



## **Severe Vertical Maxillary Excess or Gummy Smile, Ortho-Surgical Considerations**

**Dr. Fayez Saleh**

**(BDS Honors, MSc, PhD, Dip Med Edcn,)**

**Professor Emeritus of Orthodontics, Beirut Arab University**

**Professor of Medical Education**

**Fellow, W.H.O.**

### **Abstract**

Excessive gingival display or gummy smile has become a major aesthetic concern for patients and healthcare providers in recent years. Because of the complex etiologic factors and severity of this oro-facial deformity, it is essential that a differential diagnosis be developed so that a relevant therapy can be selected from a wide range of treatment options.

Coordination between a team of health care providers, especially between orthodontist and maxillofacial surgeon is crucially important to jointly analyze the anatomical components of a dynamic smile (skeletal, dentoalveolar, and soft tissue), formulate a realistic treatment planning, accurately predict the treatment outcome, and minimize post orthosurgical complications.

In this lecture, the author will present several clinical cases, focus on the role of maxillary position and cant of occlusal plane as determinants of an esthetic smile, and briefly review available treatment modalities for excessive gingival display in full smile. Emphasis will be given to orthosurgical correction of severe vertical maxillary excess to restore facial balance and harmony in order to achieve attractive smile and patients' satisfaction.



## **Oral Cancer Detection: The Central Role of the General Dentist**

**Prof Suzan Seif Allah Ibrahim**

**Dean Faculty of oral and dental medicine Nahda University**

### **Abstract**

Oral cancer (OC) which includes cancers of the lip, tongue and rest of the oral cavity, is responsible for increased morbidity and mortality rates worldwide especially in developing countries. While it is estimated that cancer incidence 14 million new cases, oral cancer alone claims about 300.000 deaths (2.1%) annually with 1.8% mortality worldwide.

The oral cavity is easily accessible for self or clinical examination to detect lesions that are potentially malignant which can make early detection and diagnosis of the oral cancer achievable. Subsequently, this can significantly reduce the diagnostic delays of oral cancer which estimated to be 50% of cases Screening for oral cancer by visual and palpation assessment is still controversial as there is no evidence of the effectiveness of such assessment in reducing mortality from oral cancer.

Oral cancer is a preventable disease along with increased knowledge of oral cancer risk factors, signs and symptoms and this in turn is directly related to the prognosis of the cases identified. This is due to the fact that reinforcement of awareness on oral cancer can possibly lead to detection of early clinical presentation and hence early diagnosis.



## **Role of Computer Guided Surgical Stents and Piezo surgery in Flapless Ridge Splitting with Immediate Implant in Severely Atrophic Ridges**

**Associate Prof. Nahed Mohamed Adly Abd El Moniem**

Associate Professor Oral and Maxillofacial Surgery Faculty of Dental Medicine AL Azhar University Girls branch Head of OMFS department Al Nahda University

### **Abstract**

The aim of the study is to improve alveolar ridge dimensions for immediate Implant placement in cases with atrophic alveolar ridge. Six patients were included in the study. Fabrication of two computer guided stents used to guide flapless ridge splitting using piezoelectric device. After ridge splitting, all patients had simultaneous implant and PRF placement. Clinical and radiographic follow up were scheduled over a period of 6 months. Successful stability both clinically and radiographically were obtained. The Implant deviation from the pre-planned virtual implant position was as well found to be within an acceptable range. We concluded that computer guided flapless ridge splitting with PRF and immediate implant placement is an innovative, less invasive, atraumatic, predictable technique.



## **Bruxism and Dental Implants Failure**

**Dr. Mohamed Adel El-Mahdy**

Lecturer of oral and maxillofacial department at Al Nahda University

### **Abstract**

An overview on parafunctional loads & bruxism and their consequences on dental implants; Explaining whether bruxism is a risk factor for dental implants or there could be some guidelines that could aid in implants success in bruxing patients.



## **The Efficacy of Computer Guided Surgery In Preserving Ramal Height And Skull Base During Gap-Arthroplasty In Patients With TMJ Bony Ankylosis**

**Dr. Hanan Reda**

**Lecturer of Oral and Maxillofacial Surgery department at Al Azhar university (girl branch)**

### **Abstract**

The surgical release of TMJ ankylosis is aimed at creating a pseudo joint which will improve function and movement of the mandible. Different surgical techniques have been reported that include condylectomy, gap arthroplasty, interposition arthroplasty, and joint reconstruction using autogenous or alloplastic grafts.

Many surgical complications which face the surgeons during TMJ ankylosis surgeries have been reported such as injury of the vital structures at the base of the skull and adverse reduction of VRH with subsequent occlusal disharmony and facial deformities. The computer-assisted surgical simulation (CASS) which has been introduced in craniomaxillofacial surgeries solves many of those difficulties.

This presentation aimed to evaluate the role of computer guided surgery in preserving VRH and the skull base thickness during gap arthroplasty in patients with TMJ bony ankylosis.



## **Evaluation & patient preparation for minor oral surgical procedures**

**Prof. Dr. Nagy El-Prince**

He had his PhD in Oral and Maxillofacial Surgery, 1991. He is the Editor-in-Chief for International Journal of Medicine, Pharmacy and Dentistry. He's now the vice head of the Egyptian Board of Oral and Maxillofacial Surgery. Finally, he was the ex-head of the department of Oral and Maxillofacial Surgery, Rawdet el Elm

University, KSA.

### **Abstract**

The goal of Workshop is to:

- Gain Knowledge of dental aspects of systemic diseases in terms of their effect on the oral hard and soft tissues.

- Understand effects of drugs used in the treatment of systemic diseases on the oral health of patients and the how they complicate dental treatment.
- Become familiar with comprehensive treatment with a variety of management techniques.
- Update the dentists and oral and maxillofacial surgeons on the current guidelines and protocols for treating patient with medical condition.
- Assess the influence of oral diseases and disorders on health management.
- Be able to plan general medical care for most orally compromised patient in an outpatient setting by selecting the appropriate referral.
- Describe the oral manifestations of systemic medical conditions.
- Increase awareness of the impact of medical conditions on the delivery of care.
- Determine the dental treatment modification necessary for individual patient according to the medical history and risk assessment.



## **Management of cervicofacial infection**

### **Prof. Dr. Nagy El-Prince**

He had his PhD in Oral and Maxillofacial Surgery, 1991. He is the Editor-in-Chief for International Journal of Medicine, Pharmacy and Dentistry. He's now the vice head of the Egyptian Board of Oral and Maxillofacial Surgery. Finally, he was the ex-head of the department of Oral and Maxillofacial Surgery, Rawdet el Elm University, KSA.

### **Abstract**

Odontogenic infections originate from a tooth or from its supporting structures, generally secondary to a pulp necrosis, periodontal disease, pericoronitis, apical lesions, or complications of dental procedures, which can be restricted to the alveolus or can reach the jaws and face through maxillofacial spaces. These are the most common conditions which occurred in head & neck regions. : Although the prevalence and complication rates of odontogenic infections had decreased with the advancement of diagnostic techniques, availability of effective antibiotics, and improvement in oral hygiene, still there are conditions that require attention and accurate treatment to prevent the progression of the pathology to deeper fascial spaces



## **TMJ disorder**

### **Prof. Dr. Nagy El-Prince**

He had his PhD in Oral and Maxillofacial Surgery, 1991. He is the Editor-in-Chief for International Journal of Medicine, Pharmacy and Dentistry. He's now the vice head of the Egyptian Board of Oral and Maxillofacial Surgery. Finally, he was the ex-head of the department of Oral and Maxillofacial Surgery, Rawdet el Elm

University, KSA.

#### **Abstract**

(TMD) is a very common problem affecting up to 33% of individuals within their lifetime. TMD is often viewed as a repetitive motion disorder of the masticatory structures and has many similarities to musculoskeletal disorders of other parts of the body. Treatment often involves similar principles as other regions as well. However, patients with TMD and concurrent cervical pain exhibit a complex symptomatic behavior that is more challenging than isolated TMD symptoms. Although routinely managed by medical and dental practitioners, TMD may be more effectively cared for when physical therapists are involved in the treatment process.



## **Clinical practice guidelines of managing periodontitis stages I to III**

### **Dr. Mohamed Al Bahrawy**

**lecturer of periodontology and implant dentistry Ain Shams University**

#### **Abstract**

The recently introduced 2017 World Workshop on the classification of periodontitis, incorporating stages and grades of disease, aims to link disease classification with approaches to prevention and treatment, as it describes not only disease severity and extent but also the degree of complexity and an individual's risk. There is, therefore, a need for evidence-based clinical guidelines providing recommendations to treat periodontitis. The objective of the current presentation is to develop a Clinical Practice Guideline for the treatment of Stage I–III periodontitis.



## **Platelet Rich Fibrin Background and clinical indications**

**Prof. Kareman Said El soudany**

**Professor of Oral medicine, Diagnosis and Periodontology, Tanta University**

### **Abstract**

In the last decades, different concepts have been introduced for clinically relevant tissue regeneration. The application of PRP has been widely studied and has shown positive outcomes in tissue regeneration

Aiming to develop an improved and facilitated preparation concept, a new blood concentrate system, platelet rich fibrin (PRF), was introduced as the first total autologous concept without additional anticoagulants. This system is characterized by a simplified and appropriate preparation process to be suitable for everyday clinical application

Highlights PRF-based matrices and their use for a wide range of clinical applications in dentistry, maxillofacial surgery and as a prophylactic measure in terms of socket preservation after tooth extraction to prevent jaw atrophy and support the wound healing or in combination with bone substitute materials to accelerate and enhance the regeneration

it can be utilized alone thereby replacing either a bone grafting material and/or barrier membrane. It may also be utilized as a barrier membrane in guided tissue/bone regenerative procedures. it does not cause a foreign body reaction and thereby speeds the natural wound healing process without generating an immune response.



**Selection of prosthetic option in implant dentistry**

**Dr. Osama Abo Helal**

**Lecturer of Removable Prosthodontics Nahda University**



**Dr. Dr. Ali Abdel Elghany El souroury**

**Lecturer of removable prosthodontics Nahda University**

**Abstract:**

- 1- Diagnosis for implant from prosthodontics view
- 2- Single tooth replacement
- 3- Replacement of quadrant (maxilla and mandible)
- 4- Full arch fixed prosthesis versus removable prosthesis
- 5- Implant biomechanics and occlusion



**Implant overdenture**

**Dr. Osama Abo Helal**

**Lecturer of Removable Prosthodontics Nahda University**





**Dr. Ali Abdel Elghany El souroury**

**Lecturer of removable prosthodontics Nahda University**

**Abstract:**

- ✚ An explanation of the implant-overdenture concept.
- ✚ Factors that must be considered while planning for Implant overdenture treatment.
- ✚ Getting to know the different implant overdenture techniques available.
- ✚ Overdenture prosthetic steps with bar and locator attachments in clinical cases.
- ✚ The most common implant overdenture short- and long-term issues.



**Facial cosmetics, what you need to know.**

**Prof. dr. dr. Hossam Barghash**

**Visiting Prof. of oral maxilla facial surgery Lübeck university Germany and Nahda University.**

**Abstract**

Facial cosmetics is a wide field including surgical procedures and minimally invasive procedures, in this presentation we will cover the scope of such procedures and describe some minimal invasive techniques which can be performed by oral surgeon and dentist.



## **Surgical Approach in Dentofacial Deformities**

**Dr. Yara kadry Abdel Hamed**

**Consultant of Oral and Maxillofacial Surgery, Qubry AlQubba Military Hospital.**

### **Abstract**

The esthetic-centered approach to treatment plan has nowadays superseded the occlusion-centered approach. The concept behind this shift in treatment plan is that the teeth are made to fit the face not vice versa.

Although this approach is very well accepted by the patients as it fixes their esthetic problem immediately and reduces the overall treatment time, it demands a very highly qualified orthodontist who can predict the postoperative intended malocclusion and the scenario of its postoperative correction. Surgery first approach also demands a highly qualified surgeon who can correct the skeletal deformity without the guidance of the dental interdigitation, this presentation will focus on the prerequisites and debates of the surgery first approach.



## **An overview on indirect veneers preparation types and different fabricating materials.**

**Dr. Rami M. Galal**

**Ass. Prof. of Fixed Prosthodontics - Head of Fixed Prosthodontics Department, Nahda University.**

**Abstract:**

This lecture will discuss different types of indirect veneers preparation regarding advantages and disadvantages and indications of each type, also it will refer to whether to prepare or not in some situations. In addition, it will present different recent materials used for fabrication of indirect veneers referring to properties of each material regarding the main aim to have the best esthetic results. Also, it will discuss a recent study by the author comparing two types of preparation with different fabricating materials.

**Implant Site: Preparation and Restoration****Dr. Eman M. Abdulhady:****Lecturer of Oral Medicine and Periodontology, Faculty of Dentistry,  
Horus University.****Dr. Reem Abdeen****Lecturer of Removable Prosthodontics,  
Misr International University.****Abstract**

Introduction of dental implants and next the implant supported prosthesis has hugely enhanced the quality of life for those partially or fully edentulous patients. Implants provided advantages such as preservation of bone, occlusal vertical dimensions, facial esthetics, improved phonetics, enhancement or granting for restoring of oral proprioception, stability and retention of prosthesis, psychological health and eliminating the need to change. Based on clinical observations it has been suggested that the main issue, the primary interest in current clinical and animal research is the study of dimensional tissue changes that occur following tooth loss and the proper timing for implant placement and loading. Patient desire for improved masticatory function is often given as a primary reason for treatment with implant-supported or retained dentures. Implant-supported or retained prosthesis have been increasingly accepted as an alternative to conventional dentures for oral rehabilitation of fully or partially edentulous patients. There is a positive relationship between proper dental implant site preparation and highly remarkable implant success rates and patient satisfaction. The selection of a specific prosthetic design for implant supported prosthesis is wide and often controversial but then again,

the restoration is influenced by the type, size, number and orientation of implants that can be planned in relation to anatomical, surgical and prosthetic considerations.



### **Total-Etch or Self-Etch which is better and Why??**

**Dr. Ahmed Ata Abd El-Ghany Abd El-Aal**  
**Associate Prof. of Operative Dentistry**  
**Faculty of Dentistry - Al-Azhar University –Assiut branch**

#### **Abstract**

Adhesive dentistry has undergone great progress in the last decades. In light of minimal-invasive dentistry, this new approach promotes a more conservative cavity design, which relies on the effectiveness of current enamel-dentine adhesives. Adhesive dentistry began in 1955 by Buonocore on the benefits of acid etching. With changing technologies, dental adhesives have evolved from no etch to total-etch (4th and 5th generation) to self-etch (6th, 7th, and 8th generation) systems. Currently, bonding to dental substrates is based on three different strategies: 1) etch-and-rinse, 2) self-etch and 3) resin-modified glass-ionomer approach as possessing the unique properties of self-adherence to the tooth tissue. More recently, a new family of dentin adhesives has been introduced (universal or multi-mode adhesives), which may be used either as etch-and-rinse or as self-etch adhesives. The purpose of this literature is to upgrade the current knowledge for each adhesive system according to their classification that has been advocated by many authorities in most operative/restorative procedures. As noted by several valuable studies that have contributed to understanding of bonding to various substrates helps clinicians to choose the appropriate dentin bonding agents for optimal clinical outcomes.



## **The Photo biomodulation as an Adjunctive Therapy for Dental Implants in Fresh Extraction Socket**

**Prof. Dr. Yasser El-Makaky**

**professor of Periodontology, Faculty of dentistry, Tanta University.**

### **Abstract**

Dental implantation in a fresh extracted socket allows the utilizing of the remaining bone, removes a surgical step, considered as a conservative approach plus other advantages including satisfactory aesthetic outcomes as wished by the patients, and reduction of overall treatment time before insertion of final rehabilitation. The prognosis of dental implants be based on successful osseointegration, and many attempts have used to increase this procedure, one of these was the exposure to low level laser (LLL). This is a noninvasive adjunctive treatment modality that utilizes light emitting diodes or low power (low level) lasers and is known to increase bone healing.



## **Implant placement in extraction sockets of periodontally affected teeth: Clinical Secrets**

**Prof. Dr. Yasser El-Makaky**

**Professor of Periodontology, Faculty of dentistry, Tanta University.**

### **Abstract**

To provide rapid replacement of the tooth, prevent alveolar bone collapse during healing period, shorten treatment protocol, and reduce patient discomfort/ inconvenience, immediate implants were introduced as a protocol for implant placement. Initially, immediate implants were placed exclusively in healthy extraction sites. However, after attaining a reasonable treatment success rate in healthy sites, these procedures were tried in a variety of clinical situations such as esthetically demanding sites and periapical infected sites.

Immediate implant placement into infected sockets has resulted in variable success rates. Some studies have reported satisfactory results. Whereas others have documented failures of implants when placed into infected sockets compared to noninfected sockets. Therefore, antiseptic protocols such as systemic and local use of antibiotics, oral rinses used before and after surgery

and thorough curettage of granulation tissue from the extraction socket to provide an adequate environment for healing wound are mandatory for optimal healing / chances of osseointegration in infected extraction sockets.



### **Infection control in dental practice**

**Dr. Khaled Hassan Moustafa**

**Professor of oral and maxillofacial surgery**

**Head of oral and maxillofacial surgery Department, Badr University.**

#### **Abstract**

After the pandemic crisis of Corona Virus, what are the changes happened in the medical field? and what is the role of our profession to protect all the health care providers?



### **The New Era in Orthodontics 3D CBCT Digital Imaging**

**Dr. Mostafa Mahmoud Youssef Mohamed**

**BDS, MDS, DSc**

**Department of Oral Radiology, Faculty of Dentistry**

**Assiut University**

#### **Abstract**

Over conventional imaging, such as panoramic and lateral cephalometric radiography, CBCT imaging offers many unique features and advantages to orthodontic practice. Without a doubt, CBCT increases clinician decision confidence in specific clinical orthodontic situations and provides additional diagnostic information.



**Hybridization is the key for endodontic perfection.**

**Dr. Mostafa Negm**

**lecturer of Endodontics at Faculty of Dentistry, Zagazig University**

Abstract

Endodontics is a unique specialty based upon integration between different sciences, techniques and materials. Hybridization is the golden key for optimum non- surgical root canal treatment outcome.



**Tough moments challenge**

**Dr. Doaa Tawfik Hassan**

**Lecturer at prosthodontic department, faculty of Dentistry, Minya University.**



**Dr. Shaima'a Ahmed Radwan**

**Lecturer at prosthodontic department, faculty of Dentistry, Minya University.**

Abstract

The goal of implant prosthesis is long term success of prosthesis, and to construct stable biologically and functionally, and to approximate the morphology of a natural tooth. Due to increasing the popularity of dental implants, the number of failures due to late implant fracture is also expected to increase. The objective of this presentation is to highlight the causes, mechanics, prevention, and management of failure to avoid or overcome tough moment of implant prosthesis.



**Digitalized Oral and Maxillofacial Surgery, the Present and the Future**  
**Dr. Mosaad Abd Al-Jawwad Abd Al-Mawla Khalifah.**  
**Assistant Prof. and Head of Department of Oral & Maxillofacial Surgery (Faculty of Dentistry), KafrelSheikh University.**

Abstract

Modern oral and maxillofacial surgery depends to a far extent on digitalized workflow. Data acquisition, surgical planning, surgery execution and assessment are the main phases of the today computer assisted surgery (CAS). However, the most crucial two steps in CAS are virtual surgery and surgical navigation. A plethora of studies were introduced to assess the accuracy of CAS in comparison with conventional surgery and concluded that CAS has a superior accuracy, safety, and success. Even though, future trends are directed towards the transformation from CAS to digitalized surgery with a deeper incorporation of artificial intelligence into surgery to an extent that can end up with automated and telepresence surgery.



**POTEOMIC ANALYSIS IN PERIODONTAL DISEASES.**

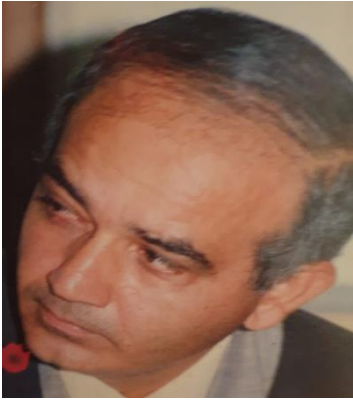
**Associate Prof. Dr.Maha Abdelkawyz**

**Acting chairman of Oral Medicine and Periodontology Department,  
Faculty of Dentistry, Benisuef University.**

Abstract:

Although periodontal disease involves different pathological categories, yet clinically, it gives the same clinical presentation and mostly treated in the same manner. In the light of this; new branch of research started to appear with the aim of searching different biomarkers on the molecular level. Studying proteomics of periodontal disease allows a new approach for recognizing and discovering the role proteins play in periodontal diseases.





**Non, but prosthodontists have solutions for dental implant problems  
Dr. Hamdy Aboulfotouh**

**Professor of prosthodontics and dental implantology Faculty of  
dentistry, Cairo University**

Abstract:

Some difficulties and problems may be encountered in dental implant procedures. These problems could be related to function, hygienic or aesthetic reasons. Here arises the role of the prosthodontist who tries to find out solutions to such cases.



**Socket preservation why? and how?**

**Dr. Riham El-Banna**

**Lecturer Oral Medicine and Periodontology Department, Faculty of  
Dentistry, Beni suef University.**

Abstract:

There are considerable changes that occur after tooth extraction which includes bone and soft tissue alterations. These changes depend greatly on several factors as low trauma tooth extraction technique, Flapless tooth extraction and Ridge preservation procedures. In our lecture we will answer different questions such as:

Why socket need to be preserved?

What are techniques for ridge preservation?

What are the ideal requirements for bone grafts and particle size?

Which type of bone substitutes to be selected?



## **Defining the Future in Prosthetic Dentistry**

**Dr. Mazen A. Attia**

**Associate Professor of Fixed Prosthodontics**

**Vice Dean for Community Service and Environmental affairs**

**Faculty of Dentistry, Beni-Suef University**

Abstract:

Polyetheretherketone (PEEK) has been introduced as a promising alternative to metal, zirconia, and glass ceramics. PEEK, the most commonly used form of the polyaryletherketone (PAEK) resin, is a thermoplastic partially crystalline high-performance polymer (HPP), which is composed of an aromatic benzene molecular chain interconnected by ether and ketone functional groups. In prosthetic dentistry, PEEK has been used to fabricate interim implant abutments, endocrowns, interim restorations, fixed dental prostheses, and partial removable dental prostheses, either by using the computer aided design and computer-aided manufacturing (CAD-CAM) or pressing techniques.

The objective of this lecture is to address the evolution of PEEK as a biomaterial; to explore the material's physical and mechanical properties; and finally, to describe the fabrication and veneering techniques.



## **Secrets of Implant in Esthetic zone**

**Dr. Ahmed Abdallah Khalil**

**Associate professor and head of Oral Medicine, Oral Diagnosis and Periodontology Department- Faculty of Dentistry, Minia university**

Abstract:

Esthetic implant therapy is an advanced treatment modality in the field of implantology, aiming to achieve an ideal esthetic and functional treatment outcome within the alveolar ridge or the edentulous spaces. Therefore, this lecture aims to find the way to achieve the natural teeth appearance and the desired overall beauty



**CBCT in Endodontics; When & Why**  
**Dr. Walid S. Salem**

**Associate professor, Oral and Maxillofacial Radiology.**

**Faculty of Dentistry Beni- Suef University**

**Abstract:**

CBCT in endodontics has generated huge interest with its ability to reveal greater information about the periapical status of teeth, endodontic anatomy and healing. What is the added value for the endodontist from the CBCT? Is it necessary to prescribe CBCT in each endodontic case?

Have a look on the most recent application of the CBCT in endodontics



**The role of open TMJ surgery for management of internal derangement without reduction.**

**Dr. Mohamed Mostafa El Shmamaa**

**Lecturer of oral and maxillofacial department faculty of Dentistry Beni Suef University**

**Abstract**

Disc displacement (DD) is a common disorder of the temporomandibular joint (TMJ) that often results in progressive joint dysfunction, including clicking, arthralgia, functional limitations, osteoarthritis and even condylar resorption. If the disc can be recovered, disc preservation surgery is a valid option to eliminate mechanical interference with joint function. Hence, we

describe a surgical technique for TMJ disc-repositioning surgery using glenoid fossa of temporal bone as an anchor for stabilization of the displaced disc.

The study was conducted on 21 female patients with mean age of 30 years with articular disk displacement without reduction (ADDw/oR) who underwent disk repositioning surgery and its effectiveness evaluated over 18 months of follow up. Patients admitted to Oral and Maxillofacial Surgery Department, Dentistry Hospital Beni Suef University between November 2016 and December 2018. The success rate was based on objective measurement of maximal incisal opening (MIO), subjective evaluation using visual analog scale (VAS; with a score of 0 to 10, higher scores indicating more severe pain) and comparing presence of TMJ noise, functional dietary limitations or movement restriction pre- and post-operative. Magnetic resonance imaging of the TMJ was performed before surgical treatment to confirm our ADDw/oR diagnosis and after the surgery.

Data were collected preoperatively and at 1, 6, 12, and 18 months postoperative. The VAS score decreased to  $2 \pm 0.9$  following surgery ( $P < 0.001$ ). A significant improvement in MIO  $35.5 \pm 3.5$ mm was also detected ( $P < 0.001$ ). Other preoperative characteristics in terms of TMJ noise and movement restriction showed a significant reduction in 100% and 81% of all cases respectively. This study reports an effective and predictable technique for disc repositioning surgery which could be a short term benefit in terms of functional limitations of TMJ.



## **Relation between Palatal Index and the Incidence of Postoperative Fistula in Patients With Complete Unilateral Cleft Palate (A Prospective Cohort Study)**

**Dr. Hiba Obad Saleh**

**Lecturer of Oral and Maxillofacial Surgery Department- Faculty of Dentistry- Aden University-Yemen**

Abstract

Oronasal fistula has an incidence of 3–45% and it varied in shape from pinpoint, slit, and oval to a total dehiscence of the flap. Fistula can be classified into seven classes which are (I) uvula, (II) soft palate, (III) at the junction of soft and hard palate, (IV) hard palate, (V) at junction between primary and secondary palate, (VI) palatal–alveolar, (VII) labial–alveolar. Palatal index is the proportion between the width of the cleft (cleft severity) and the sum of the width of the two palatal segments (tissue deficiency). The index classifies in to mild (0–0.2), moderate (0.2–0.4) and severe

(> 0.4), 30 patients between 6Ms and 24Ms with complete unilateral cleft palate were included. Measuring palatal index including posterior, middle and anterior palatal index. Each patient with complete unilateral cleft palate underwent single staged 2 flap palatoplasty procedure. Patients were followed up during 1<sup>st</sup>, 3<sup>rd</sup> week, 3<sup>rd</sup>, 6<sup>th</sup>, 9<sup>th</sup> month postoperative to evaluate fistula.

In the present study, we found that severity of clefting influenced the incidence of fistula in which 12 cases recorded mild index didn't developed fistula while 14 cases recorded moderate and severe index developed fistula. Our finding also agreed with other studies showed that palatal index was a system designed to estimate the secondary palate deformity by considering the cleft's severity and the tissue deficiency. There was association between palatal index, surgeon experience and presence of fistula ( $P = 0.021$ ). This study agreed with previous studies showed that there was an association between surgeon experience and fistula formation in which the skills of the operating surgeon due to more and more surgeries he had done so he had a significant lower effect on the incidence of fistulas, than did the resident surgeon. It was concluded that palatal index was a good predictor of fistula formation, this gave the surgeon information about the amount of soft tissue available for palatal flaps and its relation to the width of the cleft to be repaired.



**Dentists and Covid-19 pandemic**

**Dr. Iman Mohammed Gaddoue**

**Consultant medical microbiology and infection control**

Abstract

Infection prevention in dental practice is a principle of utmost importance aiming to protect patients, the dental team, and ultimately, public health. The recent pandemic of coronavirus disease 2019 (COVID-19), caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), has instigated worldwide public concern.



## **Influence of different access cavities on endodontic procedures and tooth integrity.**

**Dr. Mohammed Turkey Abd El Razik**

**Lecturer in Endodontics - Faculty of Dentistry, Minya University**

### **Abstract**

Access cavity is an important step in endodontic treatment. Different stages of endodontic treatment, orifice detection, root canal instrumentation, irrigation, filling even final restoration could be affect by access cavity design. So, Weine stated that "access is the success". In addition, Kishen in 2006 illustrated that any tooth loss during access cavity preparation could affect tooth fracture resistance. So, it seems to be valuable to explain the influence of different access cavities on endodontic procedures and tooth integrity.



## **Monolithic Zirconia: New Generations & Applications**

**Dr. Ahmed Arafa**

**Lecturer of Fixed Prosthodontic, Faculty of Dentistry, Beni-Suef University**

### **Abstract:**

Advanced ceramics such as zirconia have great potential to substitute for traditional materials in many biomedical fields. Progressive development and evolution of zirconia leads to extended range of indications from veneered to monolithic restorations



## **Minimally Invasive Access Cavity ... To Do or Not ?!**

**Dr. Mai Sayed H. Mahmoud**

**Lecturer of Endodontics, Faculty of Dentistry, Beni-Suef University**

**Master of Business Administration, AASTMT**

### **Abstract:**

Over the years, many trends emerge in the field of endodontics. Within the last 10 years, new designs of access cavity preparations have gained wide popularity either in case reports or posts on social media aiming towards preservation of the precious healthy residual tooth structure. In our lecture, we will have an overview on the concept of conservatism that led to the popularity of these extremely conservative preparations known as “Ninja” and “Truss” access. We will go through the decision-making process to answer the critical question: Is minimally invasive access cavity preparations a reliable technique that should be introduced in our routine clinical practice or not.



## **Endodontics Shaping “Shifting” Strategies**

**Dr. Mohamed M. Kataia**

**Associate Professor of Endodontics British Uni**

### **Abstract:**

Professional dental teamwork is essential for the patient’s welfare and the presence of a professional team of different restorative specialties in the same operatory at all steps of each

of the dental procedures is of prime importance to ensure the quality of the treatment provided on an evident based grounds providing in turn highest predictive values for the treatment delivered. Endodontics has been changing over the last decade in terms of canal enlargement, principles and objectives, all has been modified due to the emergence of new technology and materials. operator is entitled to certain amount of experience and knowledge allowing him to solve difficult situations through scientific maneuvers in these steps, along with the observatory of the other restorative specialties and providing the methodology that is compatible upon their requests for treatment. This lecture is one of a series of lectures shedding a light on the new clinical steps and maneuvers required. Starting from proper canal exploration to bio minimalistic radicular enlarging techniques, moving through measures to safe management of all types of canal destinations. Allowing root canal treatment to be executed in a manner where team mates of other specialties can rely on the continuation of treatment planning without fear of early short comings and that the problems that had dazzled operators from other specialties have been solved



**Validation of the third molar maturation to assess the legal adult age**

**Dr. Walaa samir abdefatah**

**Associated professor of oral maxillofacial radiology**

**Acting Head of department**

**Abstract:**

Assessment of age of majority is a serious problem for forensic experts in case of examining young subjects accused of illegal or criminal acts with unavailable or invalid identification



documents. The purpose of the study was to assess the mandibular third molar maturation stage in discriminating adults and minors in an Egyptian population sample .



Bioceramics in Endodontics. A Journey through Literature

**Dr. Laila Hussein El-Mansy**

Lecturer of Endodontics. Faculty of Dentistry. Beni-Suef University

Abstract:

An insight through literature addressing bioceramic materials currently used in the fields of Endodontics along with their properties and applications



**The Endodontically Perforated root: Hopeless or Savable**

**Prof. Dr Wael Hussein Kamel.**

**Professor and Head of endodontic / Future University**

Abstract

Root perforation results in the communication between root canal walls and periodontal space (external tooth surface). It occurs both during and after endodontic treatment. These reduce the chance of a successful treatment outcome and can jeopardize the survival of the tooth. Different factors may predispose to this communication and diagnosis of root perforation are described. The influencing factors include the location and the size of the perforation, potential microbial colonization of the endodontic system, the time lapse between the occurrence of the perforation and repair, and the filling material. Non-surgical and surgical management of root perforations with predictable prognosis is possible if correct treatment is planned and executed.



**The socket shield technique and immediate implant placement**  
**Dr. Mohamed El-Mofty**  
**Vice Dean for Environmental Affairs and Community Service**  
**Associate Professor of Oral Medicine & Periodontology - Faculty of Dentistry,**  
**Ain Shams University.**

Abstract:

After tooth extraction the bundle bone is resorbed and replaced by woven bone which leads to buccal wall resorption. The labial plate of bone became compromised horizontally and vertically.

Hürzeler et al. introduced socket-shield technique by keeping a buccal fragment of the tooth to prevent the buccal cortical bone from resorption. Socket-shield technique was designed for implant placement to protect buccal bone and to get the proper esthetic form. The buccal fragment of the tooth is kept attached to preserve the bundle bone. Recent studies show that socket-shield technique with immediate implant placement will be a good alternative to preserve buccal cortical plate and implant placement, especially in the esthetic area.



**Biological alternatives of pulp tissues capping**  
**Prof. Dr. Wael Essam Jamil**

Prof. of Operative Dentistry, Head of the Department and Vice dean of post graduate students, Faculty of Dentistry, NUB

Abstract:

Direct pulp capping is the most conservative restorative procedure for protecting the pulp and permitting healing and repair. Several biological capping materials were introduced to be a biocompatible, cost-effective pulp capping agents that potentiates natural pulp healing process.



## **The Story of Regenerative Endodontics**

**Dr. Ehab Abdel Hamid Ahmed**

Lecturer of endodontics, faculty of oral & dental medicine, Minya university.

### **Abstract:**

Regenerative dental procedures are emerging as a vital, evolving field of dental care, creating a paradigm shift in many dental specialties, including endodontics. The promise and potential of regenerative endodontic therapies in necrotic teeth was first explored by Nygaard-Östby in 1961. Regenerative endodontics has been defined as “biologically based procedures designed to replace damaged structures, including dentin and root structures, as well as cells of the pulp-dentin complex”. The field of regenerative endodontics continues to evolve rapidly, based on the principles of tissue engineering; namely, the spatial delivery of appropriate cells, scaffolds, and growth factors. From a clinical perspective, currently published regenerative endodontic procedures may be considered successful due to the resolution of symptoms, radiographic evidence of healing, and continued root development. However, the nature of the tissue being formed in teeth undergoing these procedures remains controversial. Clinicians are now concerned about whether these procedures are promoting odontoblastic differentiation and subsequent dentin formation, and whether the repair or regenerated pulp-like tissue has regained nociception and immune-competency. This represents a true paradigm shift in thinking, expanding our expectations from purely symptomatic and radiographic outcomes to tissue organization at a cellular and physiological level. Multiple therapeutic approaches should be developed for infected dental pulp of immature and mature permanent teeth, just as multiple drugs are needed for hypertension.

### **Objectives;**

- Knowledge of current regenerative endodontic procedures
- Outcomes and shortcomings of current techniques
- Future directions to obtain clinically applicable protocol for pulp dentin regeneration.



## **Internal derrangement & patho-Physiology of the TMJ**

**Prof. Abdelfattah sadakah**

Proof of Oral&Maxillofacial surgery

Vice president Alsalam University

### **Abstract:**

The TMJ is considered a heavily loaded structure and the articular disc is limited in its ability to redistribute joint stresses, which makes this joint susceptible to damage from overloading.

TMJ is the only joint formed with three separate condensation of mesenchyme, a developmental process that result in a disc and both articular surface cushioned with fibrocartilage, this unique developmental physiology result in a joint capable of resisting high load and adapting to DJD with minimal painful inflammation.

joint overloading can lead to hypertrophic responses in the subcondral bone and disc that decrease joint space and/or alter the articular surfaces to increase friction between the disc and the fossa . these pathophysiological changes induced by joint overloading lead to TMJ disc displacement



## **How to overcome aging of monolithic zirconia**

**Dr. Marwa Mahmoud Abdel Latif Mahmoud**

Lecturer of Dental Biomaterials Alsalam University

### **Abstract:**

The main drawback of zirconia ceramics is their sensitivity to aging that deteriorate its mechanical and optical properties. As there is growing popularity of monolithic zirconia restorations where much larger areas of zirconia are in contact with oral environment; further exploration of the effect of aging is needed and development of novel monolithic zirconia that is not affected by aging.



The Evolution of Periodontal Medicine in Clinical Periodontal Research: An Evidence-Based Paradigm Shift.

**Dr. Gihane Gharib Madkour**

Professor of Oral Medicine & Periodontology - Faculty of Dentistry, Cairo University - Egypt and Head of Department of Oral Medicine, Periodontology, Diagnosis & Oral Radiology - Faculty of Oral & Dental Medicine, Nahda University, Beni Suef - Egypt

Abstract:

Periodontal Medicine refers to the emerging branch of Periodontology dealing with the bidirectional relation between periodontal diseases & systemic diseases. Evidence-Based Dentistry focuses on answering clinical questions using the best available evidence, and it is involved in every part of dentistry, including periodontal medicine. Nowadays, the list of “periodontal-systemic associations”, in clinical periodontal researches, has grown rapidly to awkward extents, and it is time to consider criteria to evaluate the accuracy of the current reported associations and their relevance to periodontal medicine.



Anterior Open bite, Treatment Timing and Modalities

**Dr. Fayez Saleh**

(BDS Honors, MSc, PhD, Dip Med Edcn,)

Professor Emeritus of Orthodontics, Beirut Arab University

Professor of Medical Education

Fellow, W.H.O

Abstract

Because of the complexity of the etiologic factors of anterior open bite, each individual case requires careful and thorough examination to formulate a proper diagnosis and treatment planning. Children with non-nutritive sucking habits, atypical swallowing pattern or upper airway respirator obstruction, usually develop anterior open bite that justifies early orthodontic treatment to gain the greatest possible control over the mal-growing dentofacial components. However, in most cases, a second phase of treatment may be necessary to detail the occlusion and maintain life-long occlusal stability; while in skeletal open bite, camouflage or even orthognathic surgery is recommended if standard outcome of facial esthetics and oral function are to be achieved.

In this lecture, the author will present several open bite cases of various difficulties, age, and treatment modality, keeping in mind that patients’ and parents’ expectations and esthetic satisfaction be respected.

Shafik



**Treatment of primary dentition will be discussed based on latest IADT (international association for dental traumatology) treatment guidelines**

**Dr. Sarah M. Shafik**

Lecturer of Pediatric Dentistry and Dental public Health, Beni-suef University

**Abstract:**

Management of traumatic injuries in the primary dentation for General practitioners

An injury to the teeth of a young child can have serious and long-term consequences, leading to their discoloration, malformation, or possible loss. The emotional impact of such an injury can be far reaching. It is therefore important that the dentist treating children is to have the knowledge about the techniques for managing traumatic injuries in primary dentation which may be different than the techniques used with permanent teeth



**2D and 3D RADIOGRAPHIC DISGNOSIS**

**Dr. Mohamed El- Sherbini**

Professor of oral and maxillofacial radiology, Nahda University

**Abstract:**

Radiographic diagnosis may be carried through using 2D or 3D imaging modalities, skillful clinician could carrying diagnosis through selecting most a appropriate modality without exposing his/her patient to extra-radiation or paying extra-fees.



### **New perspectives and old techniques**

#### **Dr. Nora Abd-ElGawad Mohamed**

Lecturer of Oral medicine, diagnosis, and Periodontology. Al-Azhar University for Girls



#### **Dr. Eman Magdy Ahmed**

Lecturer of Oral medicine, Diagnosis and Periodontology, Beni-Suef University

#### **Abstract**

In patients with insufficient alveolar ridge length and width, the successful placement of dental implants is difficult with regards to maintaining an ideal insertion path and avoiding important anatomical structures. Vertical and/or horizontal ridge augmentation may be necessary using various bone substitute materials and bone graft techniques. However, effective one-wall reconstruction has been challenging due to its poor blood supply and insufficient graft stability. The most important consideration is to minimize complications through principle-based ridge augmentation surgery. Case selection is one key of success among other. In this lecture, the authors summarize current evidence-based techniques. Regarding bone substitutes, it is advantageous for clinicians to select the types of bone substitutes including autogenous bone.



Polychromatic layering versus monochromatic to master anterior composite restorations

**Dr. Omar Badran**

Lecturer of Conservative Dentistry Nahda University

#### **Abstract**

Restoration of an anterior defect in the aesthetic zone is a considerable challenge for clinicians, especially when striving to emulate the natural dentition. Advanced POLYCHROMATIC MULTI-SHADING composite layering technique can be used to meet the patient's aesthetic expectations. To simplify decision-making and shade selection, GROUP-SHADING offers excellent aesthetics with fewer shades.

Recently, MONOCHROMATIC is considered to be the next generation of universal composites. OMNICHROMA exhibits the ultimate wide-range color-matching ability via the CHAMELEON effect, covering all VITA classical shades with just one shade of composite, reducing composite inventory and saving doctors' time and money.



The Use of Computer Guide in Maxillary Impaction versus Conventional Surgery in the Treatment of Gummy Smile

**Dr. Ahmed Khalil Fawzi**

Lecturer of oral and maxillofacial surgery Horus university

#### **Abstract**

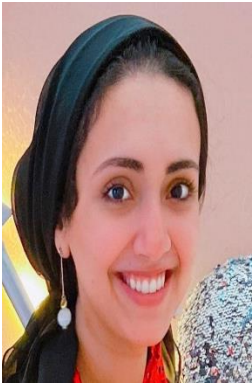
This study was planned to evaluate the advantages and disadvantages of computer assisted LeFort I osteotomy for maxillary impaction over conventional technique in the treatment of gummy smile both clinically and radiographically. This is an interventional, comparative study that was carried out on fourteen patients with skeletal gummy smile and were divided randomly into two equal groups, Group I: included seven patients in whom computer guided Le Fort I maxillary impaction was performed, Group II: included seven patients in whom conventional Le Fort I maxillary impaction was performed. All patients underwent regular follow up for six months for esthetic evaluation of the gummy smile and facial thirds relationship and radiographic stability of maxillary impaction. Clinically, there was a significant improvement in the esthetic results regarding gummy smile measurements postoperatively in both groups



with no statistically significant difference between them. There was a significant improvement in the esthetic results of the face with no statistically significant difference between them. Radiographically, there were improvements in the cephalometric records and with no statistically significant differences between them.

There was a significant improvement in the stability of maxillary impaction in both groups with no significant differences between them and also proper stability of maxillary impaction. There was no statistically significant differences clinically and radiographically between computer guided and conventional LeFort I maxillary impaction in the treatment of skeletal gummy smile. CBCT and usage of computer software are reliable tools for computer guided surgical guide template fabrication.

Lateral cephalometric records are reliable tools for evaluation of the improvements of skeletal measurements and stability of Le Fort I maxillary impaction.



### **Right Eye Versus Left Eye in Shade Selection**

**Dr. Heba Ahmed Mohamed Reda Hassan**

**Assistant lecturer at Restorative Department Alsalam University**

#### **Abstract:**

Various factors were reported to be responsible for influencing color perception during shade matching. These factors include lighting conditions and viewer's physiological variables. This is a study to evaluate the effect of eye dominance on color perception using Farnsworth-Munsell 100- hue test and the corresponding software.



## **Effect of Synthetic Nano-Hydroxy Apatite on Bacterial Adhesion to the Induced Enamel Caries**

**Dr. Yassemen mohamed hashem aboelgar**

Assistant Lecturer at operative department

### **Abstract**

Our work aimed to evaluate safe antibacterial, antiadhesive and antibiofilm actions of two nano-hydroxy apatite (NHA) preparations as remineralizing agents for initial enamel like caries induced by cariogenic *S. mutans*. The data showed safety of NHA test suspensions at concentrations ranged between 10 and 30 mg/ml. additionally, only NHA suspension of large nanoparticle size (NHA-LPS) had MIC of 1.25 mg/ml and MBC of 2.5 mg/ml against *S. mutans*. On the contrary, NHA suspension of small nanoparticle size (NHA-SPS) could not inhibit microbial growth below 10 mg/ml indicating potency of NHA-LPS. Remineralization experiment revealed higher percentages of Ca and P in the enamel blocks treated with NHA-LPS. Furthermore, the lowest logarithmic level of bacterial adhesion (0.69) was recorded for initial enamel caries like lesions in group III treated by NHA-LPS which was non-significantly different with the positive control group V (NaF; 0.0). The impact of test groups on biofilm thickness revealed that group IV treated with NHA-SPS recorded high biofilm thickness (334.80  $\mu\text{m}$ ) followed by group III treated with NHA-LPS (309.20  $\mu\text{m}$ ). Interestingly, the later preparation showed greater killing effect against mature biofilm, as recorded by confocal laser microscopy, where the percentage of dead bacteria (98.33 %) was slightly higher than the positive control group V (96.25 %). Surface topography revealed very smooth enamel surface with closed pores of dental caries treated by NHA-LPS. Accordingly, NHA-LPS suspension had potent antiadhesive, antibacterial and antibiofilm effect against cariogenic *S. mutans* representing a promising possibility to be recommended for safe effective remineralization.



### **Ultrasonics in Endodontics: a luxury or a necessity**

**Dr. Saleh ahmed elsayed abdelgalil**

Assistant lecturer at faculty of dentistry Alsalam university  
Restorative department

#### **Abstract:**

The use of ultrasonic technology around the world is not limited to hygienic and periodontal procedures but it is also used widely in root canal treatments.

Nowadays we are just beginning to see their effectiveness in endo-restorative and micro restorative work



### **Minimal invasive restorations**

**Dr. Mohamed Hamed Elfatatry**

Assistant lecturer of Fixed Prosthodontics Faculty of Dentistry Alsalam University.

#### **Abstract:**

The aim of minimal invasive restorations is to minimize tooth destruction, protecting the dentin-pulp complex and avoiding any damage to the soft tissues. Also, in this type of restorations enamel preserved thus strong adhesive bonding is ensured



**Implant abutment selection (customization in both analog and digital technique).**

**Dr, Ahmed Elwan**

**BDs, MDs, PHD**

**Lecturer of fixed prosthodontics, Al-Azhar university**

**PHD of fixed prosthodontics and implantology, Al-Azhar university.**

Abstract:

By the end of this lecture you can recognise and understand the importance of different modalities of available implant abutments, selection criteria and how and when you should customize your abutment in order to obtain the most comfort, function and esthetic Superstructure restorations.



**Endoscopy assisted intra-oral resection of styloid process in Eagle's syndrome**

**Ahmed Gamal Ahmed Kasim**

**Ass. Lecturer of Oral and Maxillofacial Surgery Department**

**Faculty of Dentistry, Assiut university**

**BDS(2008), MSc(2017).**

Abstract:

Eagle's syndrome is often associated with elongated styloid process or ossified stylohyoid or stylomandibular

ligament. Patients with this syndrome present with recurrent cervicofacial pain. Surgical removal of the elongated

styloid process is a standard treatment and can be accomplished through either a transoral or extraoral approach.

Both approaches have advantages and disadvantages, and the best surgical approach remains controversial. In our

case, the elongated styloid process was removed by transoral approach assisted by endoscopy. Endoscopy provides

clear surgical view thus lessens the chance of neurovascular injury and other intraoperative complications.

Endoscopy-assisted transoral resection is an optional alternative surgical procedure for Eagle's syndrome.



**Noninvasive techniques for management of initial carious and non-carious lesions White Spot Lesions”. An overview.**

**Dr. Mona Essa**

**Associate Professor Faculty of Dentistry, Bani-Suef University**

**Abstract:**

**Introduction:** Management of white spot lesions has always been an important issue in modern dentistry. In the recent years there has been an increase in the development of the newer technological methods for management of early demineralized lesion or white spot lesion either of carious or non- carious cause. The detection, treatment and management of white spot lesion is not simple and might be complicated and difficult to many practitioners.

**Aim:** This lecture aims to present an overview of all about white spot lesion, by outline the risk factors and preventive measures of WSLs including the novel technologies

**Methodology:** Many preventive measures suggested recently to slowdown the demineralization process and accelerate remineralization of enamel once white spot lesions begin to appear. A new technology in dealing with such lesions is known as “Resin Infiltration”. It seems to be a micro-invasive approach for the management of smooth surface and proximal non-cavitated carious& non-carious lesions. The purpose of this lecture is to currently used methods to manage based on the latest evidence.