The 24th Beirut International Dental Meeting

Book of Abstracts

"Planning for the Future"

September 10 - 13, 2014
Biel - Beirut, Lebanon
Message from the President of the Convention

Dear Colleagues

It is with great pleasure that I welcome you on behalf of the Lebanese Dental Association to the 24th Beirut International Dental Meeting, which will take place from 11-13 September 2014 at Biel.

We encourage you all to attend the meeting under the theme of “Planning for the Future” in order to better prepare your practices with cutting-edge techniques and equipment for a more prosperous future. 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. This year you will be able to attend lectures and then have the opportunity to participate in workshops to implement the knowledge you gained from the lecture. There will be interesting workshops throughout the 3 days of the conference for a limited number of attendees at very enticing fees. The workshops will emphasize on esthetics and cosmetic dentistry, but there will be a range including surgery, implants, prosthodontics and endodontics. You will all have a chance to attend an innovative workshop, which will bridge the gap between us dentists, and our Lab technicians. Through this workshop you will be taken through the steps after your impression has been taken at the clinic and you will be able to see live demos and hands on to help you digitalize your practice, taking it to the future with CAD-CAM technology.

I would also like to extend a warm welcome to all the Presidents of Arab Dental Associations who will be present at this event and encourage all Arab and foreign dentists to participate in BIDM 2014 that is held in collaboration with Saudi Dental Association.

Lebanon is a great cultural and touristic country; there will be several social programs that have been designed for participants who would love to discover Lebanon.

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

I am confident that you will find this meeting beneficial to your career, having the advantage of the innumerable learning and networking opportunities.

I'm looking forward to meeting you all.

Sincerely,

Prof. Elie Azar Maalouf
President, LDA / BIDM 2014
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 2014), Lebanese Dental Association Annual Congress held in Biel, from 11-13 September, 2014.

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 over the years.

Under the theme of “Planning for the Future”, 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.

A variety of session types, including Plenary Lectures, Symposia, Young Podium session, Interactive session, Poster Session, Panel Discussion as well as a Pre-congress will be held on September 10, 2014 at St. Joseph University.

BIDM2014 will be covering all dental disciplines, meeting the needs of all participants, from trainees to the most esteemed professors.

We offer you our warmest welcome and hope to make BIDM 2014 Convention a memorable experience for you!

Sincerely,

Dr. Nabih Nader
Chairperson, Scientific Committee, LDA / BIDM 2014
# LDA / BIDM 2014 Board

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prof. Elie Azar Maalouf</td>
<td>President</td>
</tr>
<tr>
<td>Dr. Mohamad Kataya</td>
<td>Vice-President</td>
</tr>
<tr>
<td>Dr. Walid Khattar</td>
<td>General Secretary</td>
</tr>
<tr>
<td>Prof. Nohad Rizk</td>
<td>Treasurer</td>
</tr>
<tr>
<td>Dr. Fady Abillamaa</td>
<td></td>
</tr>
<tr>
<td>Dr. Hasan Alloul</td>
<td></td>
</tr>
<tr>
<td>Dr. Abdel Kader Al Bsat</td>
<td></td>
</tr>
<tr>
<td>Dr. Nizar El Kadi</td>
<td></td>
</tr>
<tr>
<td>Dr. Daniel Kahale</td>
<td></td>
</tr>
<tr>
<td>Dr. Fadl Khaled</td>
<td></td>
</tr>
<tr>
<td>Dr. Atef Nouhra</td>
<td></td>
</tr>
<tr>
<td>Prof. Georges Tehini</td>
<td></td>
</tr>
</tbody>
</table>

# BIDM 2014 Scientific Committee

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Nabih Nader</td>
<td>Chairperson</td>
</tr>
<tr>
<td>Prof. Roula Abiad</td>
<td>Executive Coordinator</td>
</tr>
<tr>
<td>Dr. Fadl Khaled</td>
<td>LDA Board Representative</td>
</tr>
<tr>
<td>Dr. Ziad Noujeim</td>
<td>JLDA Editor-in-Chief</td>
</tr>
<tr>
<td>Dr. Rima Abdallah</td>
<td></td>
</tr>
<tr>
<td>Dr. Cynthia Chemaly</td>
<td></td>
</tr>
<tr>
<td>Dr. Tony Dib</td>
<td></td>
</tr>
<tr>
<td>Dr. Nicole Geha</td>
<td></td>
</tr>
<tr>
<td>Prof. Fady El-Hajj</td>
<td></td>
</tr>
<tr>
<td>Dr. Wasfi Kanj</td>
<td></td>
</tr>
<tr>
<td>Dr. Elie Khoury</td>
<td></td>
</tr>
<tr>
<td>Dr. Ahmad Mekkawi</td>
<td></td>
</tr>
<tr>
<td>Prof. Sami Mouwakdié</td>
<td></td>
</tr>
<tr>
<td>Dr. Dona Raad Zakhia</td>
<td></td>
</tr>
<tr>
<td>Dr. Maria Saadeh</td>
<td></td>
</tr>
</tbody>
</table>
## BIDM 2014 Continuing Education Committee

<table>
<thead>
<tr>
<th>Chairperson</th>
<th>Executive Coordinator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prof. Carina Mehanna Zogheib</td>
<td></td>
</tr>
<tr>
<td>Dr. Samer Rifai</td>
<td></td>
</tr>
<tr>
<td>Prof. Paul Boulos</td>
<td></td>
</tr>
<tr>
<td>Dr. Abeer Kayssi</td>
<td></td>
</tr>
<tr>
<td>Dr. Hitaf Nasrallah Nasseh</td>
<td></td>
</tr>
</tbody>
</table>

## BIDM 2014 Organization Committee

<table>
<thead>
<tr>
<th>Chairperson</th>
<th>Executive Coordinator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Walid Khattar</td>
<td></td>
</tr>
<tr>
<td>Dr. Mohamad Eid Khalil</td>
<td></td>
</tr>
<tr>
<td>Dr. Tony Fawaz</td>
<td></td>
</tr>
<tr>
<td>Dr. Maria Khoury</td>
<td></td>
</tr>
<tr>
<td>Dr. Josette Richa</td>
<td></td>
</tr>
</tbody>
</table>

## BIDM 2014 Media & Communication Committee

<table>
<thead>
<tr>
<th>Chairperson</th>
<th>Executive Coordinator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Daniel Kahale</td>
<td></td>
</tr>
<tr>
<td>Dr. Maria Khoury</td>
<td></td>
</tr>
<tr>
<td>Dr. Rami Chayah</td>
<td></td>
</tr>
<tr>
<td>Dr. Antoine Fawaz</td>
<td></td>
</tr>
<tr>
<td>Dr. Georgina El Ghoul</td>
<td></td>
</tr>
<tr>
<td>Dr. Nada Haswani</td>
<td></td>
</tr>
<tr>
<td>Dr. Marwa Tannir</td>
<td></td>
</tr>
</tbody>
</table>

## BIDM 2014 Technical Services Committee

<table>
<thead>
<tr>
<th>Vera Zogheib</th>
<th>Majdeline Sfeir</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nicole Makhlouta</td>
<td>Rachel Francis</td>
</tr>
<tr>
<td>Fadi Kayali</td>
<td>Dina Itani</td>
</tr>
<tr>
<td>Carole Chaccour</td>
<td>Nicole Chahrouri</td>
</tr>
<tr>
<td>Samia Bavich</td>
<td>Micheline Mikhail</td>
</tr>
<tr>
<td>Almaz Haddad</td>
<td>Hiba Kahil</td>
</tr>
<tr>
<td>Jihad Kayali</td>
<td>Mohamad Daher</td>
</tr>
<tr>
<td>Khodr Abbas</td>
<td>Jocelyne Haddad</td>
</tr>
<tr>
<td>Khaled Yassine</td>
<td></td>
</tr>
<tr>
<td>Hassan Awad</td>
<td></td>
</tr>
</tbody>
</table>
## Contents

Message from the President of the Convention  
Message from the Chairperson of the Scientific Program  
Committees

### Convention Program

<table>
<thead>
<tr>
<th>Event</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-congress (Saint-Joseph University) -</td>
<td>8</td>
</tr>
<tr>
<td>Wednesday, September 10, 2014</td>
<td></td>
</tr>
<tr>
<td>Program</td>
<td>14</td>
</tr>
<tr>
<td>Abstracts Day 1 (Biel) - Thursday, September 11, 2014</td>
<td>28</td>
</tr>
<tr>
<td>Abstracts Day 2 (Biel) - Friday, September 12, 2014</td>
<td>57</td>
</tr>
<tr>
<td>Poster Presentations</td>
<td>95</td>
</tr>
<tr>
<td>Abstracts Day 3 (Biel) - Saturday, September 13, 2014</td>
<td>109</td>
</tr>
<tr>
<td>Young Podium</td>
<td>123</td>
</tr>
<tr>
<td>Exhibitors</td>
<td>142</td>
</tr>
</tbody>
</table>
Laser Pre-Congress Course on
Basic Laser Certificate Course by WFLD

Wednesday 10 September 2014 - USJ

08:30 - 09:00  Registration (40 participants)
09:00 - 09:30  Laser in Dentistry and Stomatology  Pr. Toni Zeinoun
09:30 - 10:00  Interactions LASER - TISSUES  Pr. Samir Nammour
10:00 - 10:45  Soft tissue management by Laser  Pr. Samir Nammour
10:45 - 11:00  Laser Safety Requirements  Pr. Sami Toum
11:00 - 11:30  Coffee Break
11:30 - 12:00  Clinical Treatment of Teeth Hypersensitivity  Pr. Samir Nammour
12:00 - 12:30  Integrating Laser Technology Into Esthetic Dentistry  Dr. Karim Corbani
12:30 - 14:00  Lunch Break
14:00 - 14:30  Conservative dentistry with Er,Cr:YSGG / clinical follow up  Dr. Bernard Kikano
14:30 - 15:00  Increase the rate of success in your daily practice: Diode lasers  Dr. Anthony Rahayel
15:00 - 15:30  Laser Bleaching
15:30 - 16:00  Exam
16:00 - 18:00  Presentation of different Laser System.
Pre-congress Endo Course

Wednesday 10 September 2014 - USJ

08:30 - 9:00  Registration – 50 participants
09:00 - 10:30  Prasanna Neelakantan (the topic will be published ASAP)
10:30 - 11:00  Break
11:00 - 12:30  Innovations in Endodontics.  Michael Scianamblo
12:30 - 13:30  Lunch Break
13:30 - 15:00  2 workshops same time - for 25 participants
    VDW reciproque/Dentsply protaper next.
15:00 - 15:30  Break
15:30 - 17:00  2 workshops same time - for 25 participants
    VDW reciproque/Denstply protaper next.
One – Day Advanced Pre-Congress Course on External Sinus Lift & Intra-Oral Bone Grafting using Ultra-Sonic Surgery (Satelec)

Wednesday 10 September 2014 - USJ

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:30</td>
<td>Registration (30 participants)</td>
</tr>
<tr>
<td>09:00</td>
<td>Intra-Oral Bone Grafting</td>
</tr>
<tr>
<td>10:30</td>
<td>Coffee Break</td>
</tr>
<tr>
<td>11:00</td>
<td>External Sinus Lift</td>
</tr>
<tr>
<td>12:30</td>
<td>Lunch Break</td>
</tr>
<tr>
<td>14:00</td>
<td>Live Transmission : External Sinus Lift</td>
</tr>
<tr>
<td>15:00</td>
<td>Hands-On External Sinus Lift on model using Ultra-Sonic Surgery (Satelec)</td>
</tr>
<tr>
<td>16:00</td>
<td>(30 participants)</td>
</tr>
</tbody>
</table>
A. When complete denture lack the retention and the stability necessary for a comfortable wear, the attachment implant overdenture or Implant Fixed Complete Denture are prescribed. Restoring the edentulous patient with implants presents numerous challenges to the clinician. These challenges can vary from simple functional and esthetics problems to more complicated ones. Organized treatment plan is necessary to overcome these problems and the final product will be predictable and satisfactory from a patient and a doctor point view. The lecture will emphasize the differences between restoring the complete edentulous mandibular arch and the maxillary edentulous arch. Moreover, controversy persists as to factors critical for implant and prosthetic success. This lecture examines 3 critical factors that direct the type of maxillary dental prostheses, early in the consultation process: 1. the nature of the patient’s dental condition, 2. whether the residual ridge is visible in both the relaxed lip and smiling state and 3. the presence or the absence of bone in the radiographic zones.

This course will discuss diagnosis, treatment planning and complications of implant prostheses. A variety of treatment options and prosthesis designs will be described. Many clinical situations will be presented with a step-by-step simplified approach to provide final prostheses that meet patients’ expectations from esthetic and functional perspectives.

B. With the use of slides and videos of some clinical situations, the presentation will answer these following questions:
1. What are the differences between conventional dentures, implant overdentures and implant fixed complete dentures?
2. What is the magic number of implants required for a stable and retentive denture?
3. Should these implants be interconnected or independent?
4. What are the popular attachments used in these situations?
5. How do we sequence the implant overdenture and fixed complete denture treatment plan for an optimum outcome?
6. How do we maintain these implant prostheses?

From 8:30 till 9:00 Registration – 40 participants
From 9:00 till 18:00 – conferences
PERIO Pre-Congress Course  
*Wednesday 10 September 2014 - USJ*

08:30 - 09:00  
Inscription – 40 participants sans hands-on  
20 participants avec hands-on

09:00 - 10:00  
Quels traitements pour quel type de récessions gingivales ?  
**Dr. Roy Abi Fadel**

10:00 - 11:30  
Chirurgie de recouvrement d’une récession gingivale par une membrane (Mucograft®)  
(Transmission en direct).  
Opérateur: **Pr. Hani Khoury**  
Modérateurs: **Pr. Fatme Hamasni** et **Dr. Carole Chakar**

11:30 - 12:00  
Pause Café

12:00 - 13:30  
Chirurgie sur mâchoires de porc ou de mouton : Recouvrement radiculaire avec une membrane (Mucograft®)  
(20 participants).
**PEDO Pre-Congress Course**  
*Wednesday 10 September 2014 - USJ*

**Présidents de Séance :**  
Pr. Balsam Noueiri et Pr. Jean-Claude Abou Chedid

**09:00 - 09:45**  
La pulpotomie des dents temporaires à la MTA: Succès et Echecs  
Pr. Nada Farhat Mchayleh, Pr. Jean-Claude Abou Chedid, Dr. Bruno Melki

**09:45 - 10:30**  
Le bénéfice apporté par le MTA à la dentisterie :  
Dr. Issam Khalil

**10:30 - 11:00**  
Pause Café

**12:00 - 12:30**  
Molar Incisor Hypomineralisation and Deciduous Molar Hypomineralisation - MIH and DMH affected teeth  
Dr. Dina Dbaibo

**12:30 - 14:00**  
Pause Déjeuner

**14:00 - 16:00**  
Chirurgie buccale et mucco-gingivale chez l’enfant et le jeune adolescent (20 candidats)  
Pr. Elia Sfeir, Pr. Samia Aboujaoude Farha
Program

Thursday, September 11, 2014
Conference Hall Crest Oral-B

09:00-09:30  Exhibition Visit
Moderators:  Nada Naaman / Fouad Ayoub / Essam Osman / Louis Hardan

09:30-10:30  The “Style Italiano Philosophy” : Feasible Teachable Repeatable (Part I)
           Angelo Putignano

10:30-10:50  Break & Exhibition Visit

10:50-12:00  The “Style Italiano Philosophy” : Feasible Teachable Repeatable (Part II)
           Angelo Putignano

12:30-13:30  OPENING CEREMONY

13:30-14:20  Lunch & Exhibition Visit
Moderators:  André Assaf / Paul Nahas / Jamal Hneineh

14:20-15:00  Is Teeth Whitening a Safe Procedure?
           Carina Mehanna Zogheib

15:00-16:20  Management of Severely Damaged Teeth (Part I)
           Miguel Roig

16:20-16:30  Break & Exhibition Visit

16:30-17:50  Management of Severely Damaged Teeth (Part II)
           Miguel Roig

18:00-19:00  Minimally Invasive & Non Invasive Solutions for Challenging Aesthetic Dentistry
           Nasser Shademan
Program

Thursday, September 11, 2014
Conference Hall Prodent

Moderators: Alfred Naaman / Hani Ladki / Inaam Baghdadi

09:00-09:30 Recent Advances in Endodontic Concepts, Tools for Shaping, Cleaning Fine & Curved
Roger Rebeiz

09:50-10:50 ProTaper Next & Swaggering File Designs (Part I)
Michael Scianamblo

10:50-11:00 Break & Exhibition Visit

11:00-12:00 ProTaper Next & Swaggering File Designs (Part II)
Michael Scianamblo

12:30-13:30 OPENING CEREMONY

13:30-14:10 Lunch & Exhibition Visit

Moderators: Issam Khalil / Edgard Jabbour / Hares Abdul Sater

14:10-15:00 Root Canal Preparation: Current Concepts, Challenges & Solutions
Prosanna Neelakantan

15:00-15:30 Modern Endodontics
Philippe Sleiman

15:30-16:00 Non Surgical Management of Endodontic Lesions
Hani Ounsi

16:00-16:20 Break & Exhibition Visit

Moderators: Fadi El Hajj / Jihad Abdallah / Nadim Mokbel

16:20-16:50 Use of Laser in Dental Prosthetic Surgery
Samir Nammour

16:50-17:50 Immediate Implant Placement in Extraction Sockets in the Esthetic Zone
Pascal Valentini

18:00-19:00 Single Tooth Replacement in the Esthetic Zone: Surgical Aspects
Pascal Valentini
## Program

**Thursday, September 11, 2014**  
**Conference Hall Kavo**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>09:00-09:30</td>
<td>Orthodontic Treatment in Mouth Breathing</td>
<td>Rachid Mally</td>
</tr>
<tr>
<td>09:30-10:00</td>
<td>Adult Orthodontics: What Makes the Difference?</td>
<td>Joseph Bou Serhal</td>
</tr>
<tr>
<td>10:00-10:50</td>
<td>Break &amp; Exhibition Visit</td>
<td></td>
</tr>
<tr>
<td>10:50-12:20</td>
<td>Periodontal Approaches in Growing Orthodontic Patients</td>
<td>Turi Bassarelli</td>
</tr>
<tr>
<td>12:30-13:30</td>
<td>OPENING CEREMONY</td>
<td></td>
</tr>
<tr>
<td>14:30-15:00</td>
<td>Multidisciplinary Management for Old &amp; Recent 1st Permanent Molar Extractions</td>
<td>Roy Sabri</td>
</tr>
<tr>
<td>15:00-16:30</td>
<td>Difficult or Severe Cases in Orthodontics</td>
<td>Turi Bassarelli</td>
</tr>
<tr>
<td>16:30-17:00</td>
<td>Break &amp; Exhibition Visit</td>
<td></td>
</tr>
<tr>
<td>17:00-17:30</td>
<td>Proposition d’une «nouvelle» définition et classification du fonctionnement et des dysfonctionnements de l’appareil manducateur</td>
<td>Kamal Philippe Harb</td>
</tr>
<tr>
<td>17:30-18:00</td>
<td>Optimized Strategies in Complex Interdisciplinary Cases: Where is the Limit?</td>
<td>Patrick Anhoury</td>
</tr>
<tr>
<td>18:00-18:30</td>
<td>Inman Aligner and the New Philosophy in Approaching Cosmetic Dentistry</td>
<td>Rami Chayah</td>
</tr>
</tbody>
</table>
Program

Thursday, September 11, 2014

WORKSHOPS

Conference Hall 3M

09:00-12:00  Maxillary Sinus Grafting: State of the Art
Pascal Valentini

15:00-18:00  The “Style Italiano Philosophy”
Angelo Putignano

Conference Hall Tamer

09:00-12:00  How to Attach a 2-Implant Mandibular Complete Denture with Locator Attachments
Tony Daher

16:00-19:00  Root Canal or Root Canal System Treatment
Philippe Sleiman

Conference Hall Listerine

09:00-12:00  Innovative Methods in Implantology and Bone Regeneration. Why, How and What?
Soheil Bechara

15:00-18:00  Digitalize Your Dental Practice
Elie Khoueiry
Program

Friday, September 12, 2014
Conference Hall Crest Oral-B

Moderators: Tony Zeinoun / Christian Makary / Mazen Afesh

09:00-10:00  Les Augmentations Osseuses Maxillaires et Mandibulaires: Quelles Techniques Chirurgicales Utiliser et Quels Matériaux (Part I)
Michel Jabbour

10:00-10:10  Break & Exhibition Visit

10:10-11:30  Les Augmentations Osseuses Maxillaires et Mandibulaires: Quelles Techniques Chirurgicales Utiliser et Quels Matériaux (Part II)
Michel Jabbour

11:30-12:10  Break & Exhibition Visit

Moderators: Mohammad Al-Obaida / Ghassan Yared / Rahil Doueihy

12:10-13:00  How to make successful Implant Restorations in the Esthetic Zone
Tony Daher

13:00-14:00  Lunch & Exhibition Visit

Moderators: Elie Gerges

14:00-16:30  How to Avoid and How to Manage Complications in Implant Dentistry: Practical Prosthodontic Pearls for your Daily Practice
Tony Daher, Vahik Meserkhani

16:30-16:50  Break & Exhibition Visit

Moderators: Habib Chemaly / Joseph Makzoumi

16:50-17:50  What’s New in Removable Prosthodontics in this Digital World (Part I)
Joe Massad

17:50-18:00  Break & Exhibition Visit

18:00-19:00  What’s New in Removable Prosthodontics in this Digital World (Part II)
Joe Massad
Program

Friday, September 12, 2014
Conference Hall Prodent

Moderators: Jean-Claude Fahed / Carina Mehanna / Ahmad Mekkaoui

09:00-10:00  Update in Universal Adhesive Technology
Rolando Nunez

10:00-10:20  Dentists in Business: Let’s face it- We are not only dentists we’re also running a business!
Anna Maria Yiannikos

10:20-10:50  Evidence-Based Dentistry: Is it For Me?
Asim Al-Ansary

Moderators: Antoine Khoury / Ronald Younes / Roger Bassit

10:50-13:40  Atrophic Mandible Panel
Evolution in the Treatment of the Edentulous Mandible
Nadim Abou Jaoude, Nabil Barakat

Management of the Edentulous Mandible without Bone Graft: 10 to 32 year Follow Up
Jihad Abdallah

Management of Vertical Defects in the Posterior Mandible. Evidence-Based Proposals?
Georges Tawil

13:40-14:30  Lunch & Exhibition Visit

Moderators: Ziad Salameh / Ziad Noujeim / Fawzi Riachi

14:30-15:00  CAD/CAM History & Beyond
Nawaf Al-Dousari

15:00-15:40  Digital Solutions to Achieve Perfect Results with Implant Treatment
Dimitar Filtchev

15:40-16:30  A Confident Approach to Immediate Implant Placement
Soheil Bechara

16:30-16:50  Break & Exhibition Visit

Moderators: Rima Abdallah / Sami Mouwakdié

16:50-17:50  Designing, Creating and Maintaining Pristine Implant–Bone–Soft Tissue Interface: Key Factors that Determine Long-Term Success
Jin Kim

18:00-19:00  Lateral and Internal Sinus (LISA) Technique: A New Approach to the Maxillary Sinus
Jin Kim
Program

Friday, September 12, 2014
Conference Hall Kavo

Moderators: Maria Moarbes / Mashali Otaibi

09:00-09:30 Cone Beam CT: Endodontic Applications. 
Alexandre Khairallah

09:30-10:10 Radiographic Follow-up and Re-evaluation Using CBCT Studies
Marcel Noujeim

10:10-10:50 Recommendations for Use of CBCT in Orthodontics
Marcel Noujeim

10:50-11:40 INTERACTIVE SESSION - CBCT in the Daily Dental Practice
Marcel Noujeim, Ibrahim Nasseh

11:40-11:50 Break & Exhibition Visit

11:50-12:10 The Use of CBCT in the Extraction of Lower Third Impacted Teeth
Elie Abdo

12:10-12:30 Evaluation of the Diagnosis, Treatment Planning & Long-Term Follow-up of Cystic Lesions with CBCT.
Saydé Sokhn

12:30-13:10 Lunch & Exhibition Visit

Moderators: Fatmè Mouchref Hamasni / Pascale Habre Hallage

13:10-13:30 Implant Placement with Similtaneous Lifting in Very Reduced Bone Height - 3 Year Study.
Amine Choueiry

13:30-13:50 Sinus Floor Elevation with Simultaneous Implant Insertion using the Layered Graft Technique.
Charles Khoury

13:50-14:10 Theraputic Alternatives in Implant Treatment in the Posterior Maxilla.
Joseph Saade

14:10-14:30 Reconstruction of the Anterior Maxilla: The Advanced Surgical Therapy.
Peter Tawil

14:30-14:50 Atraumatic Extractions Using the Piezoelectric Technology: Advantages and Limitations.
Claude Chaanine

14:50-15:10 Break & Exhibition Visit
Program

Friday, September 12, 2014
Conference Hall Kavo

Moderators: Paul Boulos / Sami El Toum / Henri Kayem

15:10-15:30  Endo-Crow ns: The Recent History and the Upcoming Future
Ahmad Khaled Aboelfadel

15:30-15:50  Treatment Options for the Edentulous Maxilla.
Nazem Assaad

15:50-16:10  Thermosens for Removable Denture Bases, Could Eventually
Replace Resins.
Najib Abou Hamra

16:10-16:20  Break & Exhibition Visit

16:20-16:50  Botulinum Toxin Type-A (Botox) as a Symptomatic Treatment
of TMD Disorders
Ahmed Abdelhamid

16:50-17:20  Wear & Tear in Implant Supported Restorations - “Prevention
& Management”.
Haitham Elbishari

17:20-17:50  Recent Concepts for Bulk Filling of Posterior Cavities
Joseph Sabbag

17:50-18:00  Break & Exhibition Visit

18:00-18:20  La Photodestruction par Laser Diode en Pathologie Orale.
Dolly Roukoz

Nicole El-Hajj

18:40-19:00  Dental Erosion, Attrition, Abrasion and Abfraction. Their Share
in Tooth Wear.
Gabriel El-Hajj
Program

Friday, September 12, 2014
Conference Hall Tamer

11:00-13:10 POSTERS’ SESSION

- Relationship of Apices of the Third Mandibular Molar and the Inferior Alveolar Canal in Conventional Radiography v/s CBCT
  Sara Abbass Kassem Moussa

- Effect of Immersion Cleansers on the Fracture Resistance, Surface Hardness and Weight of Heat-Polymerized Arylic Resin
  Ben Afia Imene, Ramy Walha, Bouali Radhia, Trabelsi Mounir

- Les Préparations Préprothétiques en Rapport avec l‘Appui Dentaire en Prothèse Partielle Amovible
  Ramy Oualha

- Increased Beta 2 Defense in Recurrent Aphthous Ulcer
  Ahmed Al-Samadi

- Effect of Orthodontic Treatment on Head and Neck Posture: Preliminary Report of a Pilot Study
  Terry Wak, Elie Amm, Joseph Ghoubril

- Occlusal Finishing in a Therapeutic Class III: A Case Report
  Carine Abi Dergham, Elie Khoury, Joseph Ghoubril

- Facial Profile Preferences by Groups of Lebanese Subjects: a Cross-Sectional Survey
  Marwan Helou, Adib Kassis, Joseph Ghoubril

- Evaluation of Skeletal Age: Hand-Wrist vs CVM
  Shana Harb, Roula Akl, Joseph Ghoubril

- Assessment of Dental Decays and Oral Hygiene Among Adolescent School Children in Greater Beirut: A Comparison Between Public and Private schools
  Katy Bitar, Monique Chaaya, Miran Salame Jaffa, Mayada Kanj, Joseph G. Ghafari

- Malocclusion, Orthodontic Treatment Need, and Oral Health-Related Quality of Life in Adolescents: A Comparison Between Public and Private Schools in Beirut
  Suzanna Al-Maalii, Monique Chaaya, Miran Salame Jaffa, Mayada Kanj, Joseph G. Ghafari

- Prophylactic Extraction of Lower Third Molars: How Can Radiology Aid In Decision-Taking?
  Mohammad Hussein
Program
Friday, September 12, 2014

WORKSOPS

Conference Hall 3M

09:00-12:00  Implant Provisional Crowns: Clinical Tips
             Tony Daher

15:00-18:00  Smile Design Protocol
             Rolando Nunez

Conference Hall Listerine

09:00-12:00  Digitalize Your Dental Practice
             Elie Khoueiry

15:00-18:00  Digitalize Your Dental Practice
             Elie Khoueiry
Program

Saturday, September 13, 2014
Conference Hall Crest Oral-B

Moderators: Carlos Khairallah / Jihad Husseini / Basel Doughan

09:00-10:20 Fundamental of Team Approach in Aesthetic with Non and Minimal Invasive Dentistry to Achieve Natural Smiles that Blends Harmoniously into our Patients' Faces (Part I)
Luca Dalloca

10:20-10:30 Break & Exhibition Visit

10:30-11:50 Fundamental of Team Approach in Aesthetic with Non and Minimal Invasive Dentistry to Achieve Natural Smiles that Blends Harmoniously into our Patients' Faces (Part II)
Luca Dalloca

11:50-12:10 Break & Exhibition Visit

Moderators: Edgard Nehmé/ Lucette Segaan/ Hala Ragab

Aris Tripodakis

13:20-13:30 Break & Exhibition Visit

13:30-14:30 Are the Ceramic Abutments the Sole Way to Trans-Mucosal Implant Esthetics?
Aris Tripodakis

14:30-15:00 CLOSING CEREMONY

WORKSHOP

Conference Hall 3M

15:00-18:00 Style Italianp Phylosophy
Rasha Suleiman El Sayed Ahmad
Saturday, September 13, 2014
Conference Hall Prodent

Moderators: Balsam Noueiry / Elia Sfeir / Jean-Claude Abou Chedid / Sherine Badr

09:00-10:00 How Can We Improve Children’s Smiles? Dina Dbaibo

10:00-10:10 Break & Exhibition Visit

10:10-10:30 Notre Profession Devient-Elle Plus Féminine? Rola Zein Al Karnib

10:30-10:50 Latest Use of Fluoride Varnishes in Dentistry Guitta Abi Nasr

10:50-11:00 Break & Exhibition Visit

11:00-12:00 Redefining Pediatric Dentistry Dina Dbaibo

12:00-12:10 Break & Exhibition Visit

Moderators: Nada Chedid / Jihad Dagher / Nada Farhat / Salahuddineen Bulushi

12:10-12:30 Quantité Importée et Consommée des Dentifrices et Brosses à Dents au Liban Depuis 2000 jusqu’en 2014. Fida Al Sayyah

12:30-13:00 How to Improve Quality and Productivity for Dentists Sami Bahri


13:50-14:10 Face off: A Dream Comes True. Mohammad Ahmad Al Shokeimy

14:10-14:30 Indications for Removal of Impacted Mandibular Third Molars: A Single Institutional Experience in Libya. Hamed Orafi

14:30-15:00 CLOSING CEREMONY
Program

Saturday, September 13, 2014
Conference Hall Kavo

09:00-13:30  YOUNG PODIUM SESSION

Moderators: Jeanine Gebeily / Fadi El Hage

Patient-Oriented Implant Overdenture Treatment.
Hussein Samih Basma

TMJ Synovial Fluid Analysis in Diagnosis and Treatment of TMDs.
Monaf Abdulrahim Shalha, Andre Assaf, Jose Chidiac

Early Childhood Caries: Results From an Academic Town Versus an Industrial Town.
Ahmad Tarabaih

Lasers from Myth to Reality.
Hani Arakji

Zirconia Implants: A Future Perspective.
Mohamad Al Bazzal

Occlusal Trauma on Teeth and Implants and its Effect on Periodontal Disease.
Maryline Bitar

Estimation et Comparaison de la Durée du Pic Pubertaire Chez des Sujets Libanais en Classe II et en Classe I Squelettique.
Hasna Ghaleb

Comparisons of Palatal Vault Characteristics in Adult Patients with Various Mandibular Divergence Patterns.
Sandra Andari, Anthony Macari, Makram Ammoury, Joseph Ghafari

First Molar Extraction in Orthodontics.
Lama Matar, Zouhair Skaf
Program

Saturday, September 13, 2014
Conference Hall Kavo

09:00-13:30  YOUNG PODIUM SESSION

Moderators:  Ibrahim Nasseh/Anthony Macari/ Nahed Attia

Component Analysis and Inheritance Evaluation of Mandibular Macrognatism.
Roula Tarabay

CBCT in Orthognathic Surgeries: The Anatomical Truth.
Maryam Abboud, Chantal Abou Jaoude, Samar Bou Assi

Lower Incisor v/s Lower Premolars: A Therapeutical Dilemma in Young Adults.
Marc Bakalian, Rania Nassar, Joseph Ghoubril

Mandibular Incisor Position in Relation to Symphyseal Bone: Comparison in Adult Patients with Various Facial Divergence Patterns.
Eliane Ziade, Anthony Macari, Kinan Zeno, Joseph Ghafari

How Useful are Cephalometric Measurements in Orthodontic Assessment of Obstructive Sleep Apnea?
Maya Rassy, Marwan Hoteit, Antoine Daraze

Orthodontic Approach: Transverse Dimension First.
Nour Bou Saleh, Mona Sayegh Ghoussoub

How Useful are Cephalometric Measurements in Orthodontic Assessment of Obstructive Sleep Apnea?
Maryline Eddo, Joseph Ghoubril, Emil Hayeck

Facteurs Influencent la Qualité de Vie Liée à la Santé Orale et la Perception Esthétique d’Une Population Adolescente Libanaise.
Nour Abou Zahr, Adib Kassis, Joseph Ghoubril

Effect of Rapid Maxillary Expansion on Voice Parameters.
Mohammad Khandakji, Joe El Helou, Ramzi Haddad

Incisor Root Resorption in the Treatment of Impacted Maxillary Canines.
Joe El Helou

14:30-15:00  CLOSING CEREMONY
The reliability of adhesive techniques and the increased aesthetic requirements of the patients impose the review of the classics concepts about the restorative dentistry.

The aim of the lecture is to illustrate the characteristics of the materials, the possibilities of use, and the clinical sequences of the most recent techniques for the conservative restorations with direct and indirect techniques.

In the last ten years, composite materials made dentistry more conservative. Nowadays, borders between operative and prosthetic dentistry are very difficult to point out.

Nevertheless, techniques become more difficult to realize with a complex treatment plan and new concepts to learn. During the lecture some of the most innovative techniques will be showed to reach aesthetic success, respecting periodontal and dental tissues.
The reliability of adhesive techniques and the increased aesthetic requirements of the patients impose the review of the classics concepts about the restorative dentistry.

The aim of the lecture is to illustrate the characteristics of the materials, the possibilities of use, and the clinical sequences of the most recent techniques for the conservative restorations with direct and indirect techniques.

In the last ten years, composite materials made dentistry more conservative.

Nowadays, borders between operative and prosthetic dentistry are very difficult to point out.

Nevertheless, techniques become more difficult to realize with a complex treatment plan and new concepts to learn.

During the lecture some of the most innovative techniques will be showed to reach aesthetic success, respecting periodontal and dental tissues.

Angelo Putignano
MD, DDS, University of Ancona, Italy
Full professor, Rest. Dent., School of Dentistry Polytechnique University of Marche-Ancona-Italy
Head of Operative dent. and Endo. Depart., School of Dentistry Polytechnique University of Marche-Ancona-Italy
Dean, School of Dental Hygienist Polytechnique University of Marche-Ancona-Italy

The “styleItaliano philosophy”: feasible teachable repeatable - Part II -

Conference Hall Crest Oral-B
10:50-12:00
Is teeth whitening a safe procedure?

Conference Hall Crest Oral-B
14:20-15:00

As Charles Reade said: Beauty is power; a smile is its sword. To have this attractive smile, pearly white teeth are highly desired and sought after in today’s society. But this quest for beauty must be rational and respect the limitations. In this lecture the restrictions and the different side effects of teeth whitening are discussed. Preventive and curative treatments are revealed in order to spread the smile on every face.
Management of severely damaged teeth. Part 1

Conference Hall Crest Oral-B
15:00-16:20

The claimed high success rate of dental implants has questioned the conservative approach for treating severely damaged teeth. During the lecture the presenter will discuss how adhesive dentistry has changed our way of doing dentistry, the new challenges that dentists have to deal with in the XXI century, and the success rate of both dental implants and root canal conservative treatments.
Management of severely damaged teeth. Part 2

Conference Hall Crest Oral-B
16:30–17:50

The new diagnostic and treatment techniques have changed our way of treating severely damaged teeth. Through several clinical cases the lecturer will try to show the rational of using conservative techniques to improve outcome in the esthetic zone in the age of dental implants.
Minimally invasive & non invasive solutions for challenging aesthetic dentistry

Conference Hall Crest Oral-B
18:00-19:00

Achieving natural looking aesthetic results with no destruction of tooth structure will certainly sound attractive enough, but how do we select and distinguish non invasive cases from minimally or invasive cases. How do we plan masking unpleasant colours on existing natural teeth.

Mounting aesthetic expectations and increasing demand for painless, non invasive porcelain veneers have only increased the challenge of every day aesthetic dentistry. It is, therefore, necessary for dentists and technicians to understand all the available options, their limits, as well as when, where and how to best utilize them.

This lecture offers a thorough understanding to what a dentist should consider when planning for a non invasive or minimally invasive, natural looking aesthetic; while at the same time, it will introduce modern communication methods including 20 minutes smile design concept that helps dentists to communicate restorative information to their technician without hassle. Discussion will include, pink and white aesthetic solutions.
Recent advances in endodontic concepts and tools for shaping and cleaning fine and curved root canals.

Conference Hall Prodent
09:00-09:30

In this lecture, I will describe a few recent changes that have occurred in the concepts, devices and methods of endodontics: Smaller access cavity, rotary scouting files, conservative coronal shapes, and adequate apical enlargement. After a conservative access cavity, rotary scouting files taper 2%, sizes 10 and 15, are used to reach the apex and create a glidepath. The use of stainless steel hand files is limited to the working length determination as well as to the apical patency. To maintain conservative coronal shapes, requires using rotary files with moderate taper. On the other side the apical portion of the root canal should be enlarged, as large as required not as small as possible, for a better microbial removal and more effective irrigation. After attending this lecture, one would have acquired the comprehension of the conservative new concepts, and should be able to acknowledge the adapted techniques and the appropriate use of endodontic nickel titanium rotary files, for a secure and effective root canal preparation.
ProTaper Next and swaggering file design.  
Part 1

Conference Hall Prodent  
09:50–10:50

ProTaper Next is a novel set of endodontic instruments made from a super-elastic alloy of Nickel-Titanium and are used to clean and enlarge the endodontic cavity or root canal space. Numerous prototypes enabled the development of instruments nominally referred to as X-Files or Swaggering files. A theoretical or “critical set” of instruments is described, whereby the diameter of the files increase exponentially and is a function of the area of a circle. This feature distributes the work requirement for each instrument more evenly, when compared to the ISO file size system. The transverse cross-sections of the instruments are rectilinear and bi-symmetrical, which are off-set, placing the center of mass of the instrument at a specified distance away from the axis of rotation. The off-set center of mass allows the instruments to swagger forming mechanical waves, allowing the flutes to cut intermittently, minimizing binding and the predisposition to cyclic fatigue.

The presentation combines numerous graphics, radiographs and videos to describe this new technology. Several research efforts are in progress, which will be presented along with bench test data demonstrating the performance of the files compared to other endodontic file systems. The presentation is designed for both the generalist and the endodontic specialist.
ProTaper Next and swaggering file design. Part 2

Conference Hall Prodent
11:00-12:00

ProTaper Next is a novel set of endodontic instruments made from a super-elastic alloy of Nickel-Titanium and are used to clean and enlarge the endodontic cavity or root canal space. Numerous prototypes enabled the development of instruments nominally referred to as X-Files or Swaggering files. A theoretical or “critical set” of instruments is described, whereby the diameter of the files increase exponentially and is a function of the area of a circle. This feature distributes the work requirement for each instrument more evenly, when compared to the ISO file size system. The transverse cross-sections of the instruments are rectilinear and bi-symmetrical, which are off-set, placing the center of mass of the instrument at a specified distance away from the axis of rotation. The off-set center of mass allows the instruments to swagger forming mechanical waves, allowing the flutes to cut intermittently, minimizing binding and the predisposition to cyclic fatigue.

The presentation combines numerous graphics, radiographs and videos to describe this new technology. Several research efforts are in progress, which will be presented along with bench test data demonstrating the performance of the files compared to other endodontic file systems. The presentation is designed for both the generalist and the endodontic specialist.
Our job as endodontists is to create conditions for the body and the immune system to help heal the periapical tissues. Chemomechanical preparation of the root canal system has to be performed in a systematic manner for results to be predictable. More often, clinical decisions are erroneously made on empirical statements rather than scientific evidence. This lecture and the associated workshop will serve to address issues in root canal preparation, supported by strong evidence. I will try to address the perennial questions of: what should be the apical width, what should be the taper, what rotary instrument should one use, rotary or reciprocation, what irrigants does one use, what obturation technique does one follow, what is the sealer of choice, and many more! Hopefully, you would look at endodontics from a different perspective after this lecture.

Key learning points: at the end of the lecture, you should be able to
- understand the importance of apical width and the recommended apical preparation sizes;
- specify the factors you would analyze when choosing an instrument for root canal preparation;
- know the role of irrigants and the irrigation protocols that are essential pre-requisites for success of treatment.
The use of tomography or 3D imaging in endodontics is a powerful diagnostic tool that may guide us and change sometimes our treatment plans. In this presentation, we will go through a series of clinical cases in advanced root canal treatment and microsurgery combined with root canal treatment. In addition, the use of ultrasonic in some clinical cases in order to remove separated files or bypass posts, will be illustrated, along with the latest research and technology in shaping and cleaning of the root canal system.
Nonsurgical management of endodontic lesions.

Conference Hall Prodent
15:30–16:00

Periapical lesions develop as a result of infection of the root canal space. They sometimes occur without acute pain and are often discovered during routine radiographic examination. It is accepted that periapical lesions should be initially treated with conservative procedures and studies have reported a success rate of up to 85% after endodontic treatment of teeth with periapical lesions. Nevertheless, certain conditions must be met to achieve predictable results: proper knowledge of root canal anatomy, understanding the disease etiopathogenesis, taking advantage of the latest materials and instruments, and maintaining an adequate coronal seal are some of those. This presentation will attempt to untangle science from popular beliefs and further enlighten the clinician regarding the management of those lesions.
The use of CO₂ LASER beam in oral surgery has several advantages: bloodless surgery, no scar formation (after healing), no need for suture, immediate decontamination of the surgical site, good visibility of the field of surgery, fast work, positive psychological impact on patients,…

The use of CO₂ LASER in prosthetic surgery is helpful. The no need for suturing avoids the anatomical distortion of the surgical site. In some cases, we can decrease the vestibular length of the crest because of the traction of the flap during suturing. The bloodless surgery and the low inflammatory reaction decrease the post surgical discomforts and patient complaints.

Several clinical cases (prosthetic fibroma, 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 done using the laser output power ranging from 4 to 10 W in a continuous and focus mode. The beam diameter is 0.1 mm, which allows high precision during the dissection of oral tissues. The good quality of oral soft tissues healing takes place with minimal post-operative, discomfort and pain complaints. The use of CO₂ LASER in prosthetic surgery is useful.
Immediate implant placement in extraction sockets in the esthetic zone

Conference Hall Prodent
16:50-17:50

In the anterior zone, soft tissue stability is the condition to obtain a good esthetic outcome. For this purpose, we should be able to minimize the buccal plate resorption in extraction sockets. Immediate implant placement with immediate temporization could contribute to reach this objective.
Single tooth replacement in the esthetic zone: surgical aspects

Conference Hall Prodent
18:00-19:00

In atrophic sites, it is necessary to restore the edentulous area with vertical or horizontal bone grafts. In order to minimize complications it is imperative to observe some basic rules during the surgery. First, we have to select the appropriate donor site in order to minimize post operative neurological disturbance, to manage the best intimate contact between the graft and the recipient site, the best stability for the graft and also the best soft tissue coverage.
Orthodontic treatment in mouth breathing

Conference Hall Kavo
09:00-09:30

Mouth breathing is frequently associated with orthodontic problems. In the nasal area, the lack of ventilation leads to an underdevelopment of the maxilla resulting in lateral and sometimes anterior crossbite. In the buccal area, maintaining the mouth opened induces a new postural position of the mandible, which alters the pattern of growth of the mandible (“long face”). The functional context of the buccal praxis is also altered: low or protruded tongue, abnormal swallowing, and speech problems. Treatment of this pathological context needs a multidisciplinary approach where the otorhino-laryngologist, dentist, orthodontist and speech therapist play an important role. To correct the malocclusion, the orthodontist has to carry out an orthopedic treatment such as rapid maxillary expansion and facemask, to normalize the growth of the maxilla prior to fixed orthodontic appliances.
Adult orthodontics: what makes the difference?

Conference Hall Kavo
09:30-10:00

The increasing demand from our patients for adult orthodontics has modified the extent of orthodontic procedures. The same fundamental scientific principles are applied in adult as in adolescent orthodontics, but there still remain some differences. Adult orthodontics is based on defining specific objectives, establishing a problem list, classifying it by priority and then executing our individualized treatment planning in order to optimize the therapeutical interdisciplinary result. This lecture will develop different approaches to handle difficult adult cases and compare this kind of treatment to classic adolescent therapy.
Periodontal approaches in growing orthodontic patients

Conference Hall Kavo
10:50–12:20

Patients, growing subjects, scheduled for orthodontic treatment can sometimes encounter periodontal problems that must be considered and addressed. Therefore, a close collaboration between the orthodontist and the periodontist is required. It is crucial that both practitioners should use a correct and proper terminology in order to communicate in a correct and unequivocal way so to perform the appropriate diagnosis and treatment plan for an optimal solution of these cases. From a therapeutic point of view, it is possible to identify the different orthodontic and periodontal issues that involve teeth that are not yet erupted, partially or fully erupted. In the following, the specific periodontal and orthodontic therapeutical approaches in the growing patients will be illustrated under different pathological conditions.
First permanent molars are the most caries-prone teeth in the mouth, probably due to their exposure to the oral environment from an early age. Six clinical situations of missing first molars are commonly encountered in daily practice: (1) Old non-compensated extractions with mesio-lingual tipping of the second and third molars and overeruption of the antagonist first molar. (2) Recent extractions of hopeless first molars. (3) Strategical extraction whenever a compromised, even though salvable first molar is extracted instead of a sound premolar for orthodontic reasons. (4) Impacted first molars. (5) Early extraction of severely decayed first molars (or with enamel dysplasia) in young children in order to favor a mesial eruption of the second molar in place of the extracted first molar. (6) Extensive mouth rehabilitation where implants are used as temporary orthodontic anchors before their final restoration post-orthodontics. This lecture will show the various orthodontic and restorative options with first molars that are already extracted or have to be extracted. Molar uprighting and its advantages for the future restoration, orthodontic space closure replacing the extracted 1st molar with the second molar, the orthodontic situations favoring strategic extraction of salvable first molars and the protocol for early extraction of compromised first molars in young children will be developed through clinical cases.
Difficult or severe cases in orthodontics

Conference Hall Kavo
15:00-16:30

Despite the common belief that one case could be more difficult to treat than another, it's still not well defined what is an easy or difficult orthodontic case. The terms complexity, difficulty, and severity are often used to express the same concept. When looking up at the Oxford English Dictionary a difference can be found between difficulty and severity. Some studies have tried to address this topic and found that pretreatment age, number of appointments and predicted complexity outcome and index score were the main key factors, although not being strong predictors of difficulty. In order to overcome these uncertainties the ABO developed a field-tested discrepancy index made up of various clinical traits that are measurable and have generally accepted norms. These traits summarize the clinical features of patients’ condition with a quantifiable, objective list of target disorders that are the common elements of orthodontic diagnosis. The greater the number of these conditions in a patient, the greater the challenge to the orthodontist. In the following, different types of malocclusion and their related treatment will be presented, for a better understanding of what severe and difficult cases are.
Proposition d’une « nouvelle » définition et classification du fonctionnement et des dysfonctionnements de l’appareil manducateur

**Conference Hall Kavo**
17:00-17:30

Inspiré par la pratique quotidienne, après 20 ans de recherches, nous avons développé un projet; l’Univers Cranio-Facial destiné à l’enseignement et à la recherche du monde dentaire, destiné à la formation des professionnels dentaires et médicaux, validé ou en cours de validation par la faculté de Lille II.

L’UCF est aussi un projet de conceptualisation, en effet, toutes ces synthèses, constatations et déductions ont donné naissance à la Réhabilitation Mandibulaire Morpho-Fonctionnelle; une nouvelle Conception de Réhabilitation globale Mandibulaire Morpho-Fonctionnelle (gnathologique et fonctionnelle). Elle considère toutes les entités constituant l’appareil manducateur, lorsque toutes ces entités sont harmonieuses, la fonction de manducation, fonction primaire de l’appareil manducateur, est équilibrée, elle représente le Fonctionnement de l’Appareil Manducateur (FAM). Sur cette base, la RMMF propose une classification du déséquilibre de la manducation, synonyme de Dysfonctionnements de l’Appareil Manducateur (DAM); plusieurs syndromes, adaptatifs mineurs ou majeurs ou bien pathologiques. La reproduction d’une manducation équilibrée est une «Réhabilitation Mandibulaire». L’acte de manducation exécuté par la mandibule, met en relation la posture générale, la morphologie crano-facio-dentaire, la position et la biodynamique mandibulaire disco-ligamentaire exécutée par le système neuro-musculaire, d’où la caractéristique «Morpho-Fonctionnelle». Des nouvelles notions diagnostiques et thérapeutiques sont illustrées par un exemple clinique de DAM adaptatif majeur est présenté selon la classification de la RMMF.
Of all orthodontic patients, the adults and elderly make up almost 30% of the population. The number is steadily growing, as are the treatment expectations. As a result, the orthodontist’s approach to treatment planning changes in dealing with such patients. An interdisciplinary approach becomes mandatory and aims not only to improve oral function and esthetics, but also to prevent further deterioration later in life. Therefore, the clinician should, at first, identify the various problems that need to be addressed, establish specific treatment objectives, and lastly, determine the exact treatment sequence involving the various dental specialties.

This presentation will demonstrate how complex cases, previously considered impossible to treat, can now be managed by utilizing optimized strategies that integrate orthodontics, restorative dentistry, and miniscrew implants.
The system is about approaching cosmetic dental cases differently with the goal in mind to be minimal invasive in prepping teeth and less aggressive in treatment planning veneers cases. How many times have you faced an overlapping centrals or labial positioned lateral and the patient is a good veneers candidate? Yet to properly design the smile, you either have to aggressively prep this protruded tooth to bring it in the line or find another solution, which has not existed until the Inman Aligner came, which is the perfect solution for those situations. The Inman Aligner is a revolutionary appliance, described as the "missing-link" between cosmetic dentistry and orthodontics, which can move teeth in the anterior region predictably and quickly using a single appliance, which allow you to achieve great results using just one appliance, which can give your patients a wonderful smile with less hassle and expense in a shorter period of time, which can be removed and inserted as easily as a retainer, which can be used to quickly align teeth before veneer preparations to deradicalize preparations and avoid elective endodontics. Most cases are completed between 4-16 weeks. This is a faster alternative to more expensive “Invisible Braces”. The system is notable because of its low risk nature in being removable, being dependent 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.
“Maxillary sinus grafting: State of the art”

Conference Hall 3M
09:00-12:00

All you should know about sinus lifting:
Anatomy - Techniques - Sinus grafting and how to avoid complications intra and post-operatively.

According to the literature, it is well known that the occurrence of postoperative sinusitis, in conjunction with maxillary sinus graft, appears to be limited to patients with a predisposition for this. In order to prevent post- and also intraoperative complications, it is essential to be able to be precise in anatomical particularities and to diagnose the health status of maxillary sinus prior the grafting procedure. A team approach gathering the implant surgeon and the ENT specialist to identify those parameters is crucial for the patient selection and the prevention of complications.

The aim of this short communication was to discuss a proposal for avoidance in postoperative complications.
When complete denture lack the retention and the stability necessary for a comfortable wear, the attachment implant overdenture is prescribed. A predictable and inexpensive way to improve the treatment outcome of a mandibular denture is to place 2 implants and to use 2 Locators attachments.

The hands-on session will focus on a step by step how to attach the mandibular denture to the Locator attachments.
Innovative methods in implantology and bone regeneration. Why, how and what?

Conference Hall Listerine
09:00-12:00

This workshop is dedicated to perfect one of the most important areas of implantology “Bone regeneration techniques”. This course is ideal for delegates who already some practical experience in placing implants. The aim of the course is to look at different strategies and treatment methods for deficient ridges so as to be able to treat all types of bony defects, using minimally invasive and predictable methods. Various augmentation techniques and bone regeneration materials will be discussed thoroughly. Attendance to the master class will provide the delegate with enough knowledge to perfect and master his skills in bone regeneration methods and techniques.

Topics:
- Bone regeneration materials comparison between different products
- Autograft, Allograft, Xenograft, Alloplasts (downs and ups of each)
- Basic GBR techniques and methods
- Ridge splitting technique—using piezotome (Hands on workshop)
- Ridge splitting technique live demonstration
- Bone regeneration with Ti membranes (I-Gen workshop)
- Bone regeneration with I-Gen Live demonstration and discussion
- Combination of ridge splitting and I-Gen. Technique and benefits.
The standard guidelines of modern direct restorative dentistry include good adhesion, minimal invasiveness, and long-lasting aesthetic outcomes. Composite materials are now leading the market as a permanent and universal restoration solution, and there is no treatment planning that does not include the use of such materials for sealing in anterior or posterior restorations. Understanding the advantages and limitations of composite materials is fundamental for all dentists, as a superficial approach to the use of these materials may lead to failure and non-productive chair-work time. Nowadays, more than ever before, dentists need to understand the practical applications of composites — or, more importantly, how to choose the ideal material on the market, taking into consideration mechanical and aesthetic outcomes, and when to choose indirect or direct technique in treatment planning. Moreover, dentists need to know how to evaluate the use of composites not only in the conservative field, but also in the prosthetic one, both for provisional and permanent solutions.

- Key factors in anterior restorations
- How to manage the colour of composites
- The “controlled body technique”
- From direct to indirect
- How to select the right material for reconstruction
- The “styleItaliano philosophy”
Workshop Course in Endo - Half Day
Dr. Philippe Sleiman

Safe and efficient root canal preparation

Conference Hall Tamer
16:00-19:00

The state of the art technology and several years of intensive research were necessary in order to produce a dramatic change in the word of Endodontics, the new generation of Ni-Ti alloy and the TF files are the fruit of these efforts. A simple sequence of few files is needed to produce the shape that we are looking for a very safe way especially when it is combined with a motion that adapt itself to the anatomical changes of the root canal system, the TfA ( tf adaptive). The risk of rotary files separation is reduced to a low level making root canal preparation more secure and respecting the anatomy of the root canal system, a review of the chemicals used in irrigation and techniques used in order to provide an adequate chemical preparation of the root canal system and not just the main canal in a safe and effective way.
Digitalize Your Dental Practice

Conference Hall Listerine
15:00-18:00

15h00-15h15 Today’s lab strategy: daily introduction
15h15-15h35 Model management: conventional technologies vs new technologies
15h35-16h15 Bite registration for CAD-CAM - Face Bow-Artex usage (required dentist’s assistance)
16h15-16h30 Coffee Break
16h30-18h00 First step in CAD-CAM technology (articulator live demo): scanning-constructing-matching & milling.
Les augmentations osseuses maxillaires et mandibulaires: quelles techniques chirurgicales utiliser et quels matériaux - 1ère Partie.

Conference Hall Crest Oral-B
09:00-10:00

Les techniques d’augmentations osseuses pré-implantaires ont beaucoup évolué pour répondre aux exigences esthétiques et fonctionnelles de nos patients. L’os autogène fut pour longtemps le matériau de choix pour ces reconstructions simples ou complexes. Les techniques de coffrage, os autogène avec des matériaux de comblement, donnent de très bons résultats et nous permettent de réduire d’une façon significative le recours à un prélèvement extra-oral pour les augmentations de tailles moyennes. L’utilisation des blocs osseux allogéniques pour les pertes osseuses étendues est aujourd’hui une solution qui a fait ses preuves à condition de poser les bonnes indications et de respecter scrupuleusement une technique chirurgicale appropriée.
Les augmentations osseuses maxillaires et mandibulaires: quelles techniques chirurgicales utiliser et quels matériaux - 2ème Partie.

Les techniques d’augmentations osseuses pré-implantaires ont beaucoup évolué pour répondre aux exigences esthétiques et fonctionnelles de nos patients. L’os autogène fut pour longtemps le matériau de choix pour ces reconstructions simples ou complexes. Les techniques de coffrage, os autogène avec des matériaux de comblement, donnent de très bons résultats et nous permettent de réduire d’une façon significative le recours à un prélèvement extra-oral pour les augmentations de tailles moyennes. L’utilisation des blocs osseux allogéniques pour les pertes osseuses étendues est aujourd’hui une solution qui a fait ses preuves à condition de poser les bonnes indications et de respecter scrupuleusement une technique chirurgicale appropriée.
How to make successful implant restorations in the esthetic zone

Tony Daher
Dr. Chir. Dent., CES Fixed Prosth., CES Removable Prosth., MS (Education), FACP
Diplomate American Board of Prosthodontics
Associate Professor, Dept. of Rest. Dent., Loma Linda University School of Dentistry, Loma Linda, California, USA

Conference Hall Crest Oral-B
12:10-13:00

The key to successful implant restorations is adequate provisional restorations. The presentation will focus on how to make provisional crowns before and after placement of dental implants. Use the use of clinical slides and videos, many practical and clinical tips will be described and demonstrated using clinical situations in the esthetic zone.

- How to evaluate the extraction site in the esthetic zone.
- Fixed vs. removable provisional. Indications & limitations
- When to do immediate vs. delayed provisional restorations.
- How to place adequately final implant restorations.

The presentation will focus on how to make provisional crowns before and after placement of dental implants.
How to avoid and how to manage complications in implant dentistry: practical prosthodontic pearls for your daily practice.

Conference Hall Crest Oral-B
14:00-16:30

Many complications related to implant prosthodontics are described in the dental literature. Some of these complications will be described and a systematic approach will be presented how to avoid and manage them. Prosthodontists are faced everyday with the “growing problem” of implant complications due to the increase of treatment of patients with dental implants. Prosthodontists are asked to help solve the clinical situations where implants are misaligned or when mechanical complications are present such as screw loosening/fracture, implant fractures, framework, resin base and veneering material fractures, opposing prosthesis fractures, and overdenture mechanical retention problems. Using many clinical situations examples, the presentation will identify the most common implant complications and will focus on many practical clinical pearls, “Take-Home Tips”, serving as helpful reminders on how to prevent these complications from occurring. Moreover the management of these complications will be described in depth in an attempt to provide guidance and direction to the clinician when he or she experiences any of these problems. As someone said “Good judgment comes from experience, and experience comes from bad judgment”. Learning objectives:
The attendees will be able to learn how to:
1. Sequence treatment plan for a complete mouth rehabilitation.
2. Make diagnostic implant radiographical and surgical templates.
3. Make predictable jaw position records.
4. Fix the retention loss of attachments used in implant overdentures.
5. Select long lasting attachments.
6. Prevent breakage of the different components of the implant overdenture during function.
7. Place final implant screw or cement retained restorations.
8. Retrieve restorations in easy procedures.
9. Make accurate impressions and combine 3 clinical visits in one.
10. Incorporate implant therapy in complete mouth rehabilitation.
Most patients require all phases of denture construction to be at a high-level of perfection in order to be successful. Some patients and dentists say: “Dentures are a failure.” While other dentists are prospering by utilizing the newest prosthodontic techniques to place accurate implants, record physiological VDO and CR, diagnose and prognose patients with Smart digital exams and showing patients the esthetic result before treatment of a patient begins. Both part 1 and part 2 of this presentation will discuss the latest in removable prosthodontic therapy.
Joseph Massad
DDS, Adjunct Associate Professor, Dept. of Rest. Dent., Loma Linda University, School of Dentistry, Fellow, American College of Dentists, International College of Dentists Fellow, Regent of the International Academy for Dental Facial Esthetics.

What's new in removable prosthodontics in this digital world - Part 2

Conference Hall Crest Oral-B
18:00-19:00

Most patients require all phases of Denture construction to be at a high-level of perfection in order to be successful. Some patients and dentists say: “Dentures are a failure.” While other dentists are prospering by utilizing the newest prosthodontic techniques to place accurate implants, record physiological VDO and CR, diagnose and prognose patients with Smart digital exams and showing patients the esthetic result before treatment of a patient begins. Both part 1 and part 2 of this presentation will discuss the latest in removable prosthodontic therapy.
Clinicians face a complicated challenge, which is related to making the decision of what type materials to use. In today’s world, there is a lot of information that clinicians need to review in order to make rational decisions for the benefit of the patient and the benefit of their office. To make things more complicated, the speed of which products are launched into the market makes it almost impossible to keep up with the features and benefits of these products and to determine whether they are fit to specific procedures is a difficult task.

Universal Bonding Agents are aggressively marketed today, and although they might like they all perform equally, there are some distinct differences amongst them. The purpose of this lecture is to present an overview of Universal Bonding Agents, their clinical application and the possible benefits of incorporating the materials into the clinician’s daily practice.
Dentists in business: let’s face it - We are not only dentists we’re also running a business!

We are not only dentists; we are the managers, we are the leaders of our clinics! We are responsible for the selection, training and appraisal of our employees. We must have excellent communication skills for our patients and negotiation skills for our team members and suppliers. We must be able to deal with many things daily, to be sustainable and profitable. We have to have full control and a clear image of exactly what is going on in our clinics at any moment. But who knows exactly what to do? We are not taught during our dental studies so we are forced to find out through our own mistakes!
Evidence-based dentistry: is it for me?

Asim Al-Ansari
BDS, MDSc, DScD
Assistant Professor, Dept. of Preventive Dental Sciences
College of Dentistry, University of Dammam, KSA
Vice Dean for Academic Affairs

There is a big misconception that the evidence-based dentistry (EBD) approach is intended for researchers and academicians. The reality is that EBD should be mainly used by the clinicians because the approach aims at empowering the clinician with a strong scientific basis upon which the clinical decision making process is based. This presentation will introduce the audience to the concept of EBD and will show how this concept can help the clinicians in making appropriate clinical decisions.
The number of patients presenting with a resorbed edentulous mandible and are searching for implant-based dental rehabilitation has increased in the last two decades. Many surgical and prosthetic techniques are proposed to deal with this situation. Some clinicians opt to go with surgical techniques that involve both soft and hard tissue handling in order to maximize the prosthetic procedures. Other clinicians will opt for prosthesis supported by short or narrow dental implants to rehabilitate those resorbed ridges with no patient morbidity. Restoring the mandible can range from overdentures, all on four hybrid prosthesis all the way to full mouth implant fixed prosthesis. This panel discussion will address the etiology and diagnosis of the resorbed fully and partially edentulous mandible as well as the wide range of evidence based treatments that can be applied in solving this clinical dilemma.

Questions that will be addressed:
1- Would you solve this problem with graft or with narrow/short dental implants?
2- How many implants do you need to restore the partially or fully edentulous mandible and what is their distribution with regards to the type of the final prosthesis?
Evolution in the treatment of the edentulous mandible

Conference Hall Prodent

Restoring the mandible with a stable prosthesis is more convenient with the advent of implants. It not only restores the function but also gives the patient a much-needed self-confidence for better social integration. The treatment of the edentulous mandible may vary from a removable denture to an overlay and fixed implant supported restoration. We will review all the restorative possibilities proposing a treatment protocol "2,4,6,8" covering the treatment options with a simplified rational.
Management of the edentulous mandible without bone graft: 10 to 32 year follow-up

Conference Hall Prodent

Implant placement in the atrophic jaw has always been a challenge due to the complex anatomy, limited available bone, weaker quality of bone and the higher forces that is placed especially on the atrophic posterior jaws. Multiple implant modalities have been used to make up for these shortcomings such as subperiosteal, blade, narrow and short implants. Long term follow up of implants in the atrophic jaw are scarce and not well documented in the literature.

Learning objectives: at the completion of the lecture the attendees should be able to:
1- Identify the limitations of current rehabilitation in the atrophic jaw
2- Understand the modalities to be able to treat the condition with a long-term follow up of the cases.
Management of vertical defects in the posterior mandible. Evidence-based proposals?

Conference Hall Prodent

The management of vertical defects in the posterior mandible remains a real therapeutic challenge. Treatment success depends on the respect of biologic healing principles and the surgeon’s experience dealing with the anatomy and access to the area. Several therapeutic proposals were made in the recent years to manage vertical defects. Intra or extra oral autogenous bone grafts, guided bone regeneration using ePTFE membranes, resorbable membranes or titanium mesh and segmented osteotomy with interpositional grafts are the most common approaches used to solve these complex clinical situations. In this presentation, we will discuss the three proposals technical principles insisting on the details that may help increasing success rate and limiting complications and will try to find in the literature the science to validate them.
In the past century, human life expectancy has almost doubled and major changes in the quality of life have occurred. Patient’s demand for esthetic reconstruction of the smile and function has increased significantly. All-ceramic restorative systems are rapidly growing in number; advancements in techniques and materials have allowed their use as metal free restorations. Materials fabricated for use in computer-aided design/computer-aided manufacturing (CAD/CAM) systems have a significant impact in All-Ceramic restorations. Today, with the new advancement in CAD/CAM technology, ceramic restorations are even competing with conventional PFM restorations in all aspects of dentistry. The lecture will involve a presentation of previously treated cases.
Digital solutions to achieve perfect results with implant treatment

Conference Hall Prodent
15:00-15:40

The digital solutions have started to become increasingly popular in the implant treatment plan. There are different ways to create a perfect provisional crown, to plan your individual abutment and the final prosthetic construction. According to the literature there are different ways to create a provisional over the implant. After achieving good initial stability, it is possible to put the suprastructure immediately. With the digital solutions you can make the immediate loading protocol more predictable.

The lecture will go through the positives and negatives of the immediate loading, starting with a single tooth restoration, through partial tooth loss and finishing with full-mouth reconstructions. Different treatment protocols will be discussed, depending on the implantation site and the number of implants and the focus will be on the integration of CAD/CAM in each stage of the treatment plan.
A confident approach to immediate implant placement

Conference Hall Prodent
15:40-16:30

The extraction socket still represent a challenge in every day’s clinical practice. Maintenance of the hard and soft tissue envelope and a stable ridge volume are considered important aims and main advantages of immediate implant placement, allowing optimal functional and esthetical 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 complicated ridge augmentation procedures. 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 esthetic importance and favorable anatomy. In the esthetic zone, however, a high risk of esthetic complications was reported. The surgeon’s skills and implant macro and micro design are directly related to the long-term success rate. Molar sites and sites presenting big bony defects “non standard extraction sockets” still present big challenges because of the ridge dimensions, especially in the posterior maxilla because of poor bone quality and also the proximity of the maxillary sinuses. 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; advanced GBR techniques; using specially designed pre-shaped titanium membranes which are fixed on the neck of the implant, allowing bone regeneration at the same time of implant placement, therefore; reducing the number of surgeries to “1” may offer a minimally invasive solution to solve these cases, and eliminate the need of multiple surgeries. Comprehensive treatment planning, surgeon’s experience and most importantly the tools in our toolbox, are still main key factors for a successful esthetical and clinical outcomes.
Predictable soft and hard tissue regeneration, so crucial to the clinical success of each case is highly dependent on the appropriate selection of material as well as the technique and approach. With abundance of newer materials on the market, the clinician is given the task to marry the right material and technique, often without much scientific guidance.

Replacing a missing tooth by surgical placement of an endoessous implant, and immaculate restoration of the lost tooth structure seems to a predictable and mundane routine dental procedure. As the general population enjoys more and more dental implant restorations, failing and ailing implants are readily being encountered on a daily basis. Can we realistically promise our patients that the implant will have a lifespan similar or better to their life? Does “implant for life” have true evidence, or is it a simple marketing catch-phrase on the part of dentists and implant manufacturers?

This presentation will review the existing evidence on the science of osseointegration, and clinical studies that validate long-term health of dental implant restorations. What factors, if any, do play a role in the breakdown of dental implant support? What should the home care, and professional maintenance protocol be? Do the materials, techniques, and implant systems that a clinician chooses have any bearing on these factors? The presenter will highlight various innovations in soft and hard tissue handling techniques in recent years. Dr. Kim will also review the essence of implant maintenance protocols, diagnosis and recognition of peri-implant diseases, together with a systemic review as to how peri-implant break down can be prevented.
Many technical and surgical issues can challenge access to the maxillary sinus for augmentation, in both lateral and internal access. The most serious, but common complication, is the tear of the Schneiderian membrane. A new technique was developed where one or more small lateral window can aid the crestal approach with minimal or no sinus membrane complication.

The Lateral and Internal Sinus Access (LISA) technique utilizes specially designed piezoelectric surgery device tips to prepare lateral and internal sinus access. The tips were originally developed and used in a technique known as hydrodynamic piezoelectric internal sinus elevation (HPISE, Sohn et al 2010). Although HPISE has been received well by many clinicians globally, it is still a blind technique, and may still produce the inadvertent membrane tear. The LISA technique adds one or more small (3.5mm in diameter) lateral window immediately superior to the anticipated implant position. This is opened prior to the crestal approach using either rotary or piezoelectric surgery tip (Sohn O28). The surgically exposed membrane through lateral approach lessens the membrane tension, which can be extended to floor of the sinus region through hydrodynamic effect of the Sohn tips. This relaxation may be enhanced with miniature sinus curettes. Both the relaxation of membrane and visual confirmation allows the next step of internal approach to be much more predictable. This step through the alveolar crest uses either the same piezoelectric tip or with rotary instruments. A composite graft of platelet-rich fibrin and mineralized allograft or xenograft is then packed through both the internal and lateral access holes. Concurrent implant placement is possible with this approach.

Approach to maxillary sinus access via lateral and internal access (LISA) allows more predictable sinus membrane release and lift, and allows simultaneous implant placement, with minimal complications. The common complication of tear –if it would occur – can be readily rectified by converting the technique to a more traditional lateral approach with a larger window opening.

Jin Y. Kim, DDS, MPH, MS, FACP
Diplomate, American Board of Periodontology
Diplomate, American Board of Oral Implantology/Implant Dentistry
Lecturer, UCLA School of Dentistry
Fellow, International Congress of Oral Implantologists (ICOI)
Fellow, American Academy of Implant Dentistry (AAID)
Co-Director, Global Dental Implant Academy

Lateral and internal sinus (LISA) technique: a new approach to the maxillary sinus

Conference Hall Prodent
18:00-19:00
Conventional or surgical endodontic treatment has become a reliable procedure in our everyday practice. New technology (operating microscope, rotary instruments, ultrasonics) allows the dentist to treat increasingly complex cases. However, the assessment of fractured endodontic instruments and the planning of endodontic surgery still present challenges that conventional radiography cannot meet successfully. Although the intra oral radiography has become digital in the past 10 years, it is still a 2-dimensional (2-D) shadow of a Z Plane object. This kind of image usually shows basic information to the practitioner, but remains insufficient for a more detailed analysis and can easily mislead him in his endodontic practice.

Along with the evolution of the imaging modalities, the use of conventional three dimensional imaging dentascan has opened new horizons in the area of dental diagnosis and therapeutics but it is still a heavy and highly irradiated radiologic procedure that cannot be recommended on a regular basis. Since its introduction, the Cone beam CT and especially the new small field have attracted considerable attention as a new diagnostic technique in dentistry. It overcomes most of the major limitation of 2D imaging and dentascan by delivering faster and easier 3D image acquisition at reduced cost and less irradiation for the patient in comparison to traditional CT scans.

In this presentation, a series of clinical cases are presented to illustrate the value of the 3D cone beam computerized radiography in endodontic diagnosis and treatment plans.

**Conference Hall Kavo**
09:00–09:30
The American Association of Orthodontists (AAO) and American Academy of Oral and Maxillofacial Radiology (AAOMR) Joint Task Force committee reviewed the current literature on the clinical efficacy and radiation dose associated with cone-beam computed tomography (CBCT) to develop a position statement. The AAO/AAOMR Joint Task Force Committee position statement provides both general recommendations and specific criteria for CBCT use based on specific clinical scenarios and most appropriate scan field of view. Appropriate CBCT imaging is selection criteria based. The use of the American College of Radiology Relative Radiation Level to assess radiation dose risk for orthodontic patients is recommended. Dose minimization and professional use strategies are provided. The use of CBCT must be justified based on individual clinical presentation and is not appropriate for routine diagnostic use nor as a substitute for non-ionizing radiation techniques to record the dentition or maxillofacial complex.

The purpose of this presentation is to provide a research-based, consensus-derived clinical guidance for practitioners on the appropriate use of cone beam computed tomography (CBCT) in orthodontics.
Radiographic follow-up and re-evaluation using CBCT studies

Conference Hall Kavo
10:10-10:50

Cone beam CT is occupying a remarkably extending role in dental practice due to the competition between manufacturers and the fast improvement of the image quality providing a better viewing and examination of dental and maxillofacial structures. The increasing availability and the possibility of acquiring study volumes in different sizes, resolutions and dosages is permitting for the practitioners to request pre and postoperative volumes within the limits of ALARA (as low as reasonably achievable) principles. The possibility of benefiting from the sensitivity of Cone Beam CT, without delivering larger dose to the patient, gives the dental practitioner and the radiologist the opportunity to analyze CBCT studies made during and after therapy to follow the progress or regress of a disease, determine the course of healing, or assess the results of treatment.

In this presentation, we will go over the principles leading to a successful radiographic follow-up while using different approaches guiding to an accurate radiographic interpretation of the pre and postoperative volumes provided especially the dosage, modalities and methods of evaluation.
Cone beam computed tomography is occupying a larger place and the dental day-to-day practice, it is providing detailed information about the anatomical structures in the maxillofacial complex and is founding an excellent base for pathology interpretation and diagnosis.

A multitude of machines, volumes and even sensors exist in the market in dental offices and in a radiology centers. General practitioners need to have a good idea on the application and indication of all CBCT parameters to be able to prescribe the volume needed for every particular case.

The amount of radiation in this technology is slightly higher than radiation delivered to the patient in conventional imaging, taking the dose delivered to the patient in consideration is important especially when we deal with younger patients.

This technology is providing a different perspective of viewing anatomy and pathology; the dentist is required to have the basic knowledge of anatomy as seen in sectional images with remarkably thin slices and free of all types of superimposition.

The large volume covering with this technology is including some areas that are not usually seen by general dentists such as the neck in the brain, these areas can present with new findings; some of them are benign and frequently seen in some others can be more serious.

During this presentation, we will go over basic information concerning all the already mentioned topics in an interactive way answering some frequently asked questions.
The use of CBCT in the extraction of lower third impacted teeth

Conference Hall Kavo
11:50-12:10

The extraction of impacted mandibular third molars may cause dysaesthesia due to damage to the inferior alveolar nerve. Several factors are considered to be associated with nerve dysaesthesia. It is known that the risk markedly increases when there is direct contact between the nerve and tooth root.

Panoramic radiographs are most commonly used for assessing the relationship between these two structures preoperatively. Many studies analyzing panoramic imaging features reported that the darkening of the third molar root where the mandibular canal was superimposed was strongly suggestive of an intimate relationship between the root and nerve.

Although the presence of darkening of the mandibular third molar root is an important panoramic finding for dentists and oral surgeons, it is still uncertain what anatomical features this finding reflects. To answer this clinical question we correlated the imaging features of panoramic radiographs with those of cone beam CT, which could provide information on the three-dimensional anatomical relationship between the third molar root and adjacent structures.
Evaluation of the diagnosis, treatment planning and long-term follow-up of cystic lesions with CBCT

Conference Hall Kavo
12:10-12:30

Cone beam technology has clearly been adopted by the dental community, and even quicker than digital radiography itself. It has also captured the attention of the maxillofacial surgeon, and with time, some predict that CBCT will become standard of care.

CBCT scan may provide safer, faster, and more accurate method for differential diagnosis of the cystic lesions. Since diagnosis is by definition “the art of distinguishing one disease from another,” cone beam CT has the ability to eliminate superimposition of structures that normally overlap in two-dimensional radiology.

The potential of CBCT to assess an anatomic area of interest in 3D is of great benefit to clinicians and is illustrated by clinical cases in this presentation.
Implant placement with simultaneous sinus lifting in very reduced bone height below the maxillary sinus: a three year clinical and radiological study

Conference Hall Kavo
13:10-13:30

This study is undertaken to:
1. Clinically evaluate a technique consisting of implant placement with simultaneous external sinus lifting in very reduced residual bone height below the sinus (going from less than one millimeter to two or three millimeters).
2. Document radiologically (IOPA) and clinically (ISQ with Osstell), the success of the placed implants only at three months post op.

This clinical study started three years ago. It included forty-six patients with a total of one hundred and six implants. One, two or three implants were placed per sinus preferably one sinus at a time. Intra-oral periapical X-Rays are taken at ten days then every three weeks. The second stage was performed at three months with ISQ evaluation.

Results:
- 100% success rate in three years for placed implants
- One case of no implant placement
- Success evaluated:
  - radiologically with IOPA
  - clinically: ISQ always over 78

This three-year study suggests that implant placement with simultaneous external sinus lifting in very reduced bone height, is a predictable technique with very good results evaluated only at three months post op.
Two main techniques of sinus floor elevation (SFE) for implant placement are used:
- two-stage technique with bone graft via lateral window approach, followed by implant placement after a healing period;
- one-stage technique using bone graft simultaneously with implant insertion.

The decision to apply the one- or the two-stage technique is based on the amount of residual bone available and achieving implant primary stability.

Autogenous bone grafts are considered the gold standard due to their maintenance of cellular viability and osteogenic capacity. The indication for using bone substitutes is to reduce the volume of autogenous bone to be harvested, or eliminating the morbidity of the harvested site. However, inserting simultaneously implant in SFE with bone substitute graft material is controversial for several reasons:
- The osteointegration of implants is due to the SFE material or to the presence of residual bone before the intervention?
- The healing period of bone substitute graft (6 months) is double of the one using autogenous particulated bone graft (3 months).

In this presentation will be developed a technique for SFE with simultaneous implant insertion using the layered bone graft with minimum amount of autogenous bone and limiting the total healing period, ready for loading to 3 months.
Therapeutic alternatives in implant treatment in the posterior maxilla

Conference Hall Kavo  
13:50-14:10

Among the various surgical therapeutic solutions described to overcome the anatomic limitations in the posterior area of the maxilla, sinus grafting procedure, in one or two stages using autogenous bone and/or bone substitutes has been shown to be a safe technique with high predictability of success.

Besides the lateral approach developed by Tatum in the early 1970’s, a less invasive procedure to sinus elevation, the crestal approach can be performed through the crest using osteotomes. This crestal approach introduced by Summers in 1994 can be carried out in one stage (Osteotome Sinus Floor Elevation OSFE, Bone-Added Osteotome Sinus Floor Elevation BAOSFE, or Localized Management of the Sinus Floor LMSF) or in a delayed 2-stage approach (Future Site Development FSD).

We will present during our lecture a series of clinical cases showing the different techniques of the crestal approach in an attempt to prove clinically its efficiency and practically its indication in almost all the clinical cases of sinus augmentation procedures. Moreover, we would like to stress on the fact that the OSFE technique without adding any autogenous bone or bone substitutes is the actual tendency in our daily practice.
Achieving aesthetically pleasing therapeutic outcomes when rehabilitating a deficient anterior maxilla with dental implants can be very challenging. Different techniques and approaches described in the literature can be used to treat large deficiencies, from 2 dimensional to 3 dimensional bone grafting procedures. This presentation evaluates the success of extensive bone reconstruction in atrophic anterior maxillary ridges using intraoral bone blocks, titanium mesh and non-resorbable titanium reinforced membranes.
Atraumatic extractions using the Piezoelectric technology: advantages and limitations

Conference Hall Kavo
14:30-14:50

Performing minimally invasive extractions for ankylosed teeth and fractured roots requires the use of fine but strong and effective instrumentation. The use of the piezoelectric technology might be an alternative to the classical procedures to simplify extraction without damaging the surrounding structures. It has also the advantage to ensure a better healing and bone preservation. But what would be its limitations?
Restoration of endodontically treated teeth is a common problem in restorative dentistry. The classical approach for restoring endodontically treated teeth is to build up the tooth with a post and core, which have physical properties close to those of natural dentin, utilizing adhesive procedures and placement of full-coverage crowns with a sufficient ferrule 1.5-2mm. However, creating a sufficient ferrule might cause the loss of sound tooth structure and result in compromised bonding strength, because enamel is preferred to dentin for bonding, moreover, traditional placement of posts is currently blamed for a diversity of clinical failures such as root perforations, stress concentration, root fractures and others. With recent developments of digital dentistry, adhesive techniques and ceramic materials, the advantage of adhesive restorations is that a macro-retentive design is no longer a prerequisite if there are sufficient tooth surfaces for bonding. Minimally invasive preparations to preserve a maximum amount of tooth structure are considered the gold standard for restoring teeth. Endo-crowns strictly follow this rationale owing to a decay-orientated design concept & Biorim preservation idea. Their clinical use has recently proved multiple benefits & advantages, yet, still many issues should be highly considered regarding case selection, preparation designs, fabrication techniques & cementation procedures.
Treatment options for the edentulous maxilla

Conference Hall Kavo
15:30-15:50

The rehabilitation of the edentulous maxilla remains one of the most complex and challenging procedure involving both aesthetical and functional factors.

The aim of the lecture is to describe the possible alternatives and to compare the available treatment options. Specific landmarks and criteria to guide the practitioner will be discussed in detail and will help in deciding whether a complete denture, an implant overdenture or a fixed restoration (hybrid or fixed ceramo-metal prosthesis) should be used.
Thermosens for removable denture bases, could eventually replace resins?

Conference Hall Kavo
15:50–16:10

The resin is composed of liquid monomer = (methyl methacrylate) and polymer powder = (polymethyl methacrylate) and used for a long time as bases of removable partial and complete denture.

The lecture includes practical information on resin curing techniques for partial and complete removable dentures.

The “Thermosens”, a new material, thermoplastic, manufactured by Vertex company replace the resin having the benefits of being as monomer free, non-allergic, rigid, extremely strong which makes the denture virtually unbreakable, and for the partial denture, the clasp could be part of the base and simultaneously injected with a multitude of color.

We try to explain the new system through photos of all stages of laboratory, advantages and disadvantages.
One of the most controversial issues in clinical dentistry is the etiology of TMDs since these disorders are considered multifactorial. Clostridium botulinum is a Gram-positive anaerobic bacterium that produces seven different toxins, of which serotype A Botox (–A) is the best known. Botulinum toxin (BTX) binds to the motor end plate and blocks acetylcholine release, without affecting either normal conduction or acetylcholine synthesis or storage. BTX injection produces a transient dose dependent weakening of the muscle activity. Botulinum toxin –A was proposed as an effective treatment for spastic conditions of the head and neck such as, bruxism and hypertrophy of the masseter muscles and also TMD.

The aim of this lecture is to evaluate the efficiency of botulinum toxin type A as a solitary treatment or in combination with occlusal splint therapy as a symptomatic treatment of TMD.
Tooth wear prevalence has increased in the last few years. Wear affects natural teeth but it also affects the prosthesis whether it is a tooth-supported prosthesis or implant-supported prosthesis. Implant dentistry has become a popular technique for the replacement of missing teeth among patients and clinicians with high expectations of longevity and predictability. However, to reach such high results dental implant prosthesis requires proper pre-operative assessment and prosthetically driven planning to reduce high risk of wear and tear in the dental superstructure.
Filling posterior cavities using resin composites has always been a challenging task for dentists looking for a fast and reliable technique. However, resin composites used in posterior teeth must fulfill a number of requirements such as good mechanical properties (high percentage of fillers), low shrinkage and good degree of conversion. On the other hand, the handling of the composite, its ease of placement and the delivery system of the material in the cavity are of paramount importance.

Today, new bulk filling systems from different companies are available, relying on different technologies such as flowable resin composite, sonic energy or fiber-based resin composite. These systems allow optimal composite packing in one or two layers and good adaptation to cavity walls and adequate time for material sculpturing.

This presentation will give an overview of new bulk filling systems using well-documented clinical cases as well as outlining some important steps to achieve successful posterior restorations using this new technology.
La photodestruction par LASER diode en pathologie orale

Conference Hall Kavo
18:00-18:20

La photodestruction par laser permet, après un diagnostic clinique ou anatomo-pathologique, de détruire une lésion. Elle peut être non intentionnelle (frenectomie, operculectomie,..) ou intentionnelle (leucoplasie, pigmentation,..).

La technique est décrite à partir de cas cliniques traités par laser diode. Ses avantages et limites sont aussi développés.
Traitement non invasif des hémangiomes par LASER

Conference Hall Kavo
18:20-18:40

L’hémangiome de la cavité orale est une tumeur bénigne, le plus souvent rencontrée au niveau de la face dorsale de la langue, muqueuses labiale et jugale et plancher de la bouche. Le traitement de ses lésions est souvent un défi. Le diode laser a prouvé son efficacité dans le traitement de ces lésions. Il peut être utilisé soit pour la biopsie soit pour la photocoagulation qui a l’avantage d’être un traitement non invasif. Dans cette présentation, nous allons discuter, à travers des cas cliniques, les avantages et les inconvénients de ce traitement.
Dental erosion, attrition, abrasion and abfraction: their share in tooth wear

Conference Hall Kavo
18:40-19:00

Erosion, attrition, abrasion and abfraction are a non-carious dental tissue loss. It can affect any tooth surface. In this presentation we will inspect the potential interaction between them, through analysis of related clinical cases. Acidic environment that causes erosion appears to be a common etiology in most clinical cases, either alone or associated with other factors, whereas abfraction seems to be of little relevance.
Relationship of apices of the third mandibular molar and the inferior alveolar canal in conventional radiography v/s CBCT

Conference Hall Tamer
11:00-13:10

The removal of the third mandibular molar must never be considered as a minor surgical act. Pre-operative assessment of mandibular third molars prior to extraction is imperative in order to determine the anatomical relationship between the third molar roots and the inferior alveolar nerve (IAN) canal, as close proximity is a risk factor for damage to the IAN and subsequent paraesthesia.

A systematic pre-surgical radiographic approach is necessary. Conventional radiographic techniques (periapical and panoramic radiographs) are our primary choice in assessment of the relation of the mandibular third molar to the Inferior Alveolar Canal (IAC). Cone Beam Computed Tomography (CBCT) will then be indicated in critical cases.

The aim of this presentation is to compare the radiographic signs of the root apices of mandibular third molar with the IAC (interruption of the alveolar lamina dura and periodontal space, interruption of the radiopaque border of the canal, darkening of roots...) in conventional radiographs to those findings on CBCT.
Effect of immersion cleansers on the fracture resistance, surface hardness and weight of heat-polymerized acrylic resin

Conference Hall Tamer
11:00-13:10

Purpose: The aim of this study was to evaluate mechanical (fracture resistance, surface hardness) and physical (weight) properties of one of the heat-polymerized acrylic resin.

Materials and methods: 30 disk-shaped (5cmx1.2mm) were prepared and divided into 3 groups (n=10). 147 rectangular samples (6.5cmx1cmx2.4cm) were prepared from heat-polymerized acrylic resin and divided into 3 groups (n=47). The blocks were immersed in distilled water, chlorhexidine digluconate and effervescent tablets during 5 months. Fracture resistance was examined using the device of flexion, surface hardness was conducted using SHORE-D-HARDNESS durometer and the weight was examined using the Precision balance.

Results: After 5 months, we had a weight gain for the samples immersed in distilled water (gain of 0.25 g), unlike for the samples immersed in the effervescent tablets where we had weight loss (~ 0.13 g). For the samples placed in the chlorhexidine solution, weight stability was noted. The surface hardness was decreased for the samples placed in the solution of chlorhexidine and effervescent tablets; it was greater for the samples placed in effervescent tablets. For the samples placed in the reference solution, there was an increase of surface hardness. Effervescent tablets greatly reduced the fracture resistance for heat-polymerized acrylic resin.

Conclusion: Within the limitations of this study, our results demonstrated that antiseptic solution may cause a significant decrease of the properties of heat-polymerized acrylic resin, the compatibility between the denture base materials and antiseptic solution should be considered to avoid or minimize the change in the properties.
Les préparations prothétiques en rapport avec l’appui dentaire en prothèse partielle amovible

Conference Hall Tamer
11:00-13:10

Afin de faciliter l’intégration occlusale et biologique de la prothèse partielle amovible, les préparations soustractive des logettes pour appui occlusaux ou cingulaires au dépend de l’émail des dents supports sont nécessaires. Bien qu’elles nécessitent une soustraction tissulaire, elles jouent un rôle indirect et important, dans la conservation de l’intégrité des tissus. Cependant, elles doivent être judicieusement conçues et réalisées.

Dans ce travail, nous proposons à travers une étude expérimentale, d’étudier la comptabilité de la logette d’appui recevant un taquet occlusal d’une prothèse partielle amovible avec l’émail dans lequel elle est préparée.
Increased beta 2 defensin in recurrent aphthous ulcer

Conference Hall Tamer
11:00-13:10

Objectives: In recurrent aphthous ulcer (RAU), the loss of the epithelial cell barrier exposes tissues to microbes. We hypothesized that in response, the antimicrobial beta-2 defensin (BD-2) is up-regulated.

Methods: RAU and control mucosa samples were immunostained for BD-2, CD68, mast cell tryptase and 4-hydroxynonenal (4HNE). The effect of tumor necrosis factor-α (TNF-α) ± interleukin-17C (IL-17C), without and with vitamin K3 (menadione), was studied on BD-2 expression in epithelial SCC-25 cells.

Results: BD-2 stained strongly in acute phase RAU epithelium (p=0.001). In the control group, subepithelial BD-2+ cells were mast cells and macrophages, whereas in the RAU group, most infiltrating leukocytes were BD-2+ (p=0.004). In cell culture, BD-2 was found increased 124-fold by TNF-α (p<0.0001) and 208-fold synergistically together with IL-17C (p<0.0001). 4HNE staining of RAU epithelium was not significantly increased and vitamin K3-induced reactive oxygen species (ROS) did not affect BD-2.

Conclusions: Antimicrobial BD-2 was not affected by oxidative stress but was highly increased in the epithelial and immigrant cells in the acute phase RAU lesions, probably in part synergistically by TNF-α and epithelial IL-17C, which are known to be induced by activation of danger-signal receptors by pathogen- and/or damage-associated molecular patterns.
Effect of orthodontic treatment on head and neck posture: preliminary report of a pilot study

Conference Hall Tamer
11:00-13:10

The present report aims to examine the influence of orthodontic treatment on the head and neck position. The sample consists of 10 patients from the archive of the department of orthodontics at Saint Joseph University with skeletal Class II malocclusion and treated with extraction of upper first and lower second bicuspids. Craniovertical, craniocervical, and cervicohorizontal postural variables were recorded from lateral cephalometric radiographs taken with the subject standing with the head in the natural head position before and after the orthodontic treatment.
In this case report we describe the orthodontic treatment and occlusal finishing of an eighteen-year-old woman with a skeletal and dental class III malocclusion. She had a straight profile, and an edge-to-edge incisors relation. Her upper and lower midlines were deviated 1 and 2 mm to the right respectively. The 23 months treatment consisted in extracting both lower second premolars, which resulted in a therapeutic class III relation. An occlusal equilibration was required after retention to ensure a permanent occlusal stability.
Facial profile preferences by groups of Lebanese subjects: a cross-sectional survey

Conference Hall Tamer
11:00-13:10

The aim of this study is to identify facial profile preferences among Lebanese orthodontists, general dentists and laypersons and to compare in each group the influence of gender in the choice of the best and worst profile.

Material and methods: one lateral photograph of a young male and young female with a Class I skeletal relationship and normal cephalometric values were used. Each photo was manipulated, using dolphin-imaging system, to produce 6 other photos in which antero-posterior positions of the maxilla and mandible were made. A total of 120 participants (60 males and 60 females) consisting of 40 orthodontists, 40 dentists and 40 laypersons were asked to rank the photos of each gender from most to least attractive (1 is the highest score and 7 is the lowest score).
Evaluation of skeletal age: hand-wrist vs. CVM

Conference Hall Tamer
11:00-13:10

Assessing skeletal age in orthodontics is primordial to determine the optimal treatment timing in growing patients. Two main ways are commonly used for identifying skeletal maturity; they are the hand-wrist method and the cervical vertebral maturation method. What are their characteristics? How do we use both methods and what are the differences between them? These questions will be answered in my poster, which is an overview on skeletal age radiography.
Assessment of dental decays and oral hygiene among adolescent school children in greater Beirut: a comparison between public and private schools

Conference Hall Tamer
11:00-13:10

Dental caries is the most prevalent form of oral disease, largely associated with behavioral (oral hygiene, diet, fluoride intake) and non-behavioral factors (age, gender, socio-economic status). Previous studies have shown high number of decay and poor oral hygiene among Lebanese adolescents. Furthermore, the DMFT was decreased in private compared to public schools (data not updated since the last decade). Our aim is to assess the oral health of adolescent students in public (PB) and private (PV) schools in Beirut. In this comparative cross-sectional study the following data are gathered: through oral examination of the adolescents, the DMFT score (Decayed, Missing, Filled Teeth) and plaque indices; through questionnaires for parents and adolescents, oral health behavior, diet and smoking. The questionnaire for parents also encloses questions about socio-economic/ demographic status, parental health, maternal smoking during pregnancy, and health status of the child and his past habits. The presentation will include final results expected to support the hypothesis that adolescents in public schools have higher DMFT and plaque indices scores compared with adolescents in private schools. In an earlier study by our group (2012), higher DMFT and plaque indices scores were found at younger ages (6-11). Recommendations concerning need for orthodontic treatment will also be presented.
Malocclusion, orthodontic treatment need, and oral health-related quality of life in adolescents: comparison between public and private schools in Beirut

Conference Hall Tamer
11:00-13:10

Social disparities in Lebanon suggest inequities in access to orthodontic services, warranting investigation into malocclusion, accessibility to orthodontic treatment and effects on adolescent well-being. Our aim is to assess and compare prevalence of malocclusion and orthodontic treatment need (IOTN) in adolescents aged 12-17 attending private (PV) and public schools (PB) in Beirut, and associate with oral health-related quality of life (OHQOL). In this comparative cross-sectional study, the following data are collected: malocclusion indices during dental screening of adolescents, and the adolescent OHQOL through a validated questionnaire. Comparisons of malocclusion and IOTN between adolescents attending PV and PB include relations to age, gender, parent’s education, socioeconomic background, and habits/practices. The presentation will include additional and final results expected to support the hypothesis that adolescents attending PB have higher malocclusion scores compared to PVs, supporting earlier findings in younger children (Hanna, 2012). Higher discrepancy in malocclusion and IOTN in adolescents compared to ages 6-11 would reflect the importance of interceptive orthodontics (initiated in early adolescence). A greater proportion of adolescents attending PV are likely to have/had orthodontic treatment. Recommendations concerning the need for orthodontic treatment will also be presented.
Prophylactic extraction of lower third molars: how can radiology aid in decision-taking?

Conference Hall Tamer
11:00-13:10

While impacted wisdom teeth have been associated with pathological changes, such as pericoronitis, root resorption, and the development of cysts and tumors, the prophylactic removal of asymptomatic impacted wisdom teeth is the surgical removal of wisdom teeth in the absence of local disease.

Radiographic examination is a useful tool in estimating the prognosis of impacted lower wisdom tooth.

This poster highlights the relationship between the lower wisdom tooth position, cyst development, deep abscess formation, mandibular angle fracture and some selection criteria to decide about the prophylactic removal of impacted wisdom teeth.
Workshop Course in Prostho - Half Day
Dr. Tony Daher

Implant Provisional Crowns "Clinical Tips"

Conference Hall 3M
09:00-12:00

The presentation and the hands-on session will focus on how to make a provisional crown before and after placement of a dental implant. Many practical and clinical tips will be described and demonstrated on how to make a provisional implant crown depending on the clinical situation. The hands-on session will help you do and evaluate a screw retained provisional crown on a premolar.
Amann Girrbach’s Workshop

Elie Khoueiry

Digitalize Your Dental Practice

Conference Hall Listerine
09:00-18:00

09h00-10h15 CAD-CAM approach in esthetics:
- Veneers
- Inlay-onlay
- Combination of zircon & veneers
- Glass-hybrid ceramic
- Material selection

10h15-10h30 Coffe Break

10h30-12h00 CAD-CAM approach in implant dentistry: M-PLANT software & TI-CONNECTION

12h00-15h00 Lunch Break & Exhibition Visit

15h00-18h00 Hands-on
A healthy smile can be considered a powerful benefit in today’s world. More and more patients are eager and willing to have an extreme makeover through smile design. There are many parameters that involve proper smile design, and also there are tools to help clinicians achieve a positive outcome of this treatment. In this lecture/demonstration, attendees will be exposed to the parameters to be considered for proper smile design using porcelain laminates, as well as becoming familiarized with digital photography and smile design using a computer as a tool, in order to increase case acceptance through simulation. Also, bonded cementation protocols applicable to all ceramic restorations will be discussed thoroughly.
Fundamentals of team approach in aesthetic with non and minimal invasive dentistry to achieve natural smiles that blends harmoniously into our patients faces - Part I

Conference Hall Crest Oral-B
09:00-10:20

Aesthetics is the harmonious fusion of beauty and art. Aesthetics, in dentistry, is a game of balance between teeth, soft tissue, lips, face person and personality. In order to produce aesthetic results that are closer to nature and really attractive, not fake and all alike (e.g. Stereotyped Smile), we need to develop artistic capacities, which everyone can improve by the comprehension of perception’s psychology.

The perfect harmony and comprehension between the patient, the dentist, and the dental technician are the necessary ingredients for the aesthetic success with real minimal restorations since the mid 1990’s. Many of us, dentist and dental technician, are very good with their biological and aesthetic results when our work is analyzed just in the oral region. Often when we evaluate how it looks into the patient face the result is far away to be natural and attractive.

The goal is to make everyone able to see in the whole, not just to look into details. Everyone should be able; to understand the psychology of perception, and to transfer these information’s to daily practice, achieving the ability to evaluate the balance of the composition of the front teeth into the patient face.
Fundamental of team approach in aesthetic with non and minimal invasive dentistry to achieve natural smiles that blends harmoniously into our patients faces - Part II

Conference Hall Crest Oral-B
10:30-11:50

Aesthetics is the harmonious fusion of beauty and art. Aesthetics, in dentistry, is a game of balance between teeth, soft tissue, lips, face person and personality. In order to produce aesthetic results that are closer to nature and really attractive, not fake and all alike (e.g. Stereotyped Smile), we need to develop artistic capacities, which everyone can improve by the comprehension of perception’s psychology.

The perfect harmony and comprehension between the patient, the dentist, and the dental technician are the necessary ingredients for the aesthetic success with real minimal restorations since the mid 1990’s. Many of us, dentist and dental technician, are very good with their biological and aesthetic results when our work is analyzed just in the oral region. Often when we evaluate how it looks into the patient face the result is far away to be natural and attractive.

The goal is to make everyone able to see in the whole, not just to look into details. Everyone should be able; to understand the psychology of perception, and to transfer these information’s to daily practice, achieving the ability to evaluate the balance of the composition of the front teeth into the patient face.
Dento-facial architecture and fixed prosthodontics

Conference Hall Crest Oral-B
12:10-13:20

Fixed Prosthodontics aspires to position the artificial teeth within the oral cavity in the appropriate three-dimensional position, irrespective of the location and the contour of the residual ridge. The total volume of the missing structures is taken into account and the full curve of the dental arch is restored. The required support is drawn upon fixation of the prosthesis, either on natural remaining teeth or on the jaw bone by the insertion of endosseous implants. Likewise, an effort is made to rebuild and reinstate all the hard and soft tissues that are missing. Extensive deficiencies of the surrounding structures are restored either prosthetically by artificial mimicking, or by combining a surgical reconstructive intervention. Consequently, the adequate support of the lips and the facial structures is provided. The proper vertical dimension of the lower third of the face is restored and the achieved result positively influences the face of the patient comprehensively.

Learning Objectives:

a) Three-dimensional planning for the prosthodontic and surgical replacement not only of the missing teeth but also of the supporting hard and soft tissue structures.

b) Reestablishment of the full curve of the dental arch as it relates to the proper support of the facial structures.

c) Reestablishment of a new vertical dimension as it relates to the esthetics of the lower facial third.
The esthetics in the peri-implant/restorative interface depend on the cervical morphology of the restoration, the healthy and harmonious mucosal contour and the cervical optical behavior of the abutment that provides the overlying soft tissue with internal lighting. Although, upon excellent clinical management, the custom-made all-ceramic trans-mucosal Zirconia abutments provide the restorative site with these characteristics resulting to acceptable esthetic outcomes, in certain aspects their application contains some limitations:

1. The long-lasting mechanical properties of Zirconia custom-made abutments are in question due to the phenomenon of low temperature degradation.
2. The opacity that characterizes their optical behavior as well as the absence of fluorescence restricts the adequate trans-illumination of the soft tissues.
3. Unfavorable implant inclinations restrict their use not providing the restorations with adequate retention.

The presentation after covering the historical development of esthetic abutments since the 90’s of last century, will present the alternative solution found in the application of the ceramo-metal trans-mucosal abutments.

Learning objectives:

a) To draw the attention to the esthetic parameters of the trans-mucosal area.

b) To evaluate the limitations in applying prefabricated or custom-made CAD CAM Zirconia abutments.

c) To explore the clinical application of the ceramo-metal abutments, and discuss the existing scientific evidence in evaluating their performance.
How can we improve children's smiles?

Conference Hall Prodent
09:00-10:00

This presentation covers the history of anterior white restorations for children on primary anterior teeth, its evolution, its indication, comparison between different treatment options, techniques, challenging clinical scenarios, its successes and failures. Clinical cases will be shown explaining the different scenarios with restoring traumatized single tooth or anterior rehabilitation due to severe early childhood caries.

Program
- History: Evolution of complete anterior crown restoration from filling to strip crown restoration to stainless steel crowns with white facing to zirconia crowns
- Indications
- Techniques: diagnosis, preparation, choice of size of zirconia crown, cementation and maintenance
- Failures

Objectives:
- Learn about indications of zirconia crowns.
- Learn to choose the proper indication for different materials and crowns available on the market.
- Learn how to prepare a crown from diagnosis to indication to implementation clinically.
- Learn about possibilities of failures and how to increase the success rate.
- How to market the zirconia crowns in a competitive market.
Notre profession devient-elle plus féminine?

La profession de médecine dentaire exercée par des femmes n’est pas aussi récente qu’on le croit; elle remonte à la première partie du XVe siècle. Toutefois, récemment le taux de féminisation s’accroit remarquablement à travers le monde: pays zone MENA (Liban, Jordanie, Tunisie, Turquie, Arabie Saoudite et Iran), pays d’Extrême-Orient (Thaïlande et Malaisie), Afrique du Sud, pays européens (France, Suisse, Grande Bretagne, pays de l’Europe de l’Est), États-Unis, Canada et Brésil. Comme les femmes vivent ce métier différemment des hommes, la profession subit des répercussions: tendance aux cabinets de groupes, urbanisation, heures de travail moindres, retraite anticipée, discontinuité du métier due à la maternité. La pédodontie est la spécialité la plus féminine quoique présentant de nombreux inconvénients pour l’état de maternité. Un sondage effectué auprès des pédonodontistes libanais remet en question ce choix préféré des dentistes femmes.
Fluoride modalities are a part of a comprehensive oral health care program for infants, children, adolescents, and persons with special health care needs (AAPD 2013). The professionally-applied topical fluoride treatments are effective in reducing prevalence of dental caries. The most commonly used agents for professionally-applied fluoride treatments are fluoride varnishes. They have shown efficacy in primary teeth, when used at least twice a year, and in permanent teeth when applied at three or six month intervals. The objectives of this review are to pinpoint the latest topical Fluoride varnishes in the market emphasizing on its compositions and methods of use in dentistry.
Redefining pediatric dentistry

Conference Hall Prodent
11:00-12:00

Aims:
- Improve treatment planning following long term successes and failures.
- Correct decision taking in treatment planning.
- Master long term success in pediatric dentistry procedures.
- Assess space needs in primary dentition.
- Review daily Pediatric Dentistry procedures.

Proper treatment planning meets Quality care standards.
Early childhood caries is a challenge faced by general practitioners and pediatric dentists on a daily basis. Our affected patients are younger and younger.
The presentation will include clinical cases of severe childhood caries with long term follow up, aiming at providing the patients with treatment plans that will restore function, esthetics and speech, when it applies.
The choice of the proper treatment depending on case selection is primordial to avoid complications. Mismanagement of the case will lead to complications.
The presentation will include successful outcomes and complicated ones.

Method
Clinical review of long-term follows up cases backed by recent literature review.

Results
A more systematic treatment planning leading to more long term successful pediatric dental treatment.
Quantité importée et consommée des dentifrices et brosses à dents au Liban de 2000 jusqu’à 2014

Conference Hall Prodent
12:10-12:30

Depuis la première moitié du xx siècle, époque à laquelle les scientifiques ont découvert que les fluorures ont une action carioprotectrice, la plupart des recherches et publications concernant la prévalence de la carie, sont axées sur l’utilisation du fluor. Ce dernier sous diverses formes et surtout dans les pâtes dentifrices reste la pierre angulaire des programmes de prévention bucco-dentaire de part le monde. Nous nous sommes intéressés à savoir plus sur l’utilisation des produits d’hygiène dentaire au Liban. Une étude quantitative et qualitative sur les dentifrices et brosses à dents importés et consommés de l’an 2000 jusqu’à l’an 2014 sera détaillée incluant une comparaison avec les normes internationales et celles de l’OMS.
Organizing a business, like a dental practice, takes more than dental knowledge. As a dental teacher and administrator, Dr. Bahri knows that dental schools worldwide do not prepare dentists for the difficulties of the daily practice of dentistry—dental management is the missing link. After 34 years of studying the different management theories known since 1770, Dr. Bahri has found the best management system, and spent 13 years discovering how it applies to dentistry. Dental Management Concepts need Systems to make them applicable to daily practice; and systems need Techniques. Improving techniques will result in gains in efficiency; improving systems will yield even better results, but adopting better concepts is what leads to the real gains in quality and productivity. Unfortunately, most of what we teach in dental schools and in conferences falls in the category of techniques; it does have an impact on productivity, but not as much as teaching management systems and concepts. In this presentation, Dr. Bahri will review the different concepts in practice today and how to utilize them so that you can improve quality and productivity.
What should primary healthcare providers Know about current & future concepts in TMJ management

Conference Hall Prodent
13:00-13:30

The management of TMJ disorders in secondary care is dealt with surgeons who have a sub-specialist interest in the TMJ. On the other hand most of the current approaches to TMJ management are largely palliative and non-surgical; therefore the role of practitioners in the primary care setting is important. Alternative pain management regimens with the introduction of botulinum toxin as well as tricyclic medication have dramatically reduced the need for invasive management. In this presentation the role of the general practitioner in TMJ management will be outlined as well as new innovations that are current gold-standard in TMJ management. These will include minimally invasive management techniques, which have led to a reduction in indications for open joint surgery. It will also include novel findings in imaging and computer technologies which are beginning to provide a vision of future innovations in the diagnostics and therapeutics of TMJ disorders.
Temporomandibular disorders and dentofacial deformities are often associated with one another and treating these issues in the field present real challenges for maxillofacial surgeons. The temporomandibular dysfunctions may be the causative factor of dentofacial deformity or may develop as a result of it. It is also plausible that the two conditions can occur independently of each other. This presentation aims to report a case of a male patient who came to our office with aesthetic complaints, masticatory disability and pain that negatively impacted his quality of life. Upon confirming with an MRI and CT tomography the diagnosis of the combined conditions, the proposed treatment was a surgery for replacement of the temporomandibular joint with a custom alloplastic prostheses (promm); concomitant with orthognathic surgery. The data consolidated over the past two decades indicates a significant breakthrough for the evolution of diagnosis and surgical procedures to treat and rehabilitate the pathology, dysfunction, and pain in the temporomandibular joint. The orthognathic surgery and surgery of the temporomandibular joint indicated along with a proper treatment plan can be successful with a single surgery.
Mohammed Ahmed Al S hokeimy  
Associate Professor, Oral & Maxillofacial Surgery,  
Faculty of Dentistry, Suez Canal University  
Assoc. Prof., MIU & MSA Universities (Egypt).  
Visitor Assoc. Prof., Beirut Arab University, Lebanon

Face off: a dream comes true

Conference Hall Prodent  
13:50-14:10

Objectives: The aim of this presentation is to break the ice with the breakthrough of the innovative trials of facial transplantation.  
Patients & Methods: More than 23 cases were performed worldwide. The cases ranged from partial to complete facial transplantation. The first case was done on November 27, 2005 at the Centre Hospitalier Universitaire Nord in Amiens, France. The presentation is advocated to the review of the cases done in several countries regarding the facial transplantation. The indications and clinical implications will be covered. The autoimmune problems associated with the procedure & the blood supply considerations will also be discussed. The teamwork approach, microscopic surgery, and the use of virtual 3D surgical planning and navigation had become an integral component for obtaining optimum outcomes after such aggressive and hectic surgeries. Finally the medico legal aspects and the flow chart of the administrative paper work required for legislation of such procedures will be referred to in brief.
Indications for removal of impacted mandibular third molars: a single institutional experience in Libya

Conference Hall Prodent
14:10-14:30

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

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

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

Conclusion: Awareness of the indications for removal of impacted lower third molars will help in management of such patients. A fear of dentistry appears to be responsible for patients reporting to the dental surgeon only when symptoms occur. Patients generally do not agree to prophylactic removal of lower third molars. Removal of only symptomatic lower third molars seems to be the only logical choice in view of financial and manpower constraints in developing nations.
Patient-oriented implant overdenture treatment: bar or locator attachments

Conference Hall Kavo
09:00-09:10

The aim of this presentation is to compare the indications of bar and locator attachments according to patient needs. Depending on the evidence-based literature and clinical cases, a differentiation is made according to implant number, position and angulation, restorative space, retention, opposing occlusion, patient’s age, demands, compliance and financial capabilities, cost and finally the technical skills of both the dentist and the laboratory.
Monaf Abdulrahim Shalha  
BDS, Resident in Prosthodontics Postgraduate Program, Lebanese University School of Dentistry, Beirut Lebanon

José-Johann Chidiac

TMJ synovial fluid analysis in diagnosis and treatment of TMDs

Conference Hall Kavo  
09:10-09:20

Synovial fluid occupies a key position in joint physiology. When inflamed, a condition called synovitis, where the nutrition of the articular cartilage might be altered with possible reduction in the lubrication of the articulating surfaces that might induce signs and symptoms of temporomandibular disorders. Therefore, it is crucial to envisage such a factor in such clinical situations. Aspiration and analysis of synovial fluid of the TMJ might be of considerable value in supplementing the clinical and serological investigations. It can identify the presence of various mediators and free radicals, beneficial to detect markers of joint disease. Aspiration may also have a therapeutic effect. This presentation will discuss the related techniques of synovial fluid examination and management of the disease.
Early childhood caries: results from an academic town versus an industrial town.

Conference Hall Kavo
09:20-09:30

The purpose of this cross-sectional study was to assess and compare the oral health status of children aged 6-36 months living in two German cities (Greifswald, university city vs. Schwedt, industrial city) and to determine the parental knowledge and reported behavior toward preschool oral health and early childhood caries (ECC) to tailor a preventive program.

A total of 235 kindergarten children in Greifswald (n=137, >20% of 0-3-yr-olds, 28±7) and Schwedt (n=98, >30% of 0-3-yr-olds, 27±7.8) and their parents participated. The kindergarteners were randomly selected and informed consent was achieved. In addition to a validated questionnaire on the parent’s knowledge and their children’s oral health behaviour, the children were examined by one calibrated dentist (>80% agreement) for plaque (QHI), dental caries (dmft/ECC) and gingival health (yes/no bleeding). 97.1% of children in Greifswald and 94.9% in Schwedt were caries-free with an identical mean deft of 0.14 (Â±0.7). The prevalence of ECC in Greifswald was 12.4% and 13.3% in Schwedt (p=0.9). Plaque (p=0.16) and gingival status (p=0.77) were also similar in both cities in spite of higher parental education level (p<0.001). The prevalence of ECC was highly correlated to prolonged and frequent use of feeding bottles with cariogenic drinks (p<0.05) as well as to the mother’s education level (p=0.01). A tendency towards ECC was observed in children of unemployed parents (p=0.12).

Parent’s beliefs, attitudes and practices play a crucial role in the oral health status of young children. In this study the kind of city barely influenced the children oral health status. Strategies targeting parents, caregivers and children are required to reduce the knowledge gaps and alter deleterious oral health practices.
LASERs: from myth to reality

Conference Hall Kavo
09:50-10:00

Although lasers have been used in some medical specialties for over 30 years, their use in oral surgery did not become mainstream until relatively recently. Over the past 10 years, however, lasers have gradually become a valuable and reliable tool in the oral surgeon’s armamentarium. The first available laser for maxillofacial practitioners was the carbon dioxide due to its outstanding cutting abilities. In addition, the number and variety of procedures for which lasers are being used has paralleled the ever-widening scope of the contemporary practice of oral and maxillofacial surgery, enhancing the current surgical options for treatment, being used for many indications. Because of their numerous advantages, few complications and side effects, lasers have become indispensible for all dental specialties and particularly for oral surgeons. In this presentation, we will attempt to answer the following questions: What are the different types of lasers available in oral surgery and what are their uses? What are the safety precautions to be taken in consideration?
Zirconia implants: a future perspective

Conference Hall Kavo
10:00-10:10

Titanium implants are the gold standard in dentistry; however, problems such as gingival tarnishing and peri-implantitis have been reported. Partially stabilized zirconia has been introduced as a new ceramic implant material. Zirconia possesses high fracture resistance because of its energy-absorption property during martensitic transformation of tetragonal particles to monoclinic ones; it is biocompatible and possesses mechanical stability. Moreover, this material is highly radiopaque and easily cut for abutment preparation. Thus, partially stabilized zirconia is considered as an attractive endosseous dental implant material. The aim of this presentation is to evaluate the clinical and histologic performance of newly developed zirconia implants. It will also examine the surface modification techniques necessary to induce guided tissue growth around zirconia so that this material would become a competitive alternative in implant manufacturing.
Occlusal trauma on teeth and implants and its effect on periodontal disease

Conference Hall Kavo
10:10–10:20

After a quick review on the clinical and histological effect of trauma from occlusion on teeth, with or without plaque accumulation, this literature review will highlight the common points and differences between the Scandinavian and American groups of authors who went through this subject since 1970. Studies conducted in squirrel monkeys and beagle dogs in which jiggling forces have been produced subjacent to an established marginal periodontitis reported increased loss of alveolar bone, but accelerated loss of attachment occurred only in the dog model. Recent studies of occlusal trauma on implants will be presented as well in addition to some practical clinical conclusions.
Estimation et comparaison de la durée du pic pubertaire chez des sujets Libanais en classe II et en classe I squelettique

Conference Hall Kavo
10:40-10:50

Objectif: Estimer et comparer la durée du pic pubertaire chez des sujets Libanais en Classe II et en Classe I squelettique suivant le sexe et la typologie faciale.

Matériel et Méthode: 346 sujets ont été sélectionnés à partir de 3119 dossiers examinés. Les téléradiographies de profil de début de traitement ont été tracées et divisées selon le sexe, la classe squelettique, la divergence faciale et la maturation squelettique. La durée du pic pubertaire a été calculée à partir de l'intervalle d'âge chronologique entre les stades CS3 et CS4 de l'indice de maturation squelettique et selon les groupes. L'âge de début de la croissance active ainsi que la durée du pic pubertaire ont été comparés entre les différents groupes étudiés.

Résultats: La durée du pic pubertaire est d'environ : 12 mois chez les sujets en Classe I squelettique, 18 mois chez les sujets en Classe II squelettique, 15 mois chez les filles, 20 mois chez les garçons, 13 mois chez les sujets normodivergents et hypodivergents alors qu'elle est de 17 mois chez les sujets hyperdivergents.

Conclusion: La différence au niveau de la durée du pic pubertaire est (1) non significative pour les sujets en Classe I et en Classe II squelettique, (2) plus longue chez les garçons et (3) plus longue chez les sujets hyperdivergents. Ceci suggère l’existence d’autres facteurs empêchant la correction du décalage squelettique tels la direction de croissance, l’ampleur de croissance ainsi que d’autres facteurs intrinsèques.
Comparison of palatal vault characteristics in adult patients with various mandibular divergence patterns

Conference Hall Kavo
10:50-11:00

Different vertical facial patterns have been associated with variations in maxillary arch width, determined to be narrower in hyperdivergent phenotypes. Aim: Compare the anatomy and dimensions of the palatal vault between subjects with different vertical skeletal patterns. Methods: The pre-treatment dental casts of 36 adults presenting for orthodontic treatment were stratified equally (n=9) into 4 subgroups according to mandibular plane inclination to cranial base (MP/SN): low (MP-SN≤27°), medium-low (27°<MP-SN≤32°), medium-high (32°<MP-SN<37°), high (MP-SN≥37°). Maxillary arch measurements included palatal width (at level of first molar) and depth (at deepest point), width/depth ratio and rugae characteristics. Results: No statistically significant differences were observed among the groups except for secondary right palatal rugae strength (p=0.02), prevalent in the hyperdivergent group. Borderline significance of the palatal rugae direction was present (p=0.05), with an island configuration in hyperdivergent individuals versus a horizontal outline in hypodivergent subjects. Conclusions: Similarity of maxillary vault dimensions in the various mandibular divergence patterns may imply functional adaptation of the nasopharyngeal matrix. The anatomical variation of the secondary palatal rugae, already reported to change with orthodontic treatment, suggests both an adaptive nature of and environmental influence on the morphology of rugae. Further investigation is ongoing on a larger sample.
First molar extraction in orthodontics

Conference Hall Kavo
11:00-11:10

Since the beginning of orthodontics, the importance of the first permanent molar in the development of the dentition and the occlusion was very controversial.

Some authors described it as the keystone of the dental arch, while others advocated its extraction on a routine basis to solve caries problems.

When an orthodontic extraction is indicated, the tooth that immediately comes to mind is the first premolar. First molar extraction may be a viable alternative to premolar extraction in many cases because of the doubtful long-term prognosis of the molars. Following first molar extraction, treatment mechanics can be complex, time-consuming and more control is often required.

A thorough and precise assessment must be undertaken before treatment to ensure that the benefits will outweigh any potential limitations of this extended treatment.

During this presentation, indications, contra-indications, timing, mechanical aspects, long-term stability, as well as advantages and disadvantages of first molar extraction will be discussed.
Component analysis and inheritance evaluation of mandibular macrognathism

Conference Hall Kavo
11:30-11:40

Commonly linked to Class III malocclusion, mandibular macrognathism (MM) might exist in other malocclusions, particularly in a subtype of Class II division 2.

**Aims:** 1) Characterize Class III and Class II mandibular traits compared to Class I; 2) Determine the prevalence of increased mandibular length in Class III and Class II division 2 phenotypes.

**Methods:** Forty patients (ages 17.6 - 44 years) were stratified in 4 groups original malocclusion (Class III, Class II,2, Class II,1, control Class I) following specific inclusion and exclusion criteria. Linear and angular measurements (including mandibular length condylion-pogonion [Co-Pog]) were performed on lateral cephalometric radiographs taken in natural head position to gauge the sizes and positions of the jaws and their relationships to each other. A component analysis using multivariate analysis of variance (MANOVA) explored group comparisons.

**Results:** A statistically significant difference was observed for Co-Pog between Class II, division 1 and all other groups. Class III subjects having the largest size mandible. However, Class II,2 male subjects had closer length values to Class III and Class I subjects.

**Conclusion:** The findings corroborate previous reports of smaller mandibles in Class II,1 subjects, but Class II,2 may have a wider range of mandibular length than other malocclusions, particularly in males.
CBCT in orthognathic surgeries: the anatomical truth

Conference Hall Kavo
11:40-11:50

Imaging is important in the assessment and treatment planning of orthognathic surgery patients. 3D images help in the representation of the anatomical truth for appropriate diagnosis and treatment. Compared with 2D imaging, 3D images have the advantage to aid in treatment planning for orthognathic surgery, providing information on the morphology of bone at planned osteotomy sites, palatal suture morphology, the size, shape, and position of mandibular condyles, and the width of the tooth-bearing portion of bone and location of dental roots.

Findings such as condylar resorption or hyperplasia and asymmetries in the maxillofacial skeleton emphasize the diagnostic value of CT scans. The surgeon can better prepare for anatomic variation that can cause intra-operative difficulties, such as aberrant nerve position, thin bone and sinus disease.

When assessing surgical treatment outcomes, pre- and post-operative 3D CT models can be superimposed on one another, and surface distance calculations can be made to identify treatment outcomes after orthognathic surgery. Also, 3D surface imaging can be used to assess overlying soft tissues changes after orthognathic surgery.

Finally, it is a paradigm shift that eventually may lead to better visualization and representation of the patient, which will facilitate the task of the surgeon and offer better results for the patient.
Lower Incisor v/s lower premolars: a therapeutical dilemma in young adults

In treating orthodontic cases that include extractions to solve the problem of negative space discrepancy, the critical decision is to determine which teeth should be extracted.

Premolar extractions are the most common, but there are situations, in which atypical extraction can be considered in order to facilitate mechanics, preserve periodontal health and favor maintenance of the facial profile. Lower incisor extraction can be considered as a valuable option in the pursuit of excellence in orthodontic results in terms of function, aesthetics and stability. Its indications are well known in adults but could we accept it in young patients?

In this presentation we will show a case of a 16 year old female with a class I malocclusion and a severe lower anterior crowding. After comprehensive analysis, diagnosis and treatment planning, one lower incisor extraction was considered. The final result was satisfactory. Mandibular incisor extraction can be an effective treatment option in borderline cases at a young age though regarding many considerations.
Mandibular incisor position in relation to symphyseal bone: comparison in adult patients with various facial divergence patterns

Conference Hall Kavo
12:00-12:10

While mandibular morphology has been described extensively in different malocclusions, the relationship between the bony chin and mandibular incisors has not been explored.

**Aim:** Evaluate the associations between symphyseal shape and mandibular incisor position in various facial patterns.

**Methods:** Adult patients seeking orthodontic treatment (n=20) were stratified equally (n=10) in two groups based on cephalometric mandibular plane inclination to palatal plane (PP-MP): hypodivergent, PP-MP<21° and hyperdivergent: PP-MP>29°. Lateral cephalometric measurements included mandibular incisor length (IL), chin width at the level of the incisor apex (CW), distance between point D (center of symphysis) and incisor apex (AD), incisor crown length. The latter was also measured on dental casts to adjust for radiographic magnification. Statistical analyses included the Mann-Whitney test for group differences and Pearson product moment correlation for associations between parameters.

**Results:** IL and AD were greater in the hyperdivergent group (p<0.001 and p=0.008 respectively). CW was wider in the hypodivergent group at p=0.01. A moderate correlation existed between PP-MP and AD (r=0.59).

**Conclusions:** These findings indicate the presence of constitutional differences in chin anatomy and tooth size between hypodivergent and hyperdivergent patterns, possibly associated dentoalveolar adaptation to the vertical skeletal dysmorphology. Further evaluation is ongoing in a larger sample.
Obstructive Sleep Apnea (OSA) is a medical serious condition that involves repetitive episodes of apneas and hypopneas. The gold standard diagnostic tool for OSA is polysomnography (PSG). This tool would limit the diagnosis of OSA to sleep physicians while dental professionals are able to identify patients at risk of OSA. As orthodontists, lateral and postero-anterior cephalometric analysis is considered as a complementary tool for the diagnosis in OSA when combined to clinical and physical examination. The aim of this lecture is to detail important cephalometric measurements found in the literature that could be easily used by orthodontists in assessing and predicting OSA.
Orthodontic approach: transverse dimension first

Conference Hall Kavo
12:40-12:50

The correction of the transverse dimension is considered an important component of an orthodontic approach and the first to treat in order to enhance the nasal respiration and guide the outcome of the other planes (vertical and antero-posterior). Consequently, an appropriate transverse skeletal relationship between the maxillary and mandibular jaws is essential for a stable and functional occlusion. Maxillary arch constriction associated with high palatal vault is generally treated with expansion of the midpalatal suture. Moreover, this expansion force is also affecting the surrounding structures in the craniofacial complex as the maxilla is associated with ten other bones in the face and head. The treatment options in maxillary transverse deficiency are the rapid maxillary expansion (RME) in growing patients and surgically assisted rapid palatal expansion (SARPE) in adult patients. Therefore, the patient’s age is one of the most important factors affecting the success of treatment where the improvement of the respiratory function might lead to a better skeletal growth and prognosis in term of post treatment orthodontic stability. On the other hand, it has been reported that the suture opening has a direct vertical and antero-posterior effect on both jaws, which can help in establishing a more convenient orthodontic treatment plan.
En orthodontie, la photographie de profil représente un élément essentiel pour poser un diagnostic orthodontique. La revue de littérature révèle que certains auteurs utilisent pour l'orientation le plan de Frankfort alors que d'autres auteurs utilisent la position d'équilibre naturel.

Une étude sur des photographies de profil a été réalisée à la faculté de Médecine Dentaire de l’Université Saint-Joseph sur un échantillon de jeunes adultes âgés de 18 à 30 ans afin de tester la reproductibilité de la position d'équilibre naturel avec le temps tout en appliquant une nouvelle méthodologie.
Facteurs influençant la qualité de vie liée à la santé orale et la perception esthétique d’une population adolescente Libanaise

Introduction: Le but de l’étude est d’évaluer l’impact de la malocclusion, du traitement orthodontique, des facteurs sociodémographiques, de l’estime de soi, des médias sur la qualité de vie liée à la santé orale ainsi que la perception esthétique dentaire d’une population adolescente libanaise.

Matériels et méthodes: Cette étude consiste en l’administration d’un questionnaire visant à évaluer la qualité de vie liée à la santé orale (CPQ11-14), l’estime de soi, la perception de l’esthétique dentaire, l’influence des médias. La malocclusion a été établie par l’intermédiaire du DAI.

Résultat: Un total de 638 adolescents d’âge moyen 12,77±0,97 a été examiné. Parmi eux 67 individus étaient en cours ou avaient terminé le traitement orthodontique. L’analyse multivariée a montré que le CPQ11-14 était significativement associé à l’estime de soi, le DAI et les médias (respectivement p<0,0001, p <0,033 p<0,0001). La perception de l’esthétique était également associée à l’estime de soi, au DAI et aux médias (respectivement p<0,001, p<0,001, p<0,046).

Conclusion: L’estime de soi, la sévérité de la malocclusion et l’impact des médias sont des facteurs déterminants. Des données longitudinales sont nécessaires pour confirmer ces résultats.
Incisor root resorption in the treatment of impacted maxillary canines

Conference Hall Kavo
09:00-09:30

Impaction of maxillary canines is frequently encountered, with reported prevalence of 0.2–3%, and second ranking in impaction after the third molars. Potential implications associated with the orthodontic treatment of impacted canines include resorption of adjacent incisors and premolars, and of the un-erupted tooth itself. The aim of this pilot study is to investigate the prevalence of root resorption of teeth neighboring the exposed and orthodontically moved impacted maxillary canines.

Methods: Retrospective review of panoramic x-rays of patients who underwent surgical exposure and orthodontic alignment of impacted maxillary canines. The root length, crown length and crown/root ratio were calculated before treatment (T1) and after aligning the impacted canines (T2). The crown length measured on dental casts at t1 and t2 were used to adjust for magnification error in measuring root length on panoramic x-rays. Results: Dependent Sample Statistical analysis showed a statistically significant reduction in maxillary lateral incisor root length (P Value = 0.0077). Conclusion: The results suggest that maxillary lateral incisor root resorption is not only associated with the initial position of the impacted canine as previously established, but also with the corresponding orthodontic treatment.
Effect of rapid maxillary expansion on voice parameters

Conference Hall Kavo
09:00-09:30

Introduction: The association between craniofacial morphology and voice parameters has been determined, namely to mandibular and maxillary lengths. Maxillary dental arch form, dimensions and volume have been shown to be predictors for different voice classification (soprano, mezzo, and alto).

Aim: To evaluate, in an orthodontic population, the effect of rapid maxillary expansion (RME) on voice parameters.

Material and Methods: 10 growing patients with unilateral or bilateral crossbite(s) requiring RME were subjected to acoustic analyses to determine their voice fundamental frequency-F0, habitual pitch, jitter, and shimmer, prior to maxillary expansion (T1) and 2 weeks after expansion (T2) before the initiation of other orthodontic treatment. Dental cast measurements included intermolar, intercanine widths, arch length and depth at T1 and T2. Statistical analyses included the Mann-Whitney test for T1 and T2 differences and Pearson product moment correlation for associations between parameters.

Results: no significant changes in voice parameters were noted between T1 and T2. F0 and habitual pitch correlated negatively with molar width (r=-0.44 and r=-0.43 respectively).

Conclusions: Despite the association between maxillary arch width and F0, palatal expansion apparently does not induce any significant changes in voice parameters. Further analysis in a larger sample shall help establish definitive patterns.
<table>
<thead>
<tr>
<th>Exhibitors</th>
<th>Booths</th>
</tr>
</thead>
<tbody>
<tr>
<td>3M GULF LTD</td>
<td>C13-14-19</td>
</tr>
<tr>
<td>BIODIAMOND MIDDLE EAST S.A.L</td>
<td>C13-14-19</td>
</tr>
<tr>
<td>3-T TECHNOLOGIE</td>
<td>E-23</td>
</tr>
<tr>
<td>ASSY TRADING ETS</td>
<td>E-11</td>
</tr>
<tr>
<td>BICON</td>
<td>D23</td>
</tr>
<tr>
<td>B-RAY</td>
<td>F1</td>
</tr>
<tr>
<td>C &amp; co</td>
<td>A16-A17-A39-A40</td>
</tr>
<tr>
<td>DENTALTECH SARL</td>
<td>E-19 E-20</td>
</tr>
<tr>
<td>CARUS MEDICAL</td>
<td>D-14</td>
</tr>
<tr>
<td>RICHA DENTAL STORE</td>
<td>A27-28-29 B1-2-3</td>
</tr>
<tr>
<td>NEPCO</td>
<td>C-8-9 C-23-24</td>
</tr>
<tr>
<td>COMICO</td>
<td>D-20-21-22</td>
</tr>
<tr>
<td>DENMED</td>
<td>D-25</td>
</tr>
<tr>
<td>DENTAL LABS AND CLINICS SAL</td>
<td>D-13-19</td>
</tr>
<tr>
<td>MEDICAL SHARES TRADING S.A.R.L</td>
<td>C-11-12</td>
</tr>
<tr>
<td>DENTAL SHARES</td>
<td>C-10</td>
</tr>
<tr>
<td>DENTYCARE</td>
<td>G-19-20</td>
</tr>
<tr>
<td>DIAB MEDICS</td>
<td>E-5 E-6</td>
</tr>
<tr>
<td>DIETIPHARM</td>
<td>B-17</td>
</tr>
<tr>
<td>DMS</td>
<td>B-7-8-9-10 22-23-24-25</td>
</tr>
<tr>
<td>ELIE MINA DENTAL</td>
<td>C-3</td>
</tr>
<tr>
<td>EXPO ORTHO</td>
<td>C-1-2</td>
</tr>
<tr>
<td>FIMALCO DENTAL</td>
<td>B-15-16</td>
</tr>
<tr>
<td>Exhibitors</td>
<td></td>
</tr>
<tr>
<td>------------</td>
<td></td>
</tr>
<tr>
<td><strong>FLASH MED</strong></td>
<td>F-2</td>
</tr>
<tr>
<td><strong>FPM</strong></td>
<td>D-4-28</td>
</tr>
<tr>
<td><strong>SOCIETE GEORGES &amp; ANTOINE GANNAGE S.A.L.</strong></td>
<td>D-10-11-12</td>
</tr>
<tr>
<td><strong>GATAFAGO</strong></td>
<td>G-11</td>
</tr>
<tr>
<td><strong>HADDAD DENTAL</strong></td>
<td>D-6-26</td>
</tr>
<tr>
<td><strong>HAGE MEDICAL</strong></td>
<td>A-11</td>
</tr>
<tr>
<td><strong>HACHEM DENTAL CARE</strong></td>
<td>F-3-23</td>
</tr>
<tr>
<td><strong>I MEDICAL S.A.L</strong></td>
<td>F-9</td>
</tr>
<tr>
<td><strong>IMPCO</strong></td>
<td>B-13-14-18-19</td>
</tr>
<tr>
<td><strong>IMPLAMEDICA EST</strong></td>
<td>D-5</td>
</tr>
<tr>
<td><strong>INTERBIO</strong></td>
<td>E-2-26</td>
</tr>
<tr>
<td><strong>JULPHAR</strong></td>
<td>TABLE</td>
</tr>
<tr>
<td><strong>SARRAF LIMITED</strong></td>
<td>C-18</td>
</tr>
<tr>
<td><strong>COLUMBUS - LISTERINE</strong></td>
<td>E-1</td>
</tr>
<tr>
<td><strong>MITTRI R. MATTAR ET CO</strong></td>
<td>C-20-21</td>
</tr>
<tr>
<td><strong>MEDIS PHARM</strong></td>
<td>G-10</td>
</tr>
<tr>
<td><strong>MEDICA PHARM</strong></td>
<td>E-21</td>
</tr>
<tr>
<td><strong>MEDICALS INTERNATIONAL SARL</strong></td>
<td>A-14-15</td>
</tr>
<tr>
<td><strong>MEKHTAR KALOUT</strong></td>
<td>G-6</td>
</tr>
<tr>
<td><strong>MERSACO-PIERRE FABER</strong></td>
<td>F-24</td>
</tr>
<tr>
<td><strong>MOON DENTAL SAL</strong></td>
<td>TABLE</td>
</tr>
<tr>
<td><strong>NASHAWY GROUP</strong></td>
<td>E-8-9</td>
</tr>
<tr>
<td>Exhibitors</td>
<td></td>
</tr>
<tr>
<td>-------------------------------</td>
<td>---</td>
</tr>
<tr>
<td>NOEBIOTECH</td>
<td>F-25</td>
</tr>
<tr>
<td>NOVARTIS</td>
<td>D-24</td>
</tr>
<tr>
<td>GC</td>
<td>A-1-2</td>
</tr>
<tr>
<td>PHARMACOL</td>
<td>A-7-8-9-10</td>
</tr>
<tr>
<td>PROVIS</td>
<td>C-15</td>
</tr>
<tr>
<td>PICODENTE</td>
<td>F-5-6 /12M</td>
</tr>
<tr>
<td>POWER DENTAL</td>
<td>A-12-13</td>
</tr>
<tr>
<td>PRIME MEDICAL</td>
<td>E-24-25</td>
</tr>
<tr>
<td>PRODENT</td>
<td>A-18-19-20- A 36-37-38</td>
</tr>
<tr>
<td>PROFESSIONAL MED SARL</td>
<td>E-6-7</td>
</tr>
<tr>
<td>RIMO EST</td>
<td>C-4-5-6-26-27-28</td>
</tr>
<tr>
<td>SAAD MEDICAL TRAIDING</td>
<td>E-4</td>
</tr>
<tr>
<td>SAKER DENTAL</td>
<td>F-19</td>
</tr>
<tr>
<td>SANISWISS</td>
<td>G-7</td>
</tr>
<tr>
<td>SAUDI DENTAL SOCIETY</td>
<td>C-17</td>
</tr>
<tr>
<td>SHAMMAM DENTAL STORE</td>
<td>G-1-2</td>
</tr>
<tr>
<td>SMART DENTAL</td>
<td>G-13</td>
</tr>
<tr>
<td>SOL- T</td>
<td>G-12</td>
</tr>
<tr>
<td>STAR DENTAL</td>
<td>D-18</td>
</tr>
<tr>
<td>DROGUERIE TAMER</td>
<td>A-3-4-5-6-24-25- A26-30-31-32</td>
</tr>
<tr>
<td>TCI</td>
<td>G-16</td>
</tr>
<tr>
<td>TOFF DENTAL GROUP</td>
<td>F-21</td>
</tr>
<tr>
<td>DENTALICA</td>
<td>F-4-5</td>
</tr>
<tr>
<td>TRIDENT</td>
<td>C-22</td>
</tr>
<tr>
<td>TRUST DENT</td>
<td>F-7</td>
</tr>
<tr>
<td>TUSK TRADING CO</td>
<td>TABLE</td>
</tr>
<tr>
<td>WELL CARE GROUP</td>
<td>G-3</td>
</tr>
<tr>
<td>ZIRCONNET</td>
<td>E-18</td>
</tr>
<tr>
<td>ZIRKONZAHN LEBANON</td>
<td>D-1</td>
</tr>
</tbody>
</table>
Exhibitors

FDC – GSK B-11-12-20-21
IMAGING CENTER TABLE
ITN D-2-3
KIN G-5
KITCO D-20 / E-10
TRANSMED - ORALB A-21-22-34-35
SERVICES RAPIDES C-7-25 / G-8-9
MEDETECH D-7-8-9
D. COMPANY SARL G-4
HERB-MED ALOE FRESH TABLE
B&B DENTAL IMPLANT COMPANY
MADE IN ITALY G-15
TOPGOLD MEDICAL F-20
CHINA DENTAL ANYANG ZONGYAN F-16
SADCO F-15
LEVANT ALLIE F-21
DENTAL COLLEGE F-22
touch COUNTRIES Private tourism & Hunting C-16
TECHNOSMILE E-3
BYBLOS E-12
SGBL F-11
BBAC F-10
IBL D-27
BLC E-16
BOB E-22
GLOBMED E-13
BLOM BANK E-15
AUDI BANK E-17
DENTALOG
DENTAL NEWS
SMILE DENTAL JOURNAL
DENTAL TRIBUNE ME
Everyday, day after day, your patient's denture will have to support thousands of tasks. So it's little wonder that even people with well-fitting dentures will have problems with trapped food, fears their denture will dislodge or a concern about bad breath.

This is where a Daily Denture Care Regime from Corega fits in

Corega adhesive
- Proven to improve bite force by 38% in well fitting dentures,¹ which improves your patient's ability to eat difficult foods
- Provides all day hold and helps seal out 74% more food particles compared to no adhesive,² helping to reduce the irritation and pain they cause

Corega cleanser
- Proven to manage denture hygiene effectively*
- Reduces plaque build-up with proven³ bactericidal⁴ and antifungal activity⁴

By recommending a Daily Denture Care Regime to your patients with dentures, you can be assured that you are helping to improve their comfort and confidence every day, day after day

¹ When used as directed. In vivo
² In vitro
³ Proven bactericidal activity against gram-negative bacteria³
⁴ Kills 99.9% of bacteria
K. Pneumoniae A. Actinomycetes F. Nucleatum


For full information about the product, please refer to the product pack.
For further information please contact your doctor/healthcare professional.
For reporting any Adverse Event/Side Effect related to GSK product please contact us on contactus-me@gsk.com.

Code: CHSAU/CHPLD/0010/13
Arenco Tower, Media City, Dubai, U.A.E.
Tel: +971 4 3769555, Fax: +971 3928549 P.O.Box 23816.