RECENT TRENDS IN DENTISTRY

SIDC 2018

THE SAUDI INTERNATIONAL DENTAL CONFERENCE

9th - 11th JANUARY 2018

RIYADH INTERNATIONAL CONVENTION & EXHIBITION CENTER
RIYADH, SAUDI ARABIA

CONFERENCE BOOK

www.sidc.org.sa
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It is a great pleasure to welcome you to participate in the Saudi International Dental Conference which will be held on 9th – 11th January 2018, at the Riyadh International Convention and Exhibition Center in Riyadh. This year we have a new identity to your annual conference with a vision to have SIDC as the leading scientific conference in the region.

We have prepared for you an exciting event with rich scientific contents that will leave you with a remarkable educational and professional experience.

We will have many International and Saudi renowned speakers, who excels in their field of specialties to share with you the recent advances in dentistry. This conference gathers many dental specialties, such as implant dentistry, orthodontics, endodontics, restorative and esthetic dentistry, pedodontics, periodontics, oral surgery and dental photography, that all are centered in providing an excellent dental care to our patients. In addition to this we have abstract presentations and multiple Research awards.

SIDC 2018 provides a wide-ranging opportunity for all Dental Professionals, Dental Assistants, Dental Hygienists, and Dental Technologists/Technicians with regards to new advances in dental practices simultaneously set in different specialties.

On behalf of the SIDC 2018 Organizing Committees, we wish that everyone will enjoy this International Dental Conference. We look forward to your. So please mark your calendar and join us.
On behalf of the Scientific Committee, I am delighted to welcome you all to the Saudi International Dental Conference 2018 (SIDC) to be held in Riyadh International Convention and Exhibition Center from January 9-11, 2018.

This year’s Conference is a joint effort of the College of Dentistry King Saud University and the Saudi Dental Society. The Scientific Program is designed to promote the scientific development in all areas of Dentistry. More than 47 of eminent national and international speakers will share their knowledge and expertise to this conference. Speakers are from all over the world, from Saudi Arabia, US, Europe, Middle East, Asia and Africa. The scientific program covers all dental fields.

The Scientific Program also has 28 Continuing Education Courses available to provide cutting edge technology designed to improve the knowledge and skills of the practitioners. These courses will also cover Esthetic Dentistry, Restorative Dentistry, Prosthodontics, Implant Dentistry, Endodontics, Digital Dentistry, Periodontics, Pediatric, Orthodontics and Infection Control.

Three awards in each category is established to recognize and promote research among Graduate Students, Young Dentists and for the best Poster presented during the conference.

We wish you a fruitful and enjoyable time during the Saudi International Dental Conference 2018.

Sincerely yours,

Chairman,
Scientific Committee
Saudi International Dental Conference 2018 (SIDC)
Chairman, Scientific Committee
Professor and Consultant in Prosthodontics & Dental Implant
Department of Prosthetic Dental Sciences
King Saud University, College of Dentistry
Riyadh, Kingdom of Saudi Arabia
Chairman, Scientific Committee

Professor, Pediatric Dentistry
Department of Pediatric Dentistry and Orthodontics
King Saud University, College of Dentistry
Riyadh, Kingdom of Saudi Arabia

Professor and Consultant
Operative and Esthetic Dentistry
Department of Restorative Dental Sciences, King Saud University, College of Dentistry
Riyadh, Kingdom of Saudi Arabia

Professor and Program Director
Division of Periodontics
Department of Periodontics and Community Dentistry
King Saud University, College of Dentistry
Riyadh, Kingdom of Saudi Arabia

Associate Professor
Department of Oral Medicine and Diagnostic Sciences
King Saud University, College of Dentistry
Riyadh, Kingdom of Saudi Arabia

Associate Professor
Department of Prosthetic Dental Sciences
King Saud University, College of Dentistry
Riyadh, Kingdom of Saudi Arabia

Professor, Division of Endodontics
Department of Restorative Dental Sciences
King Saud University, College of Dentistry
Riyadh, Kingdom of Saudi Arabia

Assistant Professor
Department of Oral Medicine and Diagnostic Sciences
King Saud University, College of Dentistry
Riyadh, Kingdom of Saudi Arabia
SCIENTIFIC PROGRAM
09 - 11 JAN.
2018
# DAY 1

**9th - 11th January 2018 | Riyadh International Convention & Exhibition Center**

**Tuesday, January 09, 2018**
**8:00 am - 5:00 pm - Registration**

## Surgical Implant

<table>
<thead>
<tr>
<th>TIME</th>
<th>TOPIC</th>
<th>SPEAKER</th>
</tr>
</thead>
<tbody>
<tr>
<td>09:00 - 09:45</td>
<td>What is our Success Criteria in Implant Dentistry?</td>
<td>Prof. David Kim</td>
</tr>
<tr>
<td>09:45 - 10:30</td>
<td>Principles &amp; Long Term Results of Hard Tissue Grafting with Autogenous Bone</td>
<td>Prof. Fouad Khoury</td>
</tr>
<tr>
<td>10:30 - 11:15</td>
<td>Computer Guided Surgery Protocols, Techniques &amp; Ancillary Procedures for Partially and Fully Edentulous Patients</td>
<td>Dr. Alvaro Ordoñez</td>
</tr>
<tr>
<td>11:15 - 12:00</td>
<td>The Role of the Prosthodontist in Advanced Head &amp; Neck Reconstruction</td>
<td>Dr. Martin Osswald</td>
</tr>
</tbody>
</table>

**12:00 - 13:00** | **Prayer & Lunch**

## Prosthodontics

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<thead>
<tr>
<th>TIME</th>
<th>TOPIC</th>
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<tbody>
<tr>
<td>13:00 - 13:50</td>
<td>Treatment Options for the Wear Patient</td>
<td>Prof. Paul Tipton</td>
</tr>
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</table>

**Opening Ceremony**

**13:50 - 15:00**

**15:00 - 15:15** | **Prayer & Coffee Break**

## Dental Implants

<table>
<thead>
<tr>
<th>TIME</th>
<th>TOPIC</th>
<th>SPEAKER</th>
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<tbody>
<tr>
<td>15:15 - 16:45</td>
<td>Osseodensification: Optimize the Site-Optimize the Outcome</td>
<td>Dr. Salah Huwais</td>
</tr>
</tbody>
</table>
DAY 1

9th - 11th JANUARY 2018
TUESDAY - THURSDAY
RIYADH INTERNATIONAL CONVENTION & EXHIBITION CENTER
RIYADH, SAUDI ARABIA

DAY 1 - Hall B
Tuesday, January 09, 2018
8:00 am - 5:00 pm - REGISTRATION

**RESTORATIVE DENTISTRY**

<table>
<thead>
<tr>
<th>TIME</th>
<th>TOPIC</th>
<th>SPEAKER</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>09:00 - 09:45</td>
<td>Dental Makeovers: Using Sound Aesthetic, Adhesive &amp; Restorative Principles</td>
<td>Dr. Brian P. LeSage</td>
<td>45m</td>
</tr>
<tr>
<td>09:45 - 10:30</td>
<td>How New Piezoelectric Techniques Facilitate Your Daily Practice</td>
<td>Prof. Domenico Baldi</td>
<td>45m</td>
</tr>
<tr>
<td>10:30 - 11:15</td>
<td>Insights That Will Definitely Help You Dealing with Composites</td>
<td>Dr. Eduardo Mohn</td>
<td>45m</td>
</tr>
<tr>
<td>11:15 - 12:00</td>
<td>Smile Design &amp; Preoperative Considerations in Aesthetic Treatment</td>
<td>Prof. Joseph Sobbagh</td>
<td>45m</td>
</tr>
</tbody>
</table>

12:00 - 13:00 PRAYER & LUNCH

12:20 - 12:50 ProAgain Technology for the Clinical Management of Dentin Hypersensitivity
Sponsored by: Colgate
Dr. Evaristo Delgado
30m

**ENDODONTICS**

<table>
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<tr>
<th>TIME</th>
<th>TOPIC</th>
<th>SPEAKER</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>13:00 - 13:50</td>
<td>Bio-Active Materials in Endodontics</td>
<td>Dr. Martin Trope</td>
<td>50m</td>
</tr>
</tbody>
</table>

OPENING CEREMONY - HALL A

13:50 - 15:00

15:00 - 15:15 PRAYER & COFFEE BREAK

**ENDODONTICS**

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<thead>
<tr>
<th>TIME</th>
<th>TOPIC</th>
<th>SPEAKER</th>
<th>Duration</th>
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<tbody>
<tr>
<td>15:15 - 16:00</td>
<td>How Important is the Root Canal Instrumentation in the Removal of Endodontic Infection? From Continuous Rotation to Reciprocation</td>
<td>Prof. Francesco Mannocci</td>
<td>45m</td>
</tr>
<tr>
<td>16:00 - 16:45</td>
<td>Endo in the Time of Implants: Proper Understanding of Treatment Options</td>
<td>Dr. Adham Aziz</td>
<td>45m</td>
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</tbody>
</table>
### DAY 2

**9th - 11th January 2018**  
**Tuesday - Thursday**  
**Riyadh International Convention & Exhibition Center**  
**Riyadh, Saudi Arabia**

**Day 2 - Hall A**  
Wednesday, January 10, 2018  
8:00 am - 5:00 pm - Registration

<table>
<thead>
<tr>
<th>TIME</th>
<th>TOPIC</th>
<th>SPEAKER</th>
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</thead>
<tbody>
<tr>
<td>09:00 - 09:45</td>
<td>Real Time Navigation and Digital Integration in Implant Dentistry</td>
<td>Dr. Alvaro Ordonez</td>
</tr>
<tr>
<td>09:45 - 10:30</td>
<td>Surgical &amp; Prosthetic Management of Implants in the Aesthetic Zone</td>
<td>Dr. Pedro Martinez</td>
</tr>
<tr>
<td>10:30 - 11:00</td>
<td>Predictable Ridge Augmentation &amp; Preservation: Decision Making &amp; Techniques</td>
<td>Dr. Murad H. Shaqman</td>
</tr>
<tr>
<td>11:00 - 11:30</td>
<td>Ridge Preservation with the “Socket Shield” Technique at Immediate Implant Placement</td>
<td>Dr. Arwa AlSayed</td>
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</tbody>
</table>

**12:00 - 13:00**  
**PRAYER & LUNCH**

<table>
<thead>
<tr>
<th>TIME</th>
<th>TOPIC</th>
<th>SPEAKER</th>
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</thead>
<tbody>
<tr>
<td>13:00 - 13:40</td>
<td>23 Years of Implant Dentistry: Research &amp; Private Practice</td>
<td>Dr. Roque B. Oliveira</td>
</tr>
<tr>
<td>13:40 - 14:20</td>
<td>Dental Implant Complication: Strategies in Implant Dentistry</td>
<td>Dr. Takanori Suzuki</td>
</tr>
<tr>
<td>14:20 - 15:00</td>
<td>Foundations for the Soft Tissues in Dental Implantology</td>
<td>Dr. Kashif Hafeez</td>
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</tbody>
</table>

**15:00 - 15:15**  
**PRAYER & COFFEE BREAK**

<table>
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<tr>
<th>TIME</th>
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<tbody>
<tr>
<td>15:15 - 15:35</td>
<td>The Use of Bioceramic Materials in Endodontics</td>
<td>Dr. Sara Al Subait</td>
</tr>
<tr>
<td>15:35 - 16:30</td>
<td>3D Endodontics: From Diagnosis to Treatment</td>
<td>Dr. Martin Trope</td>
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</tbody>
</table>
### Digital Dentistry
**Chairpersons:** Prof. Abdulghani I. Mira | Dr. Meshari F. Al-Otaibi

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<th>Time</th>
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<th>Speaker</th>
<th>Duration</th>
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<tbody>
<tr>
<td>09:00 - 09:40</td>
<td>CAD/CAM Technology, Easier, Faster &amp; Better than Ever</td>
<td>Dr. Eduardo Mahn</td>
<td>40m</td>
</tr>
<tr>
<td>09:40 - 10:20</td>
<td>Direct Restorations from Diagnosis Driven by Light to Tips &amp; Tricks</td>
<td>Dr. Giuseppe Chiodera</td>
<td>40m</td>
</tr>
<tr>
<td>10:20 - 11:00</td>
<td>Advances in Materials &amp; Techniques: The Digital Revolution</td>
<td>Dr. Jose Navarro</td>
<td>40m</td>
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<td>Dr. Pablo Ramirez</td>
<td>40m</td>
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<tr>
<td>11:00 - 11:40</td>
<td>Adhesion to Reconstruction Materials: Technical &amp; Clinical Protocols</td>
<td>Prof. Mutlu Ozcan</td>
<td>40m</td>
</tr>
</tbody>
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**Prayer & Lunch:**
12:00 - 13:00

### Multidisciplinary Dentistry
**Chairpersons:** Prof. Abdullah M. AlDosari | Dr. Abdullah S. Al-Swuailem

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<thead>
<tr>
<th>Time</th>
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<tbody>
<tr>
<td>13:00 - 13:40</td>
<td>Forensic Dentistry: Historical Aspects, Scope &amp; Modern Forensic Dental Evidence &amp; Analysis</td>
<td>Prof. Kalu Ogbureke</td>
<td>40m</td>
</tr>
<tr>
<td>13:40 - 14:20</td>
<td>Vaping is not Injurious to Oral &amp; Systemic Health – Fact or Falsehood?</td>
<td>Dr. Fawad Javed</td>
<td>40m</td>
</tr>
<tr>
<td>14:20 - 15:00</td>
<td>Dental Malpractice: Common Subtle Legal Pitfalls</td>
<td>Prof. Kalu Ogbureke</td>
<td>40m</td>
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</tbody>
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**Prayer & Coffee Break:**
15:00 - 15:15

### Multidisciplinary Dentistry
**Chairpersons:** Dr. Osama Ghurmallah Alghamdi | Dr. Mohammed Alshehri

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<thead>
<tr>
<th>Time</th>
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<tbody>
<tr>
<td>15:15 - 15:35</td>
<td>Why Special Care Dentistry Matters?</td>
<td>Dr. Hebah A. Faden</td>
<td>20m</td>
</tr>
<tr>
<td>15:35 - 15:55</td>
<td>No Need for Inferior Alveolar Nerve Block for Mandibular Teeth</td>
<td>Dr. Samira Osailan</td>
<td>20m</td>
</tr>
<tr>
<td>15:55 - 16:30</td>
<td>Extraction in Adults</td>
<td>Dr. Luc Berden</td>
<td>35m</td>
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<tr>
<td></td>
<td>Intraosseous Anesthesia: The Ultimate Methodology for your Daily Practice</td>
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<tr>
<td>09:00 - 09:40</td>
<td>Guided Implant Surgery: What Are the Long Term Benefits for Tissues</td>
<td>Prof. Jaafar Mouhyi</td>
<td>40m</td>
</tr>
<tr>
<td>09:40 - 10:20</td>
<td>Supporting Implants?</td>
<td>Dr. Giuseppe Luongo</td>
<td>40m</td>
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<tr>
<td>10:20 - 11:00</td>
<td>Digital Implantology: The Modern Approach to the Implant Rehabilitations</td>
<td>Dr. Martin Osswald</td>
<td>40m</td>
</tr>
<tr>
<td>11:00 - 11:30</td>
<td>How We Should Evaluate Aesthetic Criteria in Prosthetic &amp; Biologically Driven Surgery?</td>
<td>Prof. Ihsan Ozuyvaci</td>
<td>30m</td>
</tr>
<tr>
<td>11:30 - 12:00</td>
<td>CAD/CAM Pre-Implant Customized Bone Reconstruction</td>
<td>Dr. Giuseppe Luongo</td>
<td>30m</td>
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**Day 3 - Hall A**

Thursday, January 11, 2018
8:00 am - 12:00 nn - REGISTRATION

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<th>TIME</th>
<th>TOPIC</th>
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<tbody>
<tr>
<td>13:00 - 13:20</td>
<td>Integrating 3-Dimensional Digital Technologies for Comprehensive Implant Dentistry</td>
<td>Dr. Fawaz AlQahtani</td>
<td>20m</td>
</tr>
<tr>
<td>13:20 - 13:40</td>
<td>New Horizons in Use of Ultralow CT Doses in Dental Implant Imaging</td>
<td>Dr. Asma’a A. Al-Ekrish</td>
<td>20m</td>
</tr>
<tr>
<td>13:40 - 14:20</td>
<td>The Use of Cone Beam Computed Tomography for Diagnosis &amp; Treatment Planning in Endodontics</td>
<td>Dr. Francesco Mannocci</td>
<td>40m</td>
</tr>
<tr>
<td>14:20 - 15:00</td>
<td>Composite vs. Ceramic: Protocols in Modern Esthetic Dentistry</td>
<td>Prof. Federico G. Ferraris</td>
<td>40m</td>
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</tbody>
</table>
# Day 3

**9th - 11th January 2018**  
**Tuesday - Thursday**  
**Riyadh International Convention & Exhibition Center**  
**Riyadh, Saudi Arabia**

## Day 3 - Hall B

**Thursday, January 11, 2018**  
**8:00 am - 12:00 nn - Registration**

### Pediatric Dentistry

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker</th>
<th>Duration</th>
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<tbody>
<tr>
<td>09:00 - 09:40</td>
<td>Current Views on Managing Traumatic Dental Injuries in Children:</td>
<td>Dr. Ola Al-Batayneh</td>
<td>40m</td>
</tr>
<tr>
<td>09:40 - 10:00</td>
<td>Evidence-Based Clinical Recommendations</td>
<td>Dr. Sakher AlQahtani</td>
<td>20m</td>
</tr>
<tr>
<td>10:00 - 10:40</td>
<td>Child Abuse &amp; Neglect: The Legal Responsibility of Oral Healthcare Providers</td>
<td>Dr. Ola Al-Batayneh</td>
<td>40m</td>
</tr>
<tr>
<td>10:40 - 11:00</td>
<td>Molar Incisor Hypomineralization: Current Treatment Modalities from Partial Eruption till Post-Eruptive Breakdown</td>
<td>Dr. Muhanad Alhareky</td>
<td>20m</td>
</tr>
<tr>
<td>11:00 - 11:30</td>
<td>Autism Spectrum Disorders What is Going On?</td>
<td>Prof. Ebtissam Z. Murshid</td>
<td>30m</td>
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### Orthodontics

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<th>Duration</th>
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</thead>
<tbody>
<tr>
<td>13:00 - 13:50</td>
<td>Smile Design with Digital Clear Aligners and Restorative Dentistry</td>
<td>Dr. Andrea Bazzucchi</td>
<td>50m</td>
</tr>
<tr>
<td>13:50 - 14:20</td>
<td>Early Orthodontic Treatment What, When &amp; How?</td>
<td>Dr. Khalid A. Al Moammar</td>
<td>30m</td>
</tr>
<tr>
<td>14:20 - 14:50</td>
<td>Contemporary Concepts of Biomechanics in Orthodontics</td>
<td>Prof. Nabeel F. Talic</td>
<td>30m</td>
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</tbody>
</table>
ABSTRACT
09 - 11 JAN.
2018
WHAT IS OUR SUCCESS CRITERIA IN IMPLANT DENTISTRY

The treatment of partial and totally edentulous patients with dental implants has become a predictable and recommended treatment modality in contemporary dentistry. Both researchers and clinicians have made improvements on implant design, surface treatment and surgical techniques to achieve consistent osseointegration at the bone-to-implant interface.

Human histological evidence of successfully osseointegrated implants is extremely rare in the literature because there are not many opportunities to retrieve implants in humans. Instead, most of the published histological evidences of osseointegration in humans have been in fractured implants.

This presentation will expose audience to various factors contributing to the long-term success of dental implants. Preclinical and clinical trial results will be presented.
Autogenous Bone graft is still the gold standard for the reconstruction of severe atrophy of the maxilla or the mandible. Two & 3 dimensional bony defects need for the reconstruction special surgical procedures with autogenous bone grafts to assure at long term an acceptable functional and esthetical result. Biomaterials have here their limitation and are for such reconstruction until today not an alternative due to their poor regeneration potential.

Autogenous bone graft harvested from intraoral sites, especially the retromolar area of the mandible, and used following the split bone block (SBB) technique is offering many possibilities for intra operative facilities and stable long-term results. Splitting the thick cortical block to 2 or 3 thin blocks is augmenting the number of blocks allowing the reconstruction of larger atrophic crest and giving a better adaptation to the recipient site with individual determination of the width and the volume of the grafted area. Filling the space and gaps between the thin block and the remaining crest with particulate bone chips is reducing the time needed for revascularization of the graft improving its vitality compared to the original thick block. Implants inserted in this grafted bone presented in long term similar osseointegration as implants placed in non-grafted bone.
Private Practice in South Miami, Florida dedicated to TMD, Facial Pain and Implants;
Former Instructor Guided Surgery and CBCT/Digital Technologies at Pikos Institute, Tampa Florida
Former Clinical Instructor at Tufts University School of Dental Medicine, Nova University,
PontificiaUniversidad Javeriana, Rafael Nunez university

COMPUTER GUIDED SURGERY PROTOCOLS, TECHNIQUES AND ANCILLARY PROCEDURES FOR PARTIALLY AND FULLY EDENTULOUS PATIENTS

Computer guided surgery is today a reliable, precise and rapid proven technology utilized to place implants in the dental setting.

The development and application of the different imaging techniques, and the interaction with new proven digital technologies have created new horizons in dentistry.

These technologies can be utilized with confidence not only for implant placement but to guide ancillary procedures utilizing the data and the interactive software applications to plan and perform the surgical procedures as well as the implant and prosthetic placement.

This lecture is a comprehensive presentation and a review of each and every aspect related to Computer Guided Surgery in partially and fully edentulous patients and the interactions with different digital technologies.
Dr. Martin Osswald
Associate Professor, Division of Otolaryngology Head and Neck Surgery, Department of Surgery, Faculty of Medicine and Dentistry, University of Alberta; Alberta, Edmonton, Canada
Prosthodontist, Institute for Reconstructive Sciences in Medicine (iRSM)

**THE ROLE OF THE PROSTHODONTIST IN ADVANCED HEAD AND NECK RECONSTRUCTION**

The role of the prosthodontist in maxillofacial reconstruction has evolved with advances made in head and neck reconstruction and the advent of advanced digital technologies.

The prosthodontist now has myriad tools, processes and materials available, beyond the traditional treatment modalities prior to the 2000’s.

Digital imaging, digital design & simulation and digital printing have become mainstay in the treatment pathway for managing patients with head and neck pathology and defects.

The presentation will explore prosthodontic considerations and principles in digital planning and describe these advances with the prosthodontist as a key and central figure in the planning and treatment, of head and neck reconstruction, for this new era.
Cosmetic dentistry and the art of smile makeovers have led to the profound increase of patients desiring these life changing procedures. Are you aware of the dental literature that can help guide us through predictable aesthetic results? An interactive discussion of white, pink, and black aesthetics and how to combine these to achieve harmony and balance and eliminate visual tension occurs.

When cosmetic and adhesive dentistry procedures were initially introduced in the early 1980’s, tissue preservation was the most important goal. For many years, the profession got away from this, but a paradigm shift in patient’s desires and concerns about invasive tooth preparation, has lead to resurgence in conservative dental techniques. Patients are demanding minimally invasive dentistry which starts with additive procedures such as direct composite bonding, and no-prep or minimal-prep veneers. A veneer classification system published by Dr. LeSage in 2013 will be discussed to aid with preparation design. Update your current thinking on cosmetic case treatment planning, material selection, adhesives, color and maintenance of these smile makeover procedures. Learn the skills a contemporary dentist needs in the field of cosmetic dentistry. Multiple clinical cases will be shown using direct composite restorations including veneer and crown restorations, and implant therapy to achieve predictable esthetic results.
HOW NEW PIEZOELECTRIC TECHNIQUES FACILITATE YOUR DAILY PRACTICE

Recently there have been numerous innovations in the field of oral surgery, and among these there has been great interest in piezoelectric surgery, devised by Tomaso Vercellotti. This procedure makes use of a new ultrasound instrument to perform osteotomies and osteoplasties.

The main feature of ultrasound bone surgery is to have a selective cutting effect on bone tissue, with no effect on soft tissue.

This is especially convenient when it is necessary to perform osteotomies near delicate anatomical structures e.g. the inferior alveolar vasculonervous sheath or sinus membrane.

Another feature is to perform reduced-thickness cuts, which are more regular and neater if compared to those made by common surgical burs.

This is very close to how bone saws work, however it is possible to draw any osteotomic line pattern and have improved control of the insert during procedure in total assurance of not damaging soft tissues.

These features are particularly useful in oral bone surgery.

Clinical applications will be shown in cases of extraction therapy and endodontic surgery, periodontal surgery, implant surgery, and maxillary sinus surgery i.e. sinus lifting with vestibular or crestal access.

The most significant clinical advantages are represented by the preservation of the alveolar and lingual nerves, of the infra-orbital nerve and of the optic nerve. Osteotomies carried out by ultrasonic microvibrations promote outstanding tissue healing.

From a clinical point of view, the cavitation of cooling saline reduces intra-surgical bleeding and post-op edema.

Furthermore, shock-wave impact on sensory neurotransmitters reduces post-op pain.

The presentation shows the many results of histological, bio-molecular and neurosensory research.

The outcomes for the patient are remarkably reduced morbidity and recovery period.
The idea of this lecture started many years ago, as I realized the lack of knowledge and skills I had after finishing dental school. Over the years I was lucky enough to get in contact with people that taught me how to learn from others and over think certain aspects of dentistry. I have to thank my mentors for that.

Thereby, over time I collected insights that I shared whenever I could, in courses, lectures and articles. With the feedback of the participants we were able to develop and improve certain concepts. Over time, these concepts matured and we were able to project them into clinical cases that were documented. For example, the correct use of opalescence materials, basic anterior tooth anatomy, and the use of the line angles or mesio and disto labial ridges. How to achieve texture and the right opacity of restorations, how to layer composites properly, but at the same time in a reasonable manner; not time consuming. I saw articles describing cases where 10, 12 or more shades were used! Was it really necessary??? Well...honestly, I think it was not! Another example was how to choose the proper shade of the composite. Over time we realized how and why it isn’t as important as we thought. Which is the best composite or which is easier to use? Can we save time when curing? How large can the increments be? Very simple questions like, bevelling...yes or not? If the answer is yes, then when and how? The use of wedges in the anterior region... is it better or not? In this manner ...we could keep discussing aspects that for most of us are not clear or were unclear for a long time.

In addition to these aspects, in the posterior region we also face a paradigm shift with bulk fill composites. Which are their real advantages and can we overcome the bulk fill disadvantages? This lecture will try to answer from the simplest questions to the more complex situations based on the evidence we currently have and the practical experience we have gained over the last decade. All examples will be shown in high resolution, with fully documented cases, step by step procedures and practical examples from our daily work.
SMILE DESIGN AND PREOPERATIVE CONSIDERATIONS IN AESTHETIC TREATMENT

The aesthetic enhancement of the smile is a frequently asked patient demanded treatment in the modern dental office. Before undertaking any treatment, it is essential to understand patient expectations and analyze the esthetic parameters of his smile, in order to give him the best treatment that restores his teeth and improves his smile.

How can we design predictably the smile that is best suited to the appearance of our patients? Besides the conventional analysis relying on impressions, and pictures, many software are available today, enabling the dentist to design the smile of their patients and their teeth alignment. Achieving a successful, healthy and functional result requires an understanding of the interrelationship among all the supporting oral structures, including the muscles, bones, joints, gingival tissues and occlusion.
We all live in a more stressful environment and as a result bruxism is on the rise. Studies suggest that everyone will brux at some stage in their lives as a result of stress. In addition more people are retaining their teeth and having complex restorative procedures completed at an ever increasing financial outlay as more and more people wear their teeth down at an alarming rate.

As a result there needs to be a review of the treatment options for the worn dentition and guidelines for the treatment that involves not only restoration of the teeth but also long term maintenance of these restorations including Occlusal Principles and how to gain the necessary space for the restorations which then involves alterations to the Vertical Dimension. This paper will review all treatment options and recommend the correct Occlusal Principles and discuss the management of restorative space and Vertical Dimension.
Bioceramics are relatively new materials in dentistry that have the potential to change the way we approach treatment.

These materials are hydrophilic making them technique insensitive, bioactive when unset and biostable when set.

This talk will describe how our approach to vital pulp therapy has changed as well as the treatment of root perforations. In addition these materials allow us to change our approach to root canal filling thus allowing a much more conservative approach to root canal disinfection. The participant should:

1. Understand the properties of Bioceramic materials
2. Understand the changes in approach to vital pulp therapy
3. Understand the changes in approach to root perforation repair
4. Understand how these materials allow a more minimally invasive approach to root canal treatment.
Osseodensification, an evidence-based approach to osteotomy preparation that enhances implant stability and bone density without compromising healing. This lecture will present the biomechanical, histological healing timeline, and clinical data of Osseodensification. It will discuss bone plasticity and its clinical effect and will also cover the clinical versatility of this novel technique including Sub-Crestal Sinus Auto Grafting, Ridge Expansion, Immediate Implant Placement with Osseodensification, and Guided Expansion Graft. Several clinical protocols will be outlined.
HOW IMPORTANT IS THE ROOT CANAL INSTRUMENTATION IN THE REMOVAL OF ENDOdontIC INFECTION?
FROM CONTINUOUS ROTATION TO RECIPROCATION

The removal of endodontic infection is the key for the success of endodontic treatment. The development of rotary files made of super flexible alloys has allowed the creation of instruments that work with a reciprocating movement which allows a better control of the file movement and help reducing the risk of inadvertent over instrumentation of root canals. Typically the treatment of double curves and of root canals with a challenging anatomy has been seen as a limit of reciprocating files.

This lecture will cover the use of instrumentation techniques which, by the use of instruments made of super flexible alloys allow a safe and predictable use of the reciprocating movements in the most challenging root canals.

Learning objectives
- to understand advantages and disadvantages of the reciprocation movement;
- to learn how to treat canals in a reliable and reproducible manner in reciprocation;
- to understand the importance of Glide Path management
- to understand the importance of irrigation and how to improve its efficacy
The goal of endodontics is to prevent and treat apical periodontitis. Inconsistent treatment outcomes have been reported for different endodontic procedures, especially in cases with persistent endodontic infection. Treatment decisions in such cases may often be a dilemma. Recommendations to the patients may vary from follow-up for longer periods, intervention through surgical or nonsurgical approaches, or even tooth extraction and selection of a potentially more successful treatment option such as dental implants. Clinicians must understand the prognostic factors that can influence the outcome of an endodontic treatment and the time required for endodontic lesions to heal. It is also essential to realize the long-term outcomes of implant dentistry in the hands of specialists and general dentists.
All these factors must be well understood to select the optimal treatment decision for each case.
RECENT TRENDS IN DENTISTRY

ABSTRACT

Dr. Alvaro Ordoñez
Private Practice in South Miami, Florida dedicated to TMD, Facial Pain and Implants;
Former Instructor Guided Surgery and CBCT/Digital Technologies at Pikos Institute, Tampa Florida
Former Clinical Instructor at Tufts University School of Dental Medicine, Nova University, PontificiaUniversidad Javeriana, Rafael Nunez university

REAL TIME NAVIGATION AND DIGITAL INTEGRATION IN IMPLANT DENTISTRY

Dynamic Guided Surgery and Real Time Navigation have become the new frontier in implant dentistry.

This innovative technology provides a live point of reference and GPS style navigation during osteotomy and surgical implant placement.

The procedure follows an imaging protocol as well as interactive software planning sequence. Step by step indications for patient preparation, hardware set up and surgical sequence will be presented.

Applications of this technology in partially edentulous patients as well as the evolution of this technology in fully edentulous patients will be discussed.
SURGICAL AND PROSTHETIC MANAGEMENT OF IMPLANTS IN THE AESTHETIC ZONE

In this lecture we will discuss how to treat with success the placement of immediate or delayed implants in the aesthetic zone. All the different phases involved in the treatment will be clearly exposed, from the healing physiologic factors, to anatomy of the implant site and how to preserve and regenerate the area when needed.

We will also cover the different treatment plans, depending on the quality and quantity of bone available, including GBR and the use and indications of Platelet Rich Fibrin.

The creation of a provisional restoration with the ideal emergency profile, to achieve superior esthetics with the final restoration will be discussed in detail.

Finally we will show the latest advances in materials and techniques to achieve success with implant treatment.
ABSTRACT

Assistant Professor of Periodontology, Faculty of Dentistry, The University of Jordan, Amman, Jordan

PREDICTABLE RIDGE AUGMENTATION AND PRESERVATION: DECISION MAKING AND TECHNIQUES.

The process of modeling and remodeling of the alveolar bone starts shortly after tooth extraction and results in significant reduction in the dimensions of the edentulous alveolar ridge. Additionally, a prosthetically-driven approach for implant placement means that today’s dental implantologist has to be competent in selecting appropriate augmentation techniques and be proficient in applying them effectively and safely to achieve satisfactory outcomes. A wide variety of techniques have been proposed to preserve and augment these edentulous sites with mixed results. Decision making and techniques for performing such augmentation procedures with predictable results will be presented.
RIDGE PRESERVATION WITH THE “SOCKET SHIELD” TECHNIQUE AT IMMEDIATE IMPLANT PLACEMENT

After tooth extraction, the alveolar bone undergoes a remodeling process, which leads to horizontal and vertical bone loss. The resorption processes complicate dental rehabilitation, particularly in connection with implants placement. Various methods of guided bone regeneration (GBR) have been described to retain the original dimension of the bone after tooth extraction. Most procedures use filler materials and membranes to support the buccal plate and soft tissue, to stabilize the coagulum and to prevent epithelial in growth.

It has been suggested that resorption of the buccal bone can be avoided by leaving a buccal root segment (Socket-Shield Technique) in place, because the biological integrity of the buccal periodontium (bundle bone) remains untouched. This method has been described in connection with immediate implant placement in the treatment of missing teeth in the esthetic zone. This presentation describes clinical cases in which the Socket Shield technique was applied as part of immediate implant placement. It was demonstrated that the bone was clinically preserved with this technique for up to 3 years follow up. Possibilities and limitations will be discussed and directions for future research will be disclosed.
All-ceramic restorations provide better esthetics and biocompatibility than metal ceramics. However, many early all-ceramic systems were plagued by relatively low fracture strengths and an uncertain long-term clinical behaviour. Current high-strength ceramic materials provide fracture strengths and fracture toughness up to ten times higher than that of traditional ceramic materials.

Traditionally dental lab technologists have manipulated metals and ceramics using centuries old methods. These methods are time-consuming, sensitive and unpredictable. With multiple steps, many variables and a need for innate hand-eye coordination skills. For many years, CAD/CAM dental restorations have been considered novel and on the cutting edge of treatment technologies. Even today, only a small percentage of practicing dentists use CAD/CAM generated restorations in routine practice.

However, in the last years we have seen a strong new interest. We are opening the doors to a new era in Dentistry. CAD/CAM technology is not only here to stay—it will be the standard in dentistry in the very near future.

The lecture will analyze the history and the improvements in CAD/CAM technology. The properties, advantages and indications of new blocks are going to be discussed and new cementation techniques with the latest improvements are going to be presented.
Private Practice, dedicated in Conservative Dentistry and Endodontics, predominantly focused on Diagnosis and on Mini-Invasive Treatment.

DIRECT RESTORATIONS FROM DIAGNOSIS DRIVEN BY LIGHT TO TIPS AND TRICKS.

In dentistry, research, development of new materials and new technologies tend unanimously to prevention and early treatment of dental diseases. In this context is taking space the concept of dentistry "minimally invasive", a discipline that has its peculiarities in respect of the healthy tooth tissue and its priority in the treatment of primary and secondary lesions at the very early stage.

Careful diagnostic investigation, the correct assessment of the risk / biological benefits and not least the conservative and highly specific removal of decayed tissue, preliminary measures are really important for the achievement of the results. Follow a validated diagnostic protocol and the use of modern technologies, allow us to minimize both false positive and false negative results. It is essential that the diagnostic path starts from a proper investigation clinical and radiological complemented by tools that make visible lesions otherwise clinically occult to conventional diagnostic tools, especially if originating from occlusal sulcus anatomically favorable to decay.

The observation that the enamel, dentin or decayed tissue, exposed to a laser light, emit a specific spontaneous fluorescence made it possible to develop tools that, using laser technology, allow us to attribute a "grading" of the carious lesion severity, which is a prerequisite for subsequent operational choices, more or less favorable to the intervention, both to monitor the evolution in time of the carious pathology and / or the effectiveness of therapy.
ADVANCES IN MATERIALS AND TECHNIQUES: THE DIGITAL REVOLUTION

This presentation will address the development of biomaterials for restorative procedures and how it influences the treatment decision for simple and complex cases focusing on CAD/CAM Technology. The understanding of facially driven treatment planning and the development of new materials and technology has led us to explore novel treatment modalities.
University of Zurich, Dental Materials Unit, Center for Dental and Oral Medicine, Clinic for Fixed and Removable Prosthodontics, Zurich, Switzerland

ADHESION TO RECONSTRUCTION MATERIALS: TECHNICAL AND CLINICAL PROTOCOLS

Due to the advances in adhesive technologies, reconstructions made of metals, polymers or ceramics could be bonded not only to tooth substrate but also to one another during cementation or repair. Yet, the increase in restorative material options and adhesive resins yielded to some confusion on the adhesion protocols over the years. Ideal adhesion of resin-based materials to both the dental tissues and restoration materials require meticulous conditioning of these substrates and subsequent implementation of adhesion protocols. This lecture will highlight the clinical and technical parameters for durable adhesion during cementation or repair and propose guidelines for tooth and implant-borne reconstructions.
Resume- Research in implant dentistry it is crucial for the evolution of treatment in edentulous patients. Reduce time, discomfort, predictability, cost and stability should be the aim of the scientists. In private practice due to science, for the past 50 years we were able to achieve very successful approaches and solve great part of patient’s problems regarding edentulism. It is the objective of the presentation show case series with a follow up to 23 years and confronts the results with the new developments in the research area of implant Dentistry.
Dental implants are an option for replacing missing teeth for the reconstruction of function, phonetic and aesthetics with high success rate. However, there are a myriad of surgical, biological and biomechanical complications associated with surgical implant placement and restorative treatment. To enhance success and minimize dental implant complications, it is essential to know the types of complications that have been published in the dental literature and understand the causes of each complication. This presentation will identify the most common surgical, biological and biomechanical complications and discuss about the strategies in implant dentistry with the optimal method of minimizing or preventing their occurrence.
Dental Implants plea predictability due to their high treatment cost and sky-high patient demands. The patients who require bone grafting for dental implants are either complex from the very start or they are rendered complex by our planning and execution of the dental treatment. The treatment planning in dental implantology starts very early even before the extraction of the offending tooth, In predictable cases if we have planned the journey of the patient correctly the need for bone grafting remains basic and the whole procedure is minimally invasive.
FORENSIC DENTISTRY: HISTORICAL ASPECTS, SCOPE AND MODERN FORENSIC DENTAL EVIDENCE AND ANALYSIS

Forensic dentistry (forensic odontology) is that branch of forensic science that employs dental knowledge to the resolution of criminal and civil legal matters. Dentists trained in forensics are skilled at identifying victims of mass fatalities such as natural disasters from earthquakes and floods, terrorist attacks, battlefields, and plane crashes.
Quitting combustible smoking is the most common reported reason for vaping electronic cigarettes (e-cigs); whereas some individuals vape e-cigs for social entertainment and amusement. E-Cigs are battery-operated handheld devices, in which an e-liquid (containing nicotine and sometimes artificial flavors such as menthol and sandalwood) is heated by a heating element releasing a chemical-filled aerosol for inhalation. Individuals may misconstrue e-cig vaping as less harmful than regular tobacco smoking; however, recent evidence from in-vitro studies has shown that e-cig vaping dysregulates lung function by impairing myofibroblast differentiation and increasing the expression of proinflammatory cytokines in the human airway epithelial cells. Moreover, e-cig aerosol extracts suppress the cellular antioxidant defenses and induce DNA damage in a dose-dependent manner. An increased expression of advanced glycation endproducts and their receptors has been reported in gingival cells of vaping individuals. Furthermore, e-cigs with flavorings cause increased oxidative/carbonyl stress and inflammatory cytokine release in human periodontal ligament fibroblasts. Although results from a recent clinical study, showed no difference in self-perceived oral health and clinical periodontal status among vaping individuals and non-smokers; these results should be interpreted with extreme caution as the study had major limitations such as small sample-size and short duration of vaping. Further research in a larger cohort with different genders and a longer history of vaping (at least 5 years) is needed to assess the role of chronic vaping and its flavorings on oral and systemic health in healthy subjects/current/former-smokers.
Dental Malpractice: Common and Subtle Legal Pitfalls

Dental Malpractice may be defined as a standard of dental practice falling below established acceptable standard of care, and often resulting in harm to the patient. Such harms may result from a dentist’s poor/substandard treatment procedures, or negligence in patient management and overall care. This course will examine potential dental malpractice scenarios ranging from failure to diagnose, misdiagnosis, iatrogenic injuries associated with the spectrum of dental practice, and failure to report cases of abuse suspected by the dentist. Cases will be used to illustrate common and subtle legal pitfalls that potentially may confront the dentist.
Bioceramics are ceramic materials that are designed for medical and dental use. Mineral trioxide aggregate (MTA) is a classic bioceramic cement that was introduced to clinical use as a root-end filling material in 1990’s. Since then the clinical applications of MTA have widened due to its advantages, which include biocompatibility, bioactivity and its effective sealing ability. However, the main disadvantages of MTA are difficulty in handling, long setting time, and potential tooth discoloration. To overcome the unfavorable properties of MTA, several new bioceramic cements have been introduced to the market. After the increase in the popularity of bioceramic cements in endodontics, bioceramic-based root canal sealers have been introduced.

This lecture is intended to provide an overview of bioceramic cements and sealers available on the market as well as advantages and limitations of these new materials.
Endodontics has moved into a new era with technologies that allow us to diagnose, treat and evaluate success in three dimensions.

This talk will describe the advantages of CBCT radiology in diagnosis and evaluation of treatment success. In addition new technologies in canal disinfection will be described that enable us to clean in three dimensions and maintain the same success rate promised by the older two dimensional radiographs.

The participant should:
1. Understand the requirements for endodontic success
2. Understand advantages of CBCT in endodontic diagnosis
3. Understand the different prognosis of treatment using CBCT compared to periapical radiographs
4. Understand the advantages of 3D instrumentation technologies compared to round files.
ABSTRACT

Focus towered Special Care Dentistry (SCD) is highly increasing worldwide. It is recently recognised as a registered speciality in UK, Australia, New Zealand and Brazil.

According to the Joint Advisory Committee for Special Care Dentistry in UK, Special Care Dentistry is concerned with: “The improvement of oral health of individuals and groups in society, who have a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability or, more often, a combination of a number of these factors.

With the huge amount of documented accidents (RTA) per year and the custom of marring of first degree relatives the amount of disabilities is significantly high in Saudi Arabia. However, studies revealed that general dentists finds that treating people with disability is too challenging, due to several factors such as the patients complex level of needs, dentists lack of confidence and difficulties in communication; thus creating great barriers to access mainstream dentistry by this population. It has been estimated that 90% of people requiring SCD can receive treatment in a local, primary care centre; however the provision of optimal SCD in a primary care setting depends upon adequate education and training for the whole dental team.

This lecture is an overview that aims to increase the knowledge about Special Care Dentistry (SCD), raise awareness toward developing SCD holistic approach and encourages education, team working and positive attitudes towards disability within the whole dental team.
NO NEED FOR INFERIOR ALVEOLAR NERVE BLOCK FOR MANDIBULAR TEETH EXTRACTION IN ADULTS

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

Method:
20 Dentists agreed to use AOBIT in this study. AOBIT effectiveness was judged against the need for Inferior Alveolar nerve block using Lidocaine in extraction of adult teeth but mainly mandibular molars. Patients Inclusion criteria is any healthy adult (above 18 years) needed teeth extraction with no contraindication to use Articaine. Factors were considered during Data analysis considered were ethnicity, bone dentistry, the difficulty and duration of the extraction.

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

Conclusions:
AOBIT could be a suitable alternative to Lidocaine IDB for routine adult dental extractions. Success rates and patient comfort could increase, whilst reducing LA-related nerve injuries.
Reasons why intraosseous anesthesia is superior to all classical and conventional methods of anesthesia such as infiltration, nerve block, intraligamentary, intraseptal, intrapulpal and palatal.

How intraosseous anesthesia works and detail all its advantages. It is immediate, without failure, without effort for the dentists and painless, without numbness, without side-effects for the patients.

It allows to work on several sectors during the same appointment and to gain time and money.

It is used in many fields:

- Endodontology: pulpectomy on mandibular molars
- Periodontology: deep scaling on all sectors in the same appointment without numbness
- Implantology: immediate anesthesia
- Pedodontics: no lip-biting or numbness for children
- Aesthetics: tooth flank on all sectors in the same appointment without numbness
GUIDED IMPLANT SURGERY:
WHAT ARE THE LONG TERM BENEFITS FOR TISSUES SUPPORTING IMPLANTS?

The innovation in assisted implant surgery is constantly increasing. This success is due to the fact that guided surgery provides a reliable therapeutic solution. The use of these techniques is not only interesting for implant-supported rehabilitation by immediate loading but also for tissues supporting implants by insuring the best emergence profile.

If we had to define all the characteristics of the ideal guide, first of all we would ask for precision: A perfect fit in the mouth, high stability and optimal drill guide for a perfect reproducibility of the drill planning. It is also necessary that the guide can be sterilized without any distortion or degradation and this is now possible with the 3D printed Ti devices. In addition, it is necessary that the guide design neither interfere with the visual inspection by the surgeon nor with the drill’s irrigation. Also the guide will not give friction on the drills and implant. The last important thing, we’ll specially focus on in this lecture is the possibility to use the fixed guide in place together with all kind of grafting procedures and soft tissue manipulation. This will allows us to have the best implant environment but also the ideal implant positioning for the best tissue stability and survival rate.
The Digital revolution is changing the way people think, communicate and work. The world of Dentistry is also experiencing the effects of the fast revolution: computers and digital devices are making what were previously manual tasks easier, faster, cheaper and more predictable.

New tools such as intra/extra-oral scanners, cone beam computed tomography (CBCT) scanners, computer aided design/computer aided manufacturing (CAD/CAM) software’s and innovative fabrication procedures such as 3D printing and layered manufacturing are changing the way we plan, treat and communicate with our patients.

These new digital technologies are now mature enough and priced reasonably to complete this digital revolution in dentistry so that our daily dental work needs to change rapidly to adapt to these great changes.

In particular, the applications of the new digital procedures in implantology are changing the way the clinician prepare the treatment planning and execute the surgery and the prosthesis. In fact, the so called "guided surgery", which directly comes from the introduction of the digital technologies in dentistry, does not only involve the surgical theatre but the full process from data acquisition to the realization of the entire implant-prosthodontic treatment. The digital implantology will be detailed presented discussing its benefits and limits.
The presentation will describe the advanced digital pathways currently utilized in the process of advanced head and neck reconstruction at the University of Alberta and Institute for Reconstructive Sciences in Medicine (iRSM) in Edmonton, Canada. The sequence for maxillary and mandibular reconstruction will be described in detail for achieving a functional rehabilitation from a prosthodontic perspective. The process will be detailed from treatment planning, digital design & simulation, 3D printing & modeling to surgery, and final functional occlusal rehabilitation. The presentation will consider processes and key personnel engaged during the phases of treatment, with an emphasis on achieving a functional outcome for our patients.
Implantology is the most developing and promising field of dentistry with high success rates and good long-term results. Contemporarily, many different case types can be treated by implant dentistry safely and successfully. Today, practitioners are not just considering the functional aspects of implantology, they are also trying to achieve the most esthetic results. Their aim is to catch the perfection and to get close to the natural in both ways, both esthetical and functional. Briefly, today “good” is just not good enough.

However every practitioner aims to get the best result, it’s not always a one way road. Sometimes there may be complications, both in the short term and in the long term. Nowadays, dental implants are one of the most popular treatment options in oral surgery but we don’t always get the best outcome. In compatible with its growing number of applications, so its complications. It is time for us to start looking from the other aspect of implantology, how can we approach to cases that don’t have the best outcome? How can we get an esthetic and satisfactory result from implants that are in bad situation? Metaphorically, Is it possible to build a strong castle on poor grounds and weak foundations?

The answer to these questions is to evaluate every aspect of the treatment: To start from the beginning, to refresh, to change the whole foundation in the light of biologic, aesthetic and prosthetic criterias. By removing and replacing the complicated implants with better and more suitable planning, by changing the whole ground, we can start over and get the results that we were looking for.
Bone atrophy, due to different conditions, is a problem which we find in about 50% of the patients who are interested in implant therapy. Even if the gold standard for bone reconstruction is still the autogenous bone, actually the most of the treatments to solve the problem are performed by the use of eterologous bone from different animal sources. The literature of the last ten years clearly shows that some risks of disease transmission might be related to the use of these animal derived materials.

Digital technologies are now able to create a virtual design of a synthetic biomaterial perfectly customized in its micro and macro shape. The STL file of the design generated by the software, can be directly and easily be used to mill or print a block which perfectly fits with the defect that we need to repair.

This new process can replace the actual techniques of bone regeneration and reconstruction in an easier and safer way. A new generation of synthetic biomaterials is now ready to be used. Indications, limits and future applications of these procedure will be shown and discussed.
CURRENT VIEWS ON MANAGING TRAUMATIC DENTAL INJURIES IN CHILDREN: EVIDENCE-BASED CLINICAL RECOMMENDATIONS

When children first start exploring the world by themselves, they are exposed to falls that can affect their face and teeth. Dental trauma statistics indicate that 30%-50% of children suffer trauma to the primary dentition by the age of 6, 22% of children suffer trauma to the permanent dentition by the age of 14, most injuries occur between ages of 18-30 months and 71% of dental trauma occurs to the maxillary central incisors with a male to female ratio of (2:1).

Types, etiologies, and management principles of trauma to primary incisors are well documented by the International Association of Dental Traumatology guidelines and are published online for download by dental practitioners, so they will not be the main focus of this presentation. Therefore, the main aim of this presentation is not to reiterate on this, but rather to provide the audience with an appreciation of evidence-based appraisal to what is practiced in the clinical scenario and how much we know about possible complications of primary tooth trauma on the developing permanent dentition since the very close proximity of developing permanent successors to apices of primary teeth makes transmission of trauma due to luxation injuries a very likely event.

A presentation of clinical scenarios will be given as to what relevant research papers recommend through implementation of the ADA policy on evidence-based dentistry which implies the PICO method as a framework including formulation of a PICO question, appraisal by identification of the level/quality of evidence, integration from relevant results, and finally application of the findings to the clinical case under discussion.
Child maltreatment, sometimes referred to as child abuse and neglect, includes all forms of physical and emotional ill-treatment, sexual abuse, neglect, and exploitation that results in actual or potential harm to the child’s health, development or dignity.

The rights, wellbeing and safety of patients should be the oral healthcare provider’s primary concern. Recognizing and reporting cases of actual and/or suspected abuse and neglect is fundamental in preserving the rights of the child and healthcare providers are ethically responsible to take action. Under Saudi law, all healthcare providers are obligated to report all suspected cases of abuse and neglect and failing to do so can lead to prosecution.

This lecture will provide an overview on how to recognize, manage, record and report actual and/or suspected maltreatment cases, given the important role and responsibilities of healthcare providers in identifying individuals at risk of abuse and protect children and vulnerable individuals.

Attendants to the lecture will be familiar with the guidelines for the reporting process of actual and/or suspected maltreatment cases and the policies related to child maltreatment within Saudi law.
Molar incisor hypomineralization (MIH) is defined as a hypomineralization of systemic origin of 1 to 4 permanent first molars, frequently associated with affected incisors (upper and lower). The risk of defects of the upper incisors appears to increase when more first permanent molars are affected. The prevalence of MIH is reported to range between 3.6-25%, and nearly 80% have 2 or more affected teeth.

Patients complain mainly of sensitivity and pain during eating or brushing teeth, and esthetics. Clinically, MIH manifests as hypomineralized enamel which is soft, porous, with color that may vary from white, yellow or brown. The porous, brittle enamel can easily chip under masticatory forces. After post-eruptive enamel breakdown, the clinical picture resembles enamel hypoplasia. Management problems include: sensitivity, inability to obtain profound anesthesia, limited access and isolation and behavior management in young patients and adolescents which may range from non-pharmacologic approaches to sedation, or need for general anesthesia.

Principles of management of MIH includes preventive therapy consisting of oral hygiene instructions, fluoride therapy, tooth mousse, and fissure sealants. Profound anesthesia must be obtained prior to pulpal (vital or non-vital procedures) and restorative therapy which includes use of adhesive materials, use of stainless steel crowns or extraction of the first permanent molars if the timing is optimal time. Orthodontic and pediatric opinion is advocated before the extractions are carried on. Other management options include prosthodontics such as onlays, inlays, crowns, and veneers in addition to that micro abrasion, resin infiltration and bleaching are other options in management of enamel opacities in anterior teeth. The purpose of this presentation will be to describe the diagnosis and clinical picture and therefore, outline a sequential approach to management since partial eruption of molars till later stages of post-eruptive breakdown based on current literature. Management of different cases will be presented.
Silver Diamine Fluoride: Potential First Drug to Treat Dental Caries?

As dental caries continues to be on the rise globally and locally, in many cases treating dental caries in children can be extremely challenging. Conventional treatment may not always be available or even feasible either due to limited access to care, a lack of skills in managing young children, or simply due to limited financial resources. In several Asian, African, South American countries and lately Australia and the United States, silver diamine fluoride (SDF) has been used and was found effective. Some experts viewed it as potentially the first drug to treat dental caries. Major attention especially in the field of pediatric dentistry was directed towards it, as it was found to be an inexpensive, safe and easy treatment for dental caries. Its ease of application was found to be extremely convenient for management of children with special health care needs or those who need but have no access to treatment under general anesthesia. This presentation will go through what SDF is, what we know about it so far, indications for its use, how it should be used, and possible adverse reactions from its use.
AUTISM SPECTRUM DISORDERS WHAT IS GOING ON?

This presentation will cover the characteristics, prevalence of Autism Spectrum Disorders (ASD) in Saudi Arabia and other parts of the world. The dental implications and the preventive and dental treatment modalities of children with ASD.
INTEGRATING THREE-DIMENSIONAL DIGITAL TECHNOLOGIES FOR COMPREHENSIVE IMPLANT DENTISTRY

The increase in the popularity of and the demand for the use of dental implants to replace teeth has encouraged advancement in clinical technology and materials to improve patients’ acceptance and clinical outcomes. Recent advances such as three-dimensional dental radiography with cone-beam computed tomography (CBCT), precision dental implant planning software and clinical execution with guided surgery all play a role in the success of implant dentistry. CBCT and implant planning software provide tremendous diagnostic and treatment planning tools. Working in a 3-D environment allows for the critical anatomy to be identified and implants to be placed in ideal positions from surgical and prosthetic perspectives.

Lecture Objectives:
Upon completion, participants will be able to:
1- Acknowledge the important of 3-D Digital Technologies for implant treatment planning
2- Understand and avoid implant placement errors
3- Understand Value, benefits & limitations of guided surgery
4- Recognized different kinds of surgical guide
5- Assemble the necessary data needed for guided surgery
NEW HORIZONS IN USE OF ULTRALOW CT DOSES IN DENTAL IMPLANT IMAGING

Introduction
Recent advances in computed tomography (CT) have replaced the conventional reconstruction techniques or algorithms of filtered backprojection (FBP), with newer algorithms called iterative reconstruction techniques (IRTs). Such IRTs allow the production of CT images using ultralow radiation doses while maintaining the same level of subjective image quality as standard doses and FBP. However, the validity of the images produced with IRTs and ultralow doses for the various diagnostic and therapeutic tasks needs to be tested before their clinical implementation. Therefore, several studies were conducted which aimed to investigate the utility of ultralow dose CT combined with IRTs for the various tasks related to dental implant imaging. The overall aim was to aid in dose optimization for dental implant imaging; i.e. to determine what is the lowest dose achievable with the various reconstruction techniques to produce diagnostic quality images.

Materials and Methods
Several cadavers with edentulous areas were imaged with CT using a reference standard dose protocol reconstructed with FBP (CT dose index volume (CTDvol): 29.4 mGy), in addition to 5 ultralow dose test protocols (CTDvol ranging from 4.19 to 0.29 mGy). Each of the CT examinations was reconstructed with FBP in addition to 3 different IRTs. Several examiners performed subjective and objective measurements of ridge dimensions, bone quality, and identification of the roof of the IAC on all of the CT datasets. Differences in CAD models of the jaws produced using the current standard imaging and the ultralow dose protocols was also evaluated using Geomagic software.

Results
The dose reductions achievable varied according to diagnostic or therapeutic task, reaching 97% dose reductions in some situations. The oral presentation will present the lowest CT dose achievable for various clinical scenarios, and the clinical implications of the differences in bone density seen with the ultralow doses.

Conclusion
Utilization of ultralow dose CT combined with IRTs has the potential to significantly reduce radiation doses to dental implant patients by more than 90%.
THE USE OF CONE BEAM COMPUTED TOMOGRAPHY FOR DIAGNOSIS AND TREATMENT PLANNING IN ENDOdontICS

One of the most important stages in the diagnosis and management of endodontic problems is radiographic examination. The periapical radiograph is the most widely used radiographic technique in endodontics to detect the presence, location and size of periapical lesions. It also reveals information about root canal anatomy and proximity of neighbouring anatomical structures.

However, periapical radiographs are two-dimensional and also have significant limitations in terms of geometric distortion, and anatomical noise interference. Cone beam computed tomography (CBCT) is an extra-oral imaging system which produces 3-dimensional scans of the maxillofacial skeleton. It is very useful in overcoming such limitations of conventional radiography, providing additional information for diagnosis and enabling more predictable management of complex endodontic problems.

This lecture will go through the basic aspects of CBCT use in endodontics and will also focus on the use of the new 3D Endo software which has been designed to help students, general practitioners and endodontists in using CBCT for diagnosis, evaluation of endodontic anatomy, and treatment planning of endodontic treatments.
Dental Practice in Alessandria with specialization in Orthodontics, Periodontics, Fixed Prosthodontics, Endodontics, Pediatric Dentistry, Implant Dentistry, Periodontal Surgery, Reconstruction of Composite, Porcelain Veneers, Whitening, Restorative and Cosmetic Invisalign; Adjunct Professor in Conservation Course at the University of Genoa

COMPOSITE VS. CERAMIC: PROTOCOLS IN MODERN ESTHETIC DENTISTRY

The ever-increasing demand for functional and aesthetic materials is leading companies to continuous evolution and research.

Indications about full ceramic or composite restorations are becoming ever less absolute: considering many clinical aspects you can opt for a material rather than the other.

The versatility of the composite resin, its possibility of layering intraorally, the ease of repair and the fairly good prognosis in the medium and long period, making it a reliable material and the tendency of new materials to improve the wear resistance and the stability of the surface candidates it in many cases as a worthy substitute of ceramic materials.

By contrast, ceramic materials, often considered the gold standard for colour characteristics and mechanical and physical properties, see an increase in the ability to produce restorations with minimum thicknesses while maintaining dimensional stability, prognosis and aesthetics.

The choice, therefore, to use ceramic or composite materials is always less obvious, but, on the contrary, offers to the dentists greater possibility of diversification in restorative.

Finally many aspects could be discussed as: indications, mechanical characteristics, esthetics appearance, predictability and durability.
Orthodontist, Instructors at Case Western Reserve University
Cleveland, Ohio, USA and the University of Ferrara on the Invisalign
Masters Course

Adult patient treatment planning requires an interdisciplinary approach to be more attentive to biology, mechanics, function, and the esthetic balance. 3D technology in combination with clear aligners is the correct tool to convince adult patients to undergo orthodontic therapy as it is smart, esthetic, and easy to undergo. Plenty of complicated adult cases become, after ortho treatment, easier to treat. Aligned teeth mean better function and favorable prognosis in terms of mechanical resistance of our prosthetic rehabilitation, perfect esthetics, and less sound tissue to remove for veneers and crowns.

Currently, the Digital Smile Design and clear aligners synergy implement the interdisciplinary workflow and improve patients’ acceptance of treatment. 3D simulated treatment planning is the key.

Through the digital communication of final result vision, patients are immediately able to understand the potentiality of clear aligners and of the interdisciplinary team. The goal of our presentation is to present this synergy in everyday practice from a restorative and orthodontic point of view.
Early orthodontic treatment is a contentious subject. A dilemma for parents and some health care professionals. The early interventions in orthodontics is planned for correcting skeletal problems in all spatial space, modifying growth patterns, alleviating dental crowding and addressing localized problems. Potential benefits of early intervention have been suggested including; Enhancing normal occlusal development, maximizing growth potential, and gaining psychosocial benefits. While, some reports of conceivable disadvantages have been reported including; iatrogenic problems, financial burden, and patient burnout.

In this lecture, we will discuss the clinical merits of early orthodontic treatment in addressing different malocclusions and localized dental issues in an envelope of evidence.
Clear aligner therapy (CAT) was introduced to orthodontists in the late 1990s to treat limited malocclusions. Since then many advances and developments have been achieved. These developments include the material used to fabricate the aligners, customized attachments for better control of tooth movement, implementation of treatment mechanics principles in treatment planning. Therefore, recently complex tooth movements can be obtained by clear aligners when clinicians can utilize basic understanding of orthodontic biomechanics during treatment planning orthodontic cases. CAT can provide treatment mechanics advantages over the conventional fixed orthodontic appliances. These treatment mechanics advantages will be discussed and presented.
CONTINUING EDUCATION COURSES AND WORKSHOPS
CONTINUING EDUCATION COURSES AND WORKSHOPS

SUNDAY, JANUARY 7, 2018

CODE: W1

TITLE: SOCKET PRESERVATION FOR DENTAL IMPLANT
SPEAKERS: PROF. KHALIL I. ALEISA & DR. KASHIF HAFEEZ
TIME: 9:00 AM – 5:00 PM
VENUE: VIP ROOM & PROSTHETIC LAB KSU-COLLEGE OF DENTISTRY (BUC)
(A HANDS-ON COURSE)

CODE: W2

TITLE: ARMAMENTARIUM FOR BURNISHED CALCULUS MANAGEMENT
SPEAKERS: DR. CONSOLATA PEJRONE
TIME: 9:00 AM – 11:00 AM
VENUE: HOSPITAL VENUE AT KSU
(LECTURE ONLY)

CODE: W3

TITLE: ARMAMENTARIUM FOR BURNISHED CALCULUS MANAGEMENT
SPEAKERS: DR. CONSOLATA PEJRONE
TIME: 2:00 PM – 4:00 PM
VENUE: KSU-DENTAL COLLEGE (GIRLS CAMPUS – GUC) – FEMALE ONLY
(LECTURE ONLY)

CODE: W4

TITLE: ARMAMENTARIUM FOR BURNISHED CALCULUS MANAGEMENT
SPEAKERS: DR. CONSOLATA PEJRONE
TIME: 9:00 AM – 12:00 PM
VENUE: HOSPITAL VENUE AT KSU
(A HANDS-ON COURSE)
WORKSHOP

RECENT TRENDS IN DENTISTRY

CODE: W5
TITLE: ARMAMENTARIUM FOR BURNISHED CALCULUS MANAGEMENT
SPEAKERS: DR. CONSOLATA PEJRONE
TIME: 2:00 PM – 5:00 PM
VENUE: KSU-DENTAL COLLEGE (GIRLS CAMPUS – GUC) – FEMALE ONLY
(A HANDS-ON COURSE)

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MONDAY, JANUARY 8, 2018

CODE: W7
TITLE: UPGRADE YOUR PRACTICE WITH THE ULTIMATE ANESTHESIA METHODOLOGY
SPEAKERS: DR. LUC BERDEN
TIME: 9:00 AM – 5:30 PM
VENUE: HOSPITAL VENUE AT KSU + PHANTOM LAB
(A HANDS-ON COURSE)

SPONSOR BY:

CODE: W8
TITLE: PRINCIPLES OF INFECTION CONTROL
SPEAKERS: MS. TERESA PI-SUNYER
TIME: 9:00 AM – 12:00 PM
VENUE: KSU DENTAL COLLEGE (GIRLS CAMPUS GUC)
(FEMALE ONLY)

SPONSOR BY:

CODE: W9
TITLE: PRINCIPLES OF INFECTION CONTROL
SPEAKERS: MS. TERESA PI-SUNYER
TIME: 1:00 PM – 4:00 PM
VENUE: MAIN AUDITORIUM, KSU-UNIVERSITY HOSPITAL

SPONSOR BY:
CODE: W10

TITLE: BIOLOGICAL PREPARATIONS FOR CAD-CAM RESTORATIONS
SPEAKERS: DR. EDUARDO MAHN
TIME: 9:00 AM – 5:00PM
VENUE: IVOCLAR CENTER
(A HANDS-ON COURSE)

CODE: W11

TITLE: PORCELAIN LAMINATE VENEERS: FROM PREPARATION TO CEMENTATION
SPEAKERS: PROF. JOSEPH SABBAGH
TIME: 9:00 AM – 5:30 PM
VENUE: VIP ROOM & SDS LAB KSU-DENTAL COLLEGE (BUC)
(A HANDS-ON COURSE)

TUESDAY, JANUARY 9, 2018

CODE: W6

TITLE: DENTAL ART – DENTAL PHOTOGRAPHY
SPEAKERS: DR. TAKANORI SUZUKI
TIME: 9:00 AM – 3:00 PM
VENUE: HOSPITAL VENUE AT KSU
(A HANDS-ON COURSE)

CODE: W13

TITLE: COMMON MISTAKES IN WRITING A MANUSCRIPT: TIPS ON HOW TO WRITE A SCHOLARLY ARTICLE
SPEAKERS: DR. FAWAD JAVED
TIME: 9:00 AM – 5:00 PM
VENUE: HOSPITAL VENUE AT KSU
CODE: W14
TITLE: HOW NEW PIEZOELECTRIC TECHNIQUES FACILITATE YOUR DAILY PRACTICE
SPEAKERS: PROF. DOMENICO BALDI
TIME: 1:30 PM – 5:00 PM
VENUE: RIYADH INT’L CONVENTION & EXHIBITION CENTER
(A HANDS-ON COURSE)  SPONSOR BY:

CODE: W15
TITLE: DENTAL MAKEOVERS: USING SOUND AESTHETICS, ADHESIVE & RESTORATIVE PRINCIPLES
SPEAKERS: DR. BRIAN P. LESAGE
TIME: 10:00 AM – 5:00 PM
VENUE: RIYADH INT’L CONVENTION & EXHIBITION CENTER

CODE: W29
TITLE: "OSTEOGENIC TREATMENT PLANNING FOR YOUR PATIENTS: MATERIALS AND METHODS
SPEAKERS: DR. DAVID KIM - DR. IBRAHIM TALAT
TIME: 1:00 PM – 5:30 PM
VENUE: VIP ROOM & PHANTOM LAB KSU-DENTAL COLLEGE
(A HANDS-ON COURSE)  SPONSOR BY:

CODE: W30
TITLE: BONE AUGMENTATION & SOFT TISSUE MANAGEMENT IN ORAL IMPLANTOLOGY
SPEAKERS: PROF. FOUAD KHOURY
TIME: 1:00 PM – 5:30 PM
VENUE: HOSPITAL VENUE AT KSU
WEDNESDAY, JANUARY 10, 2018

CODE: W16
TITLE: OSSEODENSIFICATION: OPTIMIZE THE SITE, OPTIMIZE THE OUTCOME
“NEW INVENTION FOR BONE EXPANSION”
SPEAKERS: DR. SALAH HUWAIS
TIME: 9:00 AM – 5:30 PM
VENUE: VIP ROOM + PHANTOM LAB
(A HANDS-ON COURSE)

CODE: W19
TITLE: NITROUS OXIDE SEDATION IN DENTISTRY
SPEAKERS: DR. OLA B. AL-BATAYNEH
TIME: 9:00 AM – 5:00 PM
VENUE: KSU UNIVERSITY HOSPITAL VENUE
(A HANDS-ON COURSE)

CODE: W20
TITLE: ROOT CANAL INSTRUMENTATION & THE OUTCOME OF ENDODONTIC TREATMENTS: THE ROLE OF RECIPROCATION TECHNIQUES
SPEAKERS: PROF. FRANCESCO MANNOCCHI
TIME: 9:00 AM – 5:00 PM
VENUE: RIYADH INT’L CONVENTION & EXHIBITION CENTER
(A HANDS-ON COURSE)

CODE: W22
TITLE: ADVANCE ANTERIOR: DIRECT VENEERS
SPEAKERS: DR. EDUARDO MAHN
TIME: 10:30AM – 5:00PM
VENUE: HOSPITAL VENUE + SDS LAB
(A HANDS-ON COURSE)
**CODE: W31**

**TITLE:** “MINI-INVASIVE PHILOSOPHY” IN THE REAL PRACTICE: INSTRUMENTS AND SIMPLE PROTOCOLS

**SPEAKERS:** DR. GIUSEPPE CHIODERA

**TIME:** 1:00 PM – 5:00 PM

**VENUE:** KSU UNIVERSITY HOSPITAL VENUE NO. 440086 & PHANTOM LAB

(A HANDS-ON COURSE)

**THURSDAY, JANUARY 11, 2018**

**CODE: W23**

**TITLE:** TISSUE GUIDED IMPLANT SURGERY: NEW FINDINGS & LATEST DEVELOPMENT

**SPEAKERS:** PROF. JAAFAR MOUHYI

**TIME:** 1:00 PM – 5:30 PM

**VENUE:** RIYADH INT’L CONVENTION & EXHIBITION CENTER

(A HANDS-ON COURSE)

**CODE: W24**

**TITLE:** MANAGEMENT OF THE AESTHETIC ZONE

**SPEAKERS:** DR. PEDRO P. MARTINEZ

**TIME:** 9:00 AM – 5:15 PM

**VENUE:** RIYADH INT’L CONVENTION & EXHIBITION CENTER

(A HANDS-ON COURSE)

**CODE: W25**

**TITLE:** COMPOSITE VS. CERAMIC: PROTOCOLS IN MODERN ESTHETIC DENTISTRY

**SPEAKERS:** PROF. FEDERICO FERRARIS

**TIME:** 9:00 AM – 12:00 PM

**VENUE:** VIP ROOM KSU-DENTAL COLLEGE

(A HANDS-ON COURSE)
CODE: W27
TITLE: MICRO-SURGICAL ENDODONTICS: FROM PLANNING TO EXECUTION
SPEAKERS: DR. ADHAM A. AZIM
TIME: 9:00 AM – 5:00 PM
VENUE: DUH GROUND FLOOR, + SDS LAB KSU-COLLEGE OF DENTISTRY (BUC)
(A HANDS-ON COURSE)

CODE: W28
TITLE: DIGITAL SMILE DESIGN
SPEAKERS: DR. JOSE NAVARRO & DR. PABLO RAMIREZ
DATE: THURSDAY, JANUARY 11, 2018 & FRIDAY, JANUARY 12, 2018
TIME: 9:00 AM – 4:00 PM
VENUE: DUH GROUND FLOOR ROOM AT KSU-COLLEGE OF DENTISTRY
(A HANDS-ON COURSE)
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