNERGY FOR (SUCCESS: PERIODONTAL PROSTHETIC RELATIONSHIP.)**



**MOHAMED M NASSAR**

Formerly Vice President of tanta university .2004-2009.for  
environmental and society sector .  
Formerly The Dean of Tanta dental faculty for six years.  
Formerly Vice dean for post graduate education  
Professor of Periodontic tanta dental faculty

Updated patient needs require interactive effort for periodontal surgical or non surgical approaches besides restorative and laboratory team collaboration to accomplish the patients goal for having function and esthetic demands .when this not the case frustration and unhappiness will be the bad outcome.the presentation will demonstrate cases with hopeless or with bad prognosis that with the aids and collaboration of perio and prosthetic treatment planning and recent treatment modalities leading to save this teeth from loss.

#### **Educational objective.**

- Analyzing the complication facing the team approach in treatment planning.
- Encourage the team approach for treatment of complicated cases
- Listing invoice for success for treating these hopeless cases instead for unwise planning for extraction and looking for alternative!!

## **THE MANDIBULAR LINGUAL CANAL RELATED TO DENTAL IMPLANT INSTALLATION: IS IT LIFE THREATENING OR NOT?**

**M.S. CHAAR<sup>1</sup> NOURAN ABDEL NABI<sup>2</sup>, AHMAD ABDEL SAMAD<sup>3</sup>,  
DINA FAHEM<sup>4</sup>, KARIM FODA<sup>5</sup>, MARWA ABDEL AAL<sup>6</sup>, AHMED  
SALAH<sup>7</sup>, AMR NAGUIB<sup>8</sup>, MATTHIAS KERN<sup>9</sup>**

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2. Department of Removable Prosthodontics, Faculty of Oral and Dental Medicine, Cairo University, Cairo, Egypt
3. Department of Oral and Maxillofacial Radiology, Faculty of Oral and Dental Medicine, Cairo University, Cairo, Egypt
4. Department of Oral and Maxillofacial Radiology, Faculty of Oral and Dental Medicine, Cairo University, Cairo, Egypt
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6. Department of Removable Prosthodontics, Faculty of Oral and Dental Medicine, Cairo University, Cairo, Egypt
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9. Department of Prosthodontics, Propaedeutics and Dental Materials, Christian-Albrechts University of Kiel, Kiel, Germany

## Abstract

**Back Ground:** The inter-foraminal region has been considered to be a safe area for implant installation. Despite being a safe area, it consists of important anatomic structures, the submental branch of the facial artery and the sublingual branch of the lingual artery supplies the symphyseal region. Occasionally the arterial supply is accompanied by some nerve innervations which could lead to postoperative complications following implant installations. Such complications can be manifested as anesthesia, paresthesia, or dysesthesia, the severity of such complications would depend upon the degree of injury to the nerves.

The main objective of this study is to investigate if there is any Vascular and neurosensory changes following installation of implants in the symphysis of the mandible being in close proximity to the mandibular lingual canals.

**Materials and methods:** Fifty Completely edentulous patients were recruited from the outpatient clinic of the Prosthodontics department –Faculty of Dentistry –Cairo University. All patients in this study were seeking to install implants in the mandible to help improve the retention of their mandibular complete dentures. Patients were of age ranging from 50 to 69 years old, patients with any systemic conditions that contraindicates implant placement were excluded from the study.

All patients included had either newly fabricated upper and lower dentures, or had their previous dentures which were checked for retention, stability and proper occlusion. The patients' complete denture was then duplicated to fabricate a transparent radiographic stent, with a radio-opaque acrylic resin placed in the anterior incisors areas. A CBCT radiograph which was performed for all patients while wearing the clear transparent radiographic stent with radio-opaque markers.

The Blue Sky Bio software was used for virtual implant planning, all implants were virtually placed following the direction of the radio-opaque acrylic resin which is mainly in the midline of the mandible. The relation between the potential implant site and the lingual canals was assessed by the two Oral and Maxillofacial Radiologist. The two Oral and Maxillofacial Radiologist have also examined the anatomy of the lingual foramina in the mid line.

The radiographic stent was then converted into a surgical stent used for implant installation. During implant installation all vascular changes were recorded, and 2 weeks after implant installation neuro-sensory tests were carried out for all patients

**Results:** when examining the virtual planning of the CBCT radiograph 44 patients had the implant invading the mandibular canal, and 6 patients had the implants away from the lingual mandibular canal. When correlating all of the following variables; age, buccal diameter of the canal, lingual diameter of the canal, length of the canal and proximity to the mandibular canal to the vascular and sensory changes during and following implant installation, there was no statically significant difference of those variables on the vascular and sensory changes, except for the infra-spinosum lingual diameter of the mandibular lingual canal.

**Conclusion:** The innervation of mandibular lingual canal during implant installation is considered to be safe with transient vascular or sensory changes during implant installation. It is not life threatening unless the lingual cortex is perforated.

## THE ROADMAP TO MOLAR ENDODONTICS: CHANGE YOUR APPROACH, CHANGE YOUR RESULTS



### REHAM HASSAN

LECTURER OF ENDODONTICS, FACULTY OF ORAL  
AND DENTAL SURGERY, MISR UNIVERSITY FOR  
SCIENCE AND TECHNOLOGY

### NERMINE HASSAN

Assistant Lecturer – Endodontic Department –  
Misr International University

Molar endodontics often present challenges to the clinicians. These may include difficulty in isolation and access, negotiation of curved and narrow root canals, calcified canals, difficulty in canal obturation, and managing anatomical variations. However, today many advances in technology, materials and equipment have made it possible to efficiently perform successful molar endodontic treatment with more precision and predictable results.

42 A central goal of cleaning and shaping procedures in endodontics is to obtain a debrided root canal system that is in its entirety free of microbiota and debris. Therefore, detailed knowledge about root canal anatomy prior to any access to the root canal system is absolutely mandatory. The preparation of an endodontic access is a key step during root canal therapy, in particular for molar teeth. Shaping the canal system to promote disinfection and obturation is the cornerstone of molar endodontics. Clinical outcomes, both long and short term, hinge on the technical quality and attention to detail invested into this step. A well-shaped and well-debrided canal system would create the conditions for intact periapical tissues.

## VISCOELASTIC PROPERTIES OF SOFT AND HARD DENTURE BASE RELINE



### SHERIHAN M. EISSA, AMANI R. MOUSSA, DALIA Y. ZAKI, ASMAA N. ELBORAEY

Researcher, Fixed & Removable Prosthodontic Dep.  
National Research Centre, Giza, Egypt

**Objectives:** to investigate the viscoelastic properties of hard and soft denture base reline materials. **Materials & Methods:** A total of 20 Specimens were prepared and divided into two groups (n=10). Group 1 consists of hard denture reline (Acrostone, WHW plastic, England Packed by

Acrostone dental factory- Egypt) and group II of soft relin (Molloplast B). Viscoelastic properties were evaluated at 37°C and 1Hz frequency using a viscoelastometer (Anton Paar, MCR301 SN80218500, Austria). Three parameters were assessed: storage modulus ( $E'$ ), loss modulus ( $E''$ ) and loss tangent ( $\tan \delta$ ). Data were analyzed using Independent t test and significance level was set at ( $P < 0.05$ ). Results: hard relin showed higher mean values regarding  $E'$ ,  $E''$  and damping factor ( $\tan \delta$ ) and the differences were statistically significant ( $P < 0.05$ ). Conclusion: The hard denture relin resin revealed viscoelastic properties denoting better stress distribution to underlying structures and prolonged durability in oral environment

**Keywords:** Viscoelastic properties, hard denture relin, soft denture relin.

## A SIMPLE METHOD TO DEBOND A CEMENT-RETAINED IMPLANT-SUPPORTED FIXED PARTIAL DENTURE FROM ITS ABUTMENT SCREW CONNECTION: A CASE REPORT

**AMANI R. MOUSSAA, SHERINE A. NASRYB, ASMAA N. ELBORAEYA\*, AND MOSTAFA I. MOSTAFAC**

Dentist at the dental clinic in the Medical center of excellence of National Research Centre,

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Screw loosening of a cement-retained, implant-supported fixed partial denture (FPD) causes the abutment and restoration to be completely separated as one unit from the implant body. In such circumstances, drilling of an access hole through the restoration is made to retrieve the abutment screw connection, and a new restoration is then fabricated. This clinical case presents a patient whose implant-supported FPD was completely detached from the implants, and the FPD restoration was retrieved from the abutment's screw connection using acetic acid (vinegar). The cement was dissolved and the FPD was easily separated from the abutment screw connections thus avoiding damage of the FPD.

## ORAL CANCER AWARENESS LEVEL WITHIN THE DENTAL COMMUNITY: RESULTS FROM A LARGE SCALE SURVEY IN CAIRO.



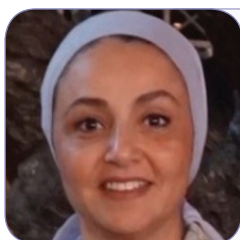
**HATEM AMER<sup>1</sup>, ALI ABD EL WAHED<sup>1</sup>,  
BADAWI OA<sup>1</sup>, EMARA AS<sup>2</sup>.**

1. Oral & Maxillofacial Pathology Department, Faculty of Dentistry, Cairo University,
2. Oral & Maxillofacial Surgery Department, Faculty of Dentistry, Cairo University, Cairo, Egypt

*The incidence of head and neck cancer was reported to be higher in more developed countries with an increase in incidence lately among younger age groups. The need for improvement of awareness of oral cancer and potentially malignant oral disorders is crucial. This study aims to identify the level of awareness of diagnostic and management protocols in the dental community. An English survey was arranged and sent via email to undergraduate students, postgraduate students, and faculty members at the dental school Cairo University. The questions focused on the early detection and level of awareness of oral cancer. Results were then analyzed to assess levels of awareness at the different education levels of the participants. Eight hundred sixty-eight responded out of the sent 5052 during the period between October 2015 and January 2016. The average results of the faculty staff members were higher than that of the student groups and participants with regular continuous assessment and knowledge refreshment achieved higher results. The results of this survey have pointed out areas of lack of awareness among the targeted population. The results have been brought up to the knowledge of policy makers to enable the improvement of level of awareness and assessment of risk factors for oral cancer.*

## RESIN COMPOSITE MADNESS: TRENDY CLINICAL TIPS AND TRICKS

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**INAS EL ZAYAT**

Assistant Professor at the Restorative dep.  
Misr International University IADR Member



**AHMED TAREK FAROUK**

Restorative and Esthetic Specialist, Assistant Lecturer  
at the Restorative Dentistry dep. Misr International  
University IADR Member American Academy of  
Cosmetic Dentistry Member

Dental esthetics and minimal invasiveness have become increasingly important during the last decade when considering diagnosis and treatment planning. Nowadays, Composite resins occupy a paramount position among restorative materials because they offer excellent aesthetic potential and acceptable longevity with a much lower cost than equivalent ceramic restorations for the treatment of both anterior and posterior teeth. In addition, composite restorations allow for minimally invasive preparations or no preparation at all when assuming the replacement of decayed or missing tissue becoming a popular alternative to the more traumatizing prosthetic restorations. The aim of this session is to present different artistic solutions using different modern esthetic resin composite systems with updated evidence based approach.



## BOTOX ISN'T JUST FOR LINES AND WRINKLES



### TAREK ELSHARKAWY

Professor, Oral & Maxillofacial Surgery Department,  
Faculty of Oral and Dental Medicine, Cairo University  
Dean of Faculty of Oral & Dental Medicine – ACU



### REHAB ELSHARKAWY

Assoc. Professor, Oral & Maxillofacial Surgery  
Department, Faculty of Dentistry, Cairo University  
Head of Oral and Maxillofacial Surgery Department-ACU

If you think that Botox is used for cosmetic treatment only, then it's time to change that thought. Come join us to see that there is a definite place in the dental and oral surgical practice for Botox and learn more about its different therapeutic uses.

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## THE DIAGNOSIS, PROGNOSIS, AND TREATMENT OF FRACTURED AND CRACKED TEETH



### TOMAS MONTAGNESE

Associate Professor in the Endodontic Department  
of Case Western Reserve University, School of Dental  
Medicine,  
in Cleveland Ohio

Cracked and fractured teeth are reported to be more common now than in the past. This presentation will discuss the causes, diagnosis, treatment, and prognosis. Terminology and current diagnostic methods will be reviewed.

Dr. Montagnese has been in private endodontic practice for over 30 years. During that time, he has been confronted with the diagnostic difficulties of various types of pain reported by patients referred to him. This presentation will discuss the diagnosis, treatment and prognosis of cracked or fractured teeth and how current technology has modified the diagnosis and management of this condition.

### Learning Objectives:

- Discuss diagnostic methods
- Discuss factors that determine the prognosis of cracked or fractured teeth
- Discuss the causes of cracked or fractured teeth

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## CONTROVERSIES, CONFUSION & CONVICTIONS IN IMPLANTOLOGY



**KUMAR SWAMY**

Hon. Prof. Dept. of Oral Implantology, GDC&H, Mumbai

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Current day clinician has a huge challenge to embrace or reject newer and not-yet-tested techniques & philosophies in Implantology.

Short implants, Tilted implants, basal implants, one-piece implants, active threads, super-active threads, special surface coatings, narrow neck, platform shifts, socket-shield techniques, array of biomaterials for grafting, laser therapy for disinfection are only few of the things which are going to be discussed among other aspects in this presentation.

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## HOW TO BECOME A UNIQUE DENTIST, FURTHER UPDATE



**MOHAMED SHERINE ELATTAR**

DDS, PhD, Professor of prosthodontics  
University of Alexandria

Fresh graduates usually find it very difficult to find the way to properly decide which way to go afterwards, but most important is that they need to know what their identity is. An undergraduate dentist can end up his/her journey believing that he have become a skillful technician or diagnostician, while in many instances this skill although improves by time, yet only few clinicians become distinct. The reasons behind that are plenty but need to be clearly addressed.

This presentation is directed towards newly graduates ,and last year dental students to pave the way for a clear future. It shows the life time experience of the speaker with lots of clinical tips. The presentation will discuss how great it is to be a DENTIST. Lots of newly graduates wonder when is the right time and place to start. Furthermore, the it helps discovering the answer to a very hard question: What type of dentist do I want to be?

### **Learning Objectives:**

Upon attending this presentation, each candidate should be able to:

- Dig deeper into the author's life story
- Comprehend the different paths one can take when completing dental school
- Decide which path one would like to pursue
- Understand what makes a dentist unique
- Learn, as a dentist, how to treat others
- Grab a few hints for building your practice
- Pick a few clinical tips
- Arrange thoughts for guidance.

## **THE IMPORTANCE OF THE INFERIOR ALVEOLAR NERVE IN ORAL SURGERY, PATHOLOGY AND IMPLANT DENTISTRY.**



### **NABIL BARAKAT**

Oral and Maxillo-Facial Surgeon from Loyola Dental School Chicago.

The presence and location of the inferior alveolar nerve plays an important role in the diagnosis and surgical management of impacted teeth, pathological lesions and placement of dental implants. Any surgical lesion of the inferior alveolar will have a deleterious and debilitating effect on the patient.

The advent of medical imaging, have facilitated the diagnosis and surgical management of the previous mentioned entities when dealing with their relation to the inferior alveolar nerve. We will pass in review the applied anatomy of the inferior alveolar and the different clinical situations to illustrate our approach which is based on the precise knowledge of the location of the inferior alveolar and its relation with impacted teeth, pathological lesions and implant placement.

## THE INTERDISCIPLINARY APPROACH TO SMILE ENHANCEMENT.



### NADIM ABOUJAOUDE

President of the Jury of the MENA (Middle East and North Africa) Esthetic Dentistry Award.

Since the application of the preventive dentistry and the development of the new generations of esthetic material and the pressure of the media, the patients are pushing for more esthetic treatment. Adapting to the patient's demand within the biological and ethical guidelines is our job.

In this presentation we will review, thru clinical cases, the importance of the smile, the dynamic changes, the multidisciplinary treatment and the teamwork approach needed to achieve this goal.

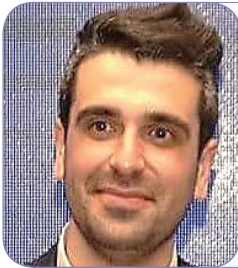
## THE USE OF THE ZYGOMA-ANCHORED EXTERNAL DISTRACTOR (ZED) IN POST- CLEFT MAXILLARY HYPOPLASIA, A REPORT OF 100 CASES

### IBRAHIM M.ZEITOUN

Professor , Faculty of Dentistry , Alexandria University

This locally invented and designed device is very cheap and easily applied and tolerated by the patients. It has been used for advancement of the retruded hypoplastic maxilla in 100 patients with this deformity resulting after surgical correction of cleft palate. There were some degree of relapse of almost 5% of the advancement in some patients. However, all the patients were satisfied with their esthetics.

## A NOVEL HYBRID ZIRCONIA DENTAL IMPLANT DESIGN FOR IMMEDIATE SINGLE TOOTH REPLACEMENT IN THE AESTHETIC ZONE: RESEARCH & CLINICAL PERSPECTIVES



### AHMAD A. QADOMI

Assistant Professor and Consultant in Restorative Dentistry, Jordan University of Science and Technology  
Honorary Research Fellow Biomaterials and Biomineralisation Group

Implant treatment is currently overriding other prosthetic solutions especially in the case of replacing anterior teeth in the aesthetic zone. Commercially pure titanium (CpTi) earned an exclusive recognition as the gold standard material for osseointegrated dental implants. This material has been recently challenged by aesthetic and biological complications following implant treatment. As a consequence, a significant amount of research has been directed toward investigating alternative materials.

Zirconia ceramics have promising aesthetic, periintegration and antibacterial properties. They also possess distinctive mechanical properties due to the unique transformation toughening mechanism. The introduction of this material provided a multitude of solutions to overcome complications encountered with CpTi via using tooth coloured abutments, titanium implants with soft tissue-zirconia collar and most recently, zirconia dental implants. Short term clinical studies and some in vitro investigations reported sub-standard performance of the commercially available one-piece and two-piece (with rigid internal connection) zirconia dental implant designs .

A new implant system with a novel biomechanical design has been introduced in an attempt to exploit the promising properties of zirconia. It utilises a relatively low strength glass fibre composite abutment bonded with resin cement to an injection-moulded, soft tissue level zirconia implant. This design can theoretically reduce catastrophic failures affecting the implant and favour retrievable failures that are confined to accessible areas above the engineered weak connection. In terms of surface treatment, implants have acid-etched

surface (MDS: Maxon Dental Surface) which is correlated to superior osseointegration capacity in comparison to machined zirconia.

This presentation will focus on the immediate single tooth replacement with and without immediate provisionalisation utilising the above system. Surgical and restorative techniques will be discussed in details for some clinical cases. Follow up (up to 10 years) of the aesthetic and functional treatment outcomes will be presented. The unsurpassed perio-integration capacity and stability of peri-implant soft tissues around zirconia implants will be thoroughly highlighted especially in cases of labial bone plate resorption. Additionally, the presentation will put brief

emphasis on some research findings from my own PhD project that investigates various aspects of this implant system. These findings may answer some pressing questions posed by clinicians including; mechanical reliability of the system, durability of the connection between the different components given the poor bonding capacity to zirconia, osseointegration and periointegration capacity in addition to the effect of low-temperature degradation or ageing phenomenon on materials performance

## MODERN CERAMICS: YOUR TOOL TO FACE DIFFICULT CASES.



### ABOUSHELIB M

Dental Bio-materials Department Faculty of Dentistry  
Alexandria University

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The last decade has witnessed great development in the field of all-ceramic restorations. Advanced high toughness composite ceramics increased the fracture resistance of zirconia from 1200 MPa to almost an incredible 2200 MPa. Controlling crystal size and grain boundary dimensions produced high translucency frameworks that could be selectively etched to introduce resin bonded anatomical restorations. Zirconia reinforced lithium disilicate and resin infiltrated ceramics opened the door to a variety of applications that could not be thought of before. Screw retained anatomical crowns, Endo-crowns, implant super-structure, and snap on dentures as well. Chameleon color match, self-adjusting translucency, and custom made self adapted ceramic veneers are all-new applications based on advanced all-ceramic restorations.

Smart applications in CAD/CAD digital dentistry gave us a tool to fabricate ceramic precision attachments, beautiful temporary restorations, and digital smile analysis. Similar tools were developed to meet immediately loaded implants in association with custom made bone scaffolds designed to directly augment and load atrophic ridges. Case presentation will be displayed in a step by step fabrication technique.

Finally guided dentistry, in the field of surgery, implant dentistry, esthetic applications, and periodontology were all-ceramic materials became an integrated part. In combination with advanced polymers as PEEK and carbon fiber reinforced resin, the dentists is equipped with a powerful tool to face difficult challenges.

## OCCLUSAL ORTHOTICS FACTS AND FICTION



### ADEL ABDEL HAKIM

Professor Emeritus , Department of Prosthodontics,  
Faculty of Dentistry, University of Alexandria

Occlusal orthotics (splints) are the most common tools used for management of Cranio (temporo) mandibular disorders.

Orthotics are effective in management of high percentage of cases suffering one or more symptoms of cranio-mandibular disorders. Their role in treatment is sometimes over-emphasized. They are empirically used. Many clinicians adopt one design of occlusal splints for all cases. No one design can help all patients. Selection of splints must be based on the cause of the ailment and/or the rational of treatment. Splints may be made of hard or soft material. They may be permissive or directive, stabilizing or protective. The golden rule is a tailor made splint for each patient.

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## STU MAGAZINE SHOOT IT LIKE A DENTIST



### DOHA EL HERAZY

Dental photographer for post graduate studies /member of the  
Documentation and Photography Center“ at MIU  
(Misr International University cairo )

Dental photography lecturer and instructor for the DGOI  
Implantology program and Aachen University LASER program.

Dental photographer and videogapher at Korayem Dental Clinic  
(Alexandria).

Dental photography has been and will remain crucial to the advancement of the whole Dental world. And once the appropriate camera and equipment have been purchased the next step is to set up those armamentarium.

This lecture provides details about how to set up your dental camera and that includes the aperture, the shutter speed, the white balance, the focus, the iso ,the image quality ...etc

## IMPLANT THERAPY IN THE POSTERIOR MAXILLA-CHALLENGES AND CLINICAL CONSIDERATIONS.



### MAHMOUD ABDEL RAOUF SHALASH

Oral Surgery and Medicine, National Research Centre-Egypt

Replacing missing teeth in the posterior maxilla with an implant-supported prosthesis is often a challenging procedure for the implant surgeon. Reduced bone height following tooth loss usually complicates the placement of dental implants of appropriate length. This challenge could be solved using one of three treatment options. 1- Utilization of short and ultra-short implants. 2- Sinus floor elevation through a transalveolar approach. 3-sinus floor elevation with the lateral window technique. While short implants provide the least morbidity, current evidence shows that their use for single tooth replacement in the posterior maxilla is associated with a high degree of failure. The choice between the trans-alveolar and lateral window approach will always depend on the residual bone height. These various treatment options will be presented through different case studies, with emphasis on current evidence from literature and how this influences our treatment decisions.

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#### Learning Objectives:

- when can short implants be used in the posterior maxilla.
- decision tree for sinus floor elevation procedure.
- what are the recent modalities in sinus floor elevation?
- which graft material should I use in sinus floor elevation?
- graftless sinus lift-myth or reality?

## ALL ON FOUR: IMMEDIATE IMPLANT LOADING PROCESS IN THE MANDIBLE



### HASAN NECDET ALKUMRU

University of Western Ontario, Schulich School of Medicine and Dentistry Department of Prosthodontics.



Number of completely edentulous patients is increasing due to increased life expectancy, considerably high number of adult and elderly patients still need dental treatment for their edentulism. Some of those patients cannot tolerate removable complete dental prosthesis and may require more sophisticated techniques

Almost all patients have information about implant supported dental prosthesis to some extent and they prefer to have this kind of dental treatment because of increased retention and stability of artificial teeth. Unfortunately because of financial restrictions a high number of edentulous patients have to postpone implant supported prosthesis option.

Osseo integration becomes an excellent treatment modality for completely edentulous patients. The better understanding of osseointegration has led to the one-stage surgeries and to minimize the period between the implant surgery and the prosthesis placement.

The maxilla requires more implants than the mandible for a fixed prosthesis although four implants are suggested for either dental arch.

In this presentation; the protocol for immediate loading and all on four treatment modality and long term outcome of immediately loaded all on four type dentures will be discussed.

## FACIAL AUGMENTATION: IMPLANTS VS. OSTEOTOMY



### FAISSAL AHMAD QURESHY

Associate Professor -Tenure / Residency Program  
Director Oral & Maxillofacial Surgery Case Western  
Reserve University

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Demand for cosmetic facial surgery has increased over the last 20 years among consumer patients. Oral and maxillofacial training programs are now including facial cosmetic surgery procedures and principles among their curriculum and scope of training. Oral and Maxillofacial Surgeons are well equipped to treating the needs and concerns of the aesthetic patient.

The focus of this surgical clinic will be on facial cosmetic procedures specifically in the area of facial augmentation. The use of traditional bony surgery to augment the facial skeleton will be discussed, including genioplasty and midfacial advancement procedures. As a topic of debate, additionally, facial augmentation with the use of alloplastic materials will be presented and rationales for usage with clinical examples will follow.

Oral and maxillofacial surgeons who desire to incorporate these types of facial enhancement procedures in their practice must have an understanding of the materials and methods available to deliver the desired result. The ability to offer a wide range of treatment options for the patient seeking facial augmentation demands a knowledge of the various surgical skills and products available to perform these procedures.

## DIGITAL DENTISTRY SYMPOSIUM

For the first time in Egypt

An interactive session for all about Digital Dentistry



### PROF. ATEF SHAKER

International Key Opinion  
Leader in Digital Dentistry

Ask all what you want related to the topic & you'll be answered back by the top eminent professional experts in the following topics:

- **CAI/CAD/CAM Dentistry**
- **Caries Diagnosis**
- **Computer Aided Implantology**
- **Digital Radiology**
- **Occlusion & TMJ Analysis**
- **Digital Shade Matching**

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Panel will include experts in the following sectors:

- **Clinical Sector**
- **Laboratory Sector**
- **Academic & Research Sector**
- **Marketing Sector**

Each sector will be honoured by the presence of the most experienced professionals in **Digital Dentistry**

## HONOURABLE PANEL COMMITTEE

Selection of the honourable panel committee is based on their vast experience in Digital Dentistry Field with no bias of the the used Digital system or technology... ***Your question will be instantly cared of by our panel committee***

**MARKETING SECTOR**

Biggest companies in the field of Digital dentistry will be presented in the marketing sector ... presenting their highly reputed international companies and systems from a marketing perspective  
All questions regarding capabilities of these systems, indications, profitability & compatibilities between their components will be highlighted by the most experienced personnel direct from the mother companies

The Question here is:

***Does the perfect Digital System exist?***



Dr. Sameh Labib Barsoum



Dr. Shadi Ali Hussein



Dr. Mohamed Hassanein



Prof. Tarek Salah Morsi



Prof. Amr Hosny

**CLINICAL SECTOR**

Digital Dentistry has been invading our clinical career...  
Number of CAD/CAM users is growing day by day...

The use of Digital dentistry in our clinics added more precision and beauty to our lives...

So The Question Here is:

***Do I Really Need This technology in my Clinical Life?***

**LABORATORY SECTOR**

Digital Dental Laboratories are new names for many dental Labs...

A decision of getting an expensive piece of equipment is always hard to take, But life as a whole is going digital...

So The Question Here is:

***Does the use of Digital Dentistry in Dental Laboratories affected the quality of restorations?***

**ACADEMIC & RESEARCH SECTOR**

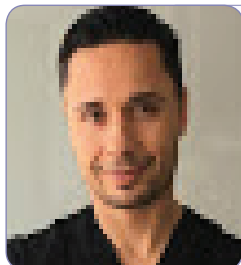
Roamers are going around digital dentistry regarding the precision, quality and aesthetics ... Companies are always claiming the best for their materials & equipments ...

So The Question Here is:

***How can we Evaluate Digital Dentistry Products Fom a Scientific Perspectives?***



## NEW APPROACHES IN AESTHETIC AREA.



### ALBERTO SALGADO

Professor Máster of Implants Miguel Hernández University.

#### **This lecture will describe all these topics:**

How to identify an easy and a complex case in the anterior region. When to do an immediate implant. When to use a flapless approach. When raise a flap. How to perform a horizontal bone Regeneration. How to perform Vertical bone Regeneration. When to perform soft tissue graft. Protocol for soft tissue grafting. Can we treat implant recessions?? How? The principles of the bone Regeneration, incision, flap design, flap management, sutures (materials and types of suture). Also management of the critical contour, soft tissue grafting, clinical cases from straight forward to complex...

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## NO NEED FOR INFERIOR ALVEOLAR NERVE BLOCK FOR MANDIBULAR TEETH EXTRACTION IN ADULTS



### SAMIRA OSAILAN

King Abdullaziz University, Dental Institute, Jeddah, Saudi Arabia ,King's College London, United Kingdom

### TARA RENTON

King's College London, United Kingdom

**Objectives:** To minimize the use of Inferior Dental or Alveolar nerve due to its risk in causing nerve injury. To assess the Articaine-only buccal infiltration technique (AOBIT) efficacy in providing local anaesthesia for routine adult dental extractions

**Method:** 20 Dentists agreed to use AOBIT in this study. AOBIT effectiveness was judged against the need for Inferior Alveolar nerve block using Lidocaine in extraction of adult teeth but mainly mandibular molars. Patients Inclusion criteria is any healthy adult (above 18 years) needed teeth extraction with no contraindication to use Articaine.

Factors were considered during Data analysis considered were ethnicity, bone dentistry, the difficulty and duration of the extraction.

**Results:** The mean age of 216 patients was 42 years, with 58% Afro-Caribbean and 56% male majorities, respectively. A total of 276 teeth were extracted, of which 66% were mandibular and the majority were molars at 76% (n=210). Sufficient anaesthesia was achieved in 87% of 218 patients using the AOBIT alone, with the remaining 13% of cases requiring a 'rescue' 2% Lidocaine IDB.

**Conclusions:** AOBIT could be a suitable alternative to Lidocaine IDB for routine adult dental extractions. Success rates and patient comfort could increase, whilst reducing LA-related nerve injuries.

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## REHABILITATION OF COMPROMISED PERMANENT INCISORS WITH ANATOMICALLY ADJUSTABLE FIBER POST

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### TALAT MOHAMED BELTAGY

Vice Dean for Education and Student Affairs,  
Faculty of Dentistry, Kafr Elsheikh University,  
Egypt. Associate professor of pedodontics

**Aim or purpose:** To evaluate clinically and radiographically the rehabilitated compromised upper permanent central incisors with the everStick post.

**Materials and methods:** Thirty-six children patients aged from 10-16 years were divided into three equal groups (12 patients each). Group I, flared root canals of the patients were rehabilitated with everStick post. Group II, flared root canals were rehabilitated with EasyPost/composite, and Group III (Control), unflared root canals were rehabilitated with EasyPost/core reinforcement. The clinical parameters included the reinforced tooth, mucosa, temporary crown, and reinforcing system. The radiographical parameters were the periapical status, periodontal ligament condition, root fracture and root resorption. All patients were recalled clinically and radiographically at 3, 6, 12 and 18 months.

**Results:** Both everStick and control group showed 100% clinical success, while EasyPost/composite group showed debonding of the reinforcing system in one patient with a clinical success rate 91.7%, and the difference was not statistically significant ( $p>0.05$ ). Radiographic assessment showed no evidence of root fracture or external root resorption and no periodontal or periapical pathology that require crown removal for clinical interference. The radiographic findings showed 100% success rate for all studied groups.

**Conclusions:** The use of direct anatomical everStick posts in the rehabilitation of flared canals functioned well for 18 months with favorable clinical, radiographical, and aesthetic results.

## DENTAL VENEERS: FROM A TO Z



**WALEED MOHAMED ELSHAHAWY**

Faculty of Dentistry, Tanta University Fixed Prosthodontics dep.

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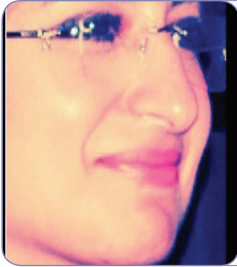
### Lecture Overview:

Restorative aesthetic dentistry should be practiced as conservatively as possible. Dental labial veneers are an important example for that esthetic treatment. Veneers are routinely used to make esthetic changes for teeth. This lecture gives guidelines to achieve these results by explaining case selection, treatment plan and procedures step-by-step.

### Lecture Objectives:

- Understand the philosophy of esthetic veneers.
- Understand the indications and contraindications of veneers.
- Recognize the different types of labial veneers.
- Learn some tricks about teeth preparation, impression, shade lection, temporization and cementation to achieve predictable results

## **SINGLE VERSUS TWO IMPLANTS ON PERI-IMPLANT MARGINAL BONE LEVEL AND IMPLANT FAILURES IN MANDIBULAR IMPLANT OVERDENTURES. A SYSTEMATIC REVIEW WITH META-ANALYSIS**



### **DINA MOHAMED AHMED ELAWADY,**

Lecturer, Department of R.Prosthodontics, Faculty of Dentistry, Modern Science and Arts University (MSA), Egypt

Statement of the Problem: Edentulous patients experience problems with their complete dentures. These problems are more frequently encountered with the lower denture. With advent of dental implants used to retain and/or support removable prostheses, the functional deficiencies associated with conventional dentures are greatly improved. Guidelines to assist with the selection of the optimal implant number for retaining and/or supporting mandibular implant overdentures (MIODs) are controversial and lacking in literature. The purpose of this review is to systematically evaluate the impact of single versus two implants on peri-implant marginal bone loss (MBL) and number of implant failures in mandibular implant overdentures (MIODs). Methodology: A literature search of electronic databases (PubMed and Cochrane) was performed up to March 2016 and complemented by hand search. RCTs that evaluated MBL and number of implant failures relative to single implant mandibular overdenture (MOD) were selected. The review and meta-analysis were performed using meta-analytic statistical package and in accordance with PRISMA guidelines. Findings: Five RCTs met the inclusion criteria for systematic review and qualitative synthesis. The observation period ranged from 12 months to 5 years in the selected RCTs. The comparison included in the meta-analysis is; single implant versus 2 implants MODs. Pooled data revealed that single implant MODs significantly decreased the MBL (MD: 0.27, 95% CI: 0.20, 0.34,  $P < 0.0001$ ,  $I^2 = 0\%$ ) and number of implant failures (RR: 3.26, 95% CI: (1.18, 8.97),  $P = 0.02$ ;  $I^2 = 0\%$ ). Conclusions: Single implant MOD was found to be better than 2-implants MOD in terms of MBL and number of implant failures. However, this result should be interpreted with caution due to limited number of analysed studies with different loading protocols and short follow-up period.

## EVALUATION OF WEAR AND FRACTURE RESISTANCE OF ZIRCONIA MONOLITHIC RESTORATIONS: AN IN VITRO STUDY



**AHMED MOHAMED ARAFA HADY <sup>1\*\*</sup>,  
AHMAD MOHAMED YOUSRI EL-KOUEDI <sup>2</sup>,  
TAMER ABD EL-RAHIM HAMZA <sup>3</sup>,  
HISHAM ABDEL-MEGUID KATAMISH <sup>4</sup>**

1. Lecturer, Department of Fixed Prosthodontics, Faculty of Dentistry, Beni-Suef University
2. Assistant Professor of Crown & Bridge, Faculty of Dental Medicine, Al-Azhar University.
3. Professor of Crown & Bridge, Faculty of Dental Medicine, Al-Azhar University and Misr International University (MIU).
4. Professor of Fixed Prosthodontics Faculty of Oral and Dental Medicine, Cairo University.

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### Statement of the problem:

Translucent zirconia was recently introduced for fabrication of monolithic restorations to overcome delamination problem. However, there concern about wear effect on opposing human enamel and low temperature degradation in hydrothermal conditions.

### Purpose:

The aim of the study was to evaluate the wear effect and the fracture resistance of monolithic translucent zirconia (TZI) based restorations. The hypothesis of this study was that the type and surface finish of ceramic restorations may affect the amount of wear of human enamel; and subjecting zirconia based fixed dental prosthesis (FDPs) to different ageing process may affect its final fracture resistance.

### Materials and methods:

In the first part, the effect of different surface finish of tested ceramic restoration on wear of human enamel was evaluated. The ceramic bar-shaped specimens was cut out from CAD/CAM blocks (monolithic TZI and feldspathic porcelain) using electrical high-precision microsaw. Each group was subdivided into 2 subgroups according to the surface finish (polished -glazed) then exposed to a custom made chewing simulator specially fabricated for this study. The amount of enamel wear caused by different ceramic specimens was calculated.

In the second part, fracture resistance of zirconia based restoration after ageing procedures was evaluated. Monolithic TZI FDPs (3units) were fabricated using a CAD/CAM on two full crown master models prepared from stainless steel with 1 mm deep circumferential chamfer preparation



and were placed into a stainless steel holder. FDPs were divided into 2 groups, the first group (**Group A**) was subjected to ageing procedures in an autoclave at hydrothermal conditions 134 °C /2 bars for 5 hours. The second group (**Group B**) was not subjected to any ageing procedures and was designed as control group.

**Results:** For the first part, Polished Zirconia ( $8.846 \pm 0.159$ ), Glazed Zirconia ( $8.814 \pm 0.139$ ), Polished Porcelain  $8.794 \pm 0.094$  and Glazed Porcelain ( $8.803 \pm 0.069$ ).

By using Two-way ANOVA, The results showed that material, surface treatment and the interaction between the two variables had no statistically significant effect on mean weight loss. Regardless of surface treatment, there was no statistically significant difference between weight losses in the two materials. Regardless of material, there was no statistically significant difference between weight losses after polishing or glazing.

For the second part, (**Group B**) ( $2406.9 \pm 306.8$ ) showed statistically significantly higher mean fracture resistance than (**Group A**) ( $1964.5 \pm 234.5$ ).

### Conclusions:

1. Monolithic TZI and feldspathic porcelain manufactured by CAD/CAM have similar wear effect on human enamel.
2. Accelerated artificial aging decreases the fracture resistance of monolithic TZI FDPs.

## HERBAL MOUTHWASHES USAGE IN PEDIATRIC DENTISTRY



**Wael Hamada Ahmed\***

**Amro Mohammed Moness Ali**

Lecturer of Pediatric and Community Dentistry, Faculty of Dentistry, Minia University. DDCs pediatric dentistry .

Mechanical and chemical plaque control are the most effective method in maintaining oral health . Evidence shows that dental medicine has become especially amenable to plant-derived products and regularly incorporate foods or beverages containing certain phytochemicals into their diet to yield better oral health.

Numerous studies have suggested about the beneficial effects of herbal mouth washes on oral conditions such as dental caries, periodontal diseases and even halitosis.

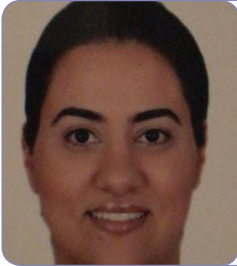
Our aim in this current work is to improve dentists' knowledge regarding usage of herbal mouth washes in pediatric dentistry

## EVALUATION OF B-CATENIN EXPRESSION IN DENTAL PULP FOLLOWING DIRECT PULP CAPPING IN DOG TEETH



**DALIA A EL-BAZ,**

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



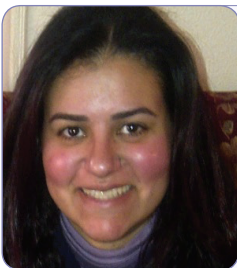
**MAHA A EL-BAZ,**

Lecturer, Operative Department, Faculty of Oral and Dental Medicine, Cairo University



**GERALDINE M AHMED,**

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



**ALAA A EL-BAZ,**

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

**Objective:** The aim of the present study was to evaluate and compare pulpal responses following direct pulp capping of mechanically exposed teeth with mineral trioxide aggregate (MTA), bioaggregate (BA) and stem cells (BM-MSCs) in dog teeth.

**Methods:** Six healthy male mongrel dogs, aged between 2.5 and 3.5 years of age, were used for

the present experimental work. Permanent mandibular molars and premolars were selected as the most suitable teeth in 3 male mongrel dogs. Teeth were divided into three groups according to the capping materials. Pulp exposure was performed occlusally. The pulp exposures in each dog was randomly capped in pairs according to the manufacturer instructions with MTA (group I), Bioaggregate (group II) and Bone marrow derived mesenchymal stem cells (group III), where MTA was used as the control and placed in a single pair of teeth. The cavities were restored with zinc oxide-eugenol and amalgam. The pulpal tissue responses to the tested materials were assessed postoperatively after sacrificing the dogs after 30 days. Real Time PCR for quantitative expression of  $\beta$ -catenin was used. One Way ANOVA was used to compare between the tested materials followed by Tukey's Post Hoc test for pairwise comparison.

**Results:** Group III ( $5.63 \pm 0.09$ ) showed the highest expression of  $\beta$ -catenin protein followed by group II ( $3.42 \pm 0.17$ ) followed by group I ( $2.34 \pm 0.16$ ) at  $p \leq 0.001$ .

**Conclusion:** Dentinogenesis process was more active in group III (BM-MSCs) in comparison to both group I (MTA) and group II (BA) groups.

**Keywords:** Mineral Trioxide Aggregate, Bioaggregate, BM-MSCs, direct pulp capping

## MINIMAL INTERVENTION APPROACH FOR CORRECTION OF WHITE SPOT LESIONS

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### HOSSAM EL HUSSINY,

Department of Operative Dentistry Suez Canal University,  
lecturer at Ahrum Canadian University.

### ABDELMAGEED ALAMELDEEN,

5<sup>th</sup> year dental student, Ahrum Canadian University.

**Introduction:** Approaches for Enamel white-spot lesions (WSLs) management have changed radically in recent years from traditional to minimal invasive approaches. Alongside, the increasing demands for the management of post-orthodontic WSLs are well established in literature.

Therefore, resin infiltration (RI) was evolved to offer a simple non-invasive approach for dealing with WSLs. On the other hand, the literature elucidates contradictory results for addressing the efficacy of resin infiltration in WSLs management.

**Objective:** To throw light on resin infiltration evidence, concept, and technique to offer the key of success for management of esthetic derangements. Furthermore, to offer a clear way in understanding the debate that has been associated with resin infiltration usage.

**Conclusion:** Various technologies of various concepts have been emerging for correction of esthetic problems. However, RI appeared to reveal an effective method for providing esthetically convincing results in management of WSLs. Yet, additional long-term studies are required.

**Keywords:** resin infiltration; emerging technologies; white spot lesions; esthetics.

## REGENERATIVE ENDODONTICS: A BREAKTHROUGH IN THE MANAGEMENT OF YOUNG PERMANENT TEETH



### AHMED ADEL ALI SALAMA

Lecturer of Pediatric Dentistry & Dental Public Health.  
Faculty of Oral & Dental Medicine, Cairo University.  
Faculty of Oral & Dental Medicine, Misr International University (MIU).

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The management of immature permanent teeth with pulpal necrosis could be a challenging procedure, since the root canal system is often difficult to debride, moreover, the thin dentinal wall is at an increased risk of subsequent cervical fracture. This results in a restorative problem as implant is contraindicated in young patients with growing craniofacial skeleton. In an effort to overcome this problem, long term calcium hydroxide treatment has been used to induce apexification of immature tooth with pulpal necrosis. However, drawbacks soon evolved, which include treatment duration (up to 2 years), multiple applications and the effect of prolonged application of calcium hydroxide on mechanical properties of dentine, which eventually leads to denaturation of the carboxylate and phosphate groups. Regenerative endodontic therapy offers an alternative treatment approach based on principles of regenerative medicine and tissue engineering. The evolution of regenerative endodontics took place through early experiments on the role of blood clot in endodontic therapy, coupled with a thorough understanding for the essential role of revascularization of existing pulp tissue for the continuation of root development after traumatic injuries.

## DIAGNOSTIC AND TREATMENT OPTIONS FOR IMPACTED TEETH : PRACTICE IMPLICATIONS



**ZIAD NOUJEIM**

DCD, CES Oral Surg., CES Oral Biol., DU Oral Pathol., DU Stem Cell Therapy, DIU Anti-Aging Medicine , FICD, FA-COMS, FIAOMS, Oral Surgeon and Clinical Oral Pathologist, Diplomate of the European Board of Oral Surgery

The intent of our oral presentation is to consolidate and update current and contemporary clinical knowledge regarding the diagnosis and treatment for impacted teeth and teeth-like structures.

Several studies, as of the seventies of the former century, have reported that incidence of tooth impaction varies from 5.6 to 18.8% of the population. Any permanent tooth may become impacted, however, maxillary canines and third molars has been the most frequently impacted tooth.

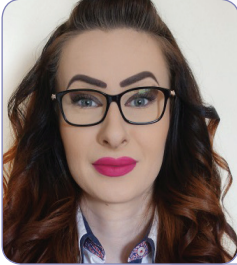
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Diagnosis of impactions is better done by thorough clinical examination, conventional radiography, and imaging (CBCT), and as of treatment, four options can be implemented: observation, intervention, relocation, and extraction- observation implying no treatment for a specific period, and intervention consisting of a brief period of orthodontic therapy or the removal of teeth. Extraction refers to the surgical removal of the impacted tooth or tooth-like structure whereas relocation refers to the repositioning of an impacted tooth surgically or orthodontically.

These diagnostic and treatment options will be illustrated through an exposure of several cases of isolated, multiple, and syndromic teeth and teeth-like structures. All varieties of possible impactions will be illustrated by clinical cases (mesiodens, incisors, canines, premolars, and molars).

Before the surgical dentist or oral surgeon recommends an appropriate treatment option to his/her patient, he/she must conduct a thorough clinical examination and radiographic/imaging assessment (CBCT) of the patient's jaws, review the pathological consequences and ramifications resulting from impacted teeth and teeth-like structures, and discuss the complications treatment with the patient.

## WHAT NO ONE WILL TELL YOU ABOUT CHAIR-SIDE CAD/CAM UNTIL YOU TRY IT?



**SIMONA SADLONOVA (SLOVENIA)**



**MICHAL CEMPIREK, (SLOVENIA)**

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Chairside CAD/CAM systems become more affordable for every dental clinic, not only the premium ones. Nowadays even small clinic or general dentist can profit from benefits of digital tooth restoration in only single patient visit. However increasing number of different systems available on market bears high flow of diverse information, sometimes also contradictions. Cross-purposes raise questions.

What are benefits of colour scans for higher precision and digital design? What really matters when it comes to the precision of the final restoration? How the CAD/CAM can help dentists in their daily challenges? What are major concerns of tooth preparation for CAD/CAM? What the digitalizing brings and takes? How to increase engagement of patients and their understanding of the therapy? What change does it bring to dentist and the team? Is it already time to invest to the chairside CAD/CAM system? What are tricks and tips to be efficient with digital workflow?

Lecture is designed in an entertaining style, with the goal to reveal some secrets which can help to raise right questions when considering modern therapy approach.

**MULTIDISCIPLINARY APPROACH  
IN THE PROFESSIONAL DENTISTRY (EGYPT)  
THE HASSEL OF BONDING ... EFFICIENCY & DURABILITY  
(CLINICAL TIPS & TRICKS)**



**MOHAMED FOUAD HARIDY**

Associate Professor of Conservative Dentistry, Cairo University  
Head Of Restorative Department -British University In Egypt (Bue)

To teach a simple, reproducible technique to bond resin composite to different dental structures. Discuss some of the new innovations in adhesives that are advancing the technology of composite resins.

Total etch Vs Self etch adhesives

Answers to questions regarding Self Etch adhesives; how to make them better and where not to use them

Post-operative hypersensitivity... is it composite related or adhesive related

What is the ideal adhesive & why?

Adhesion in deep cavity

**ALL CERAMIC RESTORATIONS "ART...BEAUTY...AND PASSION"**



**AHMED SOLIMAN IDRIS.**

BDS , MDS ,PHD (Cairo University)  
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.

## ENDODONTICS "A ROAD TO A SOLID ABUTMENT"



### MOHAMED M. KATAIA

Lecturer of Endodontics Minia University & British University

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Professional dental team work is essential for the patients welfare and the presence of a professional team of different restorative specialties in the same operator at all steps of each of the dental procedures is of prime importance to ensure the quality of the treatment provided on an evident based grounds providing in turn highest predictive values for the treatment delivered. Each specialized operator is entitled to certain amount of experience and knowledge allowing him to solve difficult situations through scientific maneuvers in these steps, along with the observatory of the other restorative specialties and providing the methodology that is compatible upon their requests for treatment. This lecture is one of a series of lectures shedding a light on the clinical steps and maneuvers required, and how are they done in Endodontics, Allowing root canal treatment to be executed in a manner where team mates of other specialties can rely on the continuation of treatment planning with out fear of early short comings and that the problems that had dazzled operators from other specialties have been solved.

### Intended learning objectives:

1. Properly access pulp chamber and locate the canals in multiple difficult situations.
2. All radiographichints needed to locate extra anatomy for solid root canal therapy
3. Learn all clinical tricks and tips for knowledge of the presence of extra anatomy
4. Learn all the methods for locating cleaning and filling of extra canal system
5. Learn to prevent mishaps and how to deal with them
6. Learn the methods and tactics to analyze broken file situation and whether to retrieve or bypass it.



## SALIVARY IGFBP-3 AND ITS BINDING PROTEIN TRANSFERRIN (TF) LEVELS IN ORAL LICHEN PLANUS (OLP) .A POSSIBLE ROLE IN PATHOGENESIS AND AS A BIOMARKER FOR DISEASE ACTIVITY.



### NAGLAA M. ABDEL SALAM EL WAKEEL

Professor of Oral Medicine, Periodontology and Diagnosis. Faculty of Dentistry AlAzhar (Girls Branch) and MSA University, Cairo, Egypt

To gather preliminary data concerning salivary levels of insulin like growth factor binding protein-3(IGFBP-3) and its binding protein transferrin(Tf) in patients suffering from OLP compared to normal controls and correlate it with clinical picture,

#### this is to investigate:

- (1) a possible role in pathogenesis and,
- (2) its validity as a biomarker for disease activity .

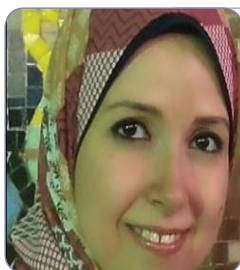
**Materials and methods:** Salivary samples from 40 patients suffering from OLP (clinically evaluated using REU scoring system) and 40 controls were collected and TF and IGFBP-3 levels were estimated using enzyme linked immunosorbent assay (ELISA), for statistical analysis, ANOVA followed by Tukey's post hoc and Pearson correlation tests were used.

**Results:** Significantly higher salivary levels of IGFBP-3 and Tf ( $2533.45 \pm 290.35$  and  $13.91 \pm 2.23$  ng/ml respectively) were recorded in OLP compared to controls ( $1215.3 \pm 428.92$  and  $3.33 \pm 0.24$  ng/ml respectively) ( $p < 0.0001$ ). A positive correlation between IGFBP-3 and Tf levels with REU in OLP was detected.

**Conclusions:** Our data suggests that IGFBP-3 and Tf seem to play a role in pathogenesis of OLP and could be considered as a reliable marker in monitoring disease activity, However, further studies are required to further elucidate the role of the IGFBP-3/TF binding system in the pathogenesis of OLP .

**SILVER NANOPARTICLES IN ADHESIVE DENTISTRY****MONA ISMAIL RIAD**

Professor of Conservative Dentistry.  
Faculty of Dentistry, Cairo University

**HEBA FATHY MOHAMMED EL AZAB**

Assistant lecturer of Conservative Dentistry.  
Faculty of Dentistry, MTI University

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Dental resin composite is a tooth coloured widely used restorative material that has superior aesthetic properties and strong bonding ability to the tooth structure. In spite of the recent advances in the adhesive dentistry, resin composite restorations tend to accumulate a more cariogenic microbial biofilm at the resin restoration surface than other restorative materials like amalgam and glass ionomer. Oral biofilms contribute to the degradation of the restoration margin and subsequent secondary caries. Products of bacterial metabolism contribute to the breakdown of the composite itself. Bacterial microcosms exert dramatic effects on the material properties of composite restorations, degradation of the tooth-restoration margin and the restorations durability. Dental composites and adhesives with potential long lasting antibacterial surface properties can reduce the biofilm formation and thus caries recurrence. The real challenge is not only the development of antibacterial adhesive system but also without compromising physical and mechanical properties which remain the most critical factors in the success of composite resin restorations. The use of silver in oral care has been known for centuries and gained worldwide spread in the 19th century an antimicrobial agent. Nanoparticles are bits of a material in which all three dimensions of the particles are within the nanoscale (1-100 nm). Nanoparticles are unique in nature because they possess a large surface free energy, which leads to a drastic change of the physical, mechanical and chemical properties when compared to the bulk of condensed matter. The outstanding antimicrobial properties of nanostructured silver-based formulations have been demonstrated against microorganisms such as bacteria, viruses, and fungi. Silver nanoparticles have been demonstrated to be effective antimicrobial components in mouthwashes, prosthetic materials, and implants. Silver nanoparticles show a broad spectrum bactericidal and bacteriostatic effect, which was attributed to the high release rate of silver ions much more than the regular silver. They have potent inhibitory effect on glucosyle transferase enzyme (Principal enzyme

for cellular adhesion in the dental biofilm). As the result, silver nanoparticles can be used safely with the different adhesive strategies of resin composite restorations (Etch and rinse & selfetch adhesive systems). Nanosilver can be applied on the dentin surface as a pretreatment before adhesive application. It can be also incorporated in the self-etch adhesive system to combat against the cariogenic bacteria without compromising the bonding performance to the tooth structure.

## COMPARING THE EFFECTS OF CALCIPOTRIOL (VIT. D ANALOGUE) AND TRETINOIN INTERVENTIONS FOR TREATING ORAL LEUKOPLAKIA. COULD WE FIND A WAY TO PREVENT ORAL CANCER?



### DALIA M. GHALWASH.

Associate Professor of Oral Medicine and Periodontology, Faculty of Dentistry, The British University in Egypt.

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**Aim of the study:** the aim of this clinical trial was to compare the effectiveness of topical calcipotriol versus topical tretinoin in treatment of oral leukoplakia regarding changes in clinical score as well as salivary IL-6, TGF- $\beta$  and MMP-9 levels.

**Methodology:** 40 patients with oral leukoplakia were randomly assigned into two groups. Group 1: (n=20) patients were treated with topical calcipotriol gel applied twice daily for 4 weeks. Group 2: (n=20) patients were treated with topical tretinoin cream applied twice daily for 4 weeks. Clinical improvement as well as salivary level of TGF- $\beta$ , IL-6 and MMP-9 was evaluated 4 weeks after treatment and compared to baseline values.

**Results:** Both treatments resulted in clinical improvement with no significant differences between groups. However, calcipotriol produced a highly statistically significant reduction in salivary IL-6 and MMP-9 compared to tretinoin while both treatments caused significant reduction in salivary TGF- $\beta$  with no significant difference.

**Conclusion:** Calcipotriol could be considered a promising therapeutic alternative with fewer side effects for the treatment of oral leukoplakia.

## CLINICAL EVALUATION OF TWO DIFFERENT BLEACHING SYSTEMS (FLASH AND ZOOM) ON POST BLEACHING HYPERSENSITIVITY (A RANDOMIZED CLINICAL TRIAL)



### ALIAA MOHAMED EL WAKEEL

B.D.S., MSc, PhD, Lecturer of Conservative Dentistry, Faculty of dentistry, Modern Science and Arts University (MSA)



### MONA FADEL MOHAMED

B.D.S., MSc, PhD, Lecturer of Conservative Dentistry, Modern Science and Arts University (MSA)



### MAHA ABDEL SALAM EL BAZ

B.D.S., MSc, PhD, Lecturer of Conservative Dentistry, Faculty of dentistry, Cairo University

The aim of the present study was to evaluate the post bleaching hypersensitivity of two bleaching systems (Flash and Zoom). Methods: A total of 40 patients age (22-60) were selected from the outpatient clinic of the Faculty of Dentistry, MSA University. The selected patients' upper and lower teeth were examined to be free of caries, cracks, erosion, hypoplasia, hypocalcification or restoration. The patients were divided into two groups, 20 patients for each bleaching system, either Flash or Zoom. Each bleaching system was applied according to the manufacturer's instructions. After finishing the bleaching sessions each patient was given a chart divided into seven days and each day the post bleaching hypersensitivity was given a scale from 0 (no post bleaching hypersensitivity) to 10 (very high). Results: Statistical analysis of this clinical trial revealed that there was no statistically significant difference between the two bleaching systems (Flash and Zoom). In both bleaching systems the post bleaching hypersensitivity was felt only for the first 24 hours after bleaching and scored a maximum scale of two. It worth mentioning that after seven days the patients teeth became brighter and lighter in color after Flash bleaching system, which may be due to the continuous reaction of the bleaching gel inside the tooth structure.

## MARGINAL ACCURACY AND FRACTURE RESISTANCE OF MILLED VERSUS PRESSED MONOLITHIC E.MAX SUPERSTRUCTURES.



### RASHA N. SAMI AND ELZAHRAA ELDWAKHLY

Associate professor of Fixed Prosthodontics,  
Faculty of Dentistry, Cairo University.

**Statement of the problem:** The key for long term success of implant-supported restorations is the fabrication of accurately fitting and functionally durable superstructure. Nonetheless, modest evidence exists on both marginal and structural integrity of monolithic ceramic implant superstructures as affected by different fabrication techniques.

**Objective:** This study evaluated the influence of different fabrication techniques; CAD/CAM versus heat pressing; on marginal accuracy and fracture resistance of monolithic IPS e.max maxillary premolar super-structures cemented on readymade Zirconia abutments.

**Materials and Methods:** Total of 14 internal connection titanium dummy-implants were embedded in epoxy resin and randomly divided into two groups (n=7 each) according to the IPS e.max (Lithium disilicate glass ceramic) superstructure fabrication technique. Group I: IPS e.max fabricated by CAD/CAM technique and Group II: IPS e.max fabricated by heat pressing technique. Superstructures were fabricated as maxillary first premolars, and then cemented with temporary resin cement onto their corresponding readymade Zirconia abutments. All samples were thermally cycled (50 to 55o, 10 seconds dwell time). Vertical marginal gap distance between the superstructures and Zirconia abutments was measured. Samples were then compressively loaded in a universal testing machine under static axial load of 5 kN at a cross-head speed of 1mm/min till fracture. Failure modes were visually analyzed. Data was statistically analyzed using students t-test.

**Results:** Gap distance values of IPS e.max super-structures were significantly affected by fabrication techniques. CAD/CAM milled superstructures (group I) recorded significantly higher values in comparison to that recorded for e.max Press (group II). Similarly, fracture resistance results, of e.max CAD group recorded significantly higher values than e.max Press group. Different failure patterns were observed for both tested superstructure groups.

**Conclusions:** Both milled and pressed IPS e.max maxillary premolar superstructures recorded vertical marginal gap distances within the clinically acceptable range and potently withstood the physiologic occlusal forces in the premolar region.

## ANTIMICROBIAL PROPERTIES OF TISSUE CONDITIONER CONTAINING SILVER DOPED BIOACTIVE GLASS NANOPARTICLES: IN VITRO STUDY



### AMANI RAMADAN MOUSSA

Assistant Professor. Fixed & Removable Prosthodontics Department. Oral & Dental Research Division. National Research Centre (NRC)

**Objective:** The aim of present study was to verify the antimicrobial properties of tissue conditioner containing silver doped bioactive glass nanoparticles (Ag-BG NPs) in vitro against three pathogens: *Candida albicans*, *Streptococcus mutans* and *Staphylococcus aureus*.

**Methods:** A novel bioactive glass (BG) Nanoparticles (NPs) with different Ag weight percentages (wt. %: 0.6, 1.2, 3 & 4) was prepared via a modified sol-gel method. Characterization of Ag-BG NPs and specific surface area (SSA) were carried out using transmission electron microscopy (TEM), Fourier transformer infrared spectrophotometer (FTIR) and the Barrett-Emmett-Teller (BET) method. The pores volume, average pore diameters and pore-size distribution were assessed. Antimicrobial activities of the NPs were estimated using the well diffusion method. The release of Ag<sup>+</sup> ions was measured using an Inductively Coupled Plasma Optical Emission Spectroscopy (ICP/OES) with a detection limit of 0.01 mg/l. The 4% Ag-BG NPs was selected as the most potent, therefore, it was chosen to be incorporated into the tissue conditioner (TC) for the preparation of the composite specimens (TC/Ag BG 4%). The dispersion of the NPs was evaluated using SEM/EDX. Ag<sup>+</sup> ion release and antimicrobial activities were evaluated. Finally, cell cytotoxicity was assessed using 3-(4,5-dimethylthiazol-2-yl)-2,5-diphenyltetrazolium bromide (MTT) assay on normal human fibroblast (BJ1). Data analysis was performed using one-way ANOVA, and Tukey's post hoc test. The significance level was set at ( $p < 0.05$ ).

**Results:** Ag-BG NPs (4%) exhibited the highest statistical significant mean inhibition zone value against selected pathogens.

**Conclusions:** New silver doped bioactive glass nanoparticles with antimicrobial properties were developed. Composite (TC/Ag BG 4%), however, had no antimicrobial activity and its cytotoxic effect is comparable to that of tissue conditioner.

## CRANIO-MAXILLOFACIAL TRAUMA: CURRENT CONCEPTS AND MANAGEMENT PRINCIPLES



### MOSTAFA SHINDY

Lecturer, Oral and Maxillofacial Surgery,  
Faculty of Dentistry, Cairo University

Traumatic cranio – maxillofacial injuries often present as difficult reconstructive challenges for oral and maxillofacial surgeons. In cases of severe facial trauma, restoration of the normal facial width, facial height and sagittal projection may not be easily achieved. Furthermore, Marked swelling accompanying facial trauma may limit the surgeon's ability to palpate and recognize subtle bony defects and malalignment.

Given the broad variety of facial injuries and potential concomitant complications management can be challenging even for the most experienced clinicians.

In this article we will review the new insights into the biologic basis and principles for the management of facial trauma, apply these concepts to treatment planning and surgical execution in the complex cranio maxillofacial trauma patients and illustrate these principles with specific case examples

We will present clinical cases demonstrating the proper approach for surgical management of maxillofacial trauma patients presented to our clinics with special attention to the use of 3D guided surgery preoperative computerized virtual planning and stereolithographic models application

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## RECENT ADVANCES IN DENTAL IMPLANTS



### SALEH AHMED BAKRY

Oral and maxillofacial surgery department  
Faculty of Dentistry-Cairo University

Implant dentistry is unique because of its ability to achieve an ideal replacement of the lost tissues, regardless of the atrophy, disease, or injury of the stomatognathic system. However, greater

the destruction of the stomatognathic system, the more challenging is the task of rehabilitation. As a result of the current availability of the advanced diagnostic tools which aid in treatment planning, the improved implant designs, materials, and techniques as a result of continuous research, many challenging clinical situations can be successfully managed with predictable success.

## **THE EFFECT OF SIMPLIFYING DRILLING TECHNIQUE ON HEAT GENERATION DURING OSTEOTOMY PREPARATION FOR DENTAL IMPLANT**



### **KHALID EID ELKHOLEY**

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

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Little or no data is available regarding the rate in which the drilling diameter is incrementally increased before implant placement. Lack of scientific knowledge regarding this issue still exists. It is of great interest to investigate if reducing the number of drills used would produce comparable amount of heat to the conventional drilling sequence. Thus, this study tested a hypothesis that no difference in heat production occurs by reducing the number of drills used for site preparation (pilot drill + final diameter drill) relative to the conventional incremental site preparation.

## **PARTIAL EXTRACTION THERAPY “NEW ERA IN CHANGING FATE OF LABIAL PLATE OF BONE IN AESTHETIC ZONE**

**DR MOHAMED EL-MOFTY**

**DR MOHAMED WAGDY**

The marked alterations after tooth extraction appear to be attributable to the loss of periodontal ligament and the consecutive trauma in particular at the buccal bone plate. The loss of a tooth triggers a re-



modelling reaction as part of the healing process, involving various degrees of alveolar bone resorption, especially affecting the buccal lamella. One of the recent techniques to preserve the labial plate of bone thickness and height is the "Socket Shield" to preserve the vascularity for that thin bone plate.

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## MANDIBULAR FRACTURES AMONG CHILDREN



### MOHAMED MOHAMED SAID HAMED

Dean College of Dentistry, GMU  
Professor of Oral and Maxillofacial Surgery  
Consultant "A", Oral and Maxillofacial Surgery

Mandibular fractures are relatively less frequent in children when compared to adults, which may be due to the child's protected anatomic features and infrequent exposure of children to alcohol related traffic accidents. Treatment principles of mandibular fractures differ from that of adults due to concerns regarding mandibular growth and development of dentition.

Depending on the type of fracture and the stage of skeletal development the treatment modalities range from conservative non-invasive through closed reduction and immobilization methods to open reduction with internal fixation.

This presentation will cover all aspects of mandibular fracture among children including recent diagnosis and treatment of these problems.

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## "PROSTHETIC INNOVATION IN IMPLANT DENTISTRY"



### HUSSEIN EL CHARKAWI

Prof. Prosthodontic Department Future and Cairo University.  
President of Egyptian Scientific Society for Egyptian Implantologists (ESSDI)



## MOHAMED FAROUK ABDALLA

Ass. Prof. Prosthodontic Department Future and Cairo University.  
Treasurer of Egyptian Scientific Society for Egyptian Implantologists (ESSDI)



## HOSAM NASSAR.

Ass. Prof. Prosthodontic Department Future University.  
Member of Egyptian Scientific Society for Egyptian Implantologists (ESSDI)



## HESHAM IBRAHIM

Assoc Prof of Removable Prosthodontics Future Univ



## KHALED AZIZ.

Assoc. Prof of Removable Prosthodontics New giza Univ



## MOHAMMED DOHIEM

Lecturer of Removable Prosthodontics Future Univ

The negative consequences of completely edentulous patients include continued bone loss of the jaws, decreased functional and speech performance, diet-related health deterioration loss of facial esthetics and psychological aspects of a total tooth loss. Traditional dentistry provides limited treatment options for completely edentulous patients because a complete denture is

the only option. Different treatment options are now available in implant dentistry with goals to restore edentulous patient to normal contour, function, comfort, esthetics, speech, and health. The presentation will discuss different prosthetic options to restore completely edentulous patients, ranging from removable retained overdenture till completely implant supported fixed full arch restoration, passing by the all in 4 techniques. How, Why and When to choose your Implant Prosthetic option, building proper treatment planning and how to maintain your restoration will be clearly discussed.

### MANAGEMENT OF POST-CLEFT PALATE ALVEOLAR DEFECTS.



#### AHMED MOHAMED MEDRA

professor in Department of Cranio-Maxillo-facial, Oral and Plastic Surgery, Faculty of Dentistry, at Alexandria University

The management of alveolar clefts has changed through the years as medical knowledge has improved.

An alveolar cleft is the result of abnormal primary palate formation during weeks 4 to 12 of gestation. The rationale for its closure includes 1) stabilizing the maxillary arch, 2) permitting support for tooth eruption, 3) eliminating oronasal fistulae, and 4) providing improved esthetic results and 5) improving speech..Methods for closure of the alveolar cleft have been solidified during the last century.

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### METHODS OF RECONSTRUCTION OF ALVEOLAR DEFECTS:



#### AHMED MOHAMED MEDRA

Professor in Department of Cranio-Maxillo-facial, Oral and Plastic Surgery, Faculty of Dentistry, at Alexandria University

Alveolar Bone Grafts; early secondary, classical, and late secondary, Transport I veolar Distraction Osteogenesis (TADO), Free Composite Osteocutaneous Flap, Prosthetic Reconstruction, Combination of more than method.

Certain alveolar clefts are difficult to manage by grafting alone, and orthodontic preparation may be required. Secondary bone grafting is now the preferred method of treatment, however early secondary grafting has proven to be beneficial. Various materials for bone grafting have been proposed, including iliac crest, cranium, tibia, rib, and mandibular symphysis. Regardless of the timing and materials used, the main principles in approaching alveolar clefts have been well described. They include 1) appropriate flap design, 2) wide exposure, 3) nasal floor reconstruction, 4) closure of oronasal fistula, 5) packing bony defect with cancellous bone, and 6) coverage of bone graft with gingival mucoperiosteal flaps.

Complications of alveolar bone grafts include donor site morbidity as well as graft exposure and loss.

### SYNERGISTIC OSTEOGENIC EFFECT OF HUMAN MESENCHYMAL DENTAL PULP STEM CELLS AND PLATELET-RICH PLASMA ON REPAIR OF ANTERIOR MAXILLARY BONE DEFECT.

#### ABEER KAMAL

Associate Professor of Oral and Maxillofacial Surgery,  
College Of Oral and Dental Surgery, Misr University for  
Science and Technology, Egypt.



#### NESRINE KHAIRY

Lecturer of Oral and Maxillofacial Surgery, Faculty of  
Dentistry, Cairo University, Cairo, Egypt.

#### DINA SABRY

Professor of Biochemistry, Faculty of medicine, Cairo  
University, Cairo, Egypt

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**Purpose:** The aim of the present study was to evaluate osteogenic capability of human dental pulp stem cells and platelet-rich plasma (PRP) in enhancement of bone regeneration in anterior maxillary bone defects.

**Patients and methods:** Eighteen patients were selected and divided equally into three groups. Group I included patients having anterior maxillary cyst and impacted or supernumerary teeth in another place indicated for surgical removal for production of mesenchymal dental pulp stem cells (hDMSCs), Group II and III included patients having anterior maxillary cyst. The cyst was enucleated and the space left were filled by either hDMSCs with PRP (group I), PRP (Group II), and no filling material (Group III). Cone Beam Computed Tomography CBCT was performed preoperatively, one month and 6 months postoperatively for comparison of bone density intra group and inter groups.

**Results:** Comparison of bone density between the three groups at one month post-operative period showed that group II recorded highest and significant bone density. At three months post-operative period the three groups showed significant increase in bone density. However group I (stem cell with PRP) showed highest mean increase in bone density.

**Conclusions:** hDMSCs can provide an osteogenic cell source for new bone formation and the PRP improves and retains their differentiation capacity due to possible synergistic osteogenic potential between PRP and stem cells.

## IS OZONE THERAPY PROMISING FOR DENTAL IMPLANTS?



### IMAN MOHAMED.SOBHY.MATAR

Doctor Degree in Prosthodontics Faculty of Dentistry  
Alexandria University 2011

Lecturer in Prosthodontic department Faculty of  
Dentistry Pharos University in Alexandria (P.U.A.)

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The success of dental implants has been attributed to osseointegration or direct contact of the implant surface and bone. The purpose of this study was to evaluate the effect of ozone therapy on the osseointegration of dental implants inserted in experimental animals as well as in patients received implant supported mandibular overdentures. Eight New Zealand white mature male rabbits were received 16 dental implants inserted in both tibiae, as well as in eight completely edentulous male patients were received mandibular implant overdentures supported by two implants in the canine area. The implants in the right tibiae and in the right canine regions (control group) were inserted by the conventional method. The implants in the left tibiae and left canine regions (test group) were inserted by the conventional method nevertheless; irrigation with ozonized water of 25µg/mL concentration was applied during the osteotomy procedure. Ozone gas of 60 µg/mL concentration was applied topically in the performed osteotomy sites before the insertion of the implants. After implantation two rabbits were euthanized after two, four, six and eight weeks. The tibiae were dissected from each rabbit and specimens were prepared for histologically and histomorphometric analysis. Clinical and radiographic evaluations were carried out for every patient at the time of loading the prosthesis, then three, six and up to 12 months respectively. Within the limits of this study, the results suggest that the success of osseointegration of the dental implants was achieved in both groups. Moreover, the ozonized group may reveal acceleration of osseointegration, also it may influence bone density in peri-implant interface.

## COMPUTER GUIDED SURGICAL REMOVAL OF DEEPLY IMPACTED MANDIBULAR THIRD MOLAR

### NESRINE MOHAMAD KHAIR

Lecturer of Oral and Maxillofacial Surgery, faculty of oral and dental medicine, Cairo, Egypt

### AHMED M

Professor of Oral and Maxillofacial Surgery, faculty of oral and dental medicine, Cairo, Egypt

Objective of this study was to evaluate a new technique for surgical removal of deeply impacted mandibular third molar using computer guided surgical cutting stent to maintain inferior alveolar nerve (IAN), preserve the covering external oblique ridge. Patients and Methods: eighteen cases with deeply impacted mandibular third molar were selected for surgical removal. cone beam computed tomography (CBCT) was used to determine the position of the tooth in relation to the IAN and computer guided software simulation program used for fabrication of surgical cutting stent for determining the bony window cuts that covers the impacted molar with preservation of the bone and after odontectomy accurate repositioning of bone without fixation. Postoperative clinical assessment including neurosensory deficit of IAN, facial swelling, maximal mouth opening distance, pain by visual analogue scale(VAS), dehiscence, infection and bone exposure were assessed. postoperative CBCT was taken immediately and six months postoperatively to assess the position and healing of the osteotomized bone. Results: none of the patients showed neurological deficit of IAN and all showed normal parameters of pain, facial swelling and maximal mouth opening. Conclusion: this technique has proven accurate determining of bony window cuts and subsequent maximum preservation of IAN and external oblique ridge.

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## SHEDDING LIGHT ON BLESSINGS OF PRF IN SINUS FLOOR AUGMENTATION WITH SIMULTANEOUS IMPLANT PLACEMENT



### SHIMAA SAIIED NASR

Oral Periodontology Fayoum University, MSA University.

Sinus floor augmentation via lateral approach with simultaneous implant placement can be performed with different grafting materials. Platelet rich fibrin was considered effective and safe grafting material. Our study revealed that applying PRF in sinus floor augmentation with simultaneous implant placement, can yield better results regarding implant survival, bone regeneration with less postoperative pain. Additionally, PRF can promote soft tissue healing.

## CLINICAL CONSIDERATIONS IN DENTAL PRACTICE



**PROF. ZAFER CEHRELI**

Esthetic Rehabilitation of Crown Fractures in Young Patients



**PROF. ZAFER CEHRELI**

Handling the Joker: The Glass Ionomer Cement



**PROF. KHALED ALI NOUR**

A Clinical Update on the Guidelines of Usage of Local and General Anesthesia for Children



**PROF. OSAMA EL SHAHAWY**

**DR. AKTHAM ADEL**

Diet: A Window for Good Oral and Dental Health for Children



**DR. MANAL EL SHEIKH**

JUNIOR PODIUM

**LIVE SHOW**

**DOES SURGICAL LIP REPOSITIONING IMPROVE GUMMY SMILE OR IS IT A MYTH (LIVE SHOW)**

**MOHAMED EL-MOFTY**

**MOHAMED ZAKARIA**

One of the most important goals of dental clinicians is to meet the esthetic expectations of the patients. Excessive gingival display or also called “gummy smile” may compromise patient’s self-esteem. Orthognathic surgery performed in gummy smile cases resulting from jaw deformities eliminates this problem. However, these procedures are invasive and requires hospitalization of the patients. For these reasons, “lip repositioning procedure”, may be an alternative in the treatment of some gummy smile cases. However, there is lack of clinical evidence regarding the long-term stability of this surgical procedure.



## JUNIOR PODIUM

TIME	MSA UNIVERSITY
10:00- 12:00	<b>Esthetic rehabilitation case</b> <b>Islam Mohsen , Radwa Samir, Haidy ali, Ramy shousha, Marwa magdi (Egypt)</b>
	<b>Esthetic rehabilitation for a patient with gummy smile and traumatized non vital three anterior teeth . pink and white esthetic case report</b> <b>Alyaa amr, Jumana shaltaf ,Lubna amr, Mouhamed Ali , Magy hani (Egypt)</b>
	<b>Esthetic rehabilitation with laminate veneers and all ceramic crowns</b> <b>Marina Ayman Amin , Mariam Mohamed Mahmoud El Hosary , Osama Adel , Nourhan Ali , Marena Ibrahim (Egypt)</b>
	<b>Esthetic makeover of multiple discoloured anterior teeth with diastema</b> <b>Muhannad Effat Mohamed , Nehal Said Ibrahim , Reem Usama ElMasry , Yasmin Sayed Abdel-Aziz , Shrouk Mohamed Khalil (Egypt)</b>
	<b>The Efficacy of Contemporary p(NIPAM)- based Microgel particles on Shear Bond Strength to Dentin Compared to Universal Bonding System: An In vitro study</b> <b>Ruba El Damarisy, Reham Mohsen, Mona Fadel, Faten Kamel (Egypt)</b>
	<b>Socket Shield Technique with Immediate Implant Placement So as to Preserve Thin Buccal Bone in Esthetic Area, A Case Report</b> <b>Abdullah Abdou Mattar (Egypt)</b>

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TIME	BUE UNIVERSITY
12:00 - 02:00	<b>Indirect Composite Veneers: Utilizing Digital Dentistry for Customized Affordable Esthetics. 20 months follow-up, A Case Report</b> <b>Ahmed G. Zaghloul and Omar El Sergany (Egypt)</b>
	<b>Smart Advancement Technique (SAT): A Clinical Approach for Managing of Severely Curved Root Canals</b> <b>Mostafa Anwar (Egypt)</b>
	<b>Single Versus Multiple Visit Root Canal Treatment</b> <b>Mostafa El Kholy (Egypt)</b>
	<b>Happy endings for disappointing failures; a tale of consistent composite restorations</b> <b>Nour Ibrahim Amin and Ahmed G. Zaghloul (Egypt)</b>
	<b>Journey of a life savior Dental pulp stem cells</b> <b>Hala Fayek khalil (Egypt)</b>

TIME	PHAROS ALEXANDRIA UNIVERSITY
03:00- 05:00	<p>Effect of using caries detecting dye on the tensile bond strength of composite resin to dentine  <b>Prof.Ahmed Yehia Ashour , Dr. Emad Elsayed,Ahmed Adel Shawky , Ahmed Essam Nafea , Heba Ibrahim (Egypt)</b></p>
	<p>Assesment of the Prevelence of potentially malignant lesions (PML) and oral cancer awareness among PUA students and patients  <b>Prof. Hedaya abd ElHamid , Dr. Nancy bedwani,Heba Gamel (Egypt)</b></p>
	<p>Effect of aging on the flexural strength of monolithis Y-TZP Zirconia all ceramic restoration  <b>Prof. Mona Hussein ,Mennatalah tarek , Manar Mohamed Abd Elhamid b ,Marina Antawan (Egypt)</b></p>

TIME	MINIA UNIVERSITY
05:00 - 06:30	<p>Evaluation Of Conventional Claspings Versus Telescopic Attachment For Maxillary Obturator  <b>Gehan Fekry Mohammed, Mohamed Mohamed Fata, Hamzawi, Doaa Tawfik Hassan(Egypt)</b></p>
	<p>Comparison Of The Effect Of Using Two Different Types Of Bar Overdenture On The Supporting Structures Of Mandibular Edentulous Ridge Area  <b>Mohamed Zaki Bassiony Ali Debes (Egypt)</b></p>
	<p>Evaluation of Bacterial Adhesion on three types of Denture bases after using different polishing techniques: in Vivo Study  <b>Mai Salah El-Din (Egypt)</b></p>
	<p>Effect of using cantilever bar on the supporting structures in implant supported mandibular overdentures  <b>Sherif M. Abdel Hamid (Egypt)</b></p>

06:30 - 07:00	<p>Osteogenesis ability of CAD/CAM biodegradable PLA scaffolds for reconstruction of jaw defects  <b>Mohamed Helal, Hebatullah Hendawy, Rowan Gaber, Nourhan Selman, Basma Yakout (Egypt)</b></p>
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## ESTHETIC REHABILITATION CASE

**ISLAM MOHSEN, RADWA SAMIR, HAIDY ALI,  
RAMY SHOUSHA, MARWA MAGDI**

**ABSTRACT** Esthetic rehabilitation of the mouth is a complex, integral part of prosthetic dentistry, requiring thorough understanding and ability to perform different restorative and prosthetic phases. A 43 years old female patient presented to the Faculty clinic complaining about "her smile". She was photographed before any treatment for case prognosis and to be documented and to conduct her satisfaction after treatment. She passed through several treatment phases from conservative treatment to endodontic treatment to fixed ceramic crowns. After treatment she was satisfied and gained her beautiful smile back.

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## ESTHETIC REHABILITATION OF A PATIENT WITH GUMMY SMILE AND TRAUMATIZED NON VITAL THREE ANTERIOR TEETH. (PINK AND WHITE ESTHETIC CASE REPORT)

**ALYAA AMR, JUMANA SHALTAF, LUBNA AMR,  
MOUHAMED ALI, MAGY HANI**

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**ABSTRACT:** Challenging esthetic rehabilitation cases, involve both pink and white esthetics to restore harmony. Such cases require Fixed Prosthodontics and Periodontics hand in hand in order to achieve a satisfactory esthetic outcome. This case report discussed the management of a patient with traumatized maxillary anterior teeth, gummy smile, heavy gingival pigmentation and high frenal attachment using gingivectomy and depigmentation procedures, followed by prosthetic treatment to restore the harmony of anterior teeth.

## ESTHETIC REHABILITATION OF SEVERELY COMPROMISED ANTERIOR REGION: ENAMEL HYPOPLASIA & TEETH MISALIGNMENT

**MARINA AMIN, MARIAM EL HOSARY, OSAMA ADEL,  
NOURHAN ALI, MARENA IBRAHIM**

**ABSTRACT** Nowadays, Smile Enhancement is considered as a high demand to fulfill patient's smile fantasy. A 33 years old patient came to the dental clinic complaining from a lifetime problem causing personal insecurities. Upon clinical examination, Enamel Hypoplasia was diagnosed accompanied

by teeth misalignment with length discrepancies. During Digital Smile Analysis, treatment plan was adjusted in order to solve teeth misalignment which was its main problem; Retruded #21 & Protruded #11. Esthetic rehabilitation of severely compromised anterior areas was done with all ceramic E-max crowns & laminate veneers.

## ESTHETIC MAKEOVER OF MULTIPLE DISCOLOURED ANTERIOR TEETH WITH DIASTEMA AND MIDLINE SHIFT

MUHANNAD EFFAT, NEHAL SAID,  
REEM ELMASRY YASMIN ABDEL-AZIZ, SHROUK KHALIL

**ABSTRACT** Today's esthetic dentistry considers that beauty is determined by perfectly arranged teeth without gaps in between and proportional dimensions. This case report showed management of a 26-years old female patient who came to MSA Fixed Prothodontics Department Clinic searching for a fast and economic solution for her unsatisfactory smile. Upon clinical examination multiple diastemas were detected along with poor tooth proportions. There was a pronounced mid-line shift and all the maxillary incisors were labially proclined. Clinical examinations and radiographs were accompanied with Digital smile analysis for visualization and treatment plan.

**Conclusions:** Multiple diastemas and midline shift can be carefully managed with nonaggressive solutions producing high esthetic results. To address the patient needs careful documentation, diagnosis and treatment plan are essential.

## THE EFFICACY OF CONTEMPORARY P(NIPAM)- BASED MICROGEL PARTICLES ON SHEAR BOND STRENGTH TO DENTIN COMPARED TO UNIVERSAL BONDING SYSTEM: AN IN VITRO STUDY

RUBA EL DAMARISY , REHAM MOHSEN , MONA FADEL ,  
FATEN KAMEL

### Abstract

**Objective:** the aim of this study was to determine the effectiveness of p(NIPAM) microgel on the bond strength to dentin when used with universal bonding system.

**Materials and Methods:** Forty extracted human molars free from caries or cracks were selected and prepared to obtain flat dentin surface. The teeth were divided randomly into two groups; control group where Scotchbond universal adhesive was applied in etch and rinse technique, and test group where p(NIPAM) microgel was applied, followed by Scotchbond universal adhesive also applied in etch and rinse technique. The specimens were restored using Filtek Bulk Fill resin composite applied in thickness of 4 mm. The specimens were stored in distilled water at 37°C for 24 hours. The bonded specimens were tested for Shear bond strength (SBS) in a universal testing machine. Failure modes were determined under Stereomicroscope. The mean SBS value of each group was calculated, and the results were analyzed using two-way ANOVA, Independent t-test and Tukey's post hoc test ( $p < 0.05$ ).

**Results:** There was no significant difference between the control group and the test group when the p(NIPAM) was used as an additional step to etch and rinse universal bonding system on the shear bond strength to dentin. Most of the fractured specimens in the control group were allocated in mixed type of fracture that combines adhesive and cohesive failures, while the fractured specimens of the test group were mostly allocated in adhesive type that occur at the dentin adhesive interface or at the adhesive resin composite interface.

**Conclusion:** The addition of p(NIPAM) microgel to Universal bonding system does not affect the shear bond strength to dentin.

**Key words:** p(NIPAM), Universal bonding system, Bulk Fill composite, Shear bond strength.

## SOCKET SHIELD TECHNIQUE VERSUS CONVENTIONAL IMMEDIATE IMPLANTATION, TRUTH REVEALED.



### ABDULLAH ABDOU MATTAR

Assistant lecturer MSA University, Master degree in periodontology Cairo University, Member of the ESSDI (Egyptian science society of dental implantologist)



### HEBATALLAH ABDOU MATTAR

Researcher, MIU University (Oral implantology department), clinical instructor DGOI, ISP, MIU

**Abstract:**

Immediate implant placement is becoming a favorable treatment option more and more every day. However, Resorption and collapse of the alveolar ridge following tooth extraction continuous to be a reason of a major concern to practitioners. Various research proves that buccal part of the ridge is more compromised as it is primarily supplied by the periodontal membrane of the tooth planned to be extracted. The Conventional technique implies extraction and immediate implant placement claiming that this following certain guidelines supports the alveolar bone and thus preventing it's resorption, while Socket shield aims at leaving the buccal fragment of the root intact and placing the implant at the lingual aspect of the fragment so that the tissues which remain in contact with the buccal fragment retain their vitality and prevent the ridge from collapsing thus claiming to improves esthetics especially during implant insertion in the maxillary anterior region.

## INDIRECT COMPOSITE VENEERS: UTILIZING DIGITAL DENTISTRY FOR CUSTOMIZED AFFORDABLE ESTHETICS. 20 MONTHS FOLLOW-UP, A CASE REPORT

### AHMED G. ZAGHLOUL

The British University in Egypt  
assistant lecturer of restorative dentistry in the British University in Egypt.

### OMAR EL SERGANY

The British University in Egypt  
assistant lecturer of fixed prosthodontics in the British University in Egypt.

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**Aim:** To highlight a technique used to create individualized composite veneers utilizing the power, precision and speed of digital dentistry design tools leading to shorter procedures and ultra-conservative esthetic preparations.

**Methods:** A female patient, 37 years old, presented to the University hospital seeking esthetic treatment for multiple diastemas in the anterior zone. Space analysis was done followed by discussing possible treatment options with the patient who sought an affordable solution. Indirect veneers were preferred by the authors due to their advantages and ease of application and insertion. Digital-based treatment procedures were also adopted to minimize chair-side steps and simplify the whole process. Exocad DentalCAD was used to generate individualized final restorations, a polymethyl methacrylate, PMMA, mockup was milled and tried intraorally followed by necessary adjustments according to the patient's and clinician's points of view, then the modified mockup was optically scanned and a final digital version of the restorations was obtained and used to produce a 3D printed clear PMMA stent- through which indirect composite veneers

were fabricated. On the delivery appointment, teeth were minimally prepared using to remove superficial aprismatic layer. Teeth were isolated and surface treated following the etch-and-rinse protocol. Fitting surfaces of the veneers were sandblasted, silanized, wet; and cemented using light-cured flowable resin composite. The patient is scheduled for follow-up on regular appointments up to 24 months according to the FDI criteria of indirect restorations.

**Results:** The 20-month follow-up appointment provided satisfying restoration performance according to the FDI criteria for indirect restorations.

**Conclusions:** The digital-guided design and subsequent fabrication of indirect composite veneers provided simplified procedures and a predictable satisfying outcome. Further follow-up and similar case reports are required to validate this method and develop strong evidence for its application in regular dental practices.

## “SMART ADVANCEMENT TECHNIQUE (SAT): A CLINICAL APPROACH FOR MANAGING OF SEVERELY CURVED ROOT CANALS”



### MOSTAFA AHMED ANWAR,

Assistant Lecturer of Endodontics at Faculty of Dentistry  
The British University in Egypt,

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**Aim:** The aim of this scientific work is to explain the shaping of root canal system efficiently and economically using the SAT.

**Background:** Last years, many different instrumentation techniques have been proposed starting from “Step-back” technique to the “Crown-down” technique to the “Single-length” technique. Moreover, Morphological variations of root canal system became so popular, and no single rotary system can do all the endodontic cases specially the severely curved root canals, where hybridization of rotary systems becomes a must.

**Technique:** The Smart Advancement Technique includes five sequential steps for shaping of the root canals. It simplifies the hybridization concept where there is a mix between different Ni-Ti rotary systems and the usage of manual stainless steel instruments is involved. This technique mainly depends on rotary files from which we get benefit from either their heat treatment technology or cross section modifications.

**Conclusion:** The SAT depends on using a simplified, reproducible and clinical approach, where it can be applied for all root canal cases, helping to reduce the risk of instruments fracture and decreasing the formation of ledges or transportation where the economic part is taken into consideration.

**Objectives:** The SAT is a flexible technique designed to shape all the root canals, where it reduces the risk of instruments fracture, allows a smooth transition between instruments, decreases ledges or transportation formation and minimizing the iatrogenic mishaps.

**Keywords:** Clinical Approach, Hybridization, Root canal, Rotary system, Instruments, Endodontic.

## SINGLE VERSUS MULTIPLE VISIT ROOT CANAL TREATMENT



### MOSTAFA ELKHOLY

Assistant Lecturer at the British University in Egypt

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From an endodontic perspective, it is worthwhile quoting a question that has interested clinicians and researchers for more than a century: Can the root canal treatment of teeth with non-vital pulps be reliably completed in a single visit?

The aim of this study is to evaluate the clinical outcome of single visit root canal treatment versus multiple treatment in necrotic non-vital teeth.

Forty patient diagnosed with necrotic lower molar were selected for this study. They were equally divided into two groups. The first group received single visit root canal treatment while the second group was treated during multiple visits. In both groups chemo-mechanical root canal preparation was performed using rotary Nickel Titanium instruments following manufacturing instruction, root canal irrigation with Sodium Hypochloride. After root canal Obturation, permanent coronal restoration was performed shortly. Follow up for a period of one year of all cases will be performed to determine the clinical outcomes. If all the following criteria are present, the treatment will be considered success:

- Absence of pain, tenderness to apical and gingival palpation or percussion swelling and other symptoms.
- No swelling or sinus tract.
- No loss of function.

Results showed that there was no significant difference between both single versus multiple root canal treatment concerning clinical outcomes. Evidence confirms there is no difference between the two different treatments, based on research addressing clinical outcomes. More studies focused on evaluating patient-centred outcomes are urgently required.



## HAPPY ENDINGS FOR DISAPPOINTING FAILURES; A TALE OF CONSISTENT COMPOSITE RESTORATIONS

### NOUR IBRAHIM AMIN

The British University in Egypt  
Assistant lecturer of restorative dentistry in the British University in Egypt.

### AHMED G. ZAGHLOUL

The British University in Egypt  
Assistant lecturer of restorative dentistry in the British University in Egypt.

**Aim:** To showcase clinical situations depicting the learning curve of direct composite restorations.

**Methods:** Different cases will be presented showing clinical utilization of documentation, smart instruments, efficient tricks and online dental platforms to solve unexpected failures in daily restorative practice.

**Conclusions:** Regular documentation and continuous upgrading of tools and instruments with the aid of advanced dental education and informal education tools present a great benefit for clinicians to expand their skills and knowledge and master their specialties easily and confidently.

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## JOURNEY OF A LIFE SAVIOR DENTAL PULP STEM CELLS

### HALA FAYEK KHALIL

The British University (teaching )

The possibilities to grow new tissue for patients are presently being actively discussed in professional medical and biological journals as well as in the media. Many scientific breakthroughs during recent years have raised expectations that adult tissues could be replaced by biological means ('regenerative medicine') rather than by using artificial spare parts and prostheses. It is hoped that it will be possible to regenerate tissues destroyed by diseases such as cancer, diabetes or periodontal disease, and that tissues or perhaps even whole organs that are congenitally missing could be regenerated. In dentistry the hopes are to regenerate dentoalveolar tissues including alveolar bone, periodontal ligament, dentin and enamel, and perhaps even to grow whole new teeth. The present immense interest in the prospects of tissue engineering is, however, due to very recent advances in the field of stem cell biology.

In the pursuit of knowledge of the growing field of tissue regeneration, this lecture was designed to review dental pulp stem cells origin, nature, methods of isolation, identification and applications in dentistry and medical fields.

**EFFECT OF USING CARIES DETECTING DYE ON THE TENSILE  
BOND STRENGTH OF COMPOSITE RESIN TO DENTINE**

**PROF. AHMED YEHIA ASHOUR , DR. EMAD ELSAYED, AHMED  
ADEL SHAWKY, AHMED ESSAM NAFEA, HEBA IBRAHIM  
(EGYPT)**

**ASSESSMENT OF THE PREVELENCE OF POTENTIALLY MALIGNANT  
LESIONS (PML) AND ORAL CANCER AWARENESS AMONG PUA  
STUDENTS AND PATIENTS**

**PROF. HEDAYA ABD ELHAMID ,  
DR. NANCY BEDWANI, HEBA GAMEL (EGYPT)**

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**EFFECT OF AGING ON THE FLEXURAL STRENGTH OF MONOLITHIC  
Y-TZP ZIRCONIA ALL CERAMIC RESTORATION**

**PROF. MONA HUSSEIN ,MENNATALAH TARE**

**KARINE ARMAN , HOSSAM ZINHOM ,  
ABDUALAAH WAGIH , GHADER AHMED**

## EVALUATION OF CONVENTIONAL CLASPING VERSUS TELESCOPIC ATTACHMENT FOR MAXILLARY OBTURATOR

**GEHAN FEKRY MOHAMMED<sup>1</sup> , MOHAMED MOHAMED FATA<sup>2</sup> , HAMZAWI A G<sup>3</sup> , DOAA TAWFIK HASSAN<sup>4</sup>**

1. Professor of Removable Prosthodontics Department, Dean of The Faculty of Dentistry, Minia University.
2. Professor & Head of Oral Maxillofacial & Plastic Surgery department faculty of dentistry Alexandria university
3. Lecturer of Prosthetic Dentistry, The Faculty of Dentistry, Minia University.
4. Assistant lecturer; Prosthodontic Department, The Faculty of Dentistry, Minia University.

### Abstract:

The majority of maxillary defects can be rehabilitated with conventional simple obturator prosthesis. However, inadequate retention, stability and support may be associated with the use of an obturator. Telescopic crowns have been used to retain obturator for some time. In this study a clinical evaluation was performed to compare between those type of obturator's.

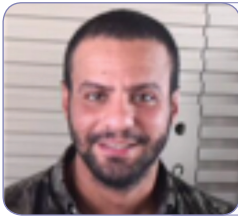
**Subject and methods:** Sixteen patients were selected with unilateral maxillectomy in this study. The criteria for inclusion will be the presence of remaining maxillary teeth adequate for placing conventional definitive obturator and no history or planning for radiation therapy. While exclusion criteria are smokers, tumor recurrence, and patients have systemic metabolic diseases. They were divided into two groups according to treatment modality. Group(1): wearing obturator with conventional claspings. Group(2): wearing obturator with telescopic attachment. After delivery of each obturator type, the clinical evaluation was measured in from of pocket depth ,gingival index to the Abutment , and patient satisfaction.

**Results:** In general there is increase in pocket depth and gingival index of both types of retainer was observed. The pocket depth values recorded were higher in obturator with conventional claspings than that with telescopic crown ,While the opposite occur in gingival index .According to patient satisfaction; patients with the telescopic crown retained obturator were more satisfied than the conventional claspings.

**Conclusion:** Under the limitations of this study we can conclude that: The use of telescopic crown in a dentate maxillectomy patient can yield significant functional improvement while maintaining the obturator's aesthetic advantages ,and increase patient's satisfaction.

**Keywords:** obturator, telescopic crown, retention.

## COMPARISON OF THE EFFECT OF USING TWO DIFFERENT TYPES OF BAR OVERDENTURE ON THE SUPPORTING STRUCTURES OF MANDIBULAR EDENTULOUS RIDGE AREA



**MOHAMED ZAKI BASSUNY ALI DEBIS**

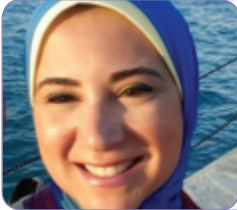
**Purpose:** The aim of the present study was to evaluate the peri-implant conditions and periodontal condition for implant-supported overdentures in the mandible retained by two different bars (zirconium and metallic bar) during a one year follow-up period.

**Materials and Methods:** twelve completely edentulous patients' received two dental implants placed in the anterior part of the mandible at canine region. The patients divided randomly into two equal groups. Six patients received zirconium bar attachment system and the other group received metallic (Cr-co) bar attachment. Plaque Index, Gingival Index, and probing pocket depth were assessed around each implant. Periotest values were recorded, and periodically identical cone beam radiographs were obtained.

**Results:** No implants failures were detected throughout the whole study. No significant differences of the peri-implant bone level variables were recorded between both groups at three and six months however; metallic bar attachments showed significant peri-implant bone loss at nine and twelve months also there was no significant difference regarding bone density changes around the implants for both groups, although statistical analysis showed increase in the mean bone density around the implants of both groups. No significant differences of the plaque index variables were recorded between both groups at base line however; metallic bar attachments showed significant increase of plaque index at three, six, nine and twelve months. Also there was No significant differences of the gingival index variables were recorded between both groups at base line and three months however; metallic bar attachments showed significant increase of gingival index at six, nine and twelve months. there was No significant differences of the periodontal probing depth variables were recorded between both groups at base line however; metallic bar attachments showed significant increase of periodontal probing depth at three, six, nine and twelve months.

**Conclusion:** Two implants with zirconium or metallic bar attachment supporting a mandibular overdenture is considered a viable and successful treatment option for completely edentulous patients. Zirconium bars showed better results regarding the marginal bone loss and peri-implant mucosal health attachments than that of metallic bars.

## EVALUATION OF BACTERIAL ADHESION ON THREE TYPES OF DENTURE BASES AFTER USING DIFFERENT POLISHING TECHNIQUES: IN VIVO STUDY



**MAI SALAH EL-DIN**

**Background:** Wearing removable dental prosthesis causes an alteration in the oral micro-flora. It may be responsible for the development of denture stomatitis. The surface roughness of a material used for a removable prosthesis is an important since it affects, directly or indirectly, retention, staining resistance, plaque accumulation, as well as oral tissue health and patient's comfort.

Purpose of this study is to evaluate the bacterial adhesion to denture bases after using two different polishing techniques that causes the least surface roughness.

**Materials and methods:** 18 patients were selected for construction of removable partial dentures. The patients were categorized randomly into three groups.

Group I: 6 patients were selected for conventional heat cured PMMA (Acrostone) dentures. Group II: 6 patients were selected for thermoplastic polyamide (NEWULTRA) dentures. Group III: 6 patients were selected for thermoplastic acetal (Bio Dentaplast) dentures. For each group, three patients had their dentures polished with technique no.1: pre polishing rubberizing with brown rubber disc (1500 rpm, for one minute, low pressure) followed by fine pumice with wet rag wheel, 1500 rpm, two minutes and the others three patients with technique no. 2: pre polishing rubberizing with brown rubber disc 1500 rpm, for one minute, followed by fine pumice with wet rag wheel, 1500 rpm, two minutes, then with Tripoli compound with dry rag wheel, 1500 rpm, two minutes. Patients were evaluated by collection of swabs from the palatal mucosa before denture wearing and after six months of denture wearing.

**Results:** Repeated measure ANOVA was used. PMMA had a significant difference in bacterial counting after polishing with technique no.1&2(P value=0.022) but thermoplastic polyamides and thermoplastic acetal showed no significant difference after polishing with the same techniques (P value=0.434 & 0.208).

**Conclusion:** technique no.2 showed the least bacterial count between the tested dentures but with no significant difference between them. Thermoplastic polyamide showed the least bacterial count after polishing by technique no. 2 followed by thermoplastic acetal and heat cured PMMA.

## EFFECT OF USING CANTILEVER BAR ON THE SUPPORTING STRUCTURES IN IMPLANT SUPPORTED MANDIBULAR OVERDENTURES



**SHERIF MOHAMED ABDEL HAMID SALEH**

**Purpose:** The aim of this study was to compare the influence of incorporating a cantilever extension in two implant supported bar mandibular overdentures on the peri-implant tissues and ridge resorption in two groups of completely edentulous patients receiving two implants in the mandibular canine region

**Materials and method:** Ten completely edentulous patients were randomly assigned into two equal groups, in the first group the removable complete overdenture is supported and retained to the implants with metallic bar attachment with bilateral posterior extension, in the second group the removable complete overdenture is supported and retained to the implants with metallic bar attachment with no posterior extension. Modified plaque index (MPI), modified gingival index (MGI), peri-implant probing depth, marginal bone height and bone density changes around the implants were measured clinically and radiographically using cone beam CT.

The data were collected, arrayed and statistically analysed.

**Results:** regarding MPI, MGI clinically and bone density radiographically there was no significant difference between the two groups while group one recorded significant higher marginal bone loss radiographically and peri-implant probing depth clinically than group two.

**Conclusion:** although that there was a significant difference between the two groups regarding marginal bone loss, it was within the normal rate reported in the literature.

## OSTEOGENESIS ABILITY OF CAD/CAM BIODEGRADABLE PLA SCAFFOLDS FOR RECONSTRUCTION OF JAW DEFECTS.

**MOHAMED HAMDY HELAL<sup>1</sup>, HEBATULLAH DAWOD  
MOUSA HENDAWY<sup>2</sup>, ROWAN AHMED MAHMOUD GABER<sup>2</sup>,  
NOURHAN RAAFA AHMED SELMAN<sup>2</sup>, BASMA KHALIL  
MOHAMED YAKOUT<sup>2</sup>  
AND ABOUSHELIB M<sup>3</sup>**

1. Resident doctor at oral medicine, diagnosis, radiology, and periodontology, faculty of dentistry, Tanta university, Egypt.
2. Researcher at biomaterials lab, faculty of dentistry, Alexandria university, Egypt.
3. Professor of biomaterials, faculty of dentistry, Alexandria university, Egypt.

### Abstract:

**Objectives:** to evaluate osteogenesis ability of biodegradable CAD/CAM poly lactic acid scaffold enriched with calcium phosphate (HA and  $\beta$ -TCP) in lower jaw defect in dog models.

**Method:** Surgical defects were made bilaterally in the lower jaw of 2 male Beagle dogs. CT images were taken for determination of 3 dimensional shape of defects after 3 months healing period. Porous poly lactic acid scaffolds were fabricated by milling custom made CAD /CAM blocks into the desired shape. After sintering, coated scaffolds were prepared by filling the pores of the scaffolds by a mixture of HA and  $\beta$ -TCP. Scaffolds were inserted in the jaw defects bilaterally. After a healing time of 8 weeks, bone-scaffold interface was subjected to histomorphometric analysis to detect the amount of new bone formation. Stained histological sections were analyzed using a computer software ( $\alpha=0.05$ ).

**Results:** There was a significant difference in the amount of new bone formation in coated scaffolds compared to uncoated scaffolds ( $t=132, P< 0.001$ ) was double bone formation in uncoated scaffolds. Average bone growth in enriched scaffolds was 1.3 mm while almost half this value was observed in uncoated scaffolds, 0.7mm. Conclusions: Within the limitations of this study, HA and  $\beta$ -TCP enhanced osteogenesis ability of poly lactic acid scaffolds.





# Congress timetable



## WEDNESDAY 22<sup>nd</sup> NOVEMBER, 2017

### Hall (Al-Hambra)

#### First Session

#### Chairpersons

Professor **Hossam Tawfik**

Professor **Amira Farid**

Professor **Maha Niazy**

Professor **Randa Hafez**

Professor **Heba Hamza**

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Time	Lecture
<b>10:00 - 11:00</b>	Biomimetic Dentistry: Approaches for Restoration of Natural Tooth Tissue and Construction of Artificial Enamel <b>Mona Ismael Riad , Maha E. Elkorashy (Egypt)</b>
<b>11:00- 11:30</b>	Marginal Adaptation And Fracture Resistance Of Resin Nano-Ceramic And Zirconium Dioxide All Ceramic Restorations <b>Ahmed Mohamed Hamdy (Egypt)</b>
<b>11:30- 12:00</b>	Introduction of forensic odontology <b>Ahmed Osman Rezk (Sudan)</b>
<b>Break</b>	

WEDNESDAY 22 <sup>nd</sup> NOVEMBER, 2017	
<b>Hall (Al-Hambra)</b>	
<b>Second Session</b>	
<b>Chairpersons</b>	
Professor <b>Khaled Abou El-Fadl</b>	
Professor <b>Mahmoud El-Refai</b>	
Professor <b>Reda Abd-Rahman</b>	
Professor <b>Mohamed Sherien</b>	
Professor <b>Shahira Elashiry</b>	
Time	Lecture
<b>12:30 - 01:30</b>	Novel techniques in reconstructive periodontal surgery <b>Raluca Cosgarea (Romania)</b>
<b>01:30 - 02:30</b>	Gap Distance Effect on Selection of the Regenerative Material for Treating Periodontal and Pri implant Defects (Evidence based overview and clinical experience) <b>Ahmed Y Gamal (Egypt)</b>
<b>Lunch Break</b>	

## WEDNESDAY 22<sup>nd</sup> NOVEMBER, 2017

### Hall (Al-Hambra)

#### Third Session

#### Chairpersons

Professor **Abdel Fattah Sadakah**

Professor **Tarek Elsharkawy**

Professor **Tarek Mahmoud**

Professor **Moustafa Ezz**

Professor **salah Yassin**

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Time	Lecture
<b>03:00 - 04:00</b>	Management of treatment complications in implant dentistry <b>Abdelsalam Elaskary (Egypt)</b>
<b>04:00 - 05:00</b>	Tooth or Implants – Tissue is the Issue <b>Kumar Swamy (India)</b>
<b>Lunch Break</b>	

## WEDNESDAY 22<sup>nd</sup> NOVEMBER, 2017

### Hall (Al-Hambra)

#### Fourth Session

#### Chairpersons

Professor **Heba A. Farag**

Professor **Tamer Hamza**

Professor **Osama Medny**

Ass. Professor **Ahmed Barbary**

Time	Lecture
<b>5:00 - 05:30</b>	Basic life support, Cardio pulmonary resuscitation and Automatic external defibrillator three concepts that dentists should be aware of. <b>Daniel KAHALÉ (Lebanon)</b>
<b>5:30 - 06:00</b>	Children Cannot Stop Child Abuse: Can Adults? <b>Hala M.Abbas (Egypt)</b>
<b>6:00 - 06:30</b>	Laboratory and Clinical Evaluation of Uncomplicated Fragment Reattachment Using Pinholes <b>Talat Beltagy (Egypt)</b>
<b>6:30 - 07:00</b>	Should Fixed Prosthodontist Use Botox and Filler? <b>Waleed Mohamed Elshahawy (Egypt)</b>

## WEDNESDAY 22<sup>nd</sup> NOVEMBER, 2017

### **Hall (Al-Montazah)**

#### **First Session**

#### **Chairpersons**

Professor **Ragab El-Beialy**

Professor **Abd El-Hady Nasef**

Professor **Mohamed Deheis**

Professor **Ahmed Roshdy**

Professor **Hany Amin**

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Time	Lecture
<b>10:30 – 11:00</b>	Neck dissection in patients with oral squamous cell carcinoma <b>Mostafa Shindy (Egypt)</b>
<b>11:00- 11:30</b>	TMD syndrome signs, symptoms and treatment modalities <b>Mahmoud Abdel salam Shakal (Egypt)</b>
<b>11:30- 12:00</b>	Advantages and Limitations of Computer Guided Implant Surgery <b>Hesham Marei (Egypt)</b>
<b>Break</b>	

## WEDNESDAY 22<sup>nd</sup> NOVEMBER, 2017

### Hall (Al-Montazah)

#### Second Session

#### Chairpersons

Professor **Hany Halim**

Professor **Yehia M. El Baghdadi**

Professor **Ashraf Mokhtar**

Professor **Ashraf Hussein**

Professor **Osama Saleh**

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Time	Lecture
<b>12:30- 01:30</b>	Autogenous bone " gold standard" back in daily Practice <b>Ugur Meric (Turkey)</b>
<b>01:30 – 02:30</b>	ESTHETIC CONSIDERATIONS IN FIXED PROSTHODONTICS <b>Hasan Necdet Alkumru (Canada)</b>
<b>Lunch Break</b>	

## WEDNESDAY 22<sup>nd</sup> NOVEMBER, 2017

### Hall (Al-Montazah)

#### Third Session

#### Chairpersons

Professor **Gihan Omar**

Professor **Mamdouh Said**

Professor **Mohamed Katamish**

Professor **Walid El-Beialy**

Professor **Wael Elmohandes**

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Time	Lecture
<b>03:00 - 04:00</b>	Ridge widening procedures for dental implant placement <b>Amr Ahmed Fouad Zahran (Egypt)</b>
<b>04:00 – 04:30</b>	Indications for removal of impacted mandibular third Molars : A Single institutional experience in Libya <b>Hamed Ali Orafi (Libya)</b>
<b>04:30- 05:00</b>	Problem Solving in Dental Practice (Tips and Tricks) <b>Ahmed Roshdy Ragab (Egypt)</b>



## WEDNESDAY 22<sup>nd</sup> NOVEMBER, 2017

### Hall (Al-Montazah)

#### Fourth Session

#### Chairpersons

Professor **Ibrahim Abd allah**

Professor **Emad Tawfik**

Professor **Samar Sewilam**

Ass. Professor **Narmin Hassanien**

Ass. Professor **Saleh Ahmed**

Time	Lecture
05:00 – 05:20	Long Term Follow Up After Mandibular Setback <b>Abdulrahman Ahmed Hunaish (Yemen)</b>
05:20 – 05:40	Conservative Management Of TMJ Ankylosis: A Selected Age Group Study <b>Ahmed Talaat (Egypt)</b>
05:40 – 06:00	Assessment of bone regeneration of critical size mandibular defects using ADIPOSE DERIVED STEM CELLS: An experimental comparative study <b>Shereen Wagdy Arafat, Samah Mohamed Kamel &amp; Ahmed Mohamed Hossam (Egypt)</b>
06:00 – 06:20	Orbital Adherence Syndrome: Clinical characterization & risk factor tracing. (Retrospective clinical research). <b>Heba Abdul Wahed Sleem &amp; Wahdan W (Egypt)</b>
06:20 – 06:40	Benefit of CBCT softwares and surgical Guided in Dental implant <b>WALAA SAMIR (Egypt)</b>
06:40 – 07:00	The Maxillary sinus floor augmentation; new noninvasive approaches. <b>Ahmed Mortada (Egypt)</b>

## WEDNESDAY 22<sup>nd</sup> NOVEMBER, 2017

### Hall (Abdeen)

#### First Session

#### Chairpersons

Professor **Amr Abou El-Ezz**

Professor **Mushira Dahaba**

Professor **Ahmed Naguib**

Professor **Ghada Allian**

Professor **Mohamed Diaa**

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Time	Lecture
<b>10:30 – 11:00</b>	Zirconia: What You Really Want To Know <b>Mazen Ahmed Attia (Egypt)</b>
<b>11:00- 11:30</b>	Evaluation Of The Effect Of Puerarin On Bone Regeneration in Maxillary Sinus Augmentation <b>Hassan A Mohammad (Egypt)</b>
<b>11:30- 12:00</b>	Diode Laser in Dentistry <b>Ghassan Habash (Palestine)</b>
<b>Coffee Break</b>	

WEDNESDAY 22 <sup>nd</sup> NOVEMBER, 2017	
<b>Hall (Abdeen)</b>	
<b>Second Session</b>	
<b>Chairpersons</b>	
Professor <b>Mohamed Taher</b>	
Professor <b>Salma El-Ashry</b>	
Professor <b>Medhat Abdel Rahman</b>	
Professor <b>Essam Abdelhafez</b>	
Professor <b>Olfat Hassanien</b>	
Time	Lecture
<b>12:30- 01:30</b>	Controversies in dental bleaching <b>Ahmed el Hoshy (Egypt)</b>
<b>01:30 – 02:30</b>	"The Use of the Operating Microscope in Dental Practice". <b>Thomas Montagnese (USA)</b>
<b>Lunch Break</b>	

## WEDNESDAY 22<sup>nd</sup> NOVEMBER, 2017

### Hall (Abdeen)

### Third Session

### Chairpersons

Professor **Nahed Bakir**

Professor **Taheya Moussa**

Professor **Akram Al - Awadhi**

Professor **Mohammed Hussein**

Professor **Randa El-Boghdady**

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Time	Lecture
<b>03:00 - 03:30</b>	Treatment plan .... keys of success <b>Hala I. Abboud (Palestine )</b>
<b>03:30 - 04:00</b>	Post -Endodontic Pain Management <b>Rahil Farid Morcos Douaihy (Lebanon)</b>
<b>04:00- 04:30</b>	Are The Most Recent Dental Materials, always the best Choice?!!! <b>Yasser F Gomaa (Egypt)</b>
<b>04:30 - 05:00</b>	success:Periodontal prosthetic relationship <b>Mohamed M Nassar (Egypt)</b>

## WEDNESDAY 22<sup>nd</sup> NOVEMBER, 2017

### Hall (Abdeen)

#### Fourth Session

#### Chairpersons

Professor **Mona Riad**

Professor **Mahmoud El-Far**

Professor **Asma Gadallah**

Professor **Essam El Wakil**

Professor **Asmaa Harhash**

Time	Lecture
05:00 – 05:20	The Mandibular Lingual Canal Related To Dental Implant Installation: Is It Life threatening Or Not? <b>M.S. Chaar Nouran Abdel Nabi, Ahmad Abdel Samad, Dina Fahem, Karim Foda, Marwa Abdel Aal, Ahmed Salah, Amr Naguib, Matthias Kern (Egypt)</b>
05:20 – 05:40	The Roadmap to Molar Endodontics: Change your approach, change your results <b>Reham Hassan and Nermine Hassan (Egypt)</b>
05:40 – 06:00	Viscoelastic properties of soft and hard denture base relin <b>Sherihan M. Eissa, Amani R. Moussa, Dalia Y. Zaki, Asmaa N. Elboraey (Egypt)</b>
06:00 – 06:20	A Simple Method to Debond a Cement-Retained Implant-Supported Fixed Partial Denture from its Abutment screw Connection: A case report <b>Amani R. Moussaa, Sherine A. Nasryb, Asmaa N. Elboraeya, and Mostafa I. Mostafac (Egypt)</b>
06:20 – 06:40	Oral Cancer Awareness Level Within the Dental Community: Results from a Large Scale Survey in Cairo. <b>Hatem Amer Ali Abd El Wahed Kotb, Mohamed El Shahat awi OA, Emaras AS. (Egypt)</b>
06:40 – 07:00	Resin Composite Madness: Trendy Clinical tips and tricks <b>Inas El Zayat, Ahmed Tarek Farouk (Egypt)</b>

## THURSDAY 23<sup>rd</sup> NOVEMBER, 2017

### Hall (Al-Montazah)

#### First Session

#### Chairpersons

Professor **Ahmed Mardany**

Professor **Laila Emara**

Professor **Ahmed Rashad**

Professor **Nadia Lotfi**

Professor **Louloua M. Fathy**

Professor **Maha Hakam**

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Time	Lecture
<b>10:00 – 11:00</b>	Botox isn't just for lines and wrinkles <b>Tarek Elsharkawy, Rehab Elsharkawy (Egypt)</b>
<b>11:00- 12:00</b>	The Diagnosis, Prognosis, and Treatment of Fractured and Cracked Teeth <b>Thomas Montagnese (USA)</b>
<b>Break</b>	

## THURSDAY 23<sup>rd</sup> NOVEMBER, 2017

### Hall (Al-Montazah)

#### Second Session

#### Chairpersons

Professor **Mohamed Abd EL-Akhar**

Professor **Galal El-Behairy**

Professor **Ahmed Youssef**

Professor **Khairy Morsy**

Professor **Khaled Haies**

Time	Lecture
<b>12:30- 01:30</b>	Controversies, Confusion & Convictions in Implantology <b>Kumar Swamy (India)</b>
<b>01:30 – 02:30</b>	How to Become a Unique Dentist, Further Update <b>Mohamed Sherine Elattar (Egypt)</b>
<b>Lunch Break</b>	

## THURSDAY 23<sup>rd</sup> NOVEMBER, 2017

### Hall (Al-Montazah)

#### Third Session

#### Chairpersons

Professor **Shereen El-Attar**

Professor **Khaled Tawfik**

Professor **Hamdy Abou-Elfetouh**

Professor **Hussien Sharkawy**

Ass. Professor **Nader El-Bokl**

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Time	Lecture
<b>03:00 - 03:45</b>	The Importance of the Inferior alveolar Nerve in Oral Surgery, Pathology and Implant Dentistry. <b>Nabil Barakat (Lebanon)</b>
<b>03:45 – 04:30</b>	The Interdisciplinary approach to Smile Enhancement. <b>Nadim Aboujaoude (Lebanon)</b>
<b>04:30- 05:00</b>	The use of the Zygoma-anchored External Distractor(ZED) in post-cleft maxillary hypoplasia,A report of 100 cases <b>Ibrahim Zatoon(Egypt)</b>



## THURSDAY 23<sup>rd</sup> NOVEMBER, 2017

### Hall (Al-Montazah)

#### Fourth Session

#### Chairpersons

Professor **Magdy Badawy**

Professor **Esam Adel Aziz**

Professor **Iman Abdel Wahab**

Ass. Professor **Tarek Gharib**

Ass. Professor **Hussien Hatem**

Time	Lecture
05:00 – 05:40	A Novel Hybrid Zirconia Dental Implant Design for Immediate Single Tooth Replacement in the Aesthetic Zone: Research & Clinical Perspectives <b>Ahmad A. Qadomi (Jordan)</b>
05:40 – 06:00	Modern ceramics: your tool to face difficult cases. <b>Aboushelib M (Egypt)</b>
06:00 – 06:20	Occlusal Orthotics Facts and Fictions <b>Adel Abdel Hakim (Egypt)</b>
06:20 – 06:40	STU Magazine Shoot it like A Dentist <b>Doha El Herazy(Egypt)</b>
06:40 – 07:00	Implant therapy in the posterior maxilla-challenges and clinical considerations. <b>Mahmoud Shalash.(Egypt)</b>

## THURSDAY 23<sup>rd</sup> NOVEMBER, 2017

### Hall (Al-Hambra)

#### First Session

#### Chairpersons

Professor **Ragia Mounir**

Professor **Mohamed El Kenawy**

Professor **Sameh Mekhemer**

Professor **Ahmed Barakat**

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Time	Lecture
<b>10:00 – 11:00</b>	All on Four: Immediate Implant loading process in the Mandible <b>Hasan Necdet Alkumru (Canda)</b>
<b>11:00- 12:00</b>	Facial Augmentation: Implants Vs. Osteotomy <b>Faisal A. Quereshy (USA)</b>
<b>Break</b>	

THURSDAY 23 <sup>rd</sup> NOVEMBER, 2017	
<b>Hall (Al-Hambra)</b>	
<b>Second Session</b>	
<b>Chairpersons</b>	
Professor <b>Hesham Katamish</b>	
Professor <b>Rabab Mohamed</b>	
Professor <b>Mohamed Ghazy</b>	
Time	Lecture
<b>12:00- 02:00</b>	Digital Dentistry Symposium <b>Atef Shaker (Egypt)</b>
<b>Lunch Break</b>	

## THURSDAY 23<sup>rd</sup> NOVEMBER, 2017

### Hall (Al-Hambra)

#### Third Session

#### Chairpersons

Professor **Abbas Zaher**

Professor **Emad Saied**

Professor **Mahmoud Kandil**

Professor **Hesham Ansary**

Professor **Khaled Hazem**

**Time**

**Lecture**

**03:00 - 05:00**

New approaches in aesthetic area.

**Alberto Salgado (spain)**

## THURSDAY 23<sup>rd</sup> NOVEMBER, 2017

### Hall (Al-Hambra)

#### Fourth Session

#### Chairpersons

Professor **Omima Safwat**

Professor **Gihan El-Nagar**

Professor **Sozan Abdel Wanis**

Ass. Professor **Heba El-Deeb**

Ass. Professor **Carl Hany Halim**

Time	Lecture
05:00 – 05:20	No Need for Inferior Alveolar Nerve Block for Mandibular Teeth Extraction in adults <b>Samira M.A. Osailan and Tara Renton (KSA)</b>
05:20 – 05:40	Rehabilitation of Compromised Permanent Incisors with Anatomically Adjustable Fiber Post <b>Talat Beltagy (Egypt)</b>
05:40 – 06:00	Dental Veneers: From A to Z <b>Waleed Mohamed Elshahawy (Egypt)</b>
06:00 – 06:20	Single versus Two Implants on Peri-implant Marginal Bone Level and Implant Failures in Mandibular Implant Overdentures. A Systematic Review with Meta-analysis <b>Dina Mohamed Ahmed Elawady (Egypt)</b>
06:20 – 06:40	Evaluation of wear and fracture resistance of zirconia monolithic restorations: an in vitro study <b>Ahmed Mohamed Arafa Hady, Ahmad Mohamed Yousri El-Kouedi, Tamer Abd El-Rahim Hamza , Hisham Abdel-Meguid Katamish (Egypt)</b>
06:40 – 07:00	Herbal mouthwashes usage in pediatric dentistry <b>Wael Hamada Ahmed and Amro Mohammed Moness Ali (Egypt)</b>

## THURSDAY 23<sup>rd</sup> NOVEMBER, 2017

### JUNIOR PODIUM Hall (San Souci)

#### First Session

#### Chairpersons

Professor **Faten Kamel**

Professor **Nadia fahmy**

Professor **Hakim El-Said**

Professor **Sherin Wagdy**

Professor **Heba Taher**

Time	Lecture
10:00- 12:00	<p>Esthetic rehabilitation case <b>Islam Mohsen , Radwa Samir, Haidy ali, Ramy shousha, Marwa magdi (Egypt)</b></p>
	<p>Esthetic rehabilitation for a patient with gummy smile and traumatized non vital three anterior teeth . pink and white esthetic case report <b>Alyaa amr, Jumana shaltaf , Lubna amr, Mouhamed Ali , Magy hani (Egypt)</b></p>
	<p>Esthetic rehabilitation with laminate veneers and all ceramic crowns <b>Marina Ayman Amin , Mariam Mohamed Mahmoud El Hosary , Osama Adel , Nourhan Ali , Marena Ibrahim (Egypt)</b></p>
	<p>Esthetic makeover of multiple discoloured anterior teeth with diastema <b>Muhannad Effat Mohamed , Nehal Said Ibrahim , Reem Usama ElMasry , Yasmin Sayed Abdel-Aziz , Shrouk Mohamed Khalil (Egypt)</b></p>
	<p>The Efficacy of Contemporary p(NIPAM)- based Microgel particles on Shear Bond Strength to Dentin Compared to Universal Bonding System: An In vitro study <b>Ruba El Damarisy, Reham Mohsen, Mona Fadel, Faten Kamel (Egypt)</b></p>
	<p>Socket Shield Technique with Immediate Implant Placement So as to Preserve Thin Buccal Bone in Esthetic Area, A Case Report <b>Abdullah Abdou Mattar (Egypt)</b></p>
<b>Break</b>	

## THURSDAY 23<sup>rd</sup> NOVEMBER, 2017

### JUNIOR PODIUM Hall (San Souci)

#### Second Session

#### Chairpersons

Professor **Gamal Moatemed**

Professor **Fardos Rizk**

Professor **Diia Ghalwash**

Professor **Ibrahim Yehia**

Professor **Ahmed Quidi**

Time	Lecture
12:00- 02:00	Indirect Composite Veneers: Utilizing Digital Dentistry for Customized Affordable Esthetics. 20 months follow-up, A Case Report <b>Ahmed G. Zaghloul and Omar El Sergany (Egypt)</b>
	Smart Advancement Technique (SAT): A Clinical Approach for Managing of Severely Curved Root Canals <b>Mostafa Anwar (Egypt)</b>
	Single Versus Multiple Visit Root Canal Treatment <b>Mostafa El Kholy (Egypt)</b>
	Happy endings for disappointing failures; a tale of consistent composite restorations <b>Nour Ibrahim Amin and Ahmed G. Zaghloul (Egypt)</b>
	Journey of a life savior Dental pulp stem cells <b>Hala Fayek khalil (Egypt)</b>
<b>Lunch Break</b>	

## THURSDAY 23<sup>rd</sup> NOVEMBER, 2017

### JUNIOR PODIUM Hall (San Souci)

#### Third Session

#### Chairpersons

Professor **Yehia Ashour**

Professor **Alaa Abu Elall**

Professor **Mohsen Abi El-Hassan**

Professor **Mostafa Abdulhameed**

Professor **Mai Yousry**

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Time	Lecture
03:00- 05:00	Effect of using caries detecting dye on the tensile bond strength of composite resin to dentine <b>Prof. Ahmed Yehia Ashour, Dr. Emad Elsayed, Ahmed Adel Shawky, Ahmed Essam Nafea, Heba Ibrahim (Egypt)</b>
	Assesment of the Prevelence of potentially malignant lesions (PML) and oral cancer awareness among PUA students and patients <b>Prof. Hedaya abd ElHamid , Dr. Nancy bedwani,Heba Gamel (Egypt)</b>
	Effect of aging on the flexural strength of monolithis Y-TZP Zirconia all ceramic restoration <b>Prof. Mona Hussein , Mennatalah tarek , Manar Mohamed Abd Elhamid , Marina Antawan (Egypt)</b>



## THURSDAY 23<sup>rd</sup> NOVEMBER, 2017

### JUNIOR PODIUM Hall (San Souci)

#### Fourth Session

#### Chairpersons

Professor **Gihan Fakry**

Professor **Emad Agmy**

Professor **Maha Eshak**

Professor **Nagwa Khatab**

Time	Lecture
05:00- 07:00	Evaluation Of Conventional Claspings Versus Telescopic Attachment For Maxillary Obturator <b>Gehan Fekry Mohammed, Mohamed Mohamed Fata, Hamzawi, Doaa Tawfik Hassan(Egypt)</b>
	Comparison Of The Effect Of Using Two Different Types Of Bar Overdenture On The Supporting Structures Of Mandibular Edentulous Ridge Area <b>Mohamed Zaki Bassuny Ali Debis (Egypt)</b>
	Evaluation of Bacterial Adhesion on three types of Denture bases after using different polishing techniques: in Vivo Study <b>Mai Salah El-Din (Egypt)</b>
	Effect of using cantilever bar on the supporting structures in implant supported mandibularoverdentures <b>Sherif Mohamed Abdel Hamid Saleh (Egypt)</b>
	Osteogenesis ability of CAD/CAM biodegradable PLA scaffolds for reconstruction of jaw defects <b>Mohamed Helal, Hebatullah Hendawy, Rowan Gaber, Nourhan Selman, Basma Yakout (Egypt)</b>

## FRIDAY 24<sup>th</sup> NOVEMBER, 2017

### Hall (Al-Montazah)

#### First Session

#### Chairpersons

Professor **Mohamed El Shahat**

Professor **Gilan Shafei**

Professor **Khaled Ezzat**

Professor **Karim Galal**

Professor **Manar Yehia**

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Time	Lecture
<b>10:00 – 10:30</b>	Evaluation of $\beta$ -catenin expression in dental pulp following direct pulp capping in dog teeth <b>Dalia A El-Baz, Maha A El-Baz, Geraldine M Ahmed, Alaa A El-Baz (Egypt)</b>
<b>10:30- 11:00</b>	Minimal intervention approach for correction of white spot lesions <b>Hossam el hussiny, Abdelmageed Alameldeen (Egypt)</b>
<b>11:00 – 11:30</b>	Regenerative Endodontics: A Breakthrough in the Management of Young Permanent Teeth <b>Ahmed Adel Salama (Egypt)</b>

FRIDAY 24 <sup>th</sup> NOVEMBER, 2017	
<b>Hall (Al-Montazah)</b>	
<b>Second Session</b>	
<b>Chairpersons</b>	
Professor <b>Mohamed Bayomy</b>	
Professor <b>Hussein Gomaa</b>	
Professor <b>Amina Zaki</b>	
Professor <b>Eman Anwar</b>	
Ass. Professor <b>Mohamed Farid Shehab</b>	
Time	Lecture
<b>02:00- 03:00</b>	Diagnostic and Treatment options for impacted teeth: Practice Implications <b>Ziad E. F. Noujeim (Lebanon)</b>
<b>03:00- 03:30</b>	What no one will tell you about chairside CAD/CAM until you try it? <b>Simona Sadlonva (slovakia)</b> <b>Micheal Cempirek (slovakia)</b>

## FRIDAY 24<sup>th</sup> NOVEMBER, 2017

### Hall (Al-Montazah)

#### Third Session

#### Chairpersons

Professor **Fayez Hassan**

Professor **Inas Mohiy El Deen**

Professor **Reham Magdi**

Professor **Ahmed Safwat**

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Time	Lecture
	<b>Multidisciplinary Approach in The Professional dentistry (BUE)</b>
<b>03:30- 04:00</b>	The Hassel of Bonding ... Efficiency & Durability (Clinical Tips & Tricks) <b>Mohamed Fouad Haridy (Egypt)</b>
<b>04:00- 04:30</b>	ALL Ceramic Restorations "Art...Beauty...and Passion" <b>Ahmed Soliman (Egypt)</b>
<b>04:30- 05:00</b>	"A road to a solid abutment" <b>Mohamed M. Kataia (Egypt)</b>

## FRIDAY 24<sup>th</sup> NOVEMBER, 2017

### Hall (Al-Montazah)

#### Fourth Session

#### Chairpersons

Professor **Adel Azat**

Professor **Asmaa Yasin**

Professor **Khlid Noaman**

Professor **Sameh Nabih**

Ass. Professor **Nivin Askar**

Ass. Professor **Nily Hamoda**

Time	Lecture
<b>05:00 – 05:20</b>	Salivary IGFbP-3 and its binding protein Transferrin (Tf) levels in Oral lichen planus(OLP) .A possible role in pathogenesis and as a biomarker for disease activity. <b>Naglaa Mohamed Elwakeel (Egypt)</b>
<b>05:20 – 05:40</b>	Silver nanoparticles in adhesive dentistry <b>Mona Ismail Riad , Heba Fathy Mohammed El Azab (Egypt)</b>
<b>05:40 – 06:00</b>	Comparing the Effects of Calcipotriol (Vit. D Analogue) and Tretinoin Interventions for Treating Oral Leukoplakia. Could We Find A Way To Prevent Oral Cancer? <b>Dalia Ghalwash (Egypt)</b>
<b>06:00 – 06:20</b>	Clinical Evaluation of Two Different Bleaching Systems (Flash and Zoom) on Post Bleaching Hypersensitivity (A Randomized Clinical Trial) <b>Aliaa El Wakeel, Mona Fadel, Maha el Baz (Egypt)</b>
<b>06:20 – 06:40</b>	Marginal Accuracy and Fracture Resistance of Milled versus Pressed Monolithic e.max Superstructures. <b>Rasha N. Sami and ElZahraa ElDwakhly (Egypt)</b>
<b>06:40 – 07:00</b>	Antimicrobial Properties of Tissue Conditioner Containing Silver Doped Bioactive Glass Nanoparticles: In Vitro Study <b>Amani Ramadan Moussa (Egypt)</b>

## FRIDAY 24<sup>th</sup> NOVEMBER, 2017

### Hall (Abdeen)

#### First Session

#### Chairpersons

Professor **Amr El-Swify**

Professor **Basma Gamal**

Professor **Lobna Abdel Aziz**

Professor **Tamer Abd El-Bary**

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Time	Lecture
<b>10:00 – 10:30</b>	Cranio maxillofacial Trauma: Current concepts and management principles <b>Mostafa Shindy (Egypt)</b>
<b>10:30- 11:00</b>	Recent Advances in Dental Implants <b>Saleh Ahmed Bakry (Egypt)</b>
<b>11:00 – 11:30</b>	The Effect of Simplifying Drilling Technique on Heat Generation During Osteotomy Preparation For Dental Implant <b>Khalid Eid Elkholey (KSA)</b>

FRIDAY 24 <sup>th</sup> NOVEMBER, 2017	
<b>Hall (Abdeen)</b>	
<b>Second Session</b>	
<b>Chairpersons</b>	
Professor <b>Nabila Fayed</b>	
Professor <b>Hesham Abd-Elhakam</b>	
Professor <b>Ashraf Emile</b>	
Ass. Professor <b>Mohammed Al-Shalqami</b>	
Time	Lecture
<b>02:00- 02:30</b>	Partial Extraction Therapy” New Era in changing fate of labial plate of bone in aesthetic zone <b>Mohamed El-Mofty, Mohamed Wagdy (Egypt)</b>
<b>02:30- 03:30</b>	Mandibular Fractures among Children <b>Mohamed Said Hamed (UAE)</b>
<b>03:30- 05:00</b>	“Prosthetic Innovation in Implant Dentistry” (FUE) <b>Hussien Elcharkawi , Mohammed Farouk, Hossam Nassar , Hesham Ibrahim , Khaled Aziz. , Mohammed Dohiem (Egypt)</b>

## FRIDAY 24<sup>th</sup> NOVEMBER, 2017

### Hall (Abdeen)

#### Third Session

#### Chairpersons

Professor **Siza Yakoub**

Professor **Fatheyah Zahran**

Professor **Alaa Diab**

Professor **Nevine Ragy**

Time	Lecture
<b>05:00 – 05:20</b>	Management of Post-Traumatic Mandibular Deformities A Multidisplenary Approach. <b>Ahmed Medra (Egypt)</b>
<b>05:20 – 05:40</b>	Management of Post-Cleft Palate Alveolar Defects. <b>Ahmed Mohamed Medra (Egypt)</b>
<b>05:40 – 06:00</b>	Synergistic Osteogenic Effect of Human Mesenchymal Dental Pulp Stem Cells and Platelet-Rich Plasma on Repair of Anterior Maxillary Bone Defect. <b>Abeer Kamal , Nesrine Khairy , Dina Sabry (Egypt)</b>
<b>06:00 – 06:20</b>	Is Ozone Therapy Promising for Dental Implants? <b>Iman Mohamed Sobhy Mattar (Egypt)</b>
<b>06:20 – 06:40</b>	Computer guided surgical removal of deeply impacted mandibular third Molar. <b>Nesrin khairy , Ahmed M (Egypt)</b>
<b>06:40 – 07:00</b>	Shedding light on blessings of PRF in Sinus Floor Augmentation with Simultaneous Implant Placement <b>Shaimaa Saied Nasr (Egypt)</b>



FRIDAY 24 <sup>th</sup> NOVEMBER, 2017	
<b>Hall (Al-Hambra)</b>	
<b>First Session</b>	
<b>Chairpersons</b>	
Professor <b>Nevine Waly</b>	
Professor <b>Eman El Masry</b>	
Professor <b>Ali Sharaf</b>	
Professor <b>Amr Abelaziz</b>	
Time	Lecture
<b>"Pedo Day " Clinical considerations in dental practice</b>	
<b>09:00- 11:30</b>	Endodontic Management of Immature Permanent Teeth <b>Zafer Cehreli (Turkey)</b>

## FRIDAY 24<sup>th</sup> NOVEMBER, 2017

### *Hall (Al-Hambra)*

#### *Second Session*

#### *Chairpersons*

Professor **Ahmed Abdallah**

Professor **Sherine Ezz Eldin**

Professor **Nadia Metwaly**

Professor **Nagwa Khatab**

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Time	Lecture
<b>01:00- 02:00</b>	Esthetic Rehabilitation of Crown Fractures in Young Patients <b>Zafer Cehreli (Turkey)</b>

FRIDAY 24 <sup>th</sup> NOVEMBER, 2017	
<b>Hall (Al-Hambra)</b>	
<b>Third Session</b>	
<b>Chairpersons</b>	
Professor <b>Fatma Hindawy</b>	
Professor <b>Hala Mohi Eldin</b>	
Ass. Professor <b>Amr Ezzat</b>	
Ass. Professor <b>Manal Ahmed</b>	
Time	Lecture
<b>03:00 -4:00</b>	Handling the Joker: The Glass Ionomer Cement <b>Khaled Ali Nour (Egypt)</b>

## FRIDAY 24<sup>th</sup> NOVEMBER, 2017

### Hall (Al-Hambra)

#### Fourth Session

#### Chairpersons

Professor **Kamal El Mottayam**

Professor **Mahmoud Hamdy**

Professor **Mohamed Sherif Farag**

Professor **Noha Kabil**

Ass. Professor **Nourhan El Dokki**

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Time	Lecture
<b>04:00 -05:30</b>	A Clinical Update on the Guidelines of Usage of Local and General Anesthesia for Children <b>Osama El Shahawy , Aktham Adel (Egypt)</b>
<b>05:30 -06:00</b>	Diet: A Window for Good Oral and Dental Health for Children <b>Manal EL Sheikh (Egypt)</b>

# Workshops



## Managements of Complications in Lateral Sinus lifting

Hands On



Doctor

### Alberto Salgado

Professor Master of Implants Miguel  
Hernández University, Spain

### INTENDED LEARNING OBJECTIVES

#### You will be able to:

1. Learn Sinus Lift technique updates.
2. Know what we can get with sinus lift: an alternative to zygomatic Implants.
3. Management of difficult cases
4. Handling of sinus infections and membrane perforations.
5. Surgical approach for sinus lift communications.

### THE WORKSHOP WILL INCLUDE

#### Hands - On:

- Soft tissue grafting. ( Hands on training on sheep heads ) incisions, sutures, how to perform soft tissue graft .
- Sinus lifting, update in the technique, how to deal with complications. New approaches in membrane perforations.



Venue

INTERCONTINENTAL  
CITYSTARS, CAIRO  
AL-MANIAL HALL



Attendees

**20-25**  
DELEGATES



Date

**24**  
NOVEMBER  
FRIDAY



Duration

**4**  
HOURS  
(02:30 - 06:30)



Certification

**3.5**  
CREDIT HOURS

Sponsors



**ticare**  
TISSUE CASE PHILOSOPHY

# The Modified Coronally advanced Tunnel Technique with Connective Tissue Graft For the Treatment of Multiple Gingival Recessions

Hands On



Doctor

## Raluca Cosgarea

Associate Professor at the Clinic for Prosthodontics, Iuliu Hatieganu University Cluj-Napoca, Romania Assistant Professor and Research Fellow at the Department of Periodontology, University Clinic Marburg, Germany

### INTENDED LEARNING OBJECTIVES

Single and multiple gingival recessions are still a frequent problem associated with difficulties in performing optimal plaque control, impaired aesthetics and increase in dentine hypersensitivity.

Despite the fact that in the last decades, several surgical techniques have been proposed aiming for predictable root coverage, this goal is still difficult to be achieved. The use of palatal connective tissue graft in conjunction with Coronally Advanced Flaps (CAF) or the Modified Coronally Advanced Tunnel (MCAT) have been shown to result in predictable outcomes and improved long-term stability.

The aim of the present workshop is therefore to present the step-by-step surgical procedure for treatment of single and multiple gingival recessions using the MCAT and connective tissue grafts. Case presentations will illustrate the indications, the surgical technique and the postoperative management of clinical cases.

## THE WORKSHOP WILL INCLUDE

1. Hands on exercises on sheep models.
2. The use of the appropriate surgical instruments
3. Training on the surgical technique including tunnel preparation and connective tissue harvesting
4. Appropriate suturing techniques will be trained.



Venue

INTERCONTINENTAL  
CITYSTARS, CAIRO  
MAMOUNIAH HALL



Attendees

**20-25**  
DELEGATES



Date

**23**  
NOVEMBER  
**THURSDAY**



Duration

**4**  
HOURS  
**(10:00 - 02:00)**



Certification

**3.5**  
CREDIT HOURS

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*Sponsors*

**Safwan Misr**



## Medical and Dental Photography

*Hands On*



Doctor

### Ahmad Salah Hashem

Oral Surgeon

MD, Environmental Medical Sciences and Biomedical Statistics, Institute of Environmental Studies and Research, Ain Shams University.

Quality Control and Quality Assurance High Diploma, Institute of Statistical Studies and Research, Cairo University

#### INTENDED LEARNING OBJECTIVES

- Principal basics of light characteristics related to photography.
- Required tools.
- Principles of dental photography.
- Criteria of accepted scientific dental images.
- Errors and solutions
- Image enhancement

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#### THE WORKSHOP WILL INCLUDE

1. Proper selection and use of needed tools
2. Producing high quality dental images
3. Avoiding and/or solving errors
4. Dealing with advanced photography applications
5. Knowing the required views for each specialty.
6. Using the produced images as a research tool.
7. Communicate through "Teledentistry" concept



Venue

INTERCONTINENTAL  
CITYSTARS, CAIRO  
MAMOUNIAH HALL



Attendees

**15-20**  
DELEGATES



Date

**22**  
NOVEMBER  
**WEDNESDAY**



Duration

**6**  
HOURS  
**(11:00 - 05:00)**



Certification

**5.5**  
CREDIT HOURS

## Autogenous Bone "Gold Standard" back in daily practice

Hands On



Doctor

**Ugur Meric**

Faculty of Dentistry Department of Oral Surgery, University of Istanbul.

Founder of private clinic Meric & Meric

### INTENDED LEARNING OBJECTIVES

Detailed Lectures of the topic "Autogenous Bone " Gold Standard" back in Daily practice.

You will know about Autogenous Bone; Philosophy, Indications, Executions.

You will know about Methods of the collecting Autogenous Bone in Daily practice.

142

### THE WORKSHOP WILL INCLUDE

Demonstration of Autogenous Bone techniques and soft tissue managements on sheep head.

Demonstration on "Mode" Dental Implant System Surgical Protocol.



Venue

INTERCONTINENTAL  
CITYSTARS, CAIRO  
AL-MANIAL HALL



Attendees

**20**  
DELEGATES



Date

**22**  
NOVEMBER  
WEDNESDAY



Duration

**4**  
HOURS  
(02:00 - 6:00)



Certification

**3.5**  
CREDIT HOURS

Sponsors

**MODE**  
IMPLANT

## Watch Your Step in Surgical Implantology

Hands On



Doctor

### Kumar Swamy

Honorary Consultant in Implantology, Govt Dental College and Hospital, Mumbai. Honorary consultant Periodontist to BARC hospital, Mumbai.  
DIPLOMATE, International Congress of Oral Implantology

#### INTENDED LEARNING OBJECTIVES

1. Soft tissue care.
2. CBCT interpretations towards safe placements.
3. Bone deficit management.
4. Early detection & interventions for management of Peri-implantitis.
5. Truths about implant failures.

143

#### THE WORKSHOP WILL INCLUDE

Cautionary zones to maximize success in surgical implantology.

You will be empowered to tide over minor & major problems in surgical implantology.



Venue

INTERCONTINENTAL  
CITYSTARS, CAIRO  
AL-MANIAL HALL



Attendees

**20-25**  
DELEGATES



Date

**23**  
NOVEMBER  
THURSDAY



Duration

**4**  
HOURS  
(02:30 - 06:30)



Certification

**3.5**  
CREDIT HOURS

# How to Manage Severely Curved Root Canals?

Hands On



Doctor

## Mohamad A. Fakhr

BDS, MSC, PHD

Lecturer of Endodontics Misr International University, Director  
of Everdental Education Center  
Endodontic program

### INTENDED LEARNING OBJECTIVES

- Identify teeth with severe canal curvatures and complex anatomy
- Comprehend the different strategic approaches to manage severely curved root canals efficiently
- Practice creating a glide path in severely curved root canals competently
- Plan the final apical size of severely curved root canals
- Exercise shaping severely curved root canals with continuous rotary files
- Prepare severely curved root canals with reciprocating files

144



Venue

INTERCONTINENTAL  
CITYSTARS, CAIRO  
AL-MANIAL HALL



Attendees

**20-25**  
DELEGATES



Date

**23**  
NOVEMBER  
THURSDAY



Duration

**5**  
HOURS  
(09:00 - 02:00)



Certification

**4**  
CREDIT HOURS

Sponsors



## Different Rotary Kinematics & Approach

Hands On



Doctor

### Mohamed M. Kataia

Lecturer of Endodontics Minia Uni.  
Lecturer of Endodontics and acting H.O.D. British Uni.  
Maillefer Certified Official Trainer of Trainers.  
EndoStar Trainer in Egyptian Dental Syndicate

**Each Candidate will operate under magnification and will receive a FREE Endo Star Kit**

### INTENDED LEARNING OBJECTIVES

**After the lecture the student will be able to:**

1. Understand all geometrical features of root canal cutting instruments and their effect on the instruments behavior on cutting root canal dentine.
2. Identify and getting familiar with recent root canal cutting instruments, pros and cons.
3. Know the precautions and safe guards when using root canal cutting instruments.
4. Handel and manage different approaches to difficult cases.
5. Know tips for an errorless electronic apex location.
6. Manage the mechanics of the tool with minimum procedural errors
7. Perform single visit root canal treatment with recent systems.
8. Be acquainted with the recent technology in Obturating canals and the combination of different techniques to reach a three dimensional seal.

## THE WORKSHOP WILL INCLUDE

1. Lecture title: **“GEOMETRY CRAFTED FOR EXCELLENCE”**

**2. Hands On:**

Hands on will be divided into 2 sections; each candidate will have an opportunity to prepare canals of natural teeth using two different approaches explained in the demo.

This course is designed for under graduates, fresh graduates, general practitioners and junior endodontic specialists.

<b>Venue</b>	<b>Attendees</b>	<b>Date</b>	<b>Duration</b>	<b>Certification</b>
INTERCONTINENTAL CITYSTARS, CAIRO AL-MANIAL HALL	<b>20</b> DELEGATES	<b>24</b> NOVEMBER <b>FRIDAY</b>	<b>4</b> HOURS <b>(10:00 - 02:00)</b>	<b>3.5</b> CREDIT HOURS

*Sponsors*

## Cosmetic Facial Surgery Module "Minimally Invasive Facial Aesthetic Show in Vegas!"

*Live Patient workshop*



Professor

**Faisal A Quereshy**

MD, DDS, FACS (Fellow)

Associate Professor -Tenure / Residency Program Director of  
Oral & Maxillofacial Surgery Case Western Reserve University,  
Cleveland, Ohio, USA

### INTENDED LEARNING OBJECTIVES

#### Synopsis:

This activity will focus on the 'hot topics' in minimally invasive 'office based' facial rejuvenation procedures that can be offered to patients in a **LIVE WORKSHOP EVENT**. All surgical treatment modalities will focus on clinical indications, a discussion of procedural techniques, post-operative considerations, and adverse outcomes and sequelae. The Focus is on LIVE patient treatments of the most commonly used injectables including neurotoxins and hyaluronic acid fillers, and cosmetic facial peels, for the interested contemporary OMS that may want to incorporate non-invasive facial rejuvenation options for their patients. Participants will be able to see and hear the variety of options for addressing problems including facial rhytid effacement, volume and contour abnormalities.

#### Learning Objectives:

1. Describe the various products available and the techniques/skills required to perform non-surgical rejuvenation.
2. Describe the anatomic basis and principles of non-surgical facial rejuvenation using minimally invasive treatments and techniques.
3. To be able to describe the marketing and patient skills needed to achieve a successful implementation of adding non- surgical facial cosmetic procedures.

### THE WORKSHOP WILL INCLUDE

#### LIVE DEMONSTRATION NEUROTOXINS

Facial Wrinkle Reduction: Use of Neurotoxins

- Forehead
- Periorbital
- glabella

## THE WORKSHOP WILL INCLUDE

### LIVE DEMONSTRATION INJECTABLES

Facial Wrinkle Reduction: Use of Fillers

- tear troughs
- Nasolabial folds
- Lip augmentation
- Cheek augmentation
- Chin augmentation
- Kybella submental dissolving
- Possible nasal dorsal injection



Venue

INTERCONTINENTAL  
CITYSTARS, CAIRO  
ABDEEN HALL



Attendees

**LIMITED**  
SEATS



Date

**23**  
NOVEMBER  
**THURSDAY**



Duration

**5**  
HOURS  
**(12:30 - 05:30)**



Certification

**4.5**  
CREDIT HOURS



## Diode Lasers in Dentistry

*Hands On*



Doctor

### Mohammed Mohsen Abdelfattah

MSc "Lasers in Dental Applications",  
Genova University, Italy.

#### INTENDED LEARNING OBJECTIVES

- Overview of History of Lasers
- Laser Physics
- Classification of lasers.
- Tissue interactions with Lasers.
- Different wavelengths that used in Dentistry.
- Laser Safety
- Parameters of Lasers
- Dental Applications of Lasers.

149

#### THE WORKSHOP WILL INCLUDE

1. Manipulating of Laser Device.
2. How to Adjust the Parameters.
3. Hands on training on sheep heads with diode Laser.



Venue

INTERCONTINENTAL  
CITYSTARS, CAIRO  
AL-MANIAL HALL



Attendees

**20-25**  
DELEGATES



Date

**22**  
NOVEMBER  
WEDNESDAY



Duration

**4**  
HOURS  
(10:00 - 02:00)



Certification

**3.5**  
CREDIT HOURS

## Gummy Smile Know-How & Practice

Hands On



Doctor

### Hala H. Hazzaa

Associate Professor of Oral Medicine, Periodontology & Diagnosis, Faculty of Dentistry, Al-Azhar University, Cairo, Egypt, Nahda University, Beni-Suef, Egypt

**Demonstrator:** Doctor

### Mohammad S. Saleh

Assistant Lecturer of Oral Medicine, Periodontology & Diagnosis, Faculty of Dentistry, Nahda University, Beni-Suef, Egypt.

## INTENDED LEARNING OBJECTIVES

150

### Objective

This is a comprehensive course aimed to highlight on the following points concerning the problem of gummy smile

- The etiology.
- Proper diagnosis.
- How to select the case & treatment line.

### Mission/outcome:

By the end of this course, every dentist will be able to:

- Diagnose the underlying etiology of gummy smile.
- Determine the class of gummy.
- Select the indicated treatment line in each case.
- Apply the suitable treatment option.

## THE WORKSHOP WILL INCLUDE






### A- Lecture :

1. Etiology & classification of gummy smile.
2. Standards of case selection.
3. Factors affecting the treatment outcomes.
4. Surgical treatment options.

5. Botox applications: yes vs. no
6. Checklist for esthetic features & decision making.

### B-Work shop:

Hands on sheep heads to do Crown lengthening & modified lip repositioning technique

				
<b>Venue</b>	<b>Attendees</b>	<b>Date</b>	<b>Duration</b>	<b>Certification</b>
INTERCONTINENTAL CITYSTARS, CAIRO MAMOUNIAH HALL	<b>20-30</b> DELEGATES	<b>24</b> NOVEMBER <b>FRIDAY</b>	<b>7</b> HOURS <b>(10:00 - 05:00)</b>	<b>6</b> CREDIT HOURS



# Pedo Day

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## The Egyptian Dental Association 18<sup>th</sup> International Dental Congress

In collaboration with the

THE FIRST INTERIM MEETING OF the EGYPTIAN SOCIETY OF  
PEDIATRIC DENTISTRY AND CHILDREN WITH SPECIAL NEEDS

**Clinical Considerations for Better  
Practice**



# The Egyptian Dental Association 18<sup>th</sup> International Dental Congress

In collaboration with the

THE FIRST INTERIM MEETING OF the EGYPTIAN SOCIETY OF  
PEDIATRIC DENTISTRY AND CHILDREN WITH SPECIAL NEEDS

## Clinical Considerations for Better Practice

154



Professor Dr.  
**Zafer Cehrelı**



Professor Dr.  
**Osama El Shahawy**



Professor Dr.  
**Khaled Ali Nour**



Doctor  
**Aktham Adel**



Doctor  
**Manal Elsheikh**



Venue

INTERCONTINENTAL  
CITYSTARS, CAIRO  
HAMBRA HALL



Attendees

**LIMITED**  
SEATS



Date

**24**  
NOVEMBER  
FRIDAY



Duration

**9**  
HOURS  
(09:00 - 06:00)



Certification

**8**  
CREDIT HOURS

# Symposium





18<sup>th</sup> INTERNATIONAL DENTAL CONGRESS

**“80 YEARS SERVING DENTISTRY”**



INTERNATIONAL  
DENTAL CONGRESS  
Egyptian Dental Association  
22<sup>nd</sup>-24<sup>th</sup> November 2017 - Cairo - City Stars Intercontinental Hotel

Cairo - CityStars Intercontinental Hotel 22<sup>nd</sup> : 24<sup>th</sup> November 2017

## DIGITAL DENTISTRY SYMPOSIUM

CITY STARS HOTEL | AL HAMBRA HALL | THURSDAY 23<sup>RD</sup> NOVEMBER 2017 | 12:00 PM - 2.00 PM

*For the first time in Egypt*

**An interactive session for all about Digital Dentistry**

Ask all what you want related to the topic & you'll be answered back by the top eminent professional experts in the following topics:

- **CAI/CAD/CAM Dentistry**
- **Caries Diagnosis**
- **Computer Aided Implantology**
- **Digital Radiology**
- **Occlusion & TMJ Analysis**
- **Digital Shade Matching**



Moderator

**PROF. ATEF SHAKER**  
International Key Opinion  
Leader in Digital Dentistry

Panel will include experts in the following sectors:

- **Clinical Sector**
- **Laboratory Sector**
- **Academic & Research Sector**
- **Marketing Sector**

Each sector will be honoured by the presence of the most experienced professionals in **Digital Dentistry**

### HONOURABLE PANEL COMMITTEE

Selection of the honourable panel committee is based on their vast experience in Digital Dentistry Field with no bias of the the used Digital system or technology... *Your question will be instantly cared of by our panel committee*

### MARKETING SECTOR

Biggest companies in the field of Digital dentistry will be presented in the marketing sector ... presenting their highly reputed international companies and systems from a marketing perspective All questions regarding capabilities of these systems, indications, profitability & compatibilities between their components will be highlighted by the most experienced personnel direct from the mother companies

The Question here is:

***Does the perfect Digital System exist?***





Dr. Sameh Labib Barsoum



Dr. Shadi Ali Hussein



Dr. Mohamed Hassanein



Prof. Tarek Salah Morsi



Prof. Amr Hosny

### CLINICAL SECTOR

Digital Dentistry has been invading our clinical career...  
Number of CAD/CAM users is growing day by day...  
The use of Digital dentistry in our clinics added more precision and beauty to our lives...

So The Question Here is:  
*Do I Really Need This technology in my Clinical Life?*

### LABORATORY SECTOR

Digital Dental Laboratories are new names for many dental Labs...  
A decision of getting an expensive piece of equipment is always hard to take, But life as a whole is going digital...

So The Question Here is:  
*Does the use of Digital Dentistry in Dental Laboratories affected the quality of restorations?*

### ACADEMIC & RESEARCH SECTOR

Roamers are going around digital dentistry regarding the precision, quality and aesthetics ...  
Companies are always claiming the best for their materials & equipments ...

So The Question Here is:  
*How can we Evaluate Digital Dentistry Products Fom a Scientific Perspectives?*





# Posters

**Egyptian Dental Association**  
18<sup>th</sup> International Dental Congress

**“80 Years Serving Dentistry”**

Cairo - CityStars Intercontinental Hotel  
22<sup>nd</sup> - 24<sup>th</sup> November 2017

**SUBMIT YOUR ABSTRACT**

وعلى السعادة أعضاء هيئة التدريس الذين يودون المشاركة بأبحاثهم  
التقدم بملخص البحث مع صورة فوتوغرافية في موعد أقصاه ٢٠١٧/٩/٣٠  
الموافق يوم السبت إلى مقر الجمعية أو إرسالها على بريد الجمعية  
أو زيارة الموقع الإلكتروني [www.eda-egypt.org](http://www.eda-egypt.org)

**Prof. Maguid Amin** | **Prof. Tarek Abbas** | **Prof. Ahmed Farid**  
President of The Congress | Executive Director of The Congress | Secretary General of The Congress

92 Muthaf El-Manial St., Manial Cairo, Egypt  
Tel. & Fax: (+2) (02) 2531 91 43 - 2345 85 68 | Mobile: (+2) (02) 012 7 266 9447  
E-mail: [congress@eda-egypt.org](mailto:congress@eda-egypt.org) | Website: [www.eda-egypt.org](http://www.eda-egypt.org)



**Wednesday 22<sup>nd</sup> November 2017****12.30 : 02.30**

Oral Acitretin Versus Oral Zinc Gluconate as a Comparative Cross-Over Therapeutic Study in Treatment of Behcet,s Disease

**Hajer Ibrahim Abdulla**

Semi rigid fixation of mandibular fractures with 2.0 mm manipulates. How much fixation is enough?

**El-Haoari**

Using hydroxyapatite nanocrystals coated titanium mesh in comminuted fractures. (Experimental study)

**Asmaa M. Ezzat**

Computer Guided Implantology (Challenges and Limitations)

**AHMAD ALI HASSAN**

Evaluation of the socket shield technique for immediate implantation

**Dalia Abdelnasser Barakat Elsayed**

**Thursday 23<sup>rd</sup> November 2017**

**12.30 : 2.30**

Role of dentist in detection and reporting Child abuse and neglect

**Marwa Mohamed Sabry**

Reactive lesions of the gingiva : from benignity to malignancy

**Mina Saad Eshak**

Bonded Functional Esthetic prototypes (BFEPT)

**Amr Abdelghafour Abouzeid**

Factors affecting the choice of final year students of the British university in Egypt Dentistry as a professional career & factors affecting their specialty choice

**Noha S. kabil, Gehan G. Allam, Ola M. Abdelgeleel**

Assessment of mothers' knowledge and beliefs about teething signs and symptoms And their management for teething problem

**Gehan Gaber Allam**

**Friday 24<sup>th</sup> November 2017**

**2.00: 5.00**

Full Mouth Rehabilitation

**Aya Hatem Hassan Mahmoud, Mohamed Ali, Engy Nosier, Yahiya Ahmed**

Restoring discolored Badly Broken Endodontically Treated teeth

**Sherin Atef**

Esthetic Rehabilitation In A Patient Affected By Discoloration & Spacing In The Upper Six Anteriors By Laminate Veneers :case report

**Ahmed Nabil ,Haidy Mounir ,Nadine Ehab ,Shrouk Ali ,Shrouk Youssef**

Esthetic Rehabilitation: Case report

**Ibrahim Ismail, Alaa Khaled, Alaa Elgohary, Raneem Mohab, Amira Ahmed**

Complex Smile A Full Mouth Rehabilitation Case Study

**Huda Abd el Hakeem , Habiba Hassan, Dina Omar**

**Friday 24<sup>th</sup> November 2017**

Treatment Of Upper Anteriors Multiple Diastema With Laminate Veneers

**Omar Sherif , Rana Sherif, Yassmine Yasser ,  
Menna El Selehdar , Marwan Aboul  
Makarem ,Donia Danciu**

Midline Challenge

**Roaa Mostafa ,Nourhan Medhat ,Safa Rashid  
,Jenan Al Ahmad ,Somayah Gamal**

Esthetic and functional rehabilitation of a patient with reduced vertical dimension: case report

**Nada Nader, Nada Sayed ,Nada Otteifa ,Aya Sakr ,Doaa Said**

Smile Rehabilitation in a patient with defective anterior bridge and congenitally missing laterals: case report  
Space Problem

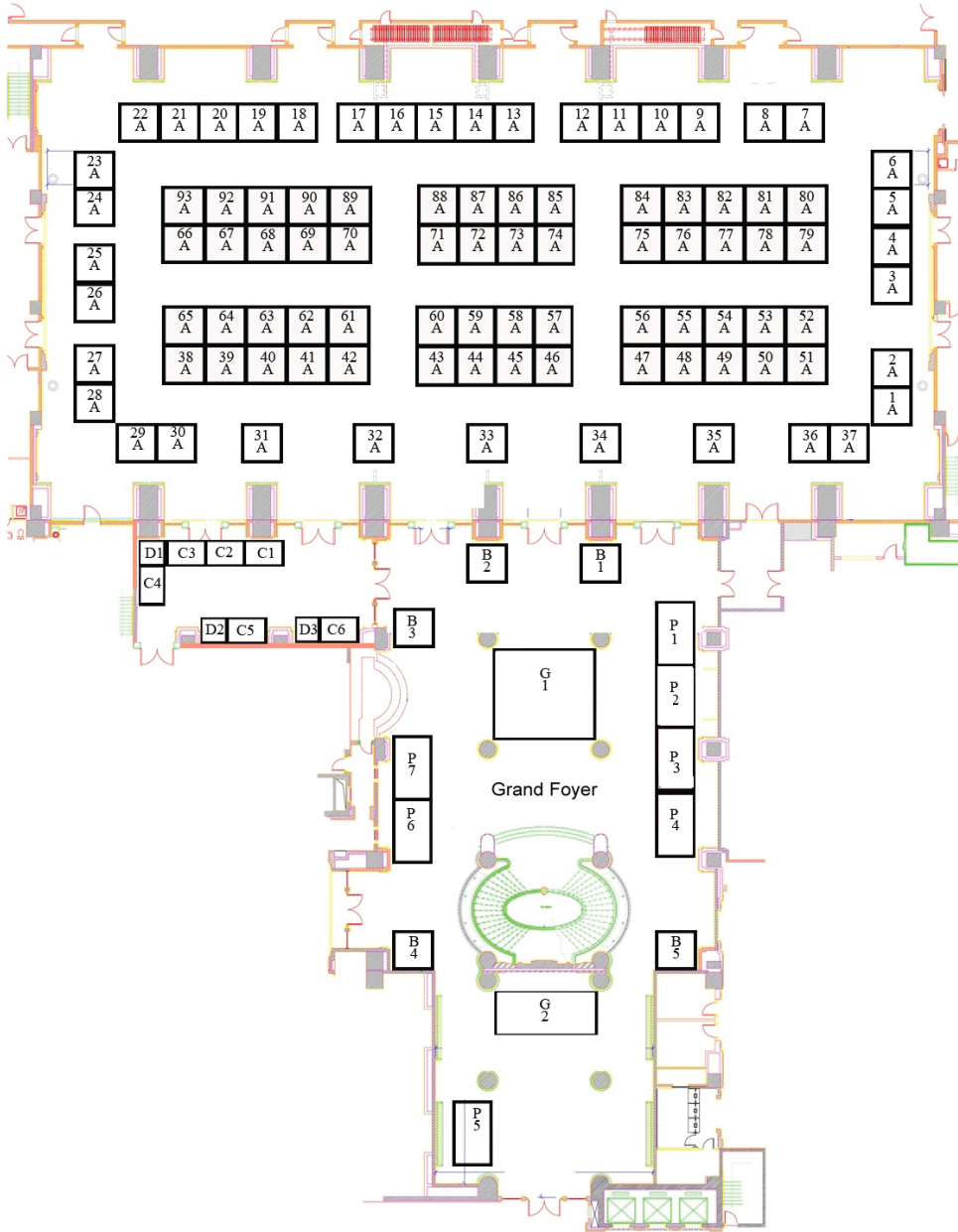
**Shrouk Nasr, Dina Haroun, Samar Awadallah,  
Mohamed Elrayies , Kawthar  
Hussien**





# Exhibitors





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A1- A2	اليرموك للعمارة والديكور	1
A3 - A4 - A5 - A6	دوما دنت	2
A7	الرضوان لتجهيزات الطبيه والتجارة	3
A8	دنتال شوب	4
A9 - A10	دلنا للمستلزمات الطبيه	5
A11 - A12	الايمان دنت	6
A13 - A14	جلوبال تريد	7
A15	كولكشن لمستلزمات تقويم وطب الاسنان	8
A16 - A17	الكس دنت	9
A18 - A19	قنديل الطبية	10
A20 - A21	المكتب المصرى للاستيراد	11
A22	B&B IMPLANT COMPANY	12
A23 - A24	المتحدة للتوريدات الطبية	13
A25 - A26	تراى ايه	14
A27 - A28	الشرق الاقصى للتجارة الدولية	15
A29 - A30	كوليكتشن للاستيراد والتصدير	16
A31	الوردانى للاستيراد والتصدير	17
A32	القومية للتجارة	18
A33	انكوردج	19
A34	جلوبال للاستيراد والتصدير	20
A35 - A36 - A37	تراست دنتال	21
A66 - A93	علامنا للحلول المتكامله ش.م.م.	22
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A73	ERAMA Dental	25
A77	سكورتك	26

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A81 - A82	مصر سينا لتوريدات قسم الأسنان	28
A43 - A84	Modern Trading Company	29
A86	I STEEL CAPINET	30
A87 - A88	مؤسسة الطبيب العربي	31
A90 - A91	قنديل الطبية	32
A92	Puracare	33
C1	Apex for medical wear	34
B3	شركة جنرال	1
P1	مركز طبية للأجهزة الطبية	2
A89 / A70	Mode Implant	3
A75 - A76	شركة العربية للنظم الطبية	4
B4	شركة أرنج لمستلزمات الأسنان	5
A38/A39/A40/A63/A64/A65	فونا دنتال	6
A47/A48/A55/A56	شركة زيدينت	7
A74/A85	AMDS	8
A52	شركة CI Group	9
B1	شركة لمى	10
A54	DM Trust	11
B2	شركة سدرا للحلول المتكاملة	12
P4	Peak Medical	13
A49	M Dental	14
A46 / A 57	شركة دنتاليس	15
P6	AFRICAN SOCIETY OF DENTISTRY & IMPLANTOLOGY	16
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ارقام القطع	اسم الشركة	م
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C6	مكتبة الشرق الأوسط	19
A45/A58	شركة نايل دنتال	20
A43/A44 -A59/A60	شركة صفوان مصر	21
G1	شركة يونيليفر مشرق	22
A53	شركة كونسبت دنتال	23
A50 - A51	شركة تكنوويف	24



*Congress  
Organizer Team*





## Congress Organizer Team

### Head of Organizers

**Dr. Ahmed Allam**

### Registration

**Dr. Maha El Baz**

Aya Guhary	Nada Waleed	Yousra Mohamed
Myrna El Shafai	Farah Shalaby	Shahd Hatem
Rana Rabeh	Nada Zaher	Salma Amr
Dina El Sayed	Nourhan Nasr	Jaidaa Esmat
Habiba Hesham	Sherouk Kamal	Fatma Ibrahim
Carole Samuel	Rana Alaa	Mohamed Osama
Mohamed Amgad	Mahy Ahmed	Ibrahim Adel
	Fairuz moutamed	

### Halls

**Dr. Dina Morsi**

Michael Meshreky	Youssef Meshreky	Nada Farid
Alaa Abou Shousha	Mohamed Mashaly	Dina Adel
Toaa Mohamed	Mayada Maher	Reem Mahmoud
Hassan Diab	Hamsa Ashraf	Omar Hesham
Shrouk Bonna	Salma Habib	Farah Magdy
Nancy Korayem	Sohair Magdy	Lojain Ali
Farrah Adel	Farida Mohsen	Yasmine El Ghannam
Mirette El Wakil	Farida Bakr	Amira Gamal
Caroline George	Farah Sheba	Yara Badr
Mariam Hashish	Farah Tarek	Chantal Cherif
Mariam Khaled	Salma Ahmed	Nour Allah Hossam
Mai Hassan	Alyaa Mahmoud	Nada Haitham



Congress Organizer Team		
Exhibition		
<b>Dr. Karim Fouda</b>		
Ramsis Magdy	Mohamed Aref	Islam Mohsen
Ali Sameh	Nader Naguib	Mina Mourad
Zyad Ashraf	Mohamed Fateen	Khaled Hashem
Khaled Emad	Ahmed Kamal	Mostafa Hussein
	Ahmed Ibrahim	
Airport		
<b>Dr. Fadi Mourad</b>		
Amr Raed	Islam Sherif	Khaled Abeed
	Moataz Ahmed	
Congress Secretary		
Wael Abd El-Sameaa	Hanaa El-Bassuony	Soaad Rashed
Moustafa Ismail	Ragab Fath El-Bab	Lamia Mohamed
Eslam Hassan	Moustafa Salah	Ali Elhousseiny
Sayed Fouad	Samir Abdel Wahab	Kareem Ragab
Tarek Zaraa	Abdel Naby Emam	Awad Hassan
	Suheir Zaki	



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[WWW.EDA-EGYPT.ORG](http://WWW.EDA-EGYPT.ORG)