Dear Colleagues,

The 23rd Beirut International Dental Meeting (BIDM 2013), taking place 25-28 September 2013 in Lebanese University Rafic Hariri Campus, Hadat, will be an exciting event that promises great communications and enjoyable scientific debates. On behalf of the Lebanese Dental Association (LDA), it is my great pleasure to invite you to join us at this occasion.

Through the theme “Sharing Solutions” you will hear cutting-edge dental presentations. The organizers of this meeting have prepared a three-day program that will feature leading experts and world-renowned speakers who will share the most up-to-date developments in dentistry and related disciplines. Participants will enjoy the learning opportunities in various plenary, symposia, panel discussion sessions that will be put in place.

I also strongly encourage you to take advantage of the presence of over 90 exhibiting companies to keep up to date with evolving technologies of equipment and the latest dental materials.

I hope that you find this meeting beneficial to your career, where you can take advantage of the innumerable learning and networking opportunities this meeting will provide.

I’m looking forward to meeting with you all.

Sincerely,

Prof Elie Azar Maalouf
President, LDA/BIDM2013

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Dear Friends and Colleagues,

On behalf of the Scientific Committee, It gives me great pleasure to welcome you to the Beirut International Dental Meeting (BIDM 2013), Lebanese Dental Association Annual Congress held in Hadat, Lebanese University Rafic Hariri Campus, September 25-28, 2013.

The Scientific Committee has been working hard to put on a high quality meeting which will provide the expected blend of education and exchange of knowledge that has been consistently enjoyed by many of you at the BIDM meetings over the years.

Under the theme of “Sharing Solutions”, this congress will offer a platform to learn and exchange ideas with a host of key opinion leaders from around the world, as well as many locally renowned experts. This will be a great opportunity to be exposed to the latest views and techniques in our constant effort to improve the lives of our patients.

Through a variety of session types, including Plenary Lectures, Symposia, Pre-congress courses and Young Podium session, BIDM 2013 will meet the needs of all participants, from trainees to the most esteemed professors. We will also be introducing a new session type, Panel Discussion, which will allow participants the opportunity to meet, and discuss real life clinical issues, practical solutions and strategies.

We offer you our warmest welcome and hope to make BIDM 2013 Convention a memorable experience for you!

Sincerely,

Nabih Nader
Chairperson, Scientific Committee BIDM2013
## LDA / BIDM 2013 BOARD

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CAPP designates this activity for 20,25 CE Hours

Printing: Metni Press
Thursday September 26th, 2013

Conference Hall A

Chairpersons  
Nada Naaman / Raheel Doueihy

08:45-09:30  
Soft and hard tissue changes in single implants placed in delayed bone or placed in extraction sockets.  
Hugo De Bruyn

09:30-10:15  
A defined algorithm for implant success in the esthetic zone.  
Maurice Salama

10:15-11:00  
Guided Bone Regeneration: factors affecting healing.  
Nikolaos Donos

11:30-13:00  
Opening Ceremony and Exhibition

13:00-14:15  
Lunch & Exhibition Visit

Chairpersons  
Essam Osman / Tony Zeinoun

14:15-15:00  
ER,CR:YSGG and 940NM diode LASER supported periodontal treatment concept.  
Norbert Gutknecht

15:00-15:45  
Current concepts of implant retained overdenture of the mandible.  
John Beumer

15:45-16:30  
Preventing implant removable prosthodontics complications. Some practical pearls.  
Tony Daher

16:30-16:45  
Break & Exhibition Visit

Chairpersons  
Mounir Doumit / Habib Chemaly

16:45-17:30  
Treatment of pulpaly compromised teeth.  
Simone Grandini

17:30-18:15  
Advanced restorations of endodontically treated teeth.  
Walter Dias

18:15-19:00  
Exhibition Visit

Conference Hall B

Chairpersons  
Elie Gerges / Roula Abiad

08:45-09:30  
Provisionals as a blueprint for definitive restorations: a clinical guide.  
Wael Att

09:30-09:50  
Update on host modulatory treatment for the management of periodontal diseases.  
Nayer Aboelsaad

09:50-10:30  
Referral criteria of CBCT in dentistry.  
Ibrahim Nasseh

10:30-11:15  
From delayed to early loading of dental implants.  
Hugo De Bruyn

11:30-13:00  
Opening Ceremony and Exhibition

13:00-14:15  
Lunch & Exhibition Visit

Chairpersons  
Alfred Naaman / Fawzi Riachi

14:15-15:00  
Age estimation using dental methods and its uses in forensic dentistry.  
Ahmed Rizig

15:00-15:45  
Alveolar ridge preservation.  
Nikolaos Donos

15:45-16:05  
Peri-implant soft tissue management: is it a must?  
Ronald Younes

16:10-16:30  
How to avoid and treat buccal recession of implant in the esthetic zone?  
Alain Romanos

16:30-16:45  
Break & Exhibition Visit

Chairpersons  
Georges Tawil / Fatmé Mouchref Hamasni

16:45-17:30  
Synergy of reconstructive hard and soft tissue surgery: the role of bioengineering in clinical practice.  
Maurice Salama

17:30-18:30  
Panel Discussion: Peri-implant hard and soft tissue enhancement in the esthetic zone.  
Georges Tawil, Nikolaos Donos, Maurice Salama, Ronald Younes, Alain Romanos

18:30-19:00  
Exhibition Visit
Thursday September 26th, 2013

Conference Hall C

**Chairpersons** Carole Chakar / Rami Richa

09:00-09:45  Use of LASER in oral surgery, state of the art.
Samir Namour

09:45-10:15  Esthetic restorations in endodontically treated teeth.
Lygia Madi

10:15-10:35  Diagnosis and treatment of peri-implantitis due to microbial factors.
Zoubeida El Yahfoufi

10:35-10:55  How critical is implant macrogeometry in the stability of peri-implant hard and soft tissue?
Peter Tawil

11:30-13:00 Opening Ceremony and Exhibition

Chairpersons Jamal Honeineh / Carlos Khairallah

13:00-13:20  Blanchiment des dents décolorées dévitalisées: un survol sur les causes, matériaux et techniques.
Nicole Harrak Jabbour

Mireille Feghali

13:40-14:00  What you know, what you don’t know and what you should know about Veneers.
Mohamad Hassib El Bizri

14:00-15:00 Lunch & Exhibition Visit

Chairpersons Carina Mehanna Zogheib / Jean-Claude Fahed

Simone Grandini

15:45-16:30  Composite restorations as the ultimate direct solution.
Walter Dias

16:30-16:50  Smile analysis and treatment options for gummy smile patients.
Ahmed Korayem Abderhaman

16:50-17:05  Break & Exhibition Visit

Chairpersons Maria Moarbes / Richard Abboud

17:05-17:25  The mandibular microradiographical anatomy: a CBCT review.
Alexandre Khairallah

17:25-17:45  Evaluation of sleep apnea on CBCT.
Sayde Sokhn

17:45-18:05  La désinfection conventionnelle assistée avec le LASER diode.
Salwa Yamine

18:05-18:25  Do the new nickel-titanium methods of root canal preparation guarantee the success in root canal therapy?
Ali Yaghi

Conference Hall D

**Chairpersons** Antoine Darazi / Ghassan Moustapha

08:45-09:05  The Inman Aligner and an ethical revolution for cosmetic dentistry.
Rami Chayah

09:05-09:35  The use of removable appliance in orthodontics and pediatric dentistry: clinical cases and assessment of results.
Philip Souhaid

09:35-09:55  Orthodontic/orthognathic surgery symbiosis.
Elie Amm

Chimene Chalala

10:15-11:00 Evidence-based interceptive orthodontics - the team approach.
William Wiltshire

11:00-11:20  Dental plaque associated with self-ligating brackets during orthodontic treatment.
Saud A. Al-Anezi

11:30-13:00 Opening Ceremony and Exhibition

Chairpersons Jean-Claude Abou Chedid / Elia Sfeir

14:40-15:00  Régénération et revascularisation pulpaire: mythe ou réalité? Une revue de la littérature.
Hitaf Nasrallah Nasseh

15:00-15:45  Genetics and paediatric dentistry.
Isabelle Bailleul-Forestier

15:45-16:05  Minimal invasive dentistry: the smart prep bur.
Roula Sinno

16:05-16:30 Break & Exhibition Visit

Chairpersons Balsam Noueiry / Nada Moucheyleh

16:30-16:45  Child periodontium specificity.
Isabelle Bailleul-Forestier

16:45-17:30  Cone Beam Computed Tomography (CBCT) in pediatric dentistry.
Riad Bacho

17:30-18:00 New outcomes for vitamin D and caries prevention.
Isabelle Bailleul-Forestier
Immediate placement is defined as implant placement in conjunction with tooth extraction and offers several benefits for the patient and the clinician. It reduces the treatment time by several months since implant osseointegration coincides with soft tissue healing after extraction. The first generation dental implants resulted in unacceptably high failure rates. The introduction of rougher surfaces, such as OsseoSpeed®, has improved survival in such a way that comparable results to implants placed in a delayed manner have been obtained. A brief overview of evidence based literature will be given pointing to the prerequisites needed for an optimal clinical implant survival. On the other hand, implant placement in the aesthetic zone is more critical and more demanding. It is imperative that after implant placement the hard and soft tissues are in perfect harmony with the neighbouring natural teeth. Crestal bone preservation is critical because it is directly linked to soft tissue height preservation and consequently affects the aesthetic outcome. The clinical results of a prospective clinical trial will be presented whereby single OsseoSpeed® implants were placed in the anterior maxilla in either healed bone or in extraction sockets. The discussion will focus on crestal bone remodelling and soft tissue healing from day of surgery to 3 years of follow-up. Clinical guidelines for this treatment option will be given with respect to the soft tissue characteristics of the patient, the surgical technique during implant placement, the need to perform additional bone or soft tissue grafting as well as the conditions of the prosthetic treatment.

Learning objectives include being able to answer the following questions:
1) What are the risk factors in anterior implant therapy?
2) What are the four most important diagnostic components leading to a successful treatment design for an esthetic restoration?
3) How and when to successfully incorporate minimally invasive protocols?
4) How do new macro and micro-geometry of implant designs affect treatment planning?
5) How do new digital and CAD/CAM technology optimize minimally invasive anterior implant therapy?
6) How to integrate abutment selection and new ceramic components with soft tissue augmentation procedures to create the most esthetic zone of emergence for our implant restorations?
Guided Bone Regeneration: factors affecting healing.

A prerequisite for the successful placement of dental implants in an ideal, prosthodontically driven position is the presence of a minimum amount of bone height and width at the recipient site that will provide a functional and cosmetic implant borne restoration for the patient.

In recent years, a number of experimental and clinical studies have demonstrated that following the use of the GBR principle in combination with dental implants, bone regeneration around the exposed implant threads can be achieved. A number of factors have been associated with the final outcome of these procedures including the properties of the different membranes and bone grafts/substitutes used in combination with GBR.

In this presentation, a series of experimental and clinical studies will be critically appraised and the healing potential of the GBR principle with or without the combined use of bone grafts under different conditions will be evaluated. The critical points of the procedures related to factors affecting the healing outcome will be presented and linked to the possible clinical scenarii.

Norbert Gutknecht
MD, DDS, Dr. Med. Dent, MS Nd:YAG LASERs in dentistry
Director of the Dept. of Operative Dent., Aachen University
Scientific Director of the Academic Postgrad. Master Prog. “MS LASERs in Dentistry”, Aachen University
Past President of the WFLD, the World Federation for LASER Dentistry

ER,CR:YSGG and 940NM diode LASER supported periodontal treatment concept.

While the LASER may not be capable of replacing the scaler or the curette jet, it is a successful supplement for combined periodontal treatment. We have found that the use of Er,Cr:YSGG LASER in combination with the 940nm diode LASER in LASER-assisted, closed curettage can be strongly recommended.

Based on the available studies and our own experience, the use of Er,Cr:YSGG LASER and the 940nm diode LASER in LASER-assisted, closed curettage can particularly be recommended. The alterations and effects on periodontal and adjacent tissue, described in the literature and rated as advantages, appear to coincide with the desired therapeutic goals in cases of marginal periodontitis. Therapeutic gaps that exist when using other, non-surgical methods can be sensibly closed. The LASER beam results in unspecific destruction of the species of bacteria in the periodontal pocket. The procedure makes it possible to avoid the risk of resistance developing, which exists when antibiotics are administered systemically and, above all, topically.

In addition, the LASER beam vaporizes diseased tissue, whereas the removal of diseased tissue is not possible by antibiotic methods.

As there is no difference between LASER and curettage wounds after the completion of re-epithelialisation, the possibility of the positive application of this situation in the sense of non-operatively induced, controlled tissue regeneration (so-called GTR) should be borne in mind and regarded as a further advantage of LASER treatment.

If LASER therapy is selected as the adjuvant therapy, the use of this supportive therapy could be extended to include the routine, non-surgical treatment of each and every case requiring periodontal treatment.
Current concepts of implant retained overdenture of the mandible.

Conference Hall A  15:00-15:45

Conventional dentures remain the standard of care for most edentulous patients. Implants will improve the masticatory efficiency of patients with unfavorable denture bearing surfaces and/or severe resorption of the mandible and will improve patient satisfaction for almost all patients. There is anecdotal evidence that the placement of implants will slow or limit the resorption of the edentulous mandible. Immediate loading of implant assisted overlay dentures using individual attachments is not recommended. Two implants positioned in the cuspid region is quite sufficient for most patients. In patients with severe mandibular atrophy placement of implants as short as 6 mm appears predictable. Additional implant support does not lead to improved masticatory efficiency or patient satisfaction. The authors prefer to splint the two implants together with a “Hader” bar, and extend the denture with a border molded impression to ensure proper coverage of the primary support areas of the edentulous mandible (the retromolar pad and the buccal shelf). With this approach support is provided both in the anterior and posterior region. Bilateral balanced occlusion is recommended because a very high percentage of patients present with parafuction. Regular follow-up is recommended. In patients with severe resorption of the mandible reconstruction is only recommended in the event that severe resorption precludes placement of implants in the symphyseal region without risk of fracture.

Preventing implant removable prosthodontics complications. Some practical pearls.

Conference Hall A  15:45-16:30

Many complications related to implant prosthodontics are described in the dental literature. Some of these complications will be described and a tentative approach will be described for their prevention. Mechanical complications are screw loosening/fracture, implant fractures, framework, resin base and veneering material fractures, opposing prosthesis fractures, and overdenture mechanical retention problems. The presentation will focus on many practical clinical pearls on how to prevent these complications from occurring.

Learning objectives:
The attendees will be able to learn:
1. When to indicate implant removable overdentures.
2. How to fix the retention loss of attachments used in implant overdentures.
3. How to design metal framework in implant overdentures.
4. How to prevent breakage of the different components of the implant overdenture during function.
5. How to make accurate impressions and combine 3 clinical visits in one.
Treatment of pulpally compromised teeth.

Conference Hall A  
16:45-17:30

The lecture is directed to analyze pulp capping of teeth involved in a trauma, and to discuss which treatment options can be taken into account. Moreover, if a fracture of the tooth occurs, fragment reattachment is a good option for a minimally invasive procedure, and can represent a durable treatment for the patient.

Once the tooth has been endodontically treated, a good restoration is a crucial step to ensure durability to the root dentin complex. Many changes take place after root canal treatment, and it is sometimes hard for the clinician to deal with heavily compromised teeth. Fiber post have been the major development in the field of post-endodontic restorations. They can ensure aesthetics, function and durability. Different kinds of fiber posts will be discussed, together with the clinical application of this technology, cementation procedures, long-term results and future developments.

Advanced restorations of endodontically treated teeth.

Conference Hall A  
17:30-18:15

Endodontic treatment is largely performed on teeth significantly affected by caries, multiple repeated restorations and/or fracture. Already structurally weakened, such teeth are often further weakened by the endodontic procedures designed to provide optimal access and by the restorative procedures necessary to rebuild the tooth. These teeth require special considerations for the final restoration, particularly where there has been extensive loss of tooth structure. The special needs involve ensuring both adequate retention for the final restoration and maximum resistance to tooth fracture. The author will present a simplified albeit comprehensive and highly effective technique for the optimal handling of posterior dental composites with effortless adaptation and contouring.
Provisionals as a blueprint for definitive restorations: a clinical guide.

Wael Att  
DDS, Dr. Med. Dent., Ph.D  
Associate Professor and Director of Postgrad. Prog., Dept. of Prosth., Dental School Albert-Ludwigs University, Germany

In prosthetic rehabilitation, a straightforward treatment planing and a comprehensive pre-prosthetic management guarantee a successful treatment outcome. Here, temporary restorations are considered as important tools that aid the clinician in setting the diagnosis of various esthetic and functional conditions as well as provide guidance for the fabrication of the final restorations. In this presentation, information will be provided about different provisionalization techniques for various conventional and implant-supported prosthetic rehabilitation. Tips and tricks in implementing diagnostic wax-ups for esthetic evaluations and fabrication of provisionals will be provided.

Learning objectives:
- To understand different concepts of temporization techniques.
- To see how provisionals can be implemented as a diagnostic tool.
- To see how provisionals can be used for computer guided implant surgery.
- To learn how to make a decision about the type and timing of provisionalization.
- To be familiar about the use of provisionals for the management of soft tissues.

Conference Hall B  08:45-09:30

Update on host modulatory treatment for the management of periodontal diseases.

Nayer Aboelsaad  
Assistant Professor, Department of Oral Surgical Sciences, Division of Periodontology, Faculty of Dentistry, Beirut Arab University

Periodontal disease is an infectious disease where the bacteria in plaque and their products are the primary etiology of the disease. Considering that, the mechanical and chemical approaches to reduce the presence of periodontopathogens in the plaque have been largely used in the treatment of periodontal patients over the years.

The host immune and inflammatory response to the bacterial challenge originating from the dental biofilm has been considered to play a major role on both initiation of the disease and on the tissue destruction associated with its progress. Most recently, a better understanding of the participation of host immune-inflammatory mediators in disease progression has increased the investigation of the use of modulating agents as an adjunctive therapy for targeting the host response. These therapies may provide the next generation of adjuvant chemotherapeutics to manage various periodontal diseases.

This presentation will cover both past and future directions of host-modulatory agents to provide the dental practitioner with a broader prospective of chemotherapeutic agents used adjunctively to treat and manage periodontal diseases.

Conference Hall B  09:30-09:50
Referral criteria of CBCT in dentistry.

While visualizing the maxillofacial complex is usually focused on two-dimensional information, it is obvious that the inherent 3D nature of the skull would benefit from a true three-dimensional diagnosis.

During the last decade, there has been an upward trend in using 3D information as an aid in dentomaxillofacial diagnostics and presurgical planning.

Dental Cone Beam Computed Tomography (CBCT) is rapidly taking over spiral Computed Tomography (CT) as it enables volumetric jaw bone imaging with high quality images at lower radiation dose levels and costs.

A review of the recent literature showed that a CBCT scan gives the potential for an improved diagnosis for the patient and has a great range of clinical applications.

The aim of this presentation is to present the latest advances in evidence-based guidelines and referral criteria on the use of CBCT in dentistry.

From delayed to early loading of dental implants.

Implant surgery has evolved in the last decade from a delayed treatment procedure performed in 2 stages, to a faster procedure. Implants are nowadays commonly installed in a one-stage procedure and early or immediate loading has become a more common treatment approach. The introduction of new implant surfaces and design features to improve initial implant stability have furthermore enlarged the indications for more advanced treatment procedures. These included immediate loading in compromised conditions such as bone grafting and extraction sockets.

In this lecture the state-of-the-art and long-term results of immediate loading of implants in completely edentulous jaws will be discussed. Individual implant success based on stringent criteria and radiographic bone-to-implant contact level as well as prosthetic complications are clarified. The clinical technique to provide dental implants with a temporary cross-arch bridge in the maxilla and mandible will be shown extensively from surgery to loading by means of video cases. Also the technical aspects and the laboratory stages will be discussed and patient related outcomes will be included. Clinical research, examining the long-term results of implants immediately loaded in full-arch rehabilitations, will be discussed in detail with respect to various bone qualities.

The lecture aims to provide clinical guidelines leading to a predictable treatment outcome.
Alveolar ridge preservation.

In recent years, the increased demand for aesthetics in procedures related to implant dentistry has created the need for developing techniques that will facilitate optimal aesthetics together with proper function of the implant borne reconstructions.

A number of surgical procedures involving different bone grafting procedures with or without the combined use of GBR have been evaluated in the literature. At the same time, advanced surgical protocols involving immediate placement of dental implants have been previously advocated to enhance the maintenance of the socket dimensions and as such to provide satisfactory aesthetic outcomes for both the patient and the practitioner.

In the current lecture, the healing outcome following different clinical socket preservation protocols and their impact in relation to implant dentistry will be critically evaluated and discussed.

Age estimation using dental methods and its uses in forensic dentistry.

Conference Hall B 14:15-15:00

Forensic science is simply defined as the application of science to the law or legal matters. In today’s CSI and forensic files world, this area of science is much more widely known to the general public.

Examination of the dental tissues as a method for estimating the age of an individual has strong historical precedence dating back to the early nineteenth century or even possibly to Roman times.

Today the developmental stages of the dentition are widely and regularly used in dentistry and medicine to time interventionist treatment, and in archaeology and forensic context, including odontology and anthropology, to estimate the age of the living and the deceased.

Dental development is thought to be the most accurate and reliable way of correlating growth and development, as it is a system little affected by environmental factors and tooth formation stages exhibit lower levels of variation than is evidenced in the skeletal system.

Dental age estimation techniques are considered to be highly reliable in children and less accurate in adults.

The more teeth there are in various stages of development, the more data is available for analysis and the more reliable and accurate are the predictions.

This Lecture will provide an overview of dental development and discuss dental age estimation techniques for both sub – adult and adult groups, with a particular emphasis on those that have applicability for living individual. Recommendations will be made for the use of appropriate techniques in different situations.
Peri-implant soft tissue management: is it a must?

Conference Hall B 15:45-16:05

Dental implants have evolved dramatically over the last decade, and so have our expectations from them in terms of functional and esthetic criteria. The maintenance and augmentation of the soft tissue has emerged as an area of concern and focus. The triad of anatomical peri-implant characteristics, soft tissue response to the implant material, and clinical skill form the fundamental principles in augmenting soft tissue. However, as clinicians, where are we with regards to the ability to augment and maintain soft tissue around dental implants, about 45 years after the first implants were placed? We now understand that peri-implant soft tissue management begins with extraction management. Our treatment modalities have evolved from post-extraction socket compression, to socket preservation with an aim to enhance the eventual peri-implant soft tissue. This lecture will assess the evolution of our thought regarding peri-implant soft tissue management; augmentations of keratinized mucosa around implants, and also look at some recent techniques including the rotated pedicle tissue graft for enhancing inter-implant papilla architecture. Peri-implant plastic surgery techniques can be effective both in the prevention of hard and soft tissue problems that could develop after implant rehabilitation and also in the treatment of the developing problems. Emphasis is placed on factors that can be considered for proper case selection and ideal treatment planning.

How to avoid and treat buccal recession of implant in the esthetic zone?

Conference Hall B 16:10-16:30

This presentation will review the most common complications related to: Treatment planning, implant surgical procedures and implant prosthetics procedures. Complications may start with patient evaluation, patient expectation, hard tissue volume, implant number and size. We will discuss surgical complications including bone grafting techniques, soft tissue behavior, and 3-dimensional implant placement. This presentation will focus mainly on the management of the buccal recession after implant placement. A suggested protocol during implant placement will be proposed in order to avoid future buccal recession.
Synergy of reconstructive hard and soft tissue surgery: the role of bioengineering in clinical practice.

Conference Hall B 16:45-17:30

To be a viable treatment choice in the partially edentulous case, the implant-supported restoration must cosmetically equal or surpass that of conventional crown and bridge. This requires development of the edentulous ridge or potential implant restorative site to mimic that of a natural tooth. The essence in the creation of this illusion of reality is the soft tissue restorative frame. The three-dimensional reconstruction of the implant receptor site comprises three distinct phases:
1. Development of the hard tissues
2. Reconstruction of the soft tissue
3. Shaping of the tissues through the restorative profile.

Biologic modifiers can often be synergistically combined with periodontal plastic surgical techniques, guided bone regeneration and various osseous grafts to effectively establish the optimal foundation for functional and esthetic implant restorations. Vertical soft tissue and interdental papilla enhancement is frequently combined with innovative second-stage periodontal plastic surgery to create an ideal restorative frame.

This program will cover the importance of CBCT 3D planning in reconstructive dentistry. Site preparation techniques for conventional restorative dentistry as well as prior to and at the time of implant placement utilizing new bioengineering protocols will also be featured and introduced as treatment planning options in everyday clinical practice.

Educational Objectives:
1. Diagnosis and classification of implant recipient sites using CBCT and 3D software.
2. Augmentation techniques available at the time of extraction.
3. Management of the “deficient” site through horizontal and vertical augmentation techniques.
4. Evaluation of new techniques and bioengineering technologies for future applications.

Peri-implant hard and soft tissue enhancement in the esthetic zone.

Conference Hall B 17:30-18:30

Georges Tawil
Nikolaos Donos
Maurice Salama
Ronald Younes
Alain Romanos
Use of LASER in oral surgery, state of the art.

The use of LASER beam in oral surgery has several advantages: excellent tissue healing without scar formation, enrichment of lased gingiva by collagen, bloodless surgery, no need for suturing, immediate decontamination of the surgical site, good visibility of the field of surgery, fast work and positive psychological impact on patients, . . .

The use of LASER in oral surgery is helpful. The no need for suturing avoids the anatomical deformation of the surgical site and the decrease of the vestibulum deepening of the crest. The bloodless surgery and the low inflammatory reaction decrease the post surgical discomforts and patient complaints.

Several clinical cases (tumors, leukoplakia, floated ridge, vestibulum deepening . . .) will be showed and discussed. The clinical procedure: step by step, the limits and the advantages of the LASER use will be exposed.

Surgeries were made using the LASER power ranging from 4 to 10W in different modes. The beam allows the dissection of oral tissues with high precision. The use of LASER in prosthetic surgery gave better results than that of a scalpel treatment.

Conference Hall C 09:00-09:45

Lygia Madi

Postgrad. studies in Dentistry for Handicapped Children, Postgrad. studies in marketing, business and Communications (INBRAPE)
Scientific Consultant and Product Manager at Angelus.

Esthetic restorations in endodontically treated teeth.

Subtopics:

a. Characteristics of endodontically treated teeth
b. Types of restoration for non vital teeth
c. Direct X indirect restorations
d. Cast X Fiber glass posts
e. Adhesive procedures on non vital teeth.

Conference Hall C 09:45-10:15
Diagnosis and treatment of peri-implantitis due to microbial factors.

Conference Hall C 10:15-10:35

Periodontitis is the most common cause of human tooth loss. Osseointegrated oral implants have been used in order to replace the lost dentition. Smoking and a history of periodontitis are associated with higher prevalence of peri-implantitis. Loss of bone and pocket formation, often combined with bleeding upon gentle probing and suppuration, are typical signs of peri-implant infections. This means that they share clinical features with periodontitis lesions of natural teeth. Recent studies have shown the effect of several treatment protocols for peri-implant inflammation. Different treatments of peri-implant lesions due to microbial factors could include mechanical cleaning, irrigation of peri-implant pockets with chlorhexidine and systemic antimicrobial therapy, or with surgical treatment of peri-implantitis lesions that can be performed in cases with pocket formation (larger than 5mm) and bone loss after the acute infection has been resolved and oral hygiene has been instituted. There are two ways for the antimicrobial agents to be delivered first by direct placement into the peri-implant inflammatory site and then via systemic route. The aim of this presentation is to describe the diagnosis and treatment of peri-implantitis by showing recent studies and clinical cases.

How critical is implant macrogeometry in the stability of peri-implant hard and soft tissue?

Conference Hall C 10:35-10:55

Implant success is essentially dependent on the therapeutic aesthetic and functional outcomes. Implant macrogeometry is one of the factors that has been related to the peri-implant hard and soft tissue stability. Recent clinical and experimental work have demonstrated better results which can be obtained when platform shifting, microgrooves and conical seal and limited highly polished collar are added to the marginal implant configuration. The purpose of this presentation is to compare 4 different systems with distinct macrogeometries placed in similar situations in the aesthetic zone and evaluate the outcomes of therapy with respect to pink and white aesthetic score and bone stability.
Blanchiment des dents décolorées dévitalisées: un survol sur les causes, matériaux et techniques.

La décoloration visible des dents permanentes peut avoir un impact sur l'image de soi, la confiance en soi, l'attractivité et l'employabilité physique d'une personne. Le succès du blanchiment d'une dent dévitalisée varie selon l'aspect de l'étiologie, sa localisation, sa gravité et son adhésion à la structure de la dent. Elle peut être définie comme étant intrinsèque ou extrinsèque dépendant de la localisation et de l'étiologie. En outre, le succès du blanchiment dépend de plusieurs facteurs, où les plus importants sont la cause de la décoloration de la dent, le diagnostic adéquat du problème et le bon choix de la technique et des produits de blanchiment. Différents phénomènes peuvent faire en sorte que les dents traitées endodontiquement deviennent plus sombres. Bien qu'il existe une carence de la science fondée sur des preuves dans la littérature qui aborde le pronostic des dents dévitalisées blanchies, il est important d'être toujours au courant des complications et des risques possibles associés avec les différentes techniques et agents de blanchiment.

Re-treatment of anterior composite restorations.

Significant improvements in composite resins made over recent years have made it possible to predictably use such materials in the restoration of damaged anterior teeth. Resin-based composite restorations have many advantages, particularly allowing conservative preparation design, and the ability to mimic natural tooth esthetics. This presentation will provide an overview of current materials and techniques that give the most esthetically and functionally pleasing anterior composite restorations. It will also describe the different problems that might occur along with the solutions:
- Tooth preparation
- Artistic application
- Seamless transition from tooth substance to the synthetic composite restoratives
- Shade choice
- Occlusion
- Finishing and polishing techniques.

This presentation will summarize different problems that we might face in our clinics and shows how to react in order to avoid unwanted errors.
What you know, what you don’t know, and what you should know about Veneers.

Conference Hall C 13:40-14:00

A bio-mimetic approach utilizing high temperature chemical engineering, high advances of chemical engineering and LASER CAD/CAM software, to produce maximum aesthetics, with minimum prosthetics.
A two hours presentation disclosing the science behind preparation techniques, tools materials, and bonding procedures.
Dental bio mechanics, the physics of light and color will be also discussed, making the step by step work of the dental become easier.
Bio mimetic principle in aesthetic dentistry takes as a primary measures the hues shades, anatomy,biology and mechanics, beside functional factors in the upper and lower jaw. This paradigm shift, from metal ceramics to all ceramics came not only to an alert, but became a corner stone in our daily dental practice.
1978 was a golden year for dentistry when NASA asked for a new generations of ceramics to insulate space shuttle vehicles.
Zirconium and lithium di silicate are two of the major developed innovations, that are used widely. Coupled with advanced chemistry producing bonding generations as an added value to the new dental philosophy.
Today, the ability for a modern day dental clinic to mimic teeth color properties, beside its bio mechanical ones became at hand.

Invisible restorations with resin composites: a possible challenge.

Conference Hall C 15:00-15:45

Adhesive technologies have contributed to changing the way dentists conceive restorations in dentistry.
Due to the improvements of materials and techniques, it is now possible to perform minimal preparations and to restore aesthetic appeal and function with a low biological and financial cost.
Reparability of resin composites is also highly appreciated as this allows restorations to be easily redone should the result not be perfect in the first stage.
Moreover, performing aesthetic dentistry is nowadays one of the main goals of our profession. Patients are aware of the new technologies, and require treatments that are highly aesthetic, minimally invasive, repairable and not too expensive. Resin composite restorations can fulfill all these requirements. However, the correct protocols have to be implemented to achieve clinical success and obtain invisible restorations.
Multidisciplinary treatment planning is most often the key to success: many patients need a combination of different treatments to solve their problems. It is extremely important to combine the skills of several specialists to establish the most constructive treatment plan so as to ensure the best possible result for the patient.
Composite restorations as the ultimate direct solution.

The composite resin materials available today are extraordinary systems, which have yet not been generally employed to its full potential. Complicated, unsuitable or outdated techniques and aggressive tooth preparation have prevented composites to reach its ultimate scope, the synergistic capacity of preserving tooth structure; notably that of enamel, which -on its turn- will help increase the longevity of the restoration. Composites have the remarkable potential for replacing dentin and supporting undermined enamel structure. Useful tips and tricks as well as the easy development of correct and natural dental anatomy will be proposed achieving excellence thought occlusal and functional references. All these steps will culminate in a minimized finishing and occlusal adjustment, maximizing the fun in a seamless and highly integrated result. This presentation aims to introduce new techniques and concepts to help consistently obtain an excellent, predictable and long lasting restoration, which while also strengthening a tooth that has lost its integrity, will culminate in a successful and economical treatment... and a happy patient.

Smile analysis and treatment options for gummy smile patients.

Introduction: Gummy smile is a very annoying cosmetic problem for many patients. accurate smile analysis is the key for choosing the proper treatment option. in this presentation Smile Analysis will be explained for gummy smile by presentation of actual clinical cases before and after and during procedures.

Objectives: To evaluate the periodontal surgery and Veneers combination technique in treating gummy smile.

Materials and Methods: Smile analysis for two different gummy smile patients was applied based on smile design concepts in the literature then they were planned to be treated using periodontal surgery crown lengthening and Veneer combination, one case of porcelain Veneers (E-max, Ivoclarvivadent) and composite Veneers after periodontal surgery were applied documentation and evaluation for both cases based on pre and post operative X-rays and pre and post operative photographs by SLR camera.

Results: After evaluation of the results it was found that periodontal surgery was successful to treat the gummy smile giving the most esthetic results followed by porcelain (E-max) Veneers.

Conclusion: the combination of periodontal surgery crown lengthening and veneers (porcelain or composite) has proven to be successful to treat gummy smile cases.
The mandibular microradiographical anatomy: a CBCT review.

Conference Hall C 17:05-17:25

Every surgical intervention must take into consideration the anatomical landmarks either in the maxilla or in the mandible. Those landmarks, like a high placed inferior alveolar canal, may sometimes prevent the surgeon from going on with his surgery without doing massive and risky surgeries like huge bone grafts or the lateralization of the IAN...

Along with the evolution of the CBCT imaging systems, the introduction of the small field imaging 5*7 cm and the high resolution of 0.076mm, the radiographical anatomy is redefined.

We can easily see now an inferior alveolar nerve bifurcation or a double mental foramen or the anatomy of the lingual canal.

In our presentation, we will show bi and tri dimensional representations of all the mandibular landmarks and their direct impacts on our surgeries.

Evaluation of sleep apnea on CBCT.

Conference Hall C 17:25-17:45

Obstruction of the upper airway often alters normal breathing, which can have a significant impact on the normal development of craniofacial structures.

A lateral cephalogram is part of early orthodontic documentation, and its assessment has allowed orthodontists to view upper airway obstructions. However, measurements in the sagittal plane are not accurate, insofar as this methodology has important limitations, with errors inherent to a two-dimensional representation of complex tridimensional structures.

Cone Beam Computed Tomography (CBCT) has been introduced as a new and effective diagnosis method to evaluate upper airways, considering that images are obtained in 3D.

In this presentation, we will present a methodology to investigate upper airway dimensions, contributing to the diagnosis of upper airway obstructions.
La désinfection conventionnelle assistée avec le LASER diode.

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Do the new nickel-titanium methods of root canal preparation guarantee the success in root canal therapy?

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La désinfection conventionnelle assistée avec le LASER diode.

Un des objectifs de la désinfection canalaire est la destruction des bactéries par l’action antiseptique des solutions d’irrigation. Les auteurs, confrontés au traitement endodontique, ont proposé diverses méthodes et procédés, et diverses substances pour la désinfection canalaire, en complément du parage mécanique. L’action antiseptique de la solution d’irrigation doit jouer un rôle important dans la réduction de la population bactérienne d’un système canalaire infecté.
La désinfection conventionnelle (NaOCl, Chlorhexidine, CaOH) permet d’obtenir, au mieux, un canal principal voire des canaux accessoires exempts de bactéries et d’endotoxines bactériennes. Il n’y a pas d’action efficace en profondeur dans le réseau tridimensionnel des tubulis dentinaires.
Les LASERs à diode sont des outils efficaces, éprouvés, fiables, non iatrogènes, pour la stérilisation du canal et des tubulis dentinaires, comparables au LASER Nd: YAG. De nombreuses études ont montré les effets bactéricides intracanaux des LASERs à diode sans effet thermique iatrogène sur les tissus adjacents. Aux paramètres indiqués, les LASERs à diode éliminent la smear layer et laissent une surface dentinaire homogène avec scellement des tubulis dentinaires par recristallisation de l’hydroxyapatite.

For over a decade the nickel-titanium instruments are predominant in endodontics. The plethora of literature describing the qualities of these instruments, and, as a corollary, the techniques that are associated, show the great interest of clinicians in this new technology. However, if this new approach can quickly realize the shaping of the canals, chemical cleaning of the root canal space, which is the essential part of the treatment, is often neglected.
Chemical cleaning of the root canal system is a very important step that cannot be skipped or minimized in order to shorten the time of the root canal therapy session.
The purpose of this presentation is to detail the relevance and methods of irrigation of the root canal system which will allow better penetration of the irrigant and optimizing the effect of the irrigants and thus guarantee the success of root canal treatment.
The Inman Aligner and an ethical revolution for cosmetic dentistry.

The Inman Aligner has been described as the ‘missing link’ between orthodontics and cosmetic dentistry.

Originally invented in the US by Donal Inman CDT, the Inman Aligner was used in limited situations mainly by orthodontists. 9 Years ago, when Tif Qureshi from UK started using the Aligner far more aggressively to straighten teeth that his patients were wanting to veneer, it was clear that this technique had the potential to have a massive effect on the traditional techniques of veneer-based cosmetic dentistry. This gives dentists and patients an alternative treatment option to perform smile transformations without aggressive preparations. Teeth can be aligned so quickly and safely that aggressive “instant orthodontic” Veneer cases could soon become a thing of the past. After refining the concept of alignment, bleaching and bonding patients are capable of improving smile before committing to any tooth preparation. Removable braces are found to be a solution to complement upper Veneer cases with mild/moderate lower arch correction and where veneers are not appropriate in upper and lower cases, to treat mild to moderate crowding in the canine to canine area. The aligner is being used to move teeth before restoration thus de-radicalizing preparations: a very important and valuable treatment option for all patients wanting restorative and aesthetic treatment.

The system is notable because of its low risk nature in being removable, being dependant on careful arch evaluation, progressive safe and aesthetic IPR and the use of combined temporary expanders to intelligently create space to allow teeth to cross contacts.

This lecture will cover:
• Intro and philosophy. Why the Inman Aligner works so well for general dentists
• History of spring aligners
• The Inman Aligner- fast, safe and effective
• Case selection and treatment limitations
• Alignment bleaching bonding
• Simple to complex cases
• Pre-alignment cases before Veneers
• Space calculations
• Reproximation and expansion
• Retention techniques
• Ethical considerations.
Orthodontic / orthognathic surgery symbiosis.

Our presentation will illustrate the multidisciplinary cooperation between the orthodontist and the orthognathic surgeon through clinical cases.

We will point out some aspects of this symbiosis such as the importance of the communication and the contribution of both for a better final outcome. Each specialty must be aware of the potential and the limit of the other one.

Cleidocranial dysplasia: interdisciplinary management of a unique case.

Cleidocranial dysplasia (CCD) is an autosomal dominant disorder caused by a microdeletion defect in gene 6p21. The causative factor of this disorder is the transcription factor CBFA1 and the incidence of this disease is 1/100,000. The most frequent features of CCD are open sutures and fontanelles, presence of wormian bones, midfacial hypoplasia, supernumerary and impacted teeth, hypoplastic or absent clavicles, wide forehead, frontal bossing and hypertelorism. Diagnosis of CCD is evident when there is a familial history. Many solutions for the treatment of the dental disorders in CCD have been suggested, and several dental specialists are required to achieve optimal results. The aim of this presentation is to illustrate the means of diagnosis and treatment of CCD as stated in the literature, and to report the multidisciplinary treatment of a patient with this condition.
Dental plaque associated with self-ligating brackets during orthodontic treatment.

**Objective:** To compare changes in the amount and distribution of dental plaque associated with placement of elastomeric modules over a self-ligating bracket during orthodontic treatment and to relate these changes to the periodontal inflammation.

**Materials and Methods:** A cross-arch randomisation trial was carried out at Bristol Dental School, UK. Clinical measurements of periodontal inflammation and plaque accumulation and microbiological test were made on twenty four (24) patients wearing fixed appliances (Damon 2 brackets) at the start and three months into fixed orthodontic treatment.

**Results:** In the first three months of treatment there was no statistically significant difference for bleeding on probing between incisors with and without elastomeric modules ($P = 0.125$ and $0.508$ respectively). The difference in plaque accumulation was not statistically significant ($P = 0.78$). Furthermore, the difference in probing depths between the incisors was not statistically significant ($P = 0.84$). The microbiological analysis using Denaturing Gradient Gel Electrophoresis (DGGE) technique showed no significant difference.

**Conclusion:** Elastomeric modules were not significantly associated with any increased risk during the initial three months of treatment when compared to self-ligating brackets. Long-term changes would be of great interest.

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“Evidence-based” interceptive orthodontics - the team approach.

This lecture will focus on evidence-based interceptive treatment and will include deleterious habit evaluation and control, leeway space utilization, crossbite assessment and correction, expansion, distalization, orthodontic management of impactions, diastemas, supernumerary teeth, microdontia, missing teeth and submerged teeth. The “orthodontic team-approach” includes the referring general dentist. Communication between the dentist and orthodontist as a vital part of interception of malocclusion will be explored.

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Head of Orthodontics and Grad. Ortho. Prog. at University of Manitoba, Canada
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President elect of the Society of Educators of the AAD

**Saud A. Al-Anezi**
BDS, MFd RCSI, Doctorate in Orthodontics (Bristol, UK), MOrth RCSEd.
Board Member and Head, Scientific Committee, Kuwait Dental Association
Régénération et revascularisation pulpaire: mythe ou réalité? Une revue de la littérature.

Le potentiel de régénération de la pulpe dentaire, en particulier au niveau des dents matures, est considéré comme extrêmement limité. Toutefois, les connaissances actuelles concernant l'inflammation pulpaire et le processus de réparation pulpaire ainsi que l'évolution des matériaux dentaires et des technologies ont permis une réparation pulpaire qui représente une alternative biologique au traitement radiculaire conventionnel.

Les traitements endodontiques conventionnels aboutissent à des dents fragiles avec un haut risque de fractures radiculaires. La régénération pulpaire est un traitement biologique qui permet la reprise de la formation radiculaire.

La régénération pulpaire représente une nouvelle modalité de traitement basée sur le rétablissement de la vitalité de la pulpe et la reprise du développement radiculaire. Cette procédure repose sur la mise en place dans le canal dentaire d'un caillot sanguin (considéré comme échafaudage de la régénération pulpaire), de facteurs de croissance (provenant surtout des plaquettes et de la dentine) et de cellules souches.

Des cas cliniques de régénération pulpaire des dents permanentes immatures seront présentés et discutés.

Genetics and paediatric dentistry.

The paediatric dentist is the first to observe dental anomalies. By a meticulous amanestis, he determines if the aetiology is systematic, environmental or genetic.

During the presentation, we will describe the diagnostic process using decision trees. Then we shall approach the dental anomalies of genetic origin. Whether it is anomalies of shape, structure or number, the odontologist has to estimate if the anomaly is integrated into a syndrome context, or not. Actually, reading dental anomalies provide the opportunity for the odontologist to provide an early contribution to the diagnosis and the care of general pathologies.

The anomalies of structure: amelogenesis imperfecta, dentinogenesis imperfecta are mostly monogenic with few general consequences. The anomalies of numbers by excess or by default constitute markers of the earlier developmental defect. Consequently, when they affect primary teeth or are higher to 6 teeth, a genetic advice is recommended. Various clinical examples will illustrate the situations that the dentist can encounter.
Minimal invasive dentistry: the Smart-Prep bur.

The diagnosis and treatment of caries has been changing in recent years. The accurate diagnosis of the extent of pit-and-fissure caries has become more difficult. The increased use of fluoride has led to a change in the traditional characteristics of demineralization and the visual appearance of enamel opacities in the initiating lesion. Since the invention and application of rotary instruments, the operative treatment of carious lesions has often resulted in considerable removal of tooth structure. Newer techniques for removal of carious dentin have been developed in an attempt to minimize this excessive tissue loss which is one of the major goals of minimal invasive dentistry. Recently, burs made from polymers have been introduced and described as “dentin safe”. Smart-Prep is a rotating instrument for dentin caries excavation made from a special polymer. Research stated that Smart-Prep removes carious dentin selectively. This presentation discusses different minimal invasive approaches and focuses on the newly introduced smart prep bur.

Conference Hall D  15:45-16:05

Roula S. Sinno
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Clinical Instructor, Department of Developmental Sciences, Division of Pediatric Dentistry, Faculty of Dentistry, Beirut Arab University

Child periodontium specificity.

Le parodonte est une structure anatomique majeure de la cavité buccale de l’enfant. Au cours de la croissance et de l’éruption dentaire, il subit de nombreuses modifications physiologiques. En médecine dentaire, il est important de bien connaître la normalité de ce parodonte afin d’en déceler les altérations. Nous aborderons les différents facteurs qui modifient le parodonte, les avancées scientifiques concernant la flore bactérienne acquise par l’enfant et l’adolescent. La physiopathologie de la gingivite et de la parodontite spécifiques de l’enfant seront décrites et les différences avec l’adulte soulignées.
Le parodonte peut être le reflet, facilement observable, de la santé générale de l’enfant.
Nous proposerons une démarche diagnostique et thérapeutique en présence d’une maladie parodontale en denture temporaire ou mixte. Et nous illustrerons l’intérêt du microscope optique dans cette prise en charge chez l’enfant.

Conference Hall D  16:30-16:45

Isabelle Bailleul-Forestier
Maitre de Conférences, Université Paris 7, Garancière Professeur, Université Paul Sabatier, Toulouse Visiting Professor, Université Catholique de Leuven, Belgique
Cone Beam Computed Tomography (CBCT) in pediatric dentistry.

Conference Hall D  
16:45-17:30

Cone Beam CT (CBCT) has become an increasingly important source of three dimensional (3D) volumetric data in clinical pediatric dentistry since its introduction into dentistry in 1998.

Cone Beam Computed Tomography (CBCT) has improved diagnosis and treatment planning of patients with supernumerary teeth. The decision to use CBCT should be based on the diagnostic information required. As with any other radiographical technique, routine use of CBCT is not acceptable clinical practice. CBCT certainly has a place in paediatric dentistry, but its use must be justified on a patient case individual basis.

This presentation deals with case reports of patients with various pediatric problems to demonstrate the need for accurate diagnosis and treatment planning based on a comprehensive evaluation using CBCT.

New outcomes for vitamin D and caries prevention.

Conference Hall D  
17:30-18:00

La vitamine D, hormone essentielle pour l’absorption intestinale du calcium est aussi impliquée dans la croissance de l’enfant, l’odontogénèse, la prévention des maladies cardiovasculaires, des cancers et les réponses du système immunitaire. Bien que le rachitisme ait été éradiqué, de récentes études internationales et même dans des régions ensoleillées rapportent que les populations ne bénéficiant pas d’un statut vitaminique D optimal augmentent. La vitamine D est aussi indispensable pour la minéralisation dentaire. Les études in vivo montrent qu’elle stimule la production des protéines de l’émail comme l’amélogénine. Son déficit pendant la grossesse et/ou la petite enfance peut entraîner des hypoplasies améliorées des dents temporaires et permanentes et un risque carieux accru. Une récente méta-analyse suggère qu’une exposition à la vitamine D pendant la petite enfance a un effet préventif sur la carie dentaire. Inversement, une étude comparative a montré que chez les enfants porteurs de caries précoces (ECC), le taux sérique de vitamine D est diminué. Des études complémentaires doivent montrer si cette déficience vitaminique est liée à une malnutrition primaire ou secondaire à la maladie carieuse.

De toute façon, l’odontologiste devra vérifier le bon suivi des supplémentations en vitamine D mises en place par les pédiatres.
## Friday September 27th, 2013

### Conference Hall A

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<td>A combined endodontal LASER supported treatment concept. Norbert Gutknecht</td>
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<td>09:30-10:15</td>
<td>Current perspectives on prefabricated glass fiber post in endodontically treated teeth: cementation strategies and clinical evaluation. Antonio Signore</td>
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<td>10:15-11:00</td>
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<td>Crestal bone gain in short and ultra short single tooth locking taper implants. Shadi Daher</td>
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### Conference Hall B

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<td>Traitement ortho-chirurgical en technique linguale chez les adultes. Sami Bou Saba</td>
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**Conference Hall C**

**Chairpersons**  Jeanine Gebeily / Abir Al Kaissy

08:45-09:30  Kystes et tumeurs odontogènes des maxillaires.  
**Hervé Reychler**

09:30-10:15  Clinical evaluation of immediate loading implants among Yemeni khat chewers.  
**AbdulWahab Ismail Al-Kholani**

10:15-11:00  TMJ office arthrocentesis with reference to arthroscopy.  
**Reha Kisnisci**

11:00-11:15  Break & Exhibition Visit

**Chairpersons**  Badri Meouchy / Inaam Baghdadí

11:15-12:00  Clinical treatment of teeth hypersensitivity.  
**Samir Namour**

12:00-12:20  When and how LASERs can be used?  
**Jihad Habli**

**Nicole Aoun El-Hajj**

12:40-13:20  Le LASER en pathologie orale: diode versus Er, Cr: YSGG.  
**Antoine Cassia**

13:20-14:15  Lunch & Exhibition Visit

**Chairpersons**  Ziad Salameh / Sami Mouwakdié

14:15-15:00  New trend for biotechnology in bone regeneration: the combination of osteogenic cells and bioactive ceramics.  
**Guy Daculsi**

15:00-15:45  Pre-prosthetic bone reconstruction.  
**Reha Kisnisci**

15:45-16:30  Eureka R2 - Next paradigm of implant dentistry “bone regeneration”.  
**Kwang Bum Park**

16:30-17:00  Break & Exhibition Visit

**Chairpersons**  Ghada Ayach / Jihad El-Housseini

17:00-17:45  Idealizing esthetic and functional integration while preserving the reliability of the prosthetic outcome.  
**Giacomo Fabbri**

17:45-18:30  Optimizing aesthetic results after immediate implant placement.  
**Oliver Hugo**

**Conference Hall D**

**Chairpersons**  Khaldoun Rifai / Nouhad Rizk

08:45-09:05  Obstructive sleep apnea: overview of Lebanese study and recent advances.  
**Osama Ababaker Alsaddik**

09:05-09:50  Side effects and complications of oral repositioning splints for sleep apnea.  
**Patrick Arkach**

09:50-10:30  Oral appliances for the treatment of snoring and sleep apnea.  
**Patrick Arkach**

10:30-10:45  Break & Exhibition Visit

**Chairpersons**  Nada Chedid / Ziad Noujeim

10:45-11:30  Scientific and clinical state of the art of the use of the different bone substitutes in dental and maxillofacial surgery.  
**Guy Daculsi**

11:30-12:00  Trends in oral diseases among schoolchildren in Gaza Strip.  
**Lamis Abuhaloob**

12:00-13:00  Lunch & Exhibition Visit

**Chairpersons**  Jihad Dagher / Riad Bacho

13:00-13:45  Complete protection, a new daily desensitising toothpaste containing NovaMin®.  
**Jonathan Earl**

13:45-14:15  Mega trend: E-learning in a scientific environment.  
**Joachim Tabler**

14:15-14:45  The importance of dental group practice in restructuring the Lebanese dental health care system.  
**Mohamad Medawar**

14:45-15:00  Break & Exhibition Visit

**Chairpersons**  Walid Nehmé / Hani Ladki

15:00-15:30  Get up your nerve to deal with the mandibular nerve.  
**Charbel Allam**

15:30-16:00  Build-up of endodontically treated teeth using resin-based materials.  
**Hani Ounsi**

16:00-16:45  One file system (reciproc, wave one, one shape) biologic and techniques concepts.  
**Danilo Shimabuko**

16:45-17:30  ProTaper Next: another way for shaping root canals or a convergence of improvements in design and dynamic motion.  
**Edmond Koyess**

17:30-18:10  Concept generation in endodontics. Where does it come from?  
**Didier Lakomski**

**Didier Lakomski**

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**Day 2 - Friday 27th September**
A combined endodontical LASER supported treatment concept.

Conference Hall A 08:45-09:30

Endodontics have always had a special position in conservative dentistry. If endodontics treatment fails it inevitably leads to surgery or the loss of a tooth, both of which are significant consequences for the patient.

The pathological reaction is caused by a bacterial root canal system in which certain species of bacteria thrive to produce the clinical picture of periapical periodontosis. Conventional endodontic treatment consists of cleaning the root canal by mechanical means and irrigation with antibacterial solutions. One distinct disadvantage of these solutions is that bactericidal effects are only present in the root canal. Due to the narrow diameter of the dentinal tubules and the high surface tension of liquid solutions, they can only penetrate into a small part of the canal tissue. Chemical disinfectants reach only 100µm into the adjoining root dentin. Experiments performed by Kouchi et al. show that during infection, bacteria colonize the dentinal tubules up to 1100µm from the canal lumen. This explains why bacteria in the deep dentin layers are not destroyed by chemical disinfectants. For many years, LASERs could only be used with a rigid delivery system, such as a mirror-joint. Only the development of new light-conducting materials made the application of diverse wavelengths in the root canal possible. By using a flexible fiber, the radiation can be led directly into the root canal and can therefore also act in the apical third. During the past few years, several LASER systems have gained widespread acceptance in endodontic therapy because LASERs have been shown to be very effective in cleaning and disinfecting the root canal lumen.

The combination of Er:Cr:YSGG LASER and a diode LASER with a wavelength of 2780nm and 940nm has the ideal properties for this application. The first one is well absorbed in water and hydroxapatite, so that smearlayer, organic material and infected root canal wall dentin can be well removed showing open lateral dentinal tubules. The second wavelengths is scarcely absorbed by the dentin, therefore providing a sufficient depth of penetration, prerequisite to the good bactericidal effects. The crown down technique in combination with this two LASER treatments will provide the highest possibility for a successful treatment.

Current perspectives on prefabricated glass fiber post in endodontically treated teeth: cementation strategies and clinical evaluation.

Conference Hall A 09:30-10:15

The available scientific evidence validates the use of fiber posts as an alternative to metal posts and preferably to other tooth-coloured posts, such as zirconia dowels, in the restoration of endodontically treated teeth. Preservation of tooth tissue, presence of an adequate ferrule effect and adhesion are regarded as the most effective conditions for long-term success of post-endodontic restorations. Adhesively cemented fiber-reinforced composite post restorations have demonstrated satisfactory survival rates over relatively long follow-up periods. It is generally agreed that achieving stable adhesion to intraradicular dentin is more challenging than to coronal dentine. Several techniques for pre-treating the fiber-reinforced composite post surface have been tested with the aim of improving the bond strength at the post-core and post-cement interfaces. The most reliable results in fiber post cementation are obtained by etch-and-rinse adhesives in combination with dual-cure resin cements. More recently the use of self-adhesive resin cements has been proposed. Simplification of the luting procedure is an advantage of these new materials. However, the durability of their bond still needs to be verified with long-term clinical studies.
Accidents and complications in endodontics - How to solve them?

Conference Hall A 10:15-11:00

During endodontic treatment situations occur that hinder its continuation and prevents obtaining the desired clinical success. Examples of these situations are perforations and fractures of endodontic instruments. This lecture will discuss the clinical methods to resolve this situation and to emphasize the use of magnifications such as operating microscopes and dental loupes.

Eureka R2 - Next paradigm of implant dentistry “One day implant”.

Conference Hall A 11:15-12:00

During the last 50 years, implant dentistry was developed amazingly and became the first choice of treatment when a patient lost a tooth or several. Almost everything in implant dentistry became faster and easier and more predictable due to the development of better implant designs, better surface treatments and the use of digital treatment planning and prosthetically guided surgery. However, there are still some limitations with implant treatment. For example, “non loading period” in some cases is still quite long and difficult to accept to many patients. Open flap surgery is somewhat scary and sometimes can make discomfort and complications.

Eureka R2 project “One day implant” was made to minimize those problems and maximize the efficacy of implant treatment. In this project, we are aiming to do “One-day implant” with predictable outcome, the aim is to place customized abutments and crowns immediately after implant placement. To do this, we need to prepare zirconia or titanium-customized abutments and crowns before implant placement with the aid of a computer program “R2Gate” through virtual surgery. Specially designed implant systems and surgical stents are essential for “One-Day Implant” successful outcome.

During this presentation we will discuss all the necessary steps from A to Z.
I won’t leave your office without teeth! Possibilities and limitations of immediate placement and immediate loading of dental implants.

Conference Hall A  12:00-12:45

Biological prerequisites and considerations: healing and morphological changes of hard and soft tissue after extraction, socket preservation.
- Scientific background and clinical evidence on the treatment protocols immediate placement and immediate loading: definitions, brief literature review, indications and contraindications.
- Case studies and treatment results for challenging indications.
- Conclusion: balancing patient demands, patient compliance, technical and biological possibilities.

Is there an alternative to autogenous bone grafts in the dental implantology? Status quo and future perspectives.

Conference Hall A  14:15-15:00

For the pre-implant compensation of a horizontal and vertical compromised bone situation, the autogenous bone graft still represents the gold standard - for extraoral (such as iliac crest bone graft) and intraoral donor side morbidity (such as maxillary tuber). Disadvantages of this technique are the donor side morbidity, the more complex surgical procedure with prolonged surgery times and associated hospitalization, higher costs, personal burdens for the patients and others.

By now, some procedures are available, which could represent some interesting alternatives to the demanding reconstructions by autogenous transplants in the future or at least serve as an adjunct to them.

In this overview, recent alternative methods and future perspectives will be introduced.

The application of bone substitute materials, bonebuilder®, botiss bonering®, Platelet-rich-plasma (PRP), Platelet-rich-fibrin (PRF), GTR, GBR, native bone morphogenic proteins (BMP) and/or Enamel-Matrix-Proteins (EMP), the Harvest BMACTM bone concentrate and the SonicWeldRx®-system. Modern application possibilities and future perspectives of the tissue engineering (in vitro and in vivo) and gen therapy will be presented.
Bone preservation and immediate post-extraction implant.

Conference Hall A 15:00-15:45

Immediate post-extraction implant placement is now accepted in clinical dentistry for reconstruction of partially or completely edentulous mandible or maxilla. Advantages of immediate implantation are numerous: post-extraction alveolar process resorption is reduced, diminution of surgical visits, shortening the treatment time by the diminution of the healing process, higher patient acceptance and satisfaction, improved functional and esthetic results. The clinical survival rates of immediately placed implants are comparable to those of implants placed following tooth extraction and wound healing. Preservation of the buccal plate allows precise implant placement, improves the prosthetic emergence profile and more over preserves the morphology of the peri-implant soft tissues thereby affording improved esthetic-prosthetic performance. The surgical requirements for immediate implantation include extraction with the least trauma possible, preservation of the extraction socket walls and thorough alveolar curettage to eliminate all pathological material. Some new device like LASER technology can be now utilize to enhance these objectives. Then since we know that primary stability is an essential requirement the use of an aggressive implant shape and surface combine to a condensation bone technique will help to reduce the healing period. The esthetic emergence issue will be achieve by a 1-2 mm sub-crest implant placement using a platform switching and a morse taper. This predictable treatment modality will lead to a high rate of crestal bone preservation with a minimally invasive approach.

Gilles Chaumanet
Course Director DU LASERs Universités de Bordeaux I et II
Professor, Master LASER in odontopatia, Université di Genova, Italy
Professor, Master LASER thérapie Odonto & ORL - Université de Cagliari

Crestal bone gain in short and ultra short single tooth locking taper implants.

Conference Hall A 15:45-16:30

The long term use of dental implants continues to provide the scientific community with insights into the biologic response of the alveolar process. Many factors are thought to contribute to the level of the bony crest relative to the implants. We studied over 90 variables and we able to identify several that have a very strong correlation with crestal bone gain adjacent to the widely used locking taper implants. The data was thoroughly analyzed and published in peer reviewed and respected publication. The talk will focus on the published work as well as the coming studies and techniques based on these scientific studies.

Shadi Daher
DMD, Boston University
Diplomate of the American Board of Oral and Maxillofacial Surgery
Teaching staff, Boston Medical Center, Boston, USA
Esthetic strategy for the preparation of ceramic restorations with minimally invasive preparations.

The lecture presents clinical esthetical cases with minimally invasive preparations and also makes a brief history about the evolution of adhesive restoration preparations.

Conference Hall A 16:45-17:30

Carlos Sabroza
DDS, CAGS Prosth., DSc. Biomat./Prosth. Boston University Goldman School of Dental Medicine Professor and Chairman Dept. of Prosth. Universidade Estácio de Sá Rio de Janeiro, Brazil Director of Postgraduate Program in Prosthodontics Department of Prosthodontics Universidade Veiga de Almeida Rio de Janeiro, Brazil Associate Adjunct Professor, College of Dentistry, University of Dammam, KSA

Precision and esthetics. From preparation design to final cementation.

The practice of esthetic dentistry allied to adhesive dentistry is a reality today. With the improvement of restorative dental materials, new techniques and systems are available to fabricate dental restorations supported by teeth and implants. The potential of bonded restorations increase the number of indications for esthetic procedures. The main objective of most esthetic systems today is to replace porcelain fused-to-metal restorations with metal-free restorations without changing the procedures usually used by the restorative dentist. Esthetic procedures can only be achieved when there is a good relationship between the restorative dentist and the dental technician. The main objective of this lecture is to show evidence based requirements that should be followed such as tooth preparation design and tooth surface arrangement, adhesive cementation as well as other steps throughout the prosthodontic treatment to optimize your results.

Conference Hall A 17:30-18:15

Manoel Martin Jr.
Ph.D Dental Prostheses, UNESP, Brazil Research and Extension Coordinator at IFPR / Londrina Professor of Prosth., Instituto Federal do Paraná, IFPR, Londrina, Brazil
Minimally Invasive Sub-Sinus Implant Procedure.

Gilles Chaumanet  
Course Director DU LASERS Universités de Bordeaux I et II  
Professor, Master LASER in odontotapia, Università di Genova, Italy  
Professor, Master LASER thérapie Odonto & ORL - Université de Cagliari

Conference Hall B  
08:45-09:30

Atrophy of the alveolar ridge of the maxilla, as a result of edentulism, often cannot allow a prosthetic rehabilitation because of the small residual thickness of bone which compromises the primary implant stability. Achieving implant primary stability in poor-density bone is difficult when the available bone height is less than 6 mm. In the atrophic posterior maxilla, primary stability can readily be achieved with tapered implants even when the mean residual bone height is as low as 2 mm. An original surgical technique will allow the placement of endosseous implants in the atrophic posterior maxilla in conjunction with sinus elevation without bone grafting ending in a reduced healing period with significant amount of bone formation around the implants at the sinus floor, resulting in successful restorations and eliminating the need for bone grafting.

Minimizing errors in implantology: 4 cases report.

Georges Hage  
DCD, Dr.Sc.Odont.  
Former Associate Professor, Departement of Periodontology, Paris VI University  
Visiting Lecturer, Department of Periodontology, Saint-Joseph University, Faculty of Dental Medicine

Conference Hall B  
09:30-10:00

Failure in implant dentistry is very often difficult to be accepted by the patient even though he or she had been previously informed of its possible occurrence. This could be explained by the combination of the psychological impact of the surgical procedure, the duration of the healing period and the treatment cost. Some of those errors leading to failure are not really documented in the literature or taught in the textbooks. In this lecture, 4 cases of implant complications and/or failures are presented and the way to minimize their occurrence is discussed.
Short and ultra short dental implants: a long term follow-up.

Conference Hall B  10:00-10:45

When anatomic structures and ridge resorption limit the placement of a standard implant, the clinician can apply augmentation techniques or use short implants. The literature is accumulating regarding the benefits of short dental implants. Recently there has been a popular increase in the use of ultra short dental implants that are less than 8 mm in height. The focus of this presentation is to show the advantages of using short and ultra short implants over the use of more complicated and more aggressive techniques. The highlight of the presentation would be the long-term success and survival of those implants that were placed in compromised conditions.

Atrophic posterior maxilla rehabilitation, is lateral sinus lift the only option?

Conference Hall B  11:00-11:45

In many of the posterior maxillary rehabilitation cases the limiting factor is the availability of bone depth. While overall dimensions of the alveolar ridge may be adequate, the hyper-pneumatization of the maxillary sinus often reduces the available depth of bone for implant placement. The classic treatment for such sinus hypertrophy is the sinus lift procedure. This procedure often required the opening of a window osteotomy in the lateral aspect of the ridge to enable the surgeon to elevate the sinus mucosal lining and insert bone grafting substrates to increase the alveolar process depth. The lateral is well described and the composition of the grafting substrate has been the subject of a consensus conference of the Academy of Osseointegration as early as 1996. However, it is well known that crestal approaches that are faster and less invasive can also be used to elevate the sinus sufficiently for the installation of a limited number of implants. Among the crestal approaches in a technique described as the “Floor Transport”. This talk will present a series of cases where the transalveolar “Floor Transport” technique allows for the placement of dental implant at the same time as the sinus floor is lifted without resorting to a lateral window approach. The available data and literature will be reviewed together with a detailed overview of the technique.
Management of the posterior atrophic maxilla.

Nabil Barakat
Gilles Chaumanet
Shadi Daher
Georges Hage
Jihad Abdallah

Implants and orthodontics; a symbiotic relationship.

Roy Sabri
DCD, MS Ortho.
Clinical Associate, Division of Orthodontics and Dentofacial Orthopedics, American University of Beirut Medical Center

The osseointegration concept involving the use of titanium implants has revolutionized modern dental practice. It was originally intended for completely edentulous patients but gradually became an integral part of all disciplines of dentistry. Today, implants are becoming standard components of the orthodontic armamentarium and orthodontics a prerequisite for optimal implant placement and restorative outcomes. This alliance between orthodontics and osseointegration comes in three different ways:

1. Pre-implant orthodontics;
2. Single-tooth implants in orthodontics;
3. Orthodontic implants as stationary anchorage.

The use of implants for anchorage not only facilitates orthodontic mechanics but offers new treatment alternatives previously unavailable with traditional mechanics. Single-socket implants have also changed treatment planning in orthodontics. Conversely, orthodontics can facilitate implant placement by creating adequate mesiodistal space at both crown and root levels to accommodate the fixture, abutment and restorative components. Bone and gingival tissue can also be created by orthodontic implant site development.

This lecture will illustrate the relationship between the two disciplines and the exciting innovations available today to enhance treatment outcomes.
Piezocision: rapid orthodontic tooth movement.

An increasing number of adult patients have been seeking orthodontic treatment, which led to a recurring request to shorten treatment time. To meet their expectations, a number of surgical techniques have been developed to accelerate orthodontic tooth movement. However, these have been found to be quite invasive, leading to low acceptance in patients and the dental community. Piezocision™ is a new, minimally invasive procedure, combining buccal microincisions. This novel approach is leading to short orthodontic treatment time, minimal discomfort, and great patient acceptance, as well as a stronger periodontium.

The dentists role in early orthopaedic treatment of developing Class II and Class III malocclusions.

This lecture will discuss growth modification and early orthopaedic treatment for developing Class II and III malocclusions. It will cover selection of patients that will benefit from growth modification procedures, age-appropriate treatment, the pubertal growth spurt and functional appliance therapy. The lecture will focus on evidence-based intervention.
Orthognathic surgery: conventional surgery is not always the answer.

Conférence Hall B 16:15-16:45

Conventional orthognathic surgery is not always the best choice to deal with severe cases. Distractors have come a long way since invented by McCarthy. Severe cases are better treated with distractors. They will provide a more stable result with less recurrence; the soft tissue will expand gradually and better redrape the bony structures. The surgical/orthodontic follow up is of most importance in these cases to achieve the best result for the patient.

Othognathic surgery, beauty and attractiveness.

Conférence Hall B 16:45-17:30

Most patients who request orthognathic surgery done do not have functional problems. Their problems are mainly aesthetic. They are basically unsatisfied with the way they look. This is because facial anomaly may have an adverse effect on individual’s self-esteem and self-confidence. This presentation will focus on the different factors that might drive the individual with facial anomaly to have the surgery done.

Aims and Objectives
- Understand the meaning of “Orthognathic Surgery”.
- Appreciate the role of the face in human interaction.
- Understand the society’s reaction to faces that appreciably deviate from the norm.
- Appreciate the role of the face in individual’s perception by the society.
- Understand the meaning of the terms, beauty, attractiveness and ugliness.
- Understand the facial physiological changes related to “aging”.

Learning Outcomes
- Understand the factors that drive an individual to have orthognathic surgery done.
- Be able to identify individuals with facial anomalies.
- Understand how to assess the face in the three planes.
- Be able to identify the face that appreciably deviates from the norm.
Traitemen* otho-chirurgical en technique linguale chez les adultes.

Sami Bou Saba
Specialist in Orthodontics and Dentofacial Orthopedics, Université Catholique de Louvain (UCL), Belgium
Lecturer, orthodontic clinic, University of St. Luc, UCL.

Conférence Hall B 17:30-18:15

Depuis quelques années, nous observons une augmentation du nombre d’adultes qui viennent consulter l’orthodontiste pour des raisons esthétiques et/ou fonctionnelles. Bien souvent, ils souhaitent limiter la visibilité de leur traitement orthodontique et ils demandent un appareillage esthétique ou invisible et sont donc peu enclins à accepter un appareillage fixe classique (vestibulaire). A travers cette présentation, nous allons vous détailler les nouvelles approches thérapeutiques nous permettant de répondre à cette exigence: l’appareillage fixe linguale associé à la chirurgie orthognathique.

Kystes et tumeurs odontogènes des maxillaires.

Hervé Reychler
MD, LSD, Stomatologist, maxillofacial surgeon
Professor and chair of Stomatology and Maxillofacial Surgery, Dept., Saint Luc University, Brussels, Belgium

Conférence Hall C 08:45-09:30

Au cours de cet exposé, l’auteur passera en revue systématiquement les différents kystes et tumeurs odontogènes que l’omnipraticien est susceptible de rencontrer au niveau des maxillaires. Pour chacune des pathologies, les symptômes cliniques et radiologiques, les éléments du diagnostic et les principes thérapeutiques seront détaillés et abondamment illustrés.
Clinical evaluation of immediate loading implants among Yemeni khat chewers.

Conferences Hall C 09:30-10:15

This is the first study all over the world evaluated the clinical performance of the new one-piece implants among Yemeni khat chewers when placed for immediate loading of single or multiple tooth restorations in partially or completely edentulous patients with healed bony sites or in immediate post-extraction situations.

Khat chewing habit is thought to be a potential risk factor for implants and fixed prosthodontics installed over implants. It increases the magnitude, duration and direction of the force.

In this study 62 implants were placed in 8 khat chewer’s patients and immediately restored by provisional restorations. The implants were placed in all areas and indications of the upper and lower jaw, partially or completely edentulous patients. Patients were followed-up for two years. Panoramic radiographs were made. During the follow-up period, no implant fracture or looseness was observed. Implants showed normal radiographic marginal bone reaction compared to that recorded in literature for non khat chewers patients.

TMJ office arthrocentesis with reference to arthroscopy.

Conference Hall C 10:15-11:00

Various management protocols have been reported to deal with temporomandibular joint disorders. Arthroscopy and arthrocentesis are minimally invasive treatment modalities for the management of temporomandibular joint internal derangement cases. Both have proved to be beneficial in certain temporomandibular intra-articular disorders. Arthrocentesis reported to produce highly efficient outcomes by subsiding joint pain and increasing the range of mandibular movements. Arthroscopy by means of lysis and lavage has also been reported to be an effective treatment for patients with internal derangement of the temporomandibular joint. However, there still is a lack of prospective and randomized studies to compare both modes of treatment. An overwiev of the topic and our study results to evaluate the efficacy of these two techniques in a prospective randomized patient population will be discussed.
Clinical treatment of teeth hypersensitivity.

Objective: Previous studies showed the possibility to seal the dentinal tubules by means of Nd-YAG LASER. The aim of our study was to verify the efficiency of laboratory study on vital teeth.

Materials and Methods: LASER irradiation conditions used were: Nd - YAG (Fotona LASER system; Fotona- Slovenia); 0.5 - 0.75 Watts; ; scanning speed: 2 mm / sec. (Pd 0.5W= 1591.55W/cm² ; Pd 0.75W= 2387.325W/cm² ). Before treatment, the surfaces of dental necks are covered by means of graphite substance. The LASER beam is used without contact and with an angle of 45° with the surface. The LASERing is used until complete removal of graphite. The evaluation of hypersensitivity reduction was made as following: The intensity of pain was evaluated before treatment and after by means of application of air flow on the surface of each tooth with 1 cm distance from the surface and during 3 seconds. The degree of hypersensitivity was evaluated using a graduated scale ranged from 0 to 10 before treatment and immediately after. The follow-up recall of each patient was done one week later, 6 months and 1 year after treatment.

Results: The mean of hypersensitivity before treatment was 7.787 ± 0.8876 and 2.912 ± 1.506 immediately after treatment. The means and SD of hypersensitivity were: 1.77 ± 1.467 at one week, 0.9180 ± 0.34 at 6 months and 0.78 ± 0.21 at 1 year after treatment.

Conclusion: LASER irradiation conditions used in our study are therapeutically relevant and efficient against teeth hypersensitivity.

When and how can LASERs be used?

Although over twenty years have passed since treatment with LASER has been introduced in dentistry, controversy still surrounds the issue. Questions are continuously being raised about its efficiency in hard tissue treatment, the possibility of using it for drill-free implants, and whether the use of LASERs in dentistry is a need or a must or both.

Although extensive research supports the use of LASERs in the dental field, the lack of knowledge about it, combined with the relatively high cost of incorporating LASER technology into dental clinics, remain to be the main reason behind this controversy.

After attending this lecture, the participants will have a clearer idea about dental LASERs as well as when and how LASERs can be used. They will be able to answer the question of whether dental W will replace traditional treatment or complement it. They will also be able to determine the cost effectiveness of incorporating it into their dental practices, and have ideas on how to go about it.
Risque hémorragique post-extractionnel chez un patient sans antécédents médico-chirurgicaux.

Conference Hall C    12:20-12:40

Un saignement difficilement contrôlable suite à une extraction dentaire est rare, voire exceptionnel chez un patient sans antécédents médico-chirurgicaux. Ce saignement est un signal d'alerte pour le chirurgien-dentiste. Il peut être évocateur d'un trouble de l'hémostase d'origine locale ou systémique. Face à des situations identiques, le chirurgien-dentiste doit pouvoir faire face par un équipement adéquat (matériel, matériel,…). Il est, par ailleurs, impératif d'établir le diagnostic, ici méconnu, du trouble de l'hémostase que présente le patient.

Ces propos sont illustrés par le cas d’une maladie de Willebrand diagnostiquée suite à une hémorragie post-extractionnelle au cabinet dentaire.

Le LASER en pathologie orale: diode versus Er, Cr: YSGG.

Conference Hall C    12:40-13:20

Les LASERs ont certes amélioré la prise en charge de multiples pathologies orales. Du lichen plan à la leucoplasie en passant par les aphtes, les lésions nerveuses et autres hémangiomes, les LASERs sont devenus l’outil indispensable en pathologie orale. En fonction de la longueur d’onde, cette approche peut être différente. Nous passerons en revue, à travers des cas cliniques, les différentes applications des LASERs diode et Er, Cr: YSGG en insistant sur les avantages de chacune d’elle.
New trend for biotechnology in bone regeneration: the combination of osteogenic cells and bioactive ceramics.

Conference Hall C 14:15-15:00

Recent developments related to CaP scaffolds including improvements in terms of engineering chemistry, surface properties, microstructure, and porosities, which leads them to be considered as being bioinstructive rather than osteoconductive scaffolds, have opened up new opportunities for bone regenerative technologies. Not only are some of these CaP bioceramics scaffolds osteoinductive in their own right, but evidence also supports the hypothesis that specific engineering bioceramics have a direct influence on the differentiation and proliferation of human mesenchymal stem cells (hMSCs). Tissue engineering, new bioactive molecules, and new surgical technologies, increase the potential application of CaP bioceramics as carriers of these cells, and also as scaffolds capable of guiding the behavior of these cells and the efficiency of bone regeneration. Several clinical applications performed in maxillofacial surgery (radionecrosis jaw mandibular reconstruction), large bone reconstruction in difficult situations (osteonecrosis, cancer etc...) were presented. If the smart bioinstructive CaP scaffold technology led to a higher efficacy of CaP scaffolds, it would allow further surgical applications in bone tissue regeneration. The mechanical properties required for bone ingrowth, bone remodeling and mechano-transduction must be explored to allow the development of new generation scaffolds.

Pre-prosthetic bone reconstruction.

Conference Hall C 15:00-15:45

Prosthetic rehabilitation can be very challenging in a selected group of patients. Some may present with severe bone or atrophy requiring major reconstructive options. There are several surgical techniques and medical technologies available to replace and reconstruct 3-D bone architecture. Autogeneous bone grafts are usually the gold standard with predictable outcomes and anticipation of resorption rate. Several pitfalls may be taken into consideration in order to optimize graft intake prior to implant placement and loading. Many local or distant sites are available as the source for obtaining autogenous grafts. Mandible, maxilla, tibia, ileum and cranium are the usual sources for us that may be utilized for harvesting depending upon individual needs. In addition, sources from shelf can also confidently be used solely or in combination for those defects particularly in smaller size and uncompromised recipient sites. Patients with severe resorption present with distorted facial esthetics due to underlying bony changes. Hence, overall treatment planning should incorporate correction of facial deformity coupled with pre-prosthetic reconstructive techniques. In this presentation, a general overview on grafting techniques, planning and wide selection of case presentations will be presented.
Eureka R2 - Next paradigm of implant dentistry “bone regeneration”.

Conference Hall C 15:45-16:30

During the last 50 years, implant dentistry was developed amazingly and became the first choice of treatment when a patient lost a tooth or several. Regeneration technology for resorbed bone also allowed more patients to enjoy the benefit of dental implants. Almost everything in implant dentistry became faster and easier and more predictable due to the development of better implant designs, better surface treatments and the use of digital treatment planning. However, there are still some limitations in cases with compromised bone quality and quantity, many methods and techniques were developed through the years to manage horizontal and vertical bony defects, most of these methods are difficult to accept by some patients because of the morbidity related to these procedures. Success rate is directly related to the degree of experience of the operating surgeon.

Eureka R2 project “Bone regeneration paradigm” was made to minimize those problems and maximize the efficacy of implant treatment. In this project, we are aiming to do bone regeneration in a less invasive, with predictable outcome. The aim is to use innovative techniques, instruments and tools for bone regeneration, allowing us to place implants simultaneously with bone regeneration in most of the cases. Specially designed implant system and bone regeneration techniques are essential for a successful outcome.

During this presentation, we will discuss all the necessary steps from A to Z.

Idealizing esthetic and functional integration while preserving the reliability of the prosthetic outcome.

Conference Hall C 17:00-17:45

In the last decades, several types of all-ceramic systems have been developed in order to satisfy the patients' increasing esthetic demand. Today, the challenge is to develop a ceramic material characterized by excellent esthetic and function outcomes with minimal thickness in order to preserve as much as possible tooth structure. In this sense, adhesion coupled with etchable ceramic surfaces and materials property, as esthetics, flexural strength and processing technique, are the key points to improve the mechanical properties of the restorations, and tooth-like esthetic and functional properties, in order to achieve stable and predictable prosthetic outcomes on natural teeth and implants.
Optimizing aesthetic results after immediate implant placement.

- The role of the provisionalization for the soft tissue
- Abutment design and considerations on provided materials
- The impact of suprastructural shape and design.

Conference Hall C  17:45-18:30

Obstructive sleep apnea: overview of Lebanese study and recent advances.

Sleep apnea syndrome is characterized by episodic cessation of breathing during sleep which may be with or without snoring.
Dental relevance: it has been shown that certain abnormal craniofacial patterns are characteristic features in sleep apnea; along with the local effect of dry mouth, bruxism and disocclusion that results from such sleeping pattern.
Medical relevance: sleep deprivation results in daytime sleepiness, slow reflexes, poor concentration, and an increased risk of accidents. Sleep apnea can also lead to serious health problems over time, including diabetes, high blood pressure, heart disease, stroke, and weight gain.
Our recent Lebanese study (2012): the study evaluated dentofacial characteristics of obstructive sleep apnea patients in Lebanese male population and compared them with normal group according to severity and sites of obstruction and found a cephalometric indicator related to the hyoid bone in OSA patients.

Conference Hall D  08:45-09:05

Oliver Hugo
Graduated Würzburg University, Germany
Doctorate, Specialist in Implantology
Diplomate ICOI

Osama Ababaker Alsaddik
DDS, MS Ortho.
Side effects and complications of oral repositioning splints for sleep apnea.

Conference Hall D
09:05-09:50

Mandibular repositioning appliances have been used for over 20 years for the treatment of snoring and light to moderate sleep apnea. Their design has improved enormously since then making them a recognized alternative to C-PAP in many cases. However, dentists and patients must be aware of the potential short and long term side effects or complications that might occur in the joints, muscles and occlusion. As a T.M.J. specialist, Dr. Arcache brings over 25 years of experience in the treatment of malocclusion, jaw dysfunction or oral facial pain and thus in minimizing the harmful side effects of jaw repositioning appliances.

Oral appliances for the treatment of snoring and sleep apnea.

Conference Hall D
09:50-10:30

For the last 20 years oral appliances are considered a treatment modality for snoring and sleep apnea. In the last 10 years the medical community has finally acknowledged the use of oral appliances for treating light to moderate sleep apnea and in severe cases intolerant to the C-PAP. This presentation will bring the dentist the latest developments in the field of oral appliances and will feature a number of them with their indications and a contradictions as well as their advantages and eventually disadvantages. The most up to date clinical studies will be presented to bring as much evidences as possible to support the use of oral appliances. A complete protocol from impressions to fitting and follow-up of the oral appliance will be presented.
Scientific and clinical state of the art of the use of the different bone substitutes in dental and maxillofacial surgery.

To overcome the use of autografts in dental implantation, it is important to prevent bone loss after tooth extraction or to restore alveolar bone level after pathological diseases. Various bioceramics or xenografts have been used. However, there is large difference in the chemistry, the micro and macrostructure and consequently the performance in term of resorption, absorption and regeneration of physiological bone. The differences in such available bioceramics were reported and critical data presented. Biphasic calcium phosphate (BCP), mixture of HA and ß-TCP, has proven its performance in orthopaedics, while few studies have been reported in dentistry. We reported over 8 years clinical follow up on bone regeneration after sinus grafting. The lecture demonstrates that sinus grafting, fresh alveolar defect filling, using a synthetic bone graft, which is resorbable and bioactive, is safe and efficient for supporting dental implantation.

Trends in oral diseases among schoolchildren in Gaza strip - Palestine.

Objectives: To investigate trends in oral diseases among schoolchildren in Gaza Strip (GS) from 1997 to 2011.

Methods: Decayed missing and filled of deciduous and permanent teeth (dmf and DMF respectively) and incidences of oral diseases in schoolchildren in GS were obtained from annual health reports from 1997 to 2011. Change in trends of oral diseases through years was calculated.

Results: There were a gradual increase in the schoolchildren's number from 42,558 in 1997 to 56,489 students in 2011 and increase in the rate of 1st grade children with decayed teeth (reached 60% in 2008). The dmf was higher than DMF, and both are less than the global goal of WHO (not exceeding 3). Incidences of periodontitis, fluorosis and malocclusion tended to decline, they were the highest in scholastic-year 1999-2000 (18.5%, 33.8% and 28.4% respectively) - the year of Al-Quds Intifada upraise, and in 10th grade schoolchildren.

Conclusion: The increase in rate of decayed teeth in 1st grade schoolchildren is alarming and suggests an increase in the risk of dental caries in future generations. Effective oral health promotion interventions should consider age specific oral diseases. Political unrest had a profound negative effect on oral health in GS.
Complete protection: a new daily desensitising toothpaste containing NovaMin®.

Dentine hypersensitivity is an increasing problem, characterised by short, sharp pain arising from exposed dentine. Even though this condition has shown to impact patients' lives, approximately 80% of dentine hypersensitivity patients are not currently using desensitising toothpaste.

GSK has recently introduced Sensodyne® Complete Protection, a new daily desensitising toothpaste containing NovaMin®, which is specifically designed for dentine hypersensitivity patients seeking relief and all-round oral care benefits. On contact with saliva, NovaMin® initiates a cascade of events resulting in a release of calcium and phosphate ions from NovaMin® particles, leading to formation of a unique, restorative hydroxyapatite-like layer over and within dentinal tubules.

The layer is up to 60% harder than the dentine and binds firmly to collagen within exposed dentine, making it resistant to daily physical and chemical oral challenges. This presentation will show some of the advanced surface analysis and visualisation methods used to study the mode of action of NovaMin® and Sensodyne® Complete Protection.

Mega trend: E-learning in a scientific environment.

Modern learning is characterised by the need for conveying and processing a wide variety of information over long distances. Here, the information is available at all times. It is prepared in a visually appealing and educational manner. Access to the information is efficient and can be controlled individually. New media offers a number of tools for this. The information society consistently takes advantage of this offering.

The presentation introduces trends that shape digital learning. The trends for the upcoming years include the mix between traditional face-to-face methods and digital learning. These learning methods take full account of global knowledge management and therefore have the best prospects of success.

Initial approaches have been successfully established in dental post-graduate training programs. As a result, this training method is becoming a key factor for dentists to stay competitive in the future.

Dental Online College is an e-learning platform for practising dentists and students and has been a partner for universities, industrial companies and associations for several years. The core part of the range of offerings includes high-quality CME-certified training videos.
Mohamad Medawar  
BDS, CES, MBA

The importance of dental group practice in restructuring the Lebanese dental health care system.

Conference Hall D  14:15-14:45

The importance of dental group practice in restructuring the Lebanese dental health care system. 
Dentists in Lebanon are facing undesirable variations in the social, economic and professional levels ranging from underemployment to reduced opportunities of employment.
The dental group practice model will remedy the weakness of the sole practitioner model.
The presentation will demonstrate the following:
1. Overview of the Lebanese dental healthcare system
2. The Lebanese dental manpower (pointing out the oversupply of dentists in Lebanon)
3. Dental group practice (different models, the advantages and the financial aspect of the dental group practice model)
4. Study of the readiness of the Lebanese population for such practice.

Charbel Allam  
DCD, DES Endo., DEA  
Maitre-assisstant, Department of Endodontics, Saint-Joseph University, Faculty of Dental Medicine  
Member, American Association of Endodontists and European Society of Endodontology

Get up your nerve to deal with the mandibular nerve.

Conference Hall D  15:00-15:30

The paresthesias of the inferior dental nerve consists of a complication that can occur after performing various dental procedures such as cystectomies, extractions of impacted teeth, apicoectomies, endodontic treatments, local anesthetic deposition, preprosthetic or implant surgery. The possible mechanisms of nervous lesions are mechanical, chemical and thermal. Mechanical injury includes compression, stretching, partial or total resection. This could be done during surgical procedures to laterally reposition the mandibular nerve in preparation for placement of implants or extractions of the lower third molar or during endodontic surgery to take off overfilling materials from the mandibular canal. Chemical trauma can be due to certain toxic components of the endodontic filling materials and irrigating solutions. Thermal injury is a consequence of bone overheating during the execution of surgical techniques. We will present different clinical cases of paresthesia of the inferior dental nerve to explain the etiology and the treatment of this complication step by step.
Build-up of endodontically treated teeth using resin-based materials.

Conference Hall D  15:30-16:00

Endodontically treated teeth generally have generally undergone significant coronal destruction as well as loss of radicular dentin secondary to endodontic treatment. For many decades, metallic posts have been a standard part of a dentist’s armamentarium for restoring endodontically treated teeth. As in most technologies, there has been a continuous search for the optimal material, design, and physical properties of the endodontic post. Currently available fiber-reinforced resin materials are essentially composite materials; they are composed of fibers of carbon or silica surrounded by a matrix of polymer resin. The similarity between their modulus of elasticity and that of dentin possibly lowers the risk of failure due to root fracture. However, an important factor determining the success of luting procedures for these materials remains the knowledge and experience of the practitioner in their characteristics, bonding procedures, and the predictability of the clinical technique. This lecture will analyze available data and provide an evidence-based approach to the advantages and limitations of these materials in clinical practice.

One file system (reciproc, wave one, one shape): biologic and techniques concepts.

Conference Hall D  16:00-16:45

Instrumentation with nickel-titanium instruments has enabled chemical surgical preparation with higher quality in terms of taper, cleaning and disinfection of the root canal. Associated with these qualities the application of the concept of Single File reduces treatment time and optimizes execution. The advantages, disadvantages, critical evaluation and clinical applicability of current systems will be discussed: Reciproc (VDW), WaveOne (Dentsply), Reciprocating Motion and OneShape (MicroMega), Continuous Rotation.
ProTaper Next: another way for shaping root canals or a convergence of improvements in design and dynamic motion.

After the growing interest for reciprocating motion introduced few years ago, many endodontists were enthusiastic for the single file concept to shape the canal system, their expectations for the next file were directed towards a new born of another file system within the reciprocating motion and how could the promised file be the closest to close the gap of what was lacking in the shaping matters of the different reciprocating files. Based on an ancestor successful design of variable tapered, with an added value of a unique offset rectangular cross-section, hand in hand with a combination of the M-Wire technology of a very resistant alloy to cyclic fatigue, the remarkable swaggering motion that reduced the contacts with the canal wall motion all together have made the ProTaper Next another innovation when comparing files of the same tip diameter, taper and cross-section.

During this presentation we will discuss the following questions: Is it a step backward to continuous rotation or another shaping file to encumber more the selection of a new system? How does ProTaper Next behave clinically in calcified narrow and curved canals? How does research evaluate the new file compared to the most popular files?

Concept generation in endodontics. Where does it come from?

Many new products are launched in dentistry every year and more particularly in Endodontics. This is a very good sign of vitality for the dental industry. But it has also a deep "raison d’être": without innovation, companies cannot survive and new product development is a masterpiece of dental company strategies.

There are myths around the question of ownership of new product concepts: Are leading scientists or clinicians the owners of new products? Are new products developed by companies alone? How do leading scientists/clinicians cooperate with companies?

The presentation will discuss these strategic aspects.

New product development fundamentals: application to Endodontics.

The endodontic market is growing steadily over the years mainly due to its high innovation pace.

This means ultimately that new products reach or overpass their original business objectives.

After a description of the various New Product Development organizations, this lecture will describe through several examples how the New Product Development Fundamentals in Endodontics can match the dentist needs but also the medical device industry regulatory requirements. It will state also how crucial is the role of lead users for medical device industry companies, including endodontics companies.
CONFERENCE PROGRAM

Saturday September 28th, 2013

Conference Hall A

Chairpersons  Sami Chartouni / André Assaf

08:45-09:30  Cosmetic and functional stability of implants in the esthetic zone.
  Bassam Rabie

09:30-10:15  Innovative all-ceramic approaches in implant-supported restorations.
  Giacomo Fabbri

10:15-11:00  Gestion des kystes sinusiens en vue de comblement: un ou deux temps opérateurs.
  Georges Khoury

11:00-11:45  Implants and esthetic results with a global approach of bone augmentation.
  Hadi Antoun

11:45-12:00  Break & Exhibition Visit

Chairpersons  Paul Nahas / Elie Zebouni

12:00-12:45  Novel techniques to repair defective labial plate of bone and deficient alveolar ridge.
  Abdelsalam Elaskary

12:45-13:30  Use of CBCT in endodontics.
  Francesco Mannocci

13:30-14:15  Etiology of endodontic infection, new techniques for bacterial detection.
  Francesco Mannocci

15:00-15:30  Closing Ceremony

CONFERENCE PROGRAM

Saturday September 28th, 2013

Conference Hall B

Chairpersons  Jihad Abdallah / Louis Hardan

08:45-09:30  10 ans de réhabilitation implantaire immédiate et fixe des édentements totaux. Les réalités cliniques chirurgicales et prothétiques.
  Hani Khoury

09:30-10:15  The importance of the maxillary sinus in oral surgery, pathology and implantology.
  Nabil Barakat

  Naji Abou Chebel

10:45-11:15  Break & Exhibition Visit

Chairpersons  Joseph Makhzoumi / Ahmad Mekkawi

11:15-12:00  Patient selection and treatment planning when restoring posterior quadrant with osseointegrated implants.
  John Beumer

12:00-12:45  Post or no post, crown or no crown for endodontically treated teeth.
  André Assaf

  Paul Boulos

13:30-14:15  Controversies in occlusion: practical and clinical applications.
  Tony Daher

15:00-15:30  Closing Ceremony
Saturday 28th September 2013

Conference Hall C

Chairpersons  Habib Abi Aad / Maria Reslan

08:45-09:05  Le collage de la zircone sur différents matériaux de reconstitution coronaire est-il encore un mythe?
  Maria Atallah Naba

09:05-09:25  Selecting the all-ceramic material for your patient: zirconia Vs. lithium-disillicate.
  Faysal Succaria

09:25-09:45  The challenge of the hybrid prostheses in the maxilla: a clinical case report.
  Nazem Assaad

09:45-10:05  Les empreintes en prothèse amovible: problèmes et solutions.
  Ghassan Masri

10:05-10:30  Break & Exhibition Visit

Chairpersons  Edgard Nehmé / Randa Diab

10:30-11:15  Chirurgie orthognathique: state of the art.
  Hervé Reychler

  Ziad Noujeim

11:45-12:15  Contemporary bone and soft tissue regeneration protocols, techniques and materials.
  Naji Abboud

12:15-12:45  Effet des parodontopathies sur la santé générale.
  Mohamad Rifai

12:45-13:20  Break & Exhibition Visit

Chairpersons  Naji Abboud / Carlos Khoury

  Charles Khoury

13:40-14:00  The Hydrodynamic Ultrasonic Cavitation Sinus Lift (INTRALIFT): a total replacement of conventional sinus lift procedures.
  Samir Khoury

14:00-14:20  Perforation de la membrane sinusienne: conduite à tenir.
  Rita Bou Assaf

14:20-14:40  Prevention and treatment of postoperative infections after sinus elevation surgery.
  Wasfi Kanj

14:40-15:00  Can I place implants and make bone graft without oedema, without pain…? Clinical application of different types of steroids in oral surgery.
  Rima Bou Tayeh

15:00-15:30  Closing Ceremony

Conference Hall D

Chairpersons  Paul Boulos / Antoine Cassia

08:45-09:05  MTA updates.
  Lygia Madi

09:05-09:50  Periimplantitis - Etiology - Diagnostics - Therapy - What's next?
  Ralf Smeets

09:50-10:10  Peri-implantitis: what is the best treatment?
  Carlos Khoury

  Hasan Dbouk

10:40-11:00  Influence of microgap on bone resorption around dental implants.
  Maissa Aboul Hosn

11:00-11:15  Break & Exhibition Visit

Chairpersons  Sami Toum / Ghassan Attieh

11:15-11:35  L'avantage biomécanique des matériaux amortisseurs en implantologie dentaire.
  Ali Merdji

11:35-11:55  Du PRF vers les Matrices Plasmatisques Minéralisées (MPM) en implantologie dentaire.
  Cherine Farhat

11:55-12:15  Immediate placement of dental implants into infected dento-alveolar sockets.
  Wahid Terro

12:15-12:35  Is immediate implant placement possible in “Any case”? Overcoming the challenges.
  Souheil Bechara

12:35-12:55  Immediate implantation Vs delayed implantation.
  Ghassan Bassit

12:55-13:00  Break & Exhibition Visit

Chairpersons  Ronald Younes / Nabih Nader

13:30-13:50  Immediate implant placement in fresh extraction sockets.
  Mohamad Al Bazzal

13:50-14:10  Success criteria for immediate loading.
  Youssef Khalifeh

14:10-14:30  Implant supported overdenture for the atrophic mandible.
  Elie Abdo

14:30-14:50  Temporization of critical implant cases.
  Abdallah Al Tassi

15:00-15:30  Closing Ceremony
Saturday September 28th, 2013

Conference Hall E

Chairpersons  Rima Abdallah / Cynthia Chemaly
08:45-08:55  Assessment of determinants affecting the utilization of dental services: a cross-sectional study on elementary school children in Beirut.  Ingrid Karam
08:55-09:05  Failure of a free gingival graft: a case report.  Hilal Chehade
09:05-09:15  Implant placement in a smoker, diabetic and periodontally compromised patient.  Mayyas Joudi
09:15-09:25  Ridge splitting in the esthetic zone: a case report.  Hicham Oday Nuaimi
09:25-09:35  Bonding to zirconia, is it a myth?  Maisoun Latrash
09:35-09:45  Smaller scale for bigger results: Nano technology big promises.  Rami Al-Saidi
09:45-10:15  Break & Exhibition Visit
Chairpersons  Issam Khalil / AlaaEddine El-Meiss
10:15-10:25  3D smart restorations.  Reda Mohiddin Dimashkieh
10:25-10:35  La prescription d’antibiotiques en endodontie: de l’empirisme à l’évidence fondée sur les preuves.  Maria Moukarzel
10:35-10:45  Management of deep mandibular impactions.  Chantal Abou Jaoudeh
10:45-10:55  Management of condylar hyperplasia.  Eliane Gharios Ziadé
10:55-11:05  Bonded retainers in orthodontics: expected or unexpected outcomes?  Evita Nader
11:05-11:15  Mandibular protraction devices in non-compliant Class II patients.  Joe Feghali
11:15-11:45  Break & Exhibition Visit

Day 3 - Saturday 28th September

Conference Hall E

Chairpersons  Samer Rifai / Elie Khoury
11:45-11:55  Accelerated osteogenic orthodontics: overview and clinical applications.  Wassim El Sayed
11:55-12:05  Mandibular retention: is it always conventional?  Lama Matar
12:05-12:15  Facial beauty, new standard?  Liliane Bachir
12:15-12:25  What is behind midline deviation?  Marc Bakalian
12:25-12:35  Safe zones for enhancing miniscrew stability.  Marilyn Eddo
12:35-12:45  Lower incisor extraction: problems and solutions.  Mohamad Ladki
12:45-13:15  Break & Exhibition Visit
Chairpersons  Zouheir Skaf / Edmond Chaptini
13:55-14:05  Root position inspected on CBCT vs Panoramic: a comparative analysis.  Sarah Wazneh
14:05-14:15  Improvement of orthodontic diagnosis with CBCTs.  Shana Harb
14:15-14:25  Auxilliary means to bite opening.  Suzanna AlMaali
15:00-15:30  Closing Ceremony
Cosmetic and functional stability of implants in the esthetic zone.

Bassam Rabie
BDS, Impl. Prosth. Spec. Prog., School of Dental Medicine, Pittsburgh, Pennsylvania, USA
Visiting lecturer, Tufts and Harvard Universities, Boston, Perio. Dept., Milan University, Italy and Dental school Sharjah University, UAE
Fellow American Academy of Impl. Prosth.
Diplomate ICOI

Dental implants in the esthetic zone has become a daily routine in our practice with the increased demand from patients to have them as cosmetically and functionally stable long term. To achieve these goals we have to understand the factors from bone and soft tissue reactions around the micro geometry of implants in the critical sub-crestal area surrounding the implant abutment interface.

Innovative all-ceramic approaches in implant-supported restorations.

Giacomo Fabbri
DMD, Postgrad. Prosth. Active member of the Italian Academy of Prosthetic Dentistry (A.I.O.P)

In implant-supported restoration, zirconia represents the more interesting material due to the biomechanics and esthetics features. However, the enthusiasm is contained by complications united to intrinsic limits of the material and to poor experience with regards to the new protocols. Presently in implant-supported restorations, zirconia is a clinical reality and it is very common to use for abutments or frameworks in order to idealize the esthetic outcome. In spite of the progress made, the limit of this material is related to esthetic covering by porcelain. The most common complications observed in case of zirconia frameworks is porcelain fracture. The lecture will speak about an innovative approach in implant-supported restorations where bonding technique and etch-porcelains represent the strong points. The aim is to obtain an ideal biological-esthetic-functional integration with a maximum clinical reliability and the opportunity to treat easily and predictably possible porcelain fracture in order to improve the longevity of the final outcome.
Gestion des kystes sinusiens en vue de comblement: un ou deux temps opératoires.

Les pathologies sinusiennes sont des obstacles récurrents en vue des comblements pré-implantaires. Leurs diagnostics cliniques et radiologiques sont essentiels afin de définir les stratégies chirurgicales ou médicamenteuses. Cet exposé définira les conditions de gestion en un ou deux temps opératoires ainsi que le protocole précis en vue d’un comblement sécurisé.

Conference Hall A 10:15-11:00

Georges Khoury
DCD, DU Maxillo-facial Imagery and Radiology, DU Oral Impl., DU Bone augmentation and maxillofacial reconstructions, DEA Biological and medical engineering Faculty, Dept. of Oral Implantology, Paris VII Scientific head, DU Reconstitution Osseuse Pré-Implantaire, Paris VII Associate Fellow of the American Academy of Implant Dentistry

Implants and esthetic results with a global approach of bone augmentation.

Lack of sufficient bone volume in the anterior maxilla is a frequent problem. Severity of bone resorption depends on various factors and most of the time mucosa follows the shape of the deficient ridge. Bone and gingival technique augmentations are numerous and more or less complex. The shape and size of the defect will determine the most appropriate approach. Several techniques will be presented and discussed during this presentation; bone and soft tissue grafting either with autogenous or substitute biomaterials, guided bone regeneration, bone splinting and also other ones. Predictability of functional and esthetic results will guide our choices and will be presented according to the literature.

Conference Hall A 11:00-11:45

Hadi Antoun
Novel techniques to repair defective labial plate of bone and deficient alveolar ridge.

Conference Hall A 12:00-12:45

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

The candidate will be able to:
- Learn the value of the labial plate of bone.
- Learn factors that lead to labial plate of bone resorption.
- Learn how to repair the labial plate of bone.

Use of CBCT in endodontics.

Conference Hall A 12:45-13:30

The use of Cone Beam Computer Tomography (CBCT) has become an essential component of the diagnostic process in endodontology. This lecture will go through the basic principles, the technical aspects and the indications of CBCT in endodontology, including the diagnosis of apical periodontitis, the assessment of the outcome of endodontic treatments, the pre-apical surgery radiographic assessments, and the diagnosis of internal and external resorption.
Etiology of endodontic infection, new techniques for bacterial detection.

Conference Hall A  13:30-14:15

General practitioners and endodontists often believe that the development of endodontic microbiology may be irrelevant for their clinical practice. Endodontic infections are polymicrobial and the chances to have specific antibacterial agents in the future that are more efficient than sodium hypochlorite and calcium hydroxide are minimal. What advantages can we obtain clinically from a more detailed knowledge of the bacteria that causes apical periodontitis?

In this presentation, a clinician who had the opportunity to collaborate with microbiologists in the last 8 years will show how this experience has changed his approach to endodontic infections, in particular to those associated with failed endodontic treatments.

Clinical findings suggesting the existence of previously underestimated sources of endodontic infections will be presented. The analysis of cultivable microbiota from refractory endodontic lesions proved that bacteria such as Propionibacterium acnes and Staphylococcus epidermidis were amongst the most predominant organisms. Comparison of peri-oral isolates of these same species from the same subjects demonstrated that the endodontic and skin populations were different. P. acnes and S. epidermidis isolated from refractory endodontic infections are likely to be the result of nosocomial infections similar to those caused in other parts of the body by the same bacteria following different surgical procedures. The clinical implications of these findings will be discussed and explained using the results of recent clinical trials.

Experimental findings proving how difficult it is to completely remove artificially created bacterial biofilms from technically “easy” single rooted teeth will also be presented.

The use of new methods for the detection of endodontic infections and the use of new potential root canal irrigants will be discussed.
The importance of the maxillary sinus in oral surgery, pathology and implantology.

We will review the applied anatomy and radiology of the maxillary sinus. We will demonstrate the importance of the maxillary sinus when managing surgical cases in surgery, pathology and implantology. Clinical cases will be presented and discussed to illustrate that importance.

Conference Hall B 09:30-10:15

Unilateral sagittal split ramus osteotomy: a new approach in the treatment of some asymmetries.

The surgical treatment of mandibular asymmetries is one of the most challenging. The Unilateral Sagittal Split Ramus Osteotomy (USSRO) is a novel technique that enabled us to finish with excellent results. The presentation will elaborate on indication, technique and post surgical outcome. Furthermore we will share with you the results of 5 researches we carried out on the subject.

Conference Hall B 10:15-10:45

Nabil Barakat
BDS, MS, FRCR
Professor, Founder and Former Chairperson, Department of Oral and Maxillofacial Surgery, Lebanese University School of Dentistry
President, Lebanese Association of Osseointegration.

Naji Abou Chebel
MD, MsC.
Assistant Professor, Lebanese University School of Dentistry
Clinical Instructor, American University of Beirut

Alexandre Khairallah
Ramzi Haddad
Maria Saade
Patient selection and treatment planning when restoring posterior quadrant with osseointegrated implants.

Conference Hall B 11:15-12:00

Implants can be predictably employed to restore posterior quadrants of partially edentulous patients. Endodontic treatment and restoration should be considered before extraction and restoration with an implant/s. Removable partial dentures are equally effective in restoring mastication efficiency as compared to implant fixed prostheses. Conventional fixed partial dentures should be considered if the natural tooth abutments are favorable and the edentulous span is not excessive. Clinicians must possess a thorough knowledge of implant biomechanics if predictable outcomes are to be achieved. Sufficient numbers of implants must be placed and implants positioned so that the they are perpendicular to the plane of occlusion, and splinted together in order to effectively resist occlusal forces. A thorough knowledge of occlusion is necessary and the prosthesis should be designed to minimize lateral forces delivered to the implants supporting the fixed partial denture/s. Cantilevers should be avoided when restoring posterior quadrants with implant supported fixed partial dentures. Occlusal contacts should be centralized over the implants, the width of the occlusal table should be narrowed, and the cusp angles minimized. If implants need to be attached to a natural tooth abutment, they should be connected with rigid type attachment systems. Patients with significant parafunctional activities should be approached with caution. Vertical augmentation of alveolar ridge deficiencies is not predictable. However, sites with horizontal discrepancies can be resolved with grafts. Sinus augmentation has shown to be a predictable means of enhancing implant sites and distraction osteogenesis can be used to enhance bone volume of potential implant sites. A thorough oral exam and occlusal analysis is key to developing treatment plans with predictable outcomes. Interactive 3D software and CAD-CAM technologies can be used effectively to evaluate a potential implant patient and to develop an appropriate plan of treatment.

Post or no post, crown or no crown for endodontically treated teeth.

Conference Hall B 12:00-12:45

Restoring endodontically treated teeth is a common daily task for the dental practitioner, challenging his time, competencies and decision making capacity. The degree of challenge is related to the amount of deficiency in strength or in dimension of the tooth to be restored. While the traditional methods of building up consist of placing a cast metal post and core, more recent techniques use prefabricated (FRC or metallic) posts in the root and plastic material for core build-up. Both techniques have renowned advantages and disadvantages, but also have precise indications. Other questions still need evidence-based answers, such as to the absolute or relative necessity of placing a crown on every root treated tooth and those pertaining to placing a post in the canal or simply build-up the defect without root anchorage. The author presents briefly the latest consensus concerning the strength of root-treated teeth, and then discusses the clinical parameters affecting the success of restored root-treated teeth, which if well assessed by the dentist, can lead to a safe and more conservative dental care.
Functional dentures: the quest for success.

Conference Hall B 12:45-13:30

The concept of functional complete dentures has gained more popularity over time due to the credible results of this type of dentures. The construction of functional dentures necessitates the respect of the fundamental principles of the construction of conventional dentures and any deviation of these principles could be considered utopian. Functional dentures are constructed in harmony of basic oral function as phonation or deglutition. The construction sequences of functional complete dentures are reviewed with emphasis placed upon the deglutition technique.

Controversies in occlusion: practical and clinical applications.

Conference Hall B 13:30-14:15

This presentation will provide attendees an evidence based approach to the management of occlusion in clinical practice. Clinical information will be presented based on pertinent dental literature on:

- How to define occlusion and articulation.
- When occlusion is ideal, physiological, or pathological.
- How to modify the occlusion when necessary.
- How to evaluate and treat muscle problems.
- When a functional analysis is necessary, and when it is not.
- What records are needed for proper occlusal restoration?
- What type of occlusal articulation is needed for different clinical situations?
- How to confirm the role of occlusion in your treatment plan.
- How to evaluate and treat bruxers.
- What are the steps to optimum occlusion and articulation through presentation of clinical situations?
Le collage de la zircone sur différents matériaux de reconstitutions coronaires est-il encore un mythe?

Conference Hall C 08:45-09:05

A cette époque où l’esthétique et les médias occupent une place prépondérante dans notre vie, les restaurations en céramique zircone tendent à remplacer les métallo-céramiques pour leurs meilleures propriétés esthétiques ainsi que les restorations céramo-céramiques à base de lithium disilicate pour leurs propriétés mécaniques surpérieures. Cependant, leur collage à la résine reste jusqu’à ce jour leur grande problématique.

Le but de cet exposé est de comparer le collage de la zircone à la dentine et différents matériaux de reconstitution coronaire utilisés dans la pratique quotidienne (le chrome-cobalt, le composite ou la zircone) par un travail expérimental effectué dans le cadre du master de recherche en biomatériaux.

Quel serait le matériel de reconstitution optimal recommandé, pour garantir le meilleur assemblage de la zircone et ainsi assurer la pérennité de l’ensemble? Ainsi, le collage de la zircone est-il encore un mythe ou est-il devenu une réalité?
The challenge of the hybrid prostheses in the maxilla: a clinical case report.

Conference Hall C 09:25-09:45

The prosthetic treatment of patients with atrophied maxilla is one of the most challenging endeavors that face clinicians. Both fixed and removable prostheses can be chosen to rehabilitate the upper jaw. An alternative method to fabricate fixed prostheses on implants for crown height space of 15 mm or more is the hybrid prostheses with a smaller metal framework, denture teeth and acrylic. The screwed hybrid prostheses is retrievable, highly esthetic and supports well the dynamic occlusal loading, especially when facing an overdenture. In this clinical case, we will describe the procedure step-by-step.

Les empreintes en prothèse amovible: problèmes et solutions.

Conference Hall C 09:45-10:05

La prothèse amovible qu’elle soit complète ou partielle, a encore de beaux jours devant elle et les raisons sont multiples:
- L’augmentation de l’espérance de vie.
- Les pathologies médicales majeures (cardiopathies valvulaires, cancers de la sphère oro-faciale) qui nécessitent l’avulsion des organes dentaires douteux pour ne pas risquer des aggravations.
- Les patients qui négligent totalement leur hygiène bucco-dentaire. Cette prothèse est souvent délaissée par les dentistes par méconnaissance ou bien par négligence. Mais une chose est certaine, la multiplicité des étapes nécessaires à sa réalisation est sujette à de fréquentes erreurs. L’intégration des prothèses amovibles implique une maîtrise de la technique d’empreinte. Les empreintes primaire et secondaire représentent des étapes primordiales qui conditionnent la suite du traitement et influencent la réussite de la prothèse. Des conseils, des astuces et des solutions à quelques problèmes rencontrés seront le sujet de notre conférence pour aboutir au résultat escompté.
Chirurgie orthognathique: state of the art.

Conference Hall C  10:30-11:15

Au cours de cet exposé, l’auteur fera le point sur les différentes ostéotomies des maxillaires qui sont effectuées actuellement pour corriger les malpositions des bases osseuses maxillo-mandibulaires, et ce y compris les techniques de génioplasties. Les éléments de diagnostic clinique, radiologique et téléradiographique seront rapportés; l’apport des techniques de diagnostic faisant appel au 3D sera aussi envisagé; ceci sera abondamment illustré. Les détails de technique chirurgicale ne seront pas détaillés, le centre d’intérêt étant basé sur l’apport au quotidien de cette chirurgie orthognathique pour l’omnipraticien.


Conference Hall C  11:15-12:45

Minimally Invasive Dentistry (MID), also known as Minimum Intervention Dentistry, is a relatively contemporary trend that aims to preserve as much of natural tooth (when possible) and surrounding structures (bone and mucosa).

When applied to dental surgical practice, Minimally Invasive Oral Surgery - MIOS, requires a minimal damage of oral biological tissues at the point of entrance of scalpel, periosteal elevators, retractors, curettes, and surgical burs: indeed, MIOS significantly decreases post-operative morbidity (pain, oedema, limitation of mouth opening, stiffness…), consequently, it is considered a more attractive approach and has a better outcome, compared to conventional “offensive” oral surgery, at a time where oral surgeons and surgical dentists deliberately performed wide flaps and exaggerated osteotomies to manage simple cases that could have been treated by less invasive methods.

There are 3 main categories which describe the degree of invasiveness of surgical procedures:

1- Invasive procedures (also called open surgery)
2- non-invasive procedures (like deep palpation, percussion, MRI, CT, CBCT,… and others)
3- minimally invasive procedures, which are less invasive than open surgery used for the same purpose: a minimally invasive procedure typically involves the use of arthroscopic or laparoscopic devices and is carried out through oral cavity or any adjacent anatomical opening.

The recent interest in minimal access surgery is based upon the theory that smaller surgical incisions and less (maxillary and /or mandibular) osteotomies lead to less post-operative pain, less pre-operative and post-operative bleeding, shorter hospital stays, faster rehabilitation, and reduced cost.

Though many oral surgeons and surgical dentists remain skeptical about performing minimal access, we believe that, if well applied, MIOS will appeal to the most demanding dentists and patients, and in this regard, our presentation will address a wide variety of surgical clinical cases in order to show surgical tips that are able to preserve, as much as possible, crestal bone height, buccal bone, and gingival papillae. While exposing clinical cases of wisdom teeth surgery and jaw cysts and benign tumors removal, this presentation will display advantages and benefits of MIOS, showing that contemporary oral surgical practice is rapidly evolving towards more precise surgery without significant incisions, dissections, and osteotomies.
Contemporary bone and soft tissue regeneration: protocols, techniques and materials.

Conference Hall C   11:45-12:15

We will start by addressing the rationale behind why successful implant therapy depends on predictable and maintainable osseointegration and proper implant position to achieve restorative goals along with adequate hard and soft tissue volumes to achieve esthetic outcomes.

Today, bone regenerative procedures offer to patients the possibility to restore bone lost as a result of trauma; extensive periodontal diseases and treatment of implant failures. Restoration of lost bone is part of the rehabilitation equation. Once bone has been restored, the next step is restoration of optimal soft tissue outcomes, providing patients with the basis for an excellent esthetic result. The presentation will also discuss treatment options for patients requiring extensive and generalized augmentation procedures.

Upon completion of this presentation, participants should be able to: 1) describe the factors that influence clinical success; 2) explain the incorporation of various regenerative methodologies and understand its clinical relevance; 3) discuss how the barrier membrane, graft material, and implant surface technology impact treatment in guided bone regeneration; 4) discuss the correct indication for the use of block grafts; and 5) review how surgical techniques can be incorporated into everyday practice.

Effet des parodontopathies sur la santé générale.

Conference Hall C   12:15-12:45

La maladie parodontale est une maladie infectieuse à caractère inflammatoire dont l’évolution, la progression et la chronicité seraient responsables de l’évolution ou de l’exacerbation de certaines maladies systémiques. La détermination des voies à travers lesquelles la parodontopathie peut affecter les différents systèmes nous permet de mieux cerner le problème et de mieux prévenir et intervenir pour éviter ce risque.

Naji Abboud
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Treatment planning and bone grafting modalities in front of complex implant rehabilitations.

The healing period of a bone graft procedure, the appropriate time for implant insertion, either simultaneously with bone grafting or separately and whether the patient is allowed to wear fixed or removable provisional restoration during the healing period are questions that are supposed to be answered even before starting the treatment with the patient.

Other questions should also be answered such as the kind of bone graft technique: whether an autogenous, biomaterials or mixed bone grafting are necessary and the need to make soft tissue management and when. At the end, the kind of final restoration that is most suitable for each case should also be addressed.

During this lecture, classified modalities for bone grafting will be presented depending on the site, the volume of the defect, the kind of graft, the esthetic importance and the kind of temporary restorations during the healing period of complex bone grafting. Also different designs of definitive prosthetic restorations over implants will be developed following the restorative driven implantology concept.

Conference Hall C 13:20-13:40

The Hydrodynamic Ultrasonic Cavitational Sinus Lift (INTRALIFT): a total replacement of conventional sinus lift procedures.

Placing implants in the posterior maxillary area has the drawback of working with scarce, poor quality bone in a significant percentage of cases. Numerous advanced surgical techniques have been developed to overcome the difficulties associated with these limitations. Subsequent to reports on the elevation of the maxillary sinus through the lateral approach, there were reports on the use of the crestal approach, which is less aggressive but requires a minimal amount of bone. Furthermore, it is more operator technique sensitive; as the integrity of the sinus membrane is checked indirectly. The aim of this presentation is to review the technical literature on minimally invasive sinus lift and compare the advantages of different techniques with a new technique “INTRALIFT”.

The HUCSL-INTRALIFT utilizes hydrodynamic pressure and the ultrasound cavitation effect to fully detach the sinus-membrane from the bony sinus-floor through a transcrestal approach with the least risk of perforation possible and enables the surgeon to augment the entire sinus-floor via this approach with precisely scalable augmentation volumes. The scientific background, histological studies and the surgical procedure will be presented.

Also, clinical cases showing in details the technique with immediate implant placement and radiology results will be discussed.

Conference Hall C 13:40-14:00
Perforation de la membrane sinusienne: conduite à tenir.

Rita Bou Assaf
BDS, DESS Endo., DESS Oral Surg.
Department of Oral and Maxillofacial Surgery,
Lebanese University School of Dentistry

Conference Hall C 14:00-14:20

La perforation de la membrane sinusienne peut survenir pendant la réalisation de la fenêtre osseuse ou durant le soulèvement de la membrane. La difficulté de la gestion de la perforation dépend de plusieurs facteurs: taille de la perforation, épaisseur de la membrane, localisation de la perforation...

Plusieurs options thérapeutiques sont proposées pour l’aménagement de cette perforation: recouvrement de la perforation par une membrane de collagène résorbable, suture de la membrane sinusienne et technique de “Loma Linda pouch”.

Prevention and treatment of postoperative infections after sinus elevation surgery.

Wasfi Kanj
BDS, DESS Oral Surg.
Instructor, Department of Oral and Maxillofacial Surgery,
Lebanese University School of Dentistry

Conference Hall C 14:20-14:40

Maxillary sinus surgery is a reliable and predictable treatment option for the prosthetic rehabilitation of the atrophic maxilla. Nevertheless, these interventions are not riskless of postoperative complications with respect to implant positioning in pristine bone.

The placement of a bone graft for ridge augmentation or sinus lifting can be very simple or may be complicated depending on the circumstances of the case. Complications of the sinus floor augmentation predominantly consist of disturbed wound healing, hematoma, sequestration of bone, and transient maxillary sinusitis, bleeding from mouth or nose, swelling of the area, and pain. Post-operative care is very important.
Can I place implants and make bone graft without oedema, without pain...? Clinical application of different types of steroids in oral surgery.

Conference Hall C 14:40-15:00

Pain, trismus and swelling are common complications reported in oral surgery, and they are thought to arise from inflammatory response which is a direct and immediate consequence of the surgical procedure. This is the body’s normal reaction to surgery and eventual repair. Corticosteroids are widely used for their anti-inflammatory and analgesic properties. Attention has often been focused on corticosteroid therapy administered by diverse routes (orally, IV, IM) and at different time schedules (before or after surgery or both). The research revealed how the use of different molecules and dosages makes the obtained results hardly comparable.

MTA updates.

Conference Hall D 08:45-09:05

a. Indications and action mechanism.
b. New indications.
c. New products based on MTA.

Rima Bou Tayeh
DCD, DUA, DESS Oral Biol., DESS Oral Path., Associate Chief of Clinical Services, Department of Oral and Maxillo-Facial Surgery, Lebanese University, School of Dentistry

Wael Khalil
DCD, DESS Oral Surg., DESS Oral Path., Chief of Clinical Services, Department of Oral and Maxillofacial Surgery, Lebanese University School of Dentistry

Lygia Madi
Postgrad. studies in Dentistry for Handicapped Children, Postgrad. studies in marketing, business and Communications (INBRAPE). Scientific Consultant and Product Manager at Angelus

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In order to deal with the topic periimplantitis, there are many facts that have to be addressed. We will help to familiarize you with this specific issue with the aim to make you feel more comfortable in dealing with it.

First of all, we will introduce you to the definition and etiology of periimplantitis and mucositis. Then, we will show you the biology and pathology of periodontal Vs. periimplantal soft tissue. Further, the appropriate clinical and radiological diagnostics will be presented as well as the correct choice of therapy. There are different options of treatment of patients that we would like to address. The non-surgical proceedings like mechanical (manually - mechanically), antimicrobial (CHX, H2O2, iodine, local + systematic antibiotics), the photodynamic therapy (aPDT), the ozone therapy or the LASER that we will familiarize you with. On the other hand, we will present to you the surgical procedures in the treatment of periimplantitis.

Peri-implantitis: what is the best treatment?

Peri-implant disease is a growing problem in implant dentistry. As more and more implants are placed by clinicians, the number of patients presenting peri-implantitis seems to be increasing.

The peri-implantitis is infectious in nature like periodontitis. It should be taken into consideration, should be treated and mainly prevented.

In our presentation, we will describe the various characteristics and treatments of peri-implantitis and we will present a clinical case successfully treated in our Department of Oral and Maxillo-facial Surgery at the Lebanese University.
Computer guided surgery: perspectives, complications and limitations.

Conference Hall D   10:10-10:40

An overall review of guided implant surgeries, encompassing its complications, limitations, and perspectives include an introduction of current image modalities, of both two and three dimensional imaging, featuring the differences between Computer Tomography and Cone Beam Computer Tomography. In addition, an overview of the implant dentistry imaging protocol, focusing on the timing of diagnostic imaging, and using of three dimensional models along with the different softwares used for three dimensional guided surgeries will be presented. This guides dentists’ understanding of any treatment sequence differences between using a conventional approach and using a guided approach, the scanning protocol from single unit to complete edentulous patients, and the type of three dimensional guided template used for different cases. Analyzes both early and late surgical and prosthetic complications while using different implant systems; as well as the limitations of guided surgery. Supplemented with introducing new step by step concepts that aim to improve guided implant surgery.

Influence of microgap on bone resorption around dental implants.

Conference Hall D   10:40-11:00

Remodeling of the peri-implant bone occurs once the implant is exposed to the oral environment by a second surgical procedure or by the immediate placement of an abutment after implant surgery. Many factors negatively affect the remodeling process and result in marginal bone resorption, they include traumatic surgical technique, excessive loading conditions, repeated screwing and unscrewing… Besides, connection implant design and occlusal loading patterns of oral implants, significantly influence micromovement between implant and abutment that leads to the formation of a microgap. Microbial contamination of the microgap threatens osseointegration and marginal bone remodeling phenomena occurs. Exclusion of one or more of these factors is important for successful implant treatment.
L'avantage biomécanique des matériaux amortisseurs en implantologie dentaire.

Conference Hall D 11:15-11:35

Le but de cette étude est de modéliser la structure prothétique afin de définir une configuration géométrique fidèlement correspondante, pour ensuite analyser la distribution des contraintes dans ce système en utilisant une simulation numérique 3D basée sur les principes de la méthode des éléments finis. Il est visible que les contraintes se propagent dans les régions de l’os qui sont plus proches de l’implant, et la diminution de leur ampleur vers la région externe. Ces contraintes atteignent le niveau le plus élevé dans les zones d’os cortical au niveau de la partie cervicale de l’implant. Toutefois, l’ampleur des contraintes dans l’os cortical est plus élevée que celle dans l’os spongieux. Donc, il est très important de souligner le rôle du matériau amortisseur dans l’absorption des chocs que subit l’os en provenance des forces masticatoires.

Du PRF vers les Matrices Plasmatiques Minéralisées (MPM) en implantologie dentaire.

Conference Hall D 11:35-11:55

Introduction: La mise en place de PRF en association avec l’os, recrée un volume en surcontour sensible aux mouvements. La technique de la Matrice Plasmatique Minéralisée (MPM) permet de créer un composé stable moulable facilitant la manipulation des produits de comblement en leur conférant des propriétés biologiques complémentaires.

Matériel et méthodes: Un échantillon de sang est prélevé puis centrifugé afin d’obtenir son fractionnement. Ces fractions traitées sont mélangées à la phase minérale. Le fibrinogène est transformé alors en fibrine sous l’action de la thrombine. La fibrine formée extemporanément polymérise en filaments qui enserrent dans leurs mailles les granulés minéraux, les plaquettes, des monocytes et du plasma.

Résultats: La caractéristique de ce mélange est de donner un composant maintenant en cohésion, un matériau chargé des cellules du culot et des facteurs de croissance libérés par les cytokines. L’utilisation de MPM évite la migration accidentelle de cristaux du matériau à travers une éventuelle perforation. L’homogénéité du composé MPM améliore les performances et les qualités biologiques des mélanges au niveau du site.

Discussion: Sur le plan clinique la MPM prend une importance dans tous les sites greffés. Elle favorise le transport du matériau en sécurisant sa mise en place et en homogénéisant le dosage plasmatique dans un réseau de fibrine dense. Son aspect biologique est intéressant puisqu’il constitue en pré-opératoire la réalisation partielle du temps vasculaire et cellulaire de l’inflammation ce qui améliore la pénétration des facteurs biologiques dans les zones de greffe.
Immediate placement of dental implants into infected dento-alveolar sockets.

Endosseous dental implants have been successfully utilized for the last 3 decades to restore partially and fully edentulous patients with at least 3 months healing period of the alveolar bone following tooth extraction. An increasing number of clinical publications report on immediate implant restoration in the extraction sockets with or without using barrier membranes (Chen ST et al., 2004). Frequently, however, compromised teeth that are indicated for surgeries are involved with acute and chronic infectious conditions which traditionally contraindicate their immediate restoration with dental implants. A review of current literature suggests that immediate implantation in infected sites should be avoided (Nardy C et al., 2007). Recent experimental studies have corroborated this clinical experience and shown that professional alveolar socket debridement and prophylactic anti-inflammatory and broad spectrum antibiotics generate sufficient conditions for the bone remodelling process around immediate dental implants placed into infected sites (Tehemar S et al., 2003). Based on these observations, we have developed a protocol for the immediate placement of dental implants into debrided infected dentoalveolar sockets. Our main objective in this presentation is to describe the procedure and to report our experience with more than 20 patients. Clinical cases will be demonstrated and discussed.

Is immediate implant placement possible in “Any case”? Overcoming the challenges.

The fresh extraction socket in the alveolar ridge represents a special challenge in everyday clinical practice. Maintenance of the hard and soft tissue envelope and a stable ridge volume are considered important aims to allow simplifying subsequent implant placement and optimizing their clinical outcomes. It is well known that the highest resorption rate occurs within 6 months after tooth extraction. There are two main benefits of placing implants immediately, maintaining the ridge profile and eliminating the need for ridge augmentation. Regarding timing of implant placement, the literature proved that immediate implant placement leads to high success rates. This procedure is primarily recommended in premolar sites with low aesthetic importance and favorable anatomy. In the esthetic zone, however, a high risk for mucosal recession was reported. The molar sites still present challenges because of the ridge dimensions, especially in the posterior maxilla because of the proximity of the sinus. The main challenge of immediate implant placement in molar sockets and sites presenting with big bony defects, is to get good initial stability and a proper 3D positioning of the implants. Implants with a special thread design maximizing initial stability; may offer a minimally invasive solution to solve these cases. Comprehensive treatment planning case selection and the surgeon’s experience are still key factors for a successful rehabilitation.
Immediate implantation v/s delayed implantation.

Within the concept of the minimally invasive surgery and with the enormous development of implant dentistry, we have a very important question concerning the immediate implant placement after teeth extraction in comparison with late implant placement.

In this presentation we will try to answer the following questions:
1- what are the benefits of immediate and late implantation?
2- what are the features that lead choosing immediate or late implantation?
3- are the results acceptable either with immediate or with late implantation?

Conference Hall D 12:35-12:55

Immediate implant placement in fresh extraction sockets.

“Immediate” implants are placed in fresh dental sockets just after tooth extraction. The advantages of this technique are mainly the shortening of treatment time and the partial maintenance of bone volume and therefore the achievement of good aesthetic results. The disadvantages are an increased risk of infection and failure. After implant placement in post-extractive sites, gaps can be present between the implant and the bony walls. These gaps can be filled and bone can be increased simultaneously to implant placement. The aim of this presentation is to closely consider the immediate implantation technique and to evaluate its success rates, complications, aesthetic outcomes as well as patient satisfaction when compared to conventional delayed implantation. We will also evaluate whether and when bone augmentation procedures are necessary as well as the various techniques employed. An extensive Medline search was performed and articles were analyzed to achieve valuable results illustrated by clinical cases.

Conference Hall D 13:30-13:50
Success criteria for immediate loading.

Patients’ demands in modern culture are rapidity and esthetics. Implant dentistry nowadays can satisfy our patients needs by applying the new concept of early and immediate loading that is possible and predictable if we respect certain conditions and criteria. Some of these are related to the patient such as the type of edentulous and bone density, others are related to implant design, micro & macrostructure and others are related to surgical or prosthetic protocols such as drilling sequences and type of immediate restorations. The primary stability is the resultant of all these factors and it is the main condition needed for success. This lecture will focus on rehabilitation of single, partially and totally edentulous patients with dental implants, illustrated by clinical cases. Finally, clinical recommendations will be discussed to emphasize the indications and limitations of this protocol in order to increase the success rate and reduce complications.

Implant supported overdenture for the atrophic mandible.

A long-term denture wearer exhibited advanced alveolar bone loss, resulting in an atrophic mandible. Symphyseal bone height was 16 mm. The inferior alveolar nerve and mental foramen were close to the crest of the mandible. The symphyseal region was available for endosteal implant placement. With the help of Cone Beam Computerized Tomography (CBCT) and the existent denture which served as radiological and surgical guide, two implants-supported mandibular overdentures were placed at the position of the two mandibular canines. Locator attachments provided retention and stability for the prosthesis and improved the patient’s quality of life.
Temporization of critical implant cases.

The provisional phase of treatment can be the most challenging aspect of implant dentistry. Several techniques are used nowadays to provisionalize a patient receiving Implants. The techniques available today include:
- Removable provisional restorations such as full dentures, essix provisionals, tissue supported interim removable partial dentures, and implant supported dentures.
- Fixed provisional restorations such as tooth-supported, implant-retained (immediate loading or previously osseointegrated implants), and mini-implant retained provisional restorations.

The selection of the type of provisional prosthesis should be based on esthetic demands, functional requirements, duration, ease of fabrication, best phonetics, and diminished damage or interference with the implant’s osseointegration or bone grafting technique.

Ideally, the provisional restoration should also help the patient adapt to the form of the final restoration while protecting the surgical site, by avoiding transmucosal loading.

In this review, we will show different implant cases and how we provisionalized each according to its specific limitations, bone potentials, and patient’s demands. We will try to lighten up some of the major advantages and disadvantages of some of these provisional restoration techniques, and when to choose what.
Assessment of determinants affecting the utilization of dental services: a cross-sectional study on elementary school children in Beirut.

**Background:** Studies in Lebanon have shown that oral health problems, such as dental caries, increase with age among children. Despite the availability of dentists to address these problems, their services are not appropriately sought.

**Aims:** 1-Assess the awareness and perception of parents of elementary school children regarding the available dental care services 2-Determine the factors that prevent the parents from utilizing these services, including disparity among socio-economic levels 3-Examine the willingness of parents to enroll in various coverage schemes, ranging from private to governmental programs. 4-Evaluate the relationship between the parental disposition toward dental services and the actual oral health of their children.

**Methods:** A sample of 575 parents of elementary school children (6-11 years old) in Beirut was selected from previously collected data assessing oral health. A financial analysis served as a basis for a self administered questionnaire filled out by the parents.

**Results:** Low socioeconomic level was associated with poorer oral health and less utilization of dental services, which would increase in the presence of various models of dental insurance.

**Conclusion:** Educational level and perception of oral health affect parental access to dental care.

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**Failure of a free gingival graft: a case report.**

Free gingival graft is a mucogingival procedure which has proven reliable in increasing attached gingiva and stopping the progressive recession. Simple and highly predictable when used to increase the amount of attached gingiva, it is also quite versatile. It can also be used over an extraction socket or osseous graft. The success criteria of the graft are reestablishment of vascularization and an organic connective tissue union between the graft and its bed. While possible causes of graft failure are: inadequate root planning, improper preparation of recipient site, inadequate size of interdental papillae, improperly prepared donor tissue, inadequate graft size, inadequate graft thickness, dehydration of graft, inadequate adaptation of graft to root and remaining periosteal bed, failure to stabilize the graft, excess or prolonged pressure in captions of sutured graft, reduction of inflammation prior to grafting, and trauma to graft during initial healing. We will present in this case the procedure done and the probable causes of failure of the graft.
Implant placement in a smoker, diabetic and periodontally compromised patient.

Conference Hall E 09:05-09:15

This presentation will discuss the management of a periodontally compromised patient, who is a controlled diabetic and a smoker. A treatment protocol for smokers will be reviewed, as well as the success criteria for implants placed in periodontally compromised patients. This case presentation includes vertical ridge augmentation using a particulate bone graft and titanium-reinforced dense PTFE membrane followed by placement of implants in a patient with moderate to severe chronic periodontitis. Treatment planning, surgical complications and healing results will be shown.

Ridge splitting in the esthetic zone: a case report.

Conference Hall E 09:15-09:25

An endosseous dental implant may require bone augmentation before its placement. In this presentation we will describe an approach for single edentulous ridge expansion, and immediate placement of an implant. This will shorten treatment time, reduce postoperative pain and eliminate donor-site morbidity. One case will be reported here. This technique uses an osteotome to widen the ridge and create space that will be filled with autogenous graft material and bovine bone graft material after placement of the implant. This approach allows for expansion of the narrow ridge in the esthetic zone to create space for immediate implant placement and provide a better contour and emergence profile. The presented patient had adequate bone height for implant placement but a narrow edentulous ridge; the ridge width was 5.0 mm and was expanded to accept a (3.5 mm × 11 mm) dental implant. The resulting ridge width became 7 mm, which was verified using Cone Beam Computerized Tomography (CBCT). The implant was restored to receive an esthetic and functional crown.
Bonding to zirconia, is it a myth?

Zirconia based ceramics are the new-cherry on top-of dental all-ceramic restorations. Their superior mechanical properties and their smart self healing ability put zirconia ahead of many all-ceramic materials. Zirconia has grasped the attention of researches and manufactures to the level that part of the downsides of zirconia was solved. Unfortunately, two problems remained tarnishing the good reputation of zirconia. Their bonding to resin cement and to the veneering ceramics.

As a polycrystalline ceramic, it cannot be chemically etched using conventional acids. Surface treatment of zirconia may increase bonding strength to resin cement and increase the longevity of the restorations. Many methods for surface treatment were tested:
1. Silica coating with aluminum oxide particles.
2. The use of special functional monomers can chemically bond to zirconium dioxide.
3. Selective infiltration etching the application of the experimental hot chemical etching solution.
4. Further clinical studies are necessary to evaluate the bonding or bond strength of Y-TZP ceramics and establish which technique and materials would be ideal for luting their restorations.

Conclusion: Zirconia can be cemented with traditional cements or bonded with adhesive resin cements. Self-adhesive resin cements are the best choice for zirconia and offer less technique sensitivity than traditional cements. When additional retention is required, zirconia can be bonded with adhesive resin or dual-cured esthetic resin cements using tooth and ceramic primer containing an acidic adhesive monomer such as MDP, bond strength to zirconia with air-abrasion and ceramic primer is a recommended method of promoting a chemical bond to zirconia .

Smaller scale for bigger results: nano technology big promises.

Treatment using natural scale (atoms) will add numerous solutions that have never been possible. The atomic level science is already being used in the dental field. Thus, many current limitations of materials used can be restructured for more upgraded properties. With the current involvement of nanotechnology in dentistry, which has direct influence on daily practice, restorative dentistry is becoming more predictable esthetically and functionally. In addition, future promises including restorative, implant and preventive dentistry will be discussed briefly. Upon completion of this lecture the dental professional will be able to:
1. Understand nanotechnology.
2. Identify the current uses of nanotechnology in dentistry.
3. Recognize nanotechnology future involvements in dentistry.
3D smart restorations.

As we live in the era of fast developing technology, the increased demands of dental clients for more esthetic, functional, time saving and cost effective restorative solutions have forced the market to rapidly convert from the manual process to digital technology and most recently to a 3D application. Prototyping involves adding material layer by layer to build the final product an emerging new technology. In dentistry, it is quite possible that prototyping is the ultimate industry to move into and replace the CAD milling systems due to improved efficiency, improved accuracy and high level of predictability. Where joy in practicing dentistry can be experienced, and better care of the patients can be delivered.

**Reda Mohiddin Dimashkieh**  
BDS  
Resident, Master of Prosthodontics, Faculty of Dentistry, Beirut Arab University  
Diploma in Healthcare and Hospitals Management, American University in Cairo

**La prescription d’antibiotiques en endodontie: de l’empirisme à l’évidence fondée sur les preuves.**

La consommation des antibiotiques au Liban constitue un problème sanitaire qui s’aggrave de jour en jour. En effet, on assiste à des abus de la part du corps médical et surtout dentaire mais aussi à des «autoprescriptions» de la part des patients. Sur le plan médico-social, ces pratiques douteuses engendrent et renforcent la résistance des souches bactériennes, à l’origine, cibles principales de ces médicaments.

Pour faire face à cette triste réalité, plusieurs recommandations internationales ont été proposées pour endiguer dans la mesure du possible ce problème en commençant par alerter les autorités sanitaires concernées et surtout les dentistes accusés de faire mauvais usage des antibiotiques, et ceci dans le monde entier à commencer par les pays d’Amérique du Nord et de l’Europe. En endodontie la prescription d’antibiotiques fait partie intégrante de notre pratique mais son mauvais usage peut nuire à la santé d’une société tout entière.

Que risque-t-il de se passer si cette pratique abusive persiste? Peut-on y remédier dans notre société? Quelles seraient les solutions à envisager?

Cette présentation souhaiterait répondre à ces multiples questions en redéfinissant les vrais principes d’une prescription adéquate et efficace en endodontie pour le bien de notre spécialité mais surtout pour celui de notre société.

**Maria Moukarzel**  
DCD  
Resident, Master of Endodontics, Saint-Joseph University, Faculty of Dental Medicine
Management of deep mandibular impactions.

Chantal Abou Jaoudeh
BDS, DUA
Resident, Department of Orthodontics,
Lebanese University School of Dentistry

Samar Bou Assi,
DCD, MS Ortho.
Assistant Professor, Department of Orthodontics,
Lebanese University School of Dentistry

Conference Hall E  10:35-10:45

Deep mandibular impactions remain clinically challenging to the orthodontist. Early diagnosis and multidisciplinary decision making process are considered the keys to orthodontic success. This presentation includes a review of the available literature and the assessment of the management and the therapeutical approaches adopted in different clinical cases.

Management of condylar hyperplasia.

Eliane G. Ziade
BDS
Resident, Division of Orthodontics and Dentofacial Orthopedics, American University of Beirut Medical Center

Anthony T. Macari
Naji Abou Chebel
Joseph G. Ghafari

Conference Hall E  10:45-10:55

Condylar Hyperplasia (CH), a rare pathological condition with controversial and not well understood etiology, is related to over activity in the articular cartilage of usually one of the condyles. A slow and progressive enlargement of the mandibular neck results in facial asymmetry, crossbite malocclusion, cant of the occlusal plane, posterior openbite, mandibular midline shift to the unaffected side and possible association with pain and dysfunction. Treatment modalities combine orthodontics with either orthognathic surgery or the association between high condylectomies, articular disc repositioning and orthognathic surgery. 6 patients with facial asymmetry underwent Technetium 99 scintiscanning to assess which side was affected, determine the presence of abnormal condylar growth center and the status of the hyperplasia (stable or active). The management of these deformities will be illustrated and controversies regarding surgical approaches delineated.
Bonded retainers in orthodontics: expected or unexpected outcomes?

Conference Hall E 10:55-11:05

Retention is one of the most difficult challenges facing the clinician in orthodontics and one of their most feared nightmares. Preventing relapse has long remained one of their major goals to achieve. Many orthodontists believe that permanent retention is the only way to maintain ideal teeth alignment after treatment. Fixed bonded retainers are now routinely left in place for many years, even decades, considering them the long term solution for relapse. However, the question arises: is the bonded retainer, the "perfect" solution? Is it 100% guaranteed in preventing relapse? The following presentation will discuss the various types of bonded retainers, their main indications, their success rate and their possible outcomes in a long term follow-up based on a literature review and empowered by clinical evidence.

Mandibular protraction devices in non-compliant Class II patients.

Conference Hall E 11:05-11:15

Patient’s compliance is a major problem encountered during treatment. Nowadays, the introduction of mandibular protraction devices came as a solution to this problem, being fixed appliances that can be assembled chair side and used in conjunction with complete fixed orthodontic appliances. Can they perfectly replace the usage of class II elastics in our non-compliant patients? In this presentation, we will discuss these protraction devices, their mechanics, indications, strengths and weaknesses based on the literature, and highlighted with a clinical case.
### Accelerated osteogenic orthodontics: overview and clinical applications.

**Conference Hall E**  
11:45-11:55

Accelerated osteogenic orthodontics is an established and efficient orthodontic technique that has recently been introduced by Wilcko in the purpose of reducing treatment time significantly. The development of this technique opened doors and offered solutions to many limitations in the orthodontic treatment of adults. It involves selective alveolar decortication in the form of lines and dots performed around the teeth that are to be moved. This method claims to have several advantages including a reduced treatment time, an enhanced expansion, an increased traction of impacted teeth and finally, a more post-orthodontic stability.

The need for corticotomy as an adjunct to orthodontic treatment is still a debate between orthodontists that might consider it very invasive.

The aim of this presentation is to give a comprehensive overview of the Accelerated Osteogenic Orthodontics, including the historical background, the contemporary clinical techniques and its orthodontic applications, as well as the indications, contraindications, complications and side effects to date.

### Mandibular retention: is it always conventional?

**Conference Hall E**  
11:55-12:05

In orthodontics, stability of achieved results more precisely crowding of mandibular incisors remains a fundamental issue of concern and debate. Etiology of relapse is not fully understood, but relates to a number of factors as periodontal and occlusal factors, soft tissue pressures and growth. Although retention potentially affects every patient, there is minimal agreement as to the most appropriate approach to adopt in an individual case. Retention of mandibular incisors can be achieved by placing removable or fixed retainers. Some orthodontists suggest that fixed retention is the only way to ensure a stable result, while others contend that removable appliances are required to enable the supporting tissues to adapt to the functional demands placed on them. In this presentation, an overview will be displayed on the various types of bonded and removable retainers as Hawley and its modifications besides clear thermoplastic retainers that were introduced as an aesthetic, comfortable and inexpensive alternative to traditional appliances.
Facial beauty, new standard?

Orthodontists have a special interest in facial beauty. Perceptions of facial beauty are multifactorial, with genetic, environmental, and cultural foundations. Some authors suggest that the standards of facial beauty have remained the same through the past and are still representative of the current concept of beauty, while others have found that those ideals are questionable today. Does facial beauty have a biological basis? Is beauty understandable and scientifically quantifiable? Or is it in the eye of the beholder? What is an attractive face and smile? Can we establish new universal standards of facial beauty?

What is behind midline deviation?

Midline deviation is one of the most critical problems in orthodontics. All three of the patient’s midlines: facial, maxillary, and mandibular must be considered if ideal correction is to be achieved. Proper differential diagnosis will allow the practitioner to appropriately use either inter or intra-arch mechanics for the resolution of midline discrepancies. Midline correction should be undertaken from the initiation of treatment and once all midlines are coordinated they should be maintained as a guide for any further force systems used in completing the case. Therefore we must first know what is behind the midline deviation. In this presentation, we will try to find what will be the real causes of midline deviation and what would be their different solutions.
Safe zones for enhancing miniscrew stability.

Miniscrews, as an alternative method for absolute orthopedic and orthodontic anchorage, have been extensively used in the last few years due to its high predictability and scientifically proven benefits. They can be used for many orthodontic indications as gap closure, uprighting molars, distalization or mesialization, intrusion and extrusion of anterior and posterior teeth. The major advantages are their small size, allowing placement in many intraoral areas, low cost and easy implantation and removal. However, although miniscrew stability should be ensured for clinical practice, they can release during treatment. There have been numerous studies on the high failure rates of miniscrews especially for those inserted through movable mucosa compared to attached gingiva. So it’s essential to provide a guideline to assist the clinician in the determination of safe locations for miniscrew placement in the maxillary and mandibular arches in purpose of enhancing their stability.

Lower incisor extraction: problems and solutions.

The extraction of a lower incisor has been considered a treatment alternative since 1942 when it was advocated by Hahn. This therapeutic alternative is not considered to be a standard approach but is applicable in individual cases and when a minimal orthodontic movement is required. Lower incisor extraction may present some problems and difficulties; before, during and after treatment. Starting with the proper indication, choice of the incisor to be extracted, and ending with the relapse after treatment. These problems will be discussed and the solutions presented in order to achieve excellence in function, esthetics and stability.
Management of impacted canines.

Mohannad Nawaf Khandakji
DDS
Resident, Division of Orthodontics and Dentofacial Orthopedics, American University of Beirut Medical Center

Impaction of maxillary canines is a frequently encountered clinical problem, with reported prevalence of 0.2% to 2.8%, making them the second most common impacted teeth after third molars. The diagnosis and treatment of this problem usually requires a multidisciplinary dental team approach. Because of the complexity of the combined ortho-surgical modality, treatment time may be increased and success outcome may be compromised. The prognosis for orthodontic movement of impacted canines depends on a variety of factors, such as the position of the impacted tooth relative to neighboring teeth, its angulation, the distance it needs to move, and the possibility of ankylosis. Thus, the extraction of the impacted canine can sometimes be the treatment of choice, or alternatively, maintaining the impacted position. While most impacted canines remain asymptomatic, a number of potential implications have been suggested: cystic change of the follicle, resorption of permanent incisors, and resorption of the unerupted tooth itself. The aim of this presentation is to describe the various treatment options available for the patient, with emphasis on extraction or maintaining the impacted canines. Benefits and complications of both options are addressed. Case reports will be presented to illustrate these two extreme treatment modalities stressing the indications and possible implications of each.

Parry-Romberg syndrome: surgical and dental management.

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Student, Master of Epidemiology, Faculty of Health Sciences, American University of Beirut

Parry-Romberg syndrome (PRS), known as progressive facial hemiatrophy, is a rare disorder of unknown etiology, affecting less than 1 per 200 000 people in the US population. PRS is characterized by unilateral wasting of the skin and subcutaneous tissue of the face with variable involvement of underlying facial muscle, cartilage and bone; 15% of patients have neurologic manifestations, including epilepsy, migraine, cranial nerve deficits, hemiplegia, cognitive abnormalities, and fixed focal neurologic deficits. Massive facial asymmetry causes marked aesthetic damage and potentially severe psychological discomfort. The treatment of PRS consists of dermal fat grafts to correct cosmetic lesions and/or reconstruct minor soft tissue defects, cartilage grafts to fill skeletal defects and immunosuppressive treatment required when the disease is in its active phase. The orthodontic and orthopedic treatments aim to minimize the dentofacial asymmetry and to improve leveling of the occlusal plane using fixed and/or removable appliances. This presentation will include an overview of the syndrome and the different treatment modalities related to its severity. A report of a 9 year-old boy diagnosed at our orthodontic division will be presented where the sequence consisted of a subcutaneous fat graft followed with orthodontic treatment.
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Anthony Macari

Hala Tfayly
Joseph G. Ghafari

Pediatric and orthodontic treatment of Schwachman-Diamond syndrome.

Conference Hall E 13:35-13:45

First described in 1964, Schwachman-Diamond syndrome (SDS) is a congenital disease seen in 1/75000 of the US population. It is the second most common cause of inherited pancreatic insufficiency after cystic fibrosis, characterized by exocrine pancreatic insufficiency resulting in malabsorption; skeletal dysplasia (problems with bone formation and growth) associated with low bone mass, low bone turnover and osteoporosis; hematological abnormalities especially neutropenia causing recurrent bacterial infections; bone marrow dysfunction and increased risk of leukemia. Oral and dental problems, liver dysfunction, learning difficulties and delayed development of motor skills may be associated with SDS. Common oral signs of SDS include an increased risk of dental caries and periodontal disease (oral ulcerations and gingival bleeding) caused by neutropenia; tooth enamel defects; delayed dental development and oligodontia. Several kinds of treatments are used depending on the problems: Pancreatic Enzyme Replacement Therapy, growth factors, antibiotics, orthopedic surgeries, medical therapies and supplements. We will be presenting clinical reports of a brother and a sister (17 years and 14 years old respectively) diagnosed with SDS, treated by a pediatric endocrinologist with growth hormone, both having multiple agenesis of teeth and where a dentofacial orthopedic treatment was combined for the older sibling.

Sandra Andari

DCD
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Anthony Macari
DCD, DESS Ortho., MS Human Morphol.
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Nesrine Rizk
Joseph G. Ghafari

Streptococcus Viridans: a possible etiology of pneumonia.

Conference Hall E 13:45-13:55

Streptococcus Pneumonia is the most common micro-organism responsible for respiratory infectious diseases. We report an incidence of severe pneumonia instigated in a 63 year-old man by Streptococcus Viridans, the etiologic factor for typical oral infections. Blood cultures revealed a high rate of Streptococcus Viridans. Upon clinical examination, the patient’s respiratory infection appeared to be related to his unhealthy dentition characterized with multiple decays and periapical inflammations, including teeth anchoring a mandibular partial denture. Following antibiotic regimen, the patient was referred for scaling, root planing, selective extraction and dental restorations.
Root position inspected on CBCT v/s Panoramic: a comparative analysis.

Conference Hall E  13:55-14:05

Root positioning in parallel axial inclinations is critical for the correct alignment and occlusion as well as for maintaining a stable orthodontic correction. Panoramic radiographs have traditionally been used as a diagnostic aid before treatment, during treatment to assess progress and evaluate needed corrections, and after treatment to check the overall results. Root parallelism has most of the time been reduced on the panoramic radiograph to its mesio-distal dimension but research shows that an intricate relation between tip and torque exists.

Cone Beam Computed Tomography (CBCT) images provide rather accurate dimensional views of the jaws but with a higher radiation dose. Since the advent of Cone Beam Computed Tomography, its uses in orthodontics is still controversial. Its higher radiation dose compared with the traditional X-rays made orthodontists reluctant in adopting it on a routine basis. A previous pilot study has showed that even the panoramic view in the CBCT had short comings when it comes to tip and torque.

The aim of this presentation is to compare the effect of torque on mesio-distal tooth position on CBCT and the panoramic radiograph.

Improvement of orthodontic diagnosis with CBCTs.

Conference Hall E  14:05-15:15

If traditional radiographs such as lateral cephalograms, panoramics and retro-alveolar radiographs give a 2-dimensional information that is sufficient for most orthodontic cases, the Cone-Beam Computed Tomography (CBCT) is the easiest way to obtain a 3-dimensional information that could not be provided by the traditional ones. It certainly fills missing gaps in diagnosis and treatment planning in all dentistry fields, especially orthodontics. Nowadays, the use of CBCT is essential in cases that require evaluation of root position and structure, skeletal asymmetries, position of impacted teeth, etc.

What does the CBCT show that other radiographs don’t? How does this extra information affect and improve the orthodontic diagnosis? This is an overview on how the CBCT completes the clinical examination, the photos, the casts and the traditional radiographs to obtain a better diagnosis in order to provide an ideal treatment planning.
Suzanna AlMaali
DDS, Resident, Division of Orthodontics and Dentofacial Orthopedics, American University of Beirut Medical Center
Student, Master of Science in Epidemiology, Faculty of Health Sciences, American University of Beirut

Joseph G. Ghafari
DMD, FACD, Dip. ABO
Professor and Head, Division of Orthodontics and Dentofacial Orthopedics, American University of Beirut Medical Center.

Auxiliary means to bite opening.

Conference Hall E  14:15-14:25

Although regional estimates are lacking, the prevalence of deep bite in the US population has been estimated to range between 15 and 20%, representing more than 90% of orthodontic vertical occlusal problems. With complex skeletal and dento-alveolar underlying discrepancies involved, auxiliary means to orthodontic wires and conventional mechanics may be required to facilitate treatment. Our aim is to review and introduce various supplementary approaches to bite opening. These methods include removable anterior bite plates, anterior and posterior platforms and a modified occlusal splint. Both bilateral and asymmetrical (differential) extrusion of teeth will be presented to correct an existing deep bite or achieve Maxillary Anterior Esthetic Differential Extrusion (MAEDE, Ghafari, JG), a technique aiming to increase maxillary incisal show and improve smile esthetics.
**WORKSHOPS**

**Wednesday September 25th, 2013**

with the collaboration of the
LASER Association / LDA

**08:30-09:00**  **Registration**

**09:00-09:30**  LASER in dentistry and stomatology.

Tony Zeinoun

**09:30-10:00**  LASER tissues interactions.

**10:00-10:30**  LASER safety requirements.

**10:30-11:00**  Break & Exhibition Visit

**11:00-11:45**  Conservative dentistry with Er:Cr:YSGG clinical follow up.

Samir Namour

**11:45-12:30**  Clinical treatment of teeth hypersensitivity.

Samir Namour

**12:30-14:00**  Lunch Break

**14:00-14:30**  LASER in oral surgery.

Tony Zeinoun

**14:30-15:15**  A combined endodontical LASER supported treatment concept.

**15:15-17:30**  Presentation of different LASER systems.

Participation of different commercials companies.

Er:YAG, CO2 LASER, Diode (630nm-940nm), ErCr:YSGG, LLLT.

**17:30-18:00**  Quiz

**WORKSHOPS**

**Wednesday September 25th, 2013**

**Half-Day course for orthodontists**

William Wiltshire

This half day course will focus on:

1. **ORTHOPAEDICS**:
   - Orthopaedics and growth modification for Class II and Class III malocclusions
   - Explore the existing evidence related to orthopaedics
   - Current best evidence regarding “timing” of early orthopaedic intervention
   - Various appliance therapies for functional appliance treatment
   - The benefits of Headgear - Activator therapy
   - The design and construction of the Van Beek Headgear Activator (VBHGA)
   - Patient outcomes with the VBHGA
   - Surgical intervention versus VBHGA
   - Despite the evidence - is there still place for functional appliance therapy in the specialist orthodontic office?
   - Can Class II correctors substitute for functional appliances?

The lectures on orthopaedics will be based on the 25 years of experience of Professor Wiltshire using functional appliance therapy as well as research he has conducted at the University of Pretoria and the University of Manitoba in Canada.

2. **Biomaterials in orthodontics**

   This overview lecture will focus on allergenicity, adhesivity and anticariogenicity in orthodontics. Newer materials and innovations in orthodontic biomaterials and the everyday clinical implications will be addressed and will be based on in vitro and in vivo studies undertaken at the University of Manitoba, Canada.

3. **Stability of arch form**

   How stable are arch form changes that orthodontists induce during treatment? This lecture will explore the long-term retention and relapse of orthodontically-induced arch-form changes with recommendations for long-term stability. Arch form stability will be based on the Alexander clinical discipline.
Endodontics Half-day 1
Roger Rebeiz

Root canal therapy of teeth with immature roots and of root perforations.

The aim of this lecture is to explain the indications and to describe the techniques for the use of MTA and Biodentine in:
- root formation (apexogenesis) of the apex in vital immature permanent teeth with pulp capping and pulpotomy.
- root end closure (apexification) of incompletely formed nonvital permanent teeth and of open large apexes of completely formed teeth.
- sealing lateral and furcation perforations which occur when an instrument has perforated the root.

At the end of the presentation and hands-on, the participant will be able to:
- know the appropriate type of pulpal therapy for immature permanent teeth which depends on whether the pulp is vital or nonvital, and the prevention and repair of root perforations.
- Acquire the techniques for repairing root perforations and of therapeutic interventions for root formation and root end closure of the apex in immature permanent teeth.

In the workshop, each candidate will have the opportunity to observe and experiment with the use of MTA and Biodentine in extracted natural teeth.

Endodontics Half-day 2
Roger Rebeiz

Recent advances in endodontic rotary instruments and techniques for scouting and shaping narrow and curved root canals.

This advanced presentation and hands-on is intended for the practitioners who have already experienced the use of endodontic nickel titanium rotary instruments. The aim of this presentation is to:
- describe the recent endodontic nickel titanium rotary instruments and their use in the facilitation of the mechanical exploration and access to the apex with Pathfiles (Dentsply®), G-Files (MicroMega®), and ScoutRace® (FKG)
- to explain the concept and the technique of shaping narrow and curved root canals using ProTaper Next (Dentsply®), One Shape (MicroMega®) and i Race® (FKG).

After attending this lecture, one should have:
- a clear understanding of the role of the recent mechanised instruments and methods of scouting curved root canals,
- a clear view of efficient and safe methods of shaping fine and curved root canals for effective cleaning and obturation.

In the workshop, each candidate will have the opportunity to observe and experiment with the different instruments and techniques to perform root canal cleaning and shaping with recent rotary instruments in transparent resin root canals and in extracted natural teeth.
Tips and tricks for anterior direct composite Veneers.

Direct composite Veneers have been widely used and successful in dentistry. Despite their potential for pleasing and swift results, misunderstandings still exist regarding material and patient selection, indications, preparation design and material selection. This course is designed to review techniques in preparation and application design, material and techniques as well as patient selection. The most popular and successful techniques for direct veneers are reviewed to aid the practitioner in selection of the most appropriate one according to the case.

Secrets of the anterior direct composite restorations. What should you really know about it?

- Introduction.
- Adhesive application - Beveling, tips and tricks.
- Mechanical properties - What do you need to know and is it really important.
- The optimal handling of dental composites for anterior restoration - No-brush and brush technique.
- Dental anatomy, form and texture to optimize color blending - the slow-speed high-torque technique with diamond burs.
- Ad-Hoc repairing and glazing as a safety measure.
- Polishing - the “nice and easy” way.

I- Surgical techniques
A- Mandible:
  1- Inferior alveolar nerve proximity assessment and management.
  2- Ridge expansion.
B- Maxilla:
  1- Sinus hypertrophy: Diagnosis and management.
  2- The sinus lift.
  3- Crestal: internal and floor transport techniques.
  4- Lateral Sinus Lift.

II- Surgical management of complications

III- Prosthetic management
A- Crown to implant ratio.
B- Overdentures.
C- Bridges.
D- Trinia hybrid bridges.
Focal cemento-osseous dysplasia: a case report.

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Focal cemento-osseous dysplasia (COD) is a benign fibro-osseous lesion of the jaws that has received scant attention in the literature. Focal COD is asymptomatic and occurs in the periapical area of vital teeth or in regions of extractions. The lesion is detected only on radiographic examination. The radiographic features are variable, comprising a combination of radiolucent and radiopaque patterns. This report presents a clinical case of a 30-year-old female patient with a mixed-density lesion associated with the apices of teeth #42. Multiple radiographic techniques, including CBCT, showed the characteristic aspects and helped in finding the differential diagnosis of this pathology.

Dental fluorosis in the Gaza Strip.

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Assistant Professor, Al-Quds University, Palestine

To estimate Dental Fluorosis (DF) prevalence and severity, to study the knowledge of DF, and to study the public perception of DF in Palestinian children and their mothers in the Gaza Strip, Palestine (GS).

Methods: Ethical approval was secured. A cross-sectional study recruited stratified cluster random samples of 350 children (12-18 y) and their mothers. DF prevalence and severity were determined using the Thylstrup-Fejerskov Index (TFI). Data on the knowledge and the public perception of DF were collected through interview questionnaires.

Results: Prevalence of DF was 78%. Most children (99.4%) and all mothers did not know what DF is. Concerning the public perception of DF, 87.7% of the children and 88.6% of the mothers did not have a problem with fluorosed teeth color. Although all respondents felt that others with fluorosed teeth did not have a good appearance, 96.9% of children did not hide their smile. Most of the participating mothers (99.7%) thought that the government should find an immediate solution to this problem.

Conclusions: Lack of knowledge about DF and its causes increases the risk of having DF and suggests the importance of developing immediate governmental preventive interventions for DF in affected communities in the GS.
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Vertical root fractures in endodontically treated teeth: limited CBCT v/s periapical assessment.

A definitive diagnosis of vertical root fractures (VRFs) in endodontically treated teeth is challenging. The clinical symptoms and radiographic signs are not completely pathognomonic. The radiologic evaluation of root fractures is usually performed with periapical. However, the introduction of Cone Beam Computed Tomography (CBCT) has created new diagnostic possibilities in dentistry. Because periapical radiographs (PRs) are two-dimensional (2D) images of three dimensional anatomic structures, the superimposition of adjacent tissues may obscure the visibility of VRFs. Thus, direct visualization of a radiolucent fracture line on radiographs is the only explicit feature for detecting VRFs. A three-dimensional diagnostic imaging system could diagnose VRF more accurately. This poster is a review on PRs and their limitations in detecting VRFs and the effect of voxel size, field of view and intracanal restorations and their artefacts on diagnosis when using CBCT.

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A comparative review of radiation doses between CBCT, CT and Panoramic techniques.

A wide variety of X-ray equipment is used today in dental radiology, including panoramic, Cone Beam Computed Tomography (CBCT) and computed tomography (CT). This raises the question of how the radiation risks resulting from different kinds of examinations should be compared. Although dental radiology has always been regarded as a low-dose technique, this scenario has changed with the introduction of volumetric techniques and consequent changes that have resulted from the use of the new technique. Usually, extra-oral techniques (panoramic, CBCT and CT) present a higher radiation exposure level than intraoral image techniques. In dental radiology, the evaluation of effective doses is usually based on the measurement of dosimetric quantities that can be easily obtained associated with the use of conversion factors. However, the lack of uniformity among the various studies reported in the literature, in which authors use different methods and hence derive different magnitudes, makes a comparative evaluation of imaging techniques used in dentistry difficult. The aim of this poster is to highlight a uniform technique for measuring the radiographic doses in CBCT, CT and panoramic and to compare the relative doses between each technique, annual/daily background capita and fatal cancer probability per million according to ICRP 2007.
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