SIDC 2019
The Saudi International Dental Conference
12-14 JANUARY 2019
THE RITZ-CARLTON RIYADH, SAUDI ARABIA
www.SIDC.org.sa
BOARD OF DIRECTORS

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Riyadh, Saudi Arabia

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Riyadh, Saudi Arabia

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Professor and Consultant in Prosthodontics & Dental Implant
Department of Prosthetic Dental Sciences
King Saud University, College of Dentistry
Riyadh, Kingdom of Saudi Arabia

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Associate Professor & Consultant in Prosthodontics
Professor in Prosthodontics
Department of Prosthetic Dental Sciences
College of Dentistry
King Saud University
Riyadh, Saudi Arabia

Member
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Riyadh, Saudi Arabia

Member
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Dr. Anis S. Arrejaie
Dr. Fawaz S. Alqahtani
Dr. Samira Mustafa Jassim
SAUDI INTERNATIONAL DENTAL CONFERENCE 2019 (SIDC 2019)

It is a great pleasure to welcome you to participate in the Saudi International Dental Conference which will be held on January 12-14, 2019, at the Ritz Carlton. This year the annual conference will have a new identity 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 content that will leave you with a remarkable educational and professional experience.

We will have many International and Saudi renowned speakers, who excel in their field of specialty to share the recent advances in Dentistry. With a strong scientific collaboration with the leading specialized Societies in Saudi Arabia, SIDC gathers many Dental Specialties such as: Implant Dentistry, Orthodontics, Endodontics, Prosthodontics, Restorative and Esthetic Dentistry, Pedodontics, Periodontics, Oral Surgery and Dental Photography that are centered in providing excellent dental care to our patients. In addition, we have scientific poster presentations and Dental Research Awards.

SIDC 2019 provides a wide-ranging opportunity for all Dental Professionals, Dental Assistants, Dental Hygienists, and Dental Technologists with regard to new advances in Dental Practices, simultaneously set in different specialties.

On behalf of the SIDC 2019 Organizing Committees, we wish that everyone will enjoy this exceptional educational experience at SIDC.

We look forward for your participation. So please mark your calendar and join us.

President
Saudi Dental Society
Chairman, Organizing Committee
Saudi International Dental Conference 2019

DR. FAHAD ALI ALSHEHRI
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

Co-Chairman, Scientific Committee
PhD, FDSRCSeng, MSc, BDS, MA
Associate Professor & Consultant Oral & Maxillofacial Surgery
Faculty Of Dentistry
King Abdullah University

Dentist
Prince Sultan Military Medical City
Board Administration of Saudi Society of Oral & Maxillofacial Surgery
Faculty Member-Exam Board, Saudi Commission for Health Specialties
Faculty Member

Dentist
BDS, MSc (Orthodontics)
Consultant in Orthodontics
Academic Counsellor in Saudi Commission for Health Specialties
Vice President of the Saudi Orthodontic Association
Prince Sultan Military Medical Complex
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

BDS, DDS
Chief of Dentistry, Security Forces Hospital
Board Member, Scientific Council of Pediatrics Dentistry, Saudi Commission for Health Specialties
Board Member, Saudi Society of Pediatric Dentistry

Bds, (Master In Health Informatics)
Business Developer Manager
Saudi Dental Society
Riyadh

BDS, MSD, PhD, Assistant Professor
Department of Restorative Dentistry
King Saud University
Riyadh – Kingdom of Saudi Arabia

BDS, SBPD, MME
Joint Assistant Professor, College of Dentistry- KSAU-HS Chairman of Orthodontics/Pediatric Dentistry
Committee of the Saudi Dental Licensa
Exam Board Member of the Executive Board of Dental Professional Practice – SODS
Consultant in Pediatric Dentistry, King Abdullah Medical City- Riyadh

Bds, MSc, PhD, Assistant Professor
Department of Restorative Dentistry
King Saud University
Riyadh – Kingdom of Saudi Arabia
SAUDI INTERNATIONAL DENTAL CONFERENCE 2019

On behalf of the Scientific Committee, it is my honor and pleasure to welcome you all for the upcoming 30th Annual Dental Scientific Conference held on 12-14 January 2019 at The Ritz-Carlton, Riyadh.

Saudi International Dental Conference (SIDC 2019) aims to provide international forum addressing the key challenges faced by practitioners, to share new research and information on best expertise to make the parallel scientific sessions an avenue for contemporary dental practice in Saudi Arabia. Featured in this conference are renowned national and international speakers who will bring in their expertise through noteworthy lectures that will highlight the connections between researchers and professionals through advancements from various fields. Speakers are from all over the world, from Saudi Arabia, US, Canada, Europe, Middle East, Asia and Africa. The scientific program covers all dental fields that aims to help you stay competitive and prepared for the treatments of tomorrow.

Moreover, aside from the main scientific sessions, there will be separate symposia arranged and specialized for dental hygienists, dental assistants, and dental lab technicians on the same date and venue. It will feature highly prominent international and national speakers who will share, discuss, and deliberate significant new developments and scientific advancements that will influence the future of related fields in dental hygiene, dental lab technology, and dentistry.

The scientific program has prepared Continuing Education Courses available to provide cutting-edge technology designed to improve the knowledge and skills of the practitioners. These courses will also cover cariology and prevention, dental practice management, esthetic dentistry, restorative dentistry, prosthodontics, implant dentistry, endodontics, digital dentistry, periodontics, pediatric dentistry, orthodontics, dental laser and facial cosmetic using botox and fillers.

We urge you and your colleagues to participate in this much-awaited conference to share your most compelling research and experience of clinical practice as there will be four categories with awards that are established to recognize and promote research among Graduate Dentists, Clinical Case Presenter, Young Dentists and for the best Poster presented during the conference.

We are ready for you to get inspired and motivated, looking forward to seeing you!

Sincerely yours,

Chairman
Scientific Committee
Saudi International Dental Conference 2019

Prof. Khalil J. Aleisa
A LESS INTENSE LISTERINE WITH A RANGE OF BENEFITS
SAUDI INTERNATIONAL DENTAL CONFERENCE

Scientific Program
# Day 1 - Najd Hall

**Saturday, January 12, 2019**  
**8:00 am - 5:30 pm - Registration**

## Implant Dentistry

**Moderator:** Dr. Samira Osailan  
**Chairpersons:** Prof. Nahid Ashri, Dr. Hisham Mshati

<table>
<thead>
<tr>
<th>Time</th>
<th>Titles</th>
<th>Speaker</th>
<th>Duration</th>
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<tbody>
<tr>
<td>09:00-09:40</td>
<td>Is Dental Implant Treatment Out of Control?</td>
<td>Dr. William Becker</td>
<td>40m</td>
</tr>
<tr>
<td>09:40-10:10</td>
<td>Implant Complication: Painful Reality</td>
<td>Prof. Stewart Harding</td>
<td>30m</td>
</tr>
<tr>
<td>10:10-10:50</td>
<td>Management of Failed Implant Cases</td>
<td>Dr. Konstantinos Nikolopoulos</td>
<td>40m</td>
</tr>
<tr>
<td>10:50-11:30</td>
<td>Immediate Loading with Permanent Restoration: Fact or Myth</td>
<td>Dr. Petros Yuvaneglu</td>
<td>40m</td>
</tr>
<tr>
<td>11:30-12:00</td>
<td>Critical Bone Grafting Techniques and Soft Tissue Management in Esthetics &amp; Implant Dentistry</td>
<td>Prof. Tiziano Testori</td>
<td>30m</td>
</tr>
</tbody>
</table>

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

## Implant Dentistry

**Moderator:** Dr. Samira Osailan  
**Chairpersons:** Dr. Mansour K. Assery, Dr. Mohammed Al Kindi

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<th>Time</th>
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<tbody>
<tr>
<td>13:00-13:30</td>
<td>Soft Tissue Management Around Implants: Where are we now?</td>
<td>Dr. Manuel De La Rosa Garza</td>
<td>30m</td>
</tr>
<tr>
<td>13:30-14:00</td>
<td>Contemporary Treatment of the Atrophic Posterior Maxilla: Maxillary Sinus Elevation and Alternatives in Treatment</td>
<td>Prof. Tiziano Testori</td>
<td>30m</td>
</tr>
<tr>
<td>14:00-14:30</td>
<td>Successful Biological Tissue Preservation Strategies with Implants in the Esthetic Zone</td>
<td>Prof. Christian Steppert</td>
<td>30m</td>
</tr>
<tr>
<td>14:30-15:00</td>
<td>Managing the Missing Lateral Incisor with Interdisciplinary Collaboration and Implant Placement</td>
<td>Dr. Manuel De La Rosa Garza</td>
<td>30m</td>
</tr>
</tbody>
</table>

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

## Multidisciplinary

**Moderator:** Dr. Mohammad Al-Dossary  
**Chairpersons:** Dr. Mohammed AlSarhan, Dr. Ahmed Alnazzawi

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<tr>
<th>Time</th>
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<tbody>
<tr>
<td>15:15-15:55</td>
<td>Piezodermatology Between Myth and Reality: Scientific Evidence and Clinical Applicability</td>
<td>Dr. Mauro Lebanca</td>
<td>40m</td>
</tr>
<tr>
<td>15:55-16:25</td>
<td>Laser in Dentistry</td>
<td>Prof. Antonio España</td>
<td>30m</td>
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<tr>
<td>16:25-17:00</td>
<td>Lasers Application in Dental Medicine: Evolution or Revolution?</td>
<td>Dr.Damir Stjepic</td>
<td>35m</td>
</tr>
<tr>
<td>17:00-17:30</td>
<td>The Future of Orthodontics Now</td>
<td>Dr. Ivan Malegor</td>
<td>30m</td>
</tr>
</tbody>
</table>
## DAY 1 - HEJAZ HALL

Saturday, January 12, 2019
8:00 am - 5:30 pm - REGISTRATION

### ENDODONTICS DENTISTRY

**MODERATOR:**
DR. BASMA AL-NASHMI

**CHAIRPERSONS:**
DR. ABDURRAHMANAL GHOFILI | DR. MOHAMMAD AL OBAIDA

<table>
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<tr>
<th>TIME</th>
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<tbody>
<tr>
<td>09:00-09:30</td>
<td>Bioceramics in 21st Century Endodontics</td>
<td>Dr. James Prichard</td>
<td>30m</td>
</tr>
<tr>
<td>09:30-10:00</td>
<td>CBCT Imaging of the Paranasal Sinuses for the Endodontist</td>
<td>Dr. Bruno Azevedo</td>
<td>30m</td>
</tr>
<tr>
<td>10:00-10:15</td>
<td>Endodontics Regeneration: An Evidence Based Review</td>
<td>Dr. Turky Al Saeed</td>
<td>15m</td>
</tr>
<tr>
<td>10:15-10:45</td>
<td>Anatomically Guided Shaping: Science and Practice</td>
<td>Prof. Filippo Santarangelo</td>
<td>30m</td>
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<tr>
<td>10:45-11:10</td>
<td>Endodontics Microsurgery</td>
<td>Dr. Samhan Al Ajmi</td>
<td>25m</td>
</tr>
<tr>
<td>11:10-11:40</td>
<td>From Austenite to Martensite: The Evolution of Endodontic Shaping</td>
<td>Dr. James Prichard</td>
<td>30m</td>
</tr>
<tr>
<td>11:40-12:00</td>
<td>Correlation Between Systemic Diseases and Apical Periodontitis</td>
<td>Prof. Hanan Balto</td>
<td>20m</td>
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</tbody>
</table>

### RESTORATIVE DENTISTRY

**MODERATOR:**
DR. ABDULEAH AL-GHANTANI

**CHAIRPERSONS:**
DR. MOHAMMAD AL JAMMAZ | DR. REEM ALDAALAN

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<th>TIME</th>
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<tbody>
<tr>
<td>13:00-13:30</td>
<td>Esthetics and Reliability of All-Ceramic Restorations in our Daily Practice</td>
<td>Dr. Michael Dieter</td>
<td>30m</td>
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<tr>
<td>13:30-14:00</td>
<td>Chairside Adhesive Restorations: From the Preparation to the Digital Impression and Adhesive L cementation</td>
<td>Dr. Filippo Del Cunto</td>
<td>30m</td>
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<tr>
<td>14:00-14:30</td>
<td>Bond it or Lose it — How to Fix Prosthetic Restorations in Daily Practice</td>
<td>Dr. Michael Dieter</td>
<td>30m</td>
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<tr>
<td>14:30-15:00</td>
<td>Esthetics Integration of Monolithic CAD/CAM Composite Resin Restorations: Extra- and Intra- Oral Modifications</td>
<td>Dr. Filippo Del Cunto</td>
<td>30m</td>
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### PUBLIC HEALTH

**MODERATOR:**
DR. ALBAMDARY ALJAMEEL

**CHAIRPERSONS:**
DR. ABDULAZIZ AL-SAIF

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<tr>
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<tbody>
<tr>
<td>15:15-15:55</td>
<td>Accreditation in Modern Healthcare Institutions: An Opportunity or a Challenge</td>
<td>Prof. Ferry Jeffrey Bruce</td>
<td>40m</td>
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<tr>
<td>15:55-16:35</td>
<td>An international model for comprehensive prevention to caries and periodontal diseases</td>
<td>Dr. Mariano Senz</td>
<td>40m</td>
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<tr>
<td>16:35-16:50</td>
<td>Assessing the Use of Social Media as a Source of Information Related to Dentistry in Saudi Arabia</td>
<td>Dr. Mayyedah Almozaey</td>
<td>15m</td>
</tr>
<tr>
<td>16:50-17:30</td>
<td>Art of Public Speaking For Professional Speakers and Leadership</td>
<td>Dr. Aref Alabed</td>
<td>40m</td>
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</table>
DAY 2 - NAJD HALL
Sunday, January 13, 2019
8:00 am - 5:30 pm - REGISTRATION

<table>
<thead>
<tr>
<th>ESTHETICS DENTISTRY</th>
<th>CHAIRPERSONS</th>
<th>PROF. MOHAMMED Q. AL RIFAIV</th>
<th>PROF. MAN AL SHAFFI</th>
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<tr>
<td>MODERATOR</td>
<td>DR. NUHA ALHATHLOOL</td>
<td>SPEAKER</td>
<td>DR. Nazer Ben Bachir</td>
</tr>
<tr>
<td>TIME</td>
<td>TITLE</td>
<td>SPEAKER</td>
<td>09:00-09:30</td>
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<tr>
<td></td>
<td>The Eight Components of a Balanced Smile</td>
<td>09:30-10:00</td>
<td>Dr. Nazer Ben Bachir</td>
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<td></td>
<td>The “Index Technique” in Worn Dentition. A New No Prep Restorative Approach</td>
<td>10:00-10:30</td>
<td>Dr. Roy Sobri</td>
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OPENING CEREMONY
11:00 - 12:00

<table>
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<tr>
<th>DIGITAL DENTISTRY</th>
<th>CHAIRPERSONS</th>
<th>PROF. ABDULLGHANI MIRA</th>
<th>DR. MESHARI AL-OTAIBI</th>
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</thead>
<tbody>
<tr>
<td>MODERATOR</td>
<td>DR. OMAR BAWAZIR</td>
<td>SPEAKER</td>
<td>Prof. Stewart Harding</td>
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<tr>
<td>TIME</td>
<td>TITLE</td>
<td>SPEAKER</td>
<td>13:00-13:30</td>
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<tr>
<td></td>
<td>CBCT Imaging in the Modern Dental Practice</td>
<td>13:30-14:00</td>
<td>Dr. Bruno Azevedo</td>
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<td>Clinical Applications of Resin Composite: Esthetics Everywhere for Everyone</td>
<td>14:00-14:30</td>
<td>Dr. Karim Cebani</td>
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<td>The Wide Use of CAD-CAM</td>
<td>14:30-15:00</td>
<td>Dr. Dori Irani</td>
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15:00-15:15 PRAYER & COFFEE BREAK

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<thead>
<tr>
<th>ESTHETICS DENTISTRY</th>
<th>CHAIRPERSONS</th>
<th>DR. TALAL AL NASSAR</th>
<th>DR. AMMAR AL-SHAMRANI</th>
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<tbody>
<tr>
<td>MODERATOR</td>
<td>DR. NOOR AL SAMMAHI</td>
<td>SPEAKER</td>
<td>15:15-15:45</td>
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<td>TIME</td>
<td>TITLE</td>
<td>SPEAKER</td>
<td>15:15-15:45</td>
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<td></td>
<td>Anterior Composites Layering</td>
<td>15:45-16:30</td>
<td>Dr. Carlo Scoratti</td>
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<td>From 2D to 3D My Clinical Evolution</td>
<td>16:30-17:00</td>
<td>Dr. Nazer Ben Bachir</td>
</tr>
<tr>
<td></td>
<td>Anterior Composites Layering</td>
<td>17:00-17:45</td>
<td>Dr. Federico Brunner</td>
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<tr>
<td>PEDIATRIC DENTISTRY IN COLLABORATION WITH SAUDI SOCIETY OF PEDIATRIC DENTISTRY</td>
<td>CHAIRPERSONS</td>
<td>MODERATOR</td>
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<td><strong>TIME</strong></td>
<td><strong>TITLE</strong></td>
<td><strong>SPEAKER</strong></td>
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<tr>
<td>09:00-09:30</td>
<td>Occlusion &amp; Space Maintainers in Pediatric Patients</td>
<td>Dr. Mohammed Mansoor</td>
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<tr>
<td>09:30-10:00</td>
<td>Cone Beam Computed Tomography (CBCT) in Pediatric Dentistry</td>
<td>Dr. Riad Bacho</td>
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<tr>
<td>10:00-10:15</td>
<td>To Drill or Not: Biological versus Conventional Techniques</td>
<td>Dr. Latife Aliwaish</td>
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<tr>
<td>10:15-10:40</td>
<td>Running Efficient General Anesthesia Service for Pediatric Dental Patients in High Volume Government Hospitals</td>
<td>Dr. Mohammed Mansoor</td>
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<tr>
<td>10:40-11:00</td>
<td>Dental Traumatology: A Pediatric Dentist's Perspective</td>
<td>Dr. Riad Bacho</td>
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**OPENING CEREMONY**
11:00 - 12:00

**ORTHODONTICS IN COLLABORATION WITH SAUDI ORTHODONTICS SOCIETY**

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<th>ORTHODONTICS IN COLLABORATION WITH SAUDI ORTHODONTICS SOCIETY</th>
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<tbody>
<tr>
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<td><strong>SPEAKER</strong></td>
</tr>
<tr>
<td>13:00-13:15</td>
<td>Advance Orthognathic Surgery</td>
<td>Dr. Sulaiman Alruwaily</td>
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<tr>
<td>13:15-13:30</td>
<td>Caries Risk in Orthodontic Patients</td>
<td>Dr. Nail Almoso</td>
</tr>
<tr>
<td>13:30-14:15</td>
<td>Implants and Orthodontics: A Symbiotic Partnership</td>
<td>Dr. Roy Sabri</td>
</tr>
<tr>
<td>14:15-15:00</td>
<td>The Treatment of Adult Patients with Esthetic Appliances</td>
<td>Dr. Olivier Nicolay</td>
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**ORAL AND MAXILLOFACIAL IN COLLABORATION WITH SAUDI SOCIETY OF ORAL & MAXILLOFACIAL SURGERY**

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<th>ORAL AND MAXILLOFACIAL IN COLLABORATION WITH SAUDI SOCIETY OF ORAL &amp; MAXILLOFACIAL SURGERY</th>
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<td><strong>SPEAKER</strong></td>
</tr>
<tr>
<td>15:15-15:40</td>
<td>Prevention and Management of Third Molar Surgery Related Trigeminal Nerve Injuries</td>
<td>Prof. Tara Ranton</td>
</tr>
<tr>
<td>15:40-15:55</td>
<td>SD (VSP) Virtual Surgical Planning in Orthognathic Surgery</td>
<td>Dr. Emenan Almajid</td>
</tr>
<tr>
<td>15:55-16:20</td>
<td>Orbital Trauma: Current Management Options Using Virtual Computer Assisted Reconstruction</td>
<td>Prof. Adnan Shah</td>
</tr>
<tr>
<td>16:20-16:35</td>
<td>Option in reconstructing surgical defects of maxillofacial region</td>
<td>Dr. Osama AlGhamdi</td>
</tr>
<tr>
<td>16:35-17:00</td>
<td>Prevention and Management of Dental Implant Related Trigeminal Nerve Injuries</td>
<td>Prof. Tara Ranton</td>
</tr>
<tr>
<td>17:00-17:30</td>
<td>Temporomandibular Joint Disorders: Treatment Approaches to Management based on Diagnosis</td>
<td>Prof. Adnan Shah</td>
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</table>
# Day 3 - NAJD HALL

Monday, January 14, 2019
8:00 am - 12:00 pm - REGISTRATION

<table>
<thead>
<tr>
<th>TIME</th>
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<tbody>
<tr>
<td>09:00-09:30</td>
<td>Caries Risk</td>
<td>Dr. Peter Lingstrom</td>
<td>30m</td>
</tr>
<tr>
<td>09:30-10:00</td>
<td>More Than Meets the Eye – Why Caries Lesions are Different and Why They Require Diverse Treatment Approaches</td>
<td>Dr. Frank Lippert</td>
<td>30m</td>
</tr>
<tr>
<td>10:00-10:30</td>
<td>Recent Advances in Caries Remineralization Therapies</td>
<td>Dr. Carlos Gonzalez-Cabezas</td>
<td>30m</td>
</tr>
<tr>
<td>10:30-11:00</td>
<td>Latest Evidenced Based Ways to Operatively Manage Caries</td>
<td>Dr. Edward Lynch</td>
<td>30m</td>
</tr>
<tr>
<td>11:00-11:15</td>
<td>Academic Sector and Dental Public Health: Challenges and Future Perspectives</td>
<td>Dr. Asim Al-Anseri</td>
<td>15m</td>
</tr>
<tr>
<td>11:15-11:25</td>
<td>Dental Caries Prevalence and Preventive Programs Across Saudi Arabia</td>
<td>Dr. Haba Baichsh</td>
<td>10m</td>
</tr>
<tr>
<td>11:25-11:35</td>
<td>Nation's Vision Towards Oral Health: Where Are We?</td>
<td>Dr. AlBandary AlJamaeel</td>
<td>10m</td>
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<tr>
<td>11:35-12:00</td>
<td>Panel Discussion</td>
<td>Dr. Reem Al-Mutairi</td>
<td>25m</td>
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**12:00 - 13:00** PRAYER & LUNCH

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<tr>
<th>TIME</th>
<th>TITLE</th>
<th>SPEAKER</th>
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<tbody>
<tr>
<td>13:00-13:30</td>
<td>The Diagnostic Procedure of Caries</td>
<td>Dr. Peter Lingstrom</td>
<td>30m</td>
</tr>
<tr>
<td>13:30-14:00</td>
<td>Top Tips for Faster, Better, Easier and More Effective Clinical Dentistry</td>
<td>Dr. Edward Lynch</td>
<td>30m</td>
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<tr>
<td>14:00-14:30</td>
<td>Remineralization Strategies for Caries Lesions</td>
<td>Dr. Frank Lippert</td>
<td>30m</td>
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<tr>
<td>14:30-15:00</td>
<td>Optimizing the Anticaries Effectiveness of Dentifrices</td>
<td>Dr. Carlos Gonzalez-Cabezas</td>
<td>30m</td>
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**15.00-15.15** PRAYER & COFFEE BREAK

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<th>TIME</th>
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<tbody>
<tr>
<td>15:15-16:00</td>
<td>Minimum Invasive Dentistry</td>
<td>Dr. Peter Lingstrom</td>
<td>45m</td>
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<tr>
<td>16:00-16:45</td>
<td>Integrating Silver Diamine Fluoride (SDF) in the Management of High Caries Patients</td>
<td>Dr. Carlos Gonzalez-Cabezas</td>
<td>45m</td>
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<tr>
<td>16:45-17:30</td>
<td>Prevention of Erosive Tooth Wear</td>
<td>Dr. Frank Lippert</td>
<td>45m</td>
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# DAY 3 - HEJAZ HALL
Monday, January 14, 2019
8:00 am - 12:00 pm - REGISTRATION

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<tr>
<th>MODERATOR</th>
<th>DR. KHALID AL-AJIA</th>
<th>DR. ABDELHADI ABANIMI</th>
<th>DR. SARA AL FADD</th>
<th>SPEAKER</th>
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<tbody>
<tr>
<td>PROSTHODONTICS</td>
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<td>09:00-09:40</td>
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<tr>
<td>TITLE</td>
<td>4D Implant Dentistry</td>
<td>Restorative Space Management, Where is the limit?</td>
<td>Soft Tissue Management Around Dental Implants: A Luxury or A Must?</td>
<td>Treatment Planning and Treating the Edentulous / Terminal Denition Patient to Achieve Optimal Outcomes</td>
<td>Current Ceramic Rehabilitation</td>
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<tr>
<td>09:40-10:20</td>
<td>Dr. Henriette Lerner</td>
<td>Dr. David Montalvo-Arias</td>
<td>Dr. Nadia Al-Angari</td>
<td>Dr. Sreenivas Koka</td>
<td>Prof. Christian Stappert</td>
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<td>10:20-10:40</td>
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<td>10:40-11:20</td>
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<td>11:20-12:00</td>
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<td>12:00 - 13:00 PRAYER &amp; LUNCH</td>
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<th>MODERATOR</th>
<th>DR. KHALID AL-AJIA</th>
<th>PROF. YOUSEF TALIC</th>
<th>DR. ABULAZIZ ALMALIK</th>
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<td>13:20-14:00</td>
<td>Dr. Manuel Prat</td>
<td>Dr. Sreenivas Koka</td>
<td>Dr. Henriette Lerner</td>
<td>Dr. Ahmed Hamdan</td>
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<td>14:00-14:30</td>
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<td>15:00-15:15 PRAYER &amp; COFFEE BREAK</td>
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<tr>
<th>MODERATOR</th>
<th>DR. NUHA AL-HATHLOOL</th>
<th>DR. MOSTASER AL QUTOB</th>
<th>DR. DAIFER ALASNIRI</th>
<th>SPEAKER</th>
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<tbody>
<tr>
<td>PERIODONTICS &amp; DENTAL IMPLANT</td>
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<td>15:15-15:40</td>
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<tr>
<td>15:40-16:05</td>
<td>Dr. Sebastian Gançó</td>
<td>Dr. Michael Lynch</td>
<td>Dr. Nicola De Angelis</td>
<td>Dr. Nicola De Angelis</td>
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<td>16:05-16:35</td>
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### Day 3 - Asir Hall
**Monday, January 14, 2019**
8:00 am - 12:00 pm - Registration

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<tr>
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<tbody>
<tr>
<td>09:00-09:30</td>
<td>Leadership and Strategic Planning in Private Dental Practice</td>
<td>Dr. Hassan Halawani</td>
<td>Dr. Saud Orfali</td>
<td>Dr. Osama Al-Ali</td>
</tr>
<tr>
<td>09:30-10:15</td>
<td>Handling Nephrotic Patients</td>
<td>Dr. Habib M.</td>
<td>Dr. Aref Alabed</td>
<td>Dr. Ehab Haikal</td>
</tr>
<tr>
<td>10:15-11:05</td>
<td>Basics of Marketing, Finance and Human resources management -</td>
<td>Dr. Aref Alabed</td>
<td>Dr. A. A.</td>
<td>Dr. Ehab Haikal</td>
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<tr>
<td></td>
<td>Private Dental Practice</td>
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<tr>
<td>11:05-11:45</td>
<td>Quality &amp; Standardization In the Dental Office</td>
<td>Dr. A. A.</td>
<td>Dr. Ehab Haikal</td>
<td>Dr. Kaisar Kabbash</td>
</tr>
<tr>
<td>11:45-12:00</td>
<td>The Rights of Dentists, Assistants and Medical Staff in Dental Clinics</td>
<td>Dr. A. A.</td>
<td>Dr. Ehab Haikal</td>
<td>Dr. Kaisar Kabbash</td>
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**Opportunities and Challenges in the Health Market**
**Panelists:**
PROF. AHMED ALKAHTANI | DR. EBTISSAM ALMAD

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<tbody>
<tr>
<td>13:00-13:10</td>
<td>How to convince your patients to ask for what they NEED, not what they WANT?</td>
<td>Dr. Fahda Al-Gahtani</td>
<td>Dr. Fahda Al-Gahtani</td>
<td>Dr. Faisal Alshammri</td>
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<tr>
<td>13:10-13:20</td>
<td>Dentist’s Experience in Dental private clinic</td>
<td>Dr. Fahda Al-Gahtani</td>
<td>Dr. Fahda Al-Gahtani</td>
<td>Dr. Hajar AlRashed</td>
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<tr>
<td>13:20-13:30</td>
<td>New Education Career Path for Dentists</td>
<td>Dr. Fahda Al-Gahtani</td>
<td>Dr. Fahda Al-Gahtani</td>
<td>Dr. Sulaiman Al-Omran</td>
</tr>
<tr>
<td>13:30-13:40</td>
<td>How to Establish a Private Dental Clinic or Polyclinic</td>
<td>Dr. Fahda Al-Gahtani</td>
<td>Dr. Fahda Al-Gahtani</td>
<td>Dr. Musaab AlJadjed</td>
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<tr>
<td>13:40-13:50</td>
<td>Rules and Regulations of MOH permits</td>
<td>Dr. Fahda Al-Gahtani</td>
<td>Dr. Fahda Al-Gahtani</td>
<td>Dr. Mohammed AlEyoban</td>
</tr>
<tr>
<td>13:50-14:00</td>
<td>Career opportunities for dentists in the private sector</td>
<td>Dr. Fahda Al-Gahtani</td>
<td>Dr. Fahda Al-Gahtani</td>
<td>Mr. Airashid AlKhsby</td>
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<tr>
<td>14:00-14:15</td>
<td>The role of the Human Resources Development Fund in supporting dentists in the private sector</td>
<td>Dr. Fahda Al-Gahtani</td>
<td>Dr. Fahda Al-Gahtani</td>
<td>Mr. Alshaddad AlNoor</td>
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<tr>
<td>14:15-15:00</td>
<td>Panel Discussion</td>
<td>Dr. Fahda Al-Gahtani</td>
<td>Dr. Fahda Al-Gahtani</td>
<td>Mr. Alshaddad AlNoor</td>
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**Coffee Break**

**Facial Cosmetic**
**Panelists:**
DR. ABDUSALAM ALIABAB | DR. ASIM ALSUFIYAN

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<tr>
<td>15:15-15:55</td>
<td>The Gummy Smile Challenge: New Guidelines for Predictable Outcomes</td>
<td>Dr. Noor Alsammahi</td>
<td>Dr. Noor Alsammahi</td>
<td>Dr. David Montalvo-Aries</td>
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<tr>
<td>15:55-16:30</td>
<td>Gummy smile</td>
<td>Dr. Noor Alsammahi</td>
<td>Dr. Noor Alsammahi</td>
<td>Dr. Abdullah Aliasa</td>
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<tr>
<td>16:30-17:00</td>
<td>Myofacial Pain Disorder</td>
<td>Dr. Noor Alsammahi</td>
<td>Dr. Noor Alsammahi</td>
<td>Dr. Rand Khattari</td>
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GUMMY SMILE

Beautification of smiles is becoming an everyday requirement in dental practice. Apart from teeth, gingiva also plays an important role in smile esthetics. Excessive visualization of gingiva is a common complaint among patients seeking esthetic treatment. A wide variety of procedures are available for correction of excessive gum display based on the cause of the condition. Gummy smile is one of the complaints of the patients, since such a situation can influence self-esteem and social relationships. The development of new more conservative techniques may provide a better therapeutic option than surgical procedures, such as the application of botulinum toxin, in the treatment of gummy smile.

I'll discuss the right way to inject Botulinum toxin how to select patient and what is the side effect.
Orbital trauma is involved in 47% of severely injured patients. Isolated orbital fractures account for 4% to 16% of all fractures. It is usually a result of blunt trauma due to motor vehicle accidents, interpersonal assaults, sports injuries, industrial accidents and fire arm injuries. Orbital anatomy is complex with seven bones contributing to the formation of the orbit like zygomatic, maxilla, lacrimal, sphenoid, ethmoid, frontal and palatine bone along with highly specialized nerves and structures bundled in the orbital cavity. The volume of the orbit is 30 ml with the globe averages 7 ml. The orbital growth is 85% complete by the age of 5 and the remaining between 7 years and puberty. Orbital floor in children and adults is a commonly occurring fracture and the most encountered combination is the floor and medial wall fracture. Fractures of the orbit could also be a part of zygomatico-maxillary complex, naso-orbito-ethmoidal and frontal sinus fractures. These fractures are classified into pure/impure and open and trap door fractures. Hence, adequate and optimal management of orbital injuries possess great challenges to Oral and Maxillofacial Surgeons.

This paper would discuss the soft tissue injuries of the periorbital area, the mechanism involved in orbital fractures, diagnostic imaging and its role in ensuring adequate restoration of orbital volume, indications and timing of repair, surgical access and choice of autogenous and alloplastic materials for the orbit using computer assisted reconstruction. Brief summary of complications will also be presented. The paper would also highlight the use of 3-D Modelling in the assessment and reconstruction of orbital fractures with selective indications of intraoperative navigation. The author will discuss his own observations and experience in treating orbital fractures including pearls and pitfalls.
TEMPOROMANDIBULAR JOINT DISORDERS: TREATMENT APPROACHES TO MANAGEMENT BASED ON DIAGNOSIS

There are many myths and fallacies regarding the management of TMD Disorders both non-surgical (conservative) and surgical. Therefore, treatments delivered to the patients should be evidence based with reproducible results keeping in view the best practices and in the best interest of patients. Temporomandibular disorders are a very common problem in 4% of general population seeking treatment at some point in time. A higher percentage like 40% will show signs and 25% symptoms of this disorder. These disorders can be divided into common disorders, uncommon disorders and rare conditions. Aetiology of TMD is multifactorial, biopsychosocial with predisposing and precipitating factors. This talk would highlight clinical sign and symptoms, diagnostic imaging in evolving a diagnosis with stepwise treatment algorithm reversible/conservative in a clinical setting of Myofascial pain, Internal disc derangement and TMJ arthritides. Irreversible options with caution will also be discussed including total joint replacements. An update on the use of Botox in TMD will also be presented.

B.D.S., M.Sc., Ph.D.; Assistant Professor, Periodontology Department of Oral & Maxillofacial Surgery, Oral Medicine & Periodontology, School of Dentistry-University of Jordan

Implant placement in the esthetic zone is a challenging situation. It is considered as advanced or complex according to the ITI Simple, Advanced, Complex (SAC) classification. This complexity arises from the important number of factors and elements that need to be evaluated and considered during treatment planning. In addition, patient selection and timing of implant placement play an additional role in the complexity of the situation. This presentation, through clinical cases, aims to provide the audience with the different elements that should be considered when planning for implant therapy in the esthetic zone.
NATION’S VISION TOWARDS ORAL HEALTH: WHERE ARE WE?

Nations’ health is a pillar that any community should have to be able to catch the wheel of rapid global development and sustain it. Governments, including Saudi Arabia, care about the health of their citizens and the provision of needed quality health care services, therefore they are working hand in hand with different ministries to cure disease and conditions, prevent them from occurrence and also promote for health. In the Kingdom of Saudi Arabia, health services are experiencing a transitional stage guided by the National Transformation Program 2020, and Vision 2030. Enhancing the quality of preventive and therapeutic health care services, as well as, focusing on promoting preventive care are targets that were clearly stated in the Vision 2030. Preventing disease from occurrence and promoting health if planned and implemented properly will result in evident improvement of the nation’s health; it will also enhance the country’s economic. Oral health is well acknowledged as an integral part of general health and wellbeing. Several bodies at KSA are involved in the cycle of providing and maintaining good oral health; and this keynote will highlight the national status on the prevention and promotion of Saudi’s oral health.
LASER IN DENTISTRY

The laser and currently other types of light, such as LED’s, have a wide application in health sciences. The laser (acronym for Light Amplification by Stimulated Emission of Radiation) is a tool that can be applied, in greater or lesser form, in each of the specialties both dental and health sciences. There are different types of lasers with application in dentistry, some are used to obtain an anti-inflammatory, analgesic and regenerative effect (soft laser) or combined with a pigment to make a broad disinfection, and others (high power laser) that can be used as a substitute for the scalpel or rotary instruments as high speed drill. Each laser has a wavelength that characterizes it, and not all wavelengths produce the same effects. For this reason, there is a wide diversity of lasers available to dentistry professionals, which can cover a wide variety of dental procedures. The most introduced laser in the field of dentistry is undoubtedly the diode laser. There are diode lasers of different wavelengths, both in the range of visible and infrared light. Diode lasers are tools that have a wide range of indications. Despite this, these types of lasers are not useful for cutting hard dental or bone tissues. Currently, in the market, there are three wavelengths capable of cutting dental hard tissues and bone, and they correspond to the Er,Cr:YSGG laser, the Er:YAG laser and the 9300nm CO2 laser, although this last only exists in the USA market. Although there is no single laser for everything, the Er, Cr: YSGG laser is, in my experience, the one that best meets the needs of the dental professional. During the presentation, mention will be made of the differences that exist between the most commonly used lasers, as well as a review of the many indications they have in the different dental specialties.
THE ART OF PUBLIC SPEAKING

Key learning objectives:

1. Define the concept of “public speaking”.
2. Summarise the skills a speaker should have in terms of leadership and communication skills.
3. Explain how stage fright can be overcome.
4. List down the steps of preparing for a public speech.
5. Explain the methods of introducing and concluding a public speech.
6. Find how a speaker can understand audience and comprehend that people learn differently.
7. Illustrate what is meant by “training cycle”, learning styles and “Kolb’s learning cycle”.
8. Discuss the criteria of an effective slides presentation as an auxiliary in public speaking.
ACADEMIC SECTOR AND DENTAL PUBLIC HEALTH: CHALLENGES AND FUTURE PERSPECTIVES.

Saudi Arabia faces many challenges to achieve optimal oral health outcomes and universal access to oral health care for children and adults. There is a need for concerted efforts among oral health care stakeholders where roles are complemented and benefits are augmented. The academic sector, represented by 23 dental schools all over the country, has the potential to positively contribute towards improving oral health through structured and coordinated efforts. This presentation will shed some light on the experience of the College of Dentistry, Imam Abdulrahman Bin Faisal University in Dammam. A brief overview is given about the situation regarding systematic data collection for needs assessment in areas surrounding the college in addition to providing preventive services and primary care to underserved population in neighboring communities through academic curricular activities and volunteering extracurricular activities. A call for intra and intersectoral collaboration for better oral health is made at the end of the presentation.

CBCT IMAGING IN THE MODERN DENTAL PRACTICE

CBCT imaging is one of the most important diagnostic tools during the initial treatment planning and management of various types of dental procedures. This course will demonstrate how high-resolution 3D imaging can positively impact all phases of treatment and how it can be combined with upcoming technologies such as 3D printing. This dynamic lecture will guide you through specific steps on how to manipulate and interpret CBCT scans. We will discuss the importance of understanding 3D visualization of key anatomical structures such as the maxillary sinus and we will unveil diagnostic pearls for current and future 3D imaging users.
CBCT IMAGING OF THE PARANASAL SINUSES FOR THE ENDOdontist

CBCT imaging has become essential to the clinical practice of endodontics. The addition of CBCT to the clinician’s armamentarium overcomes many of the limitations related to conventional two-dimensional imaging, however, increased information obtained from three-dimensional imaging demands higher level of interpretation. This case-based presentation is design to teach an update endodontist on how to systematically review 3-D Cone Beam CT data to maximize imaging diagnosis in the endodontic practice. Lecture will cover evidence-based practice techniques, focusing on basic and advanced 3-D navigation/interpretation of small, high resolution CBCT volumes of the maxillary sinuses acquired for endodontic purposes. Our goal is to help endodontist have a better understanding of common CBCT findings associated with the paranasal sinuses.

Educational Objectives:
• Understand the importance of systematic imaging interpretation
• How to recognize advanced 3D anatomical variations of the paranasal sinuses
• Describe common pathologies observed in the maxillary sinuses associated with scans acquired for endodontic purposes
• Integrate information presented in this course into efforts to improve 3-D interpretation skills of the participants
Non-carious lesions (NCLs) are defined as an irreversible loss of the hard tissue of teeth which is no consequent to action of batteries. The incidence of NCLs is increasing steadily in occidental communities and often, especially when they act combined, they may induce a severe condition of tooth wear. Patients that present this condition may need complex full-moth rehabilitations with an increased vertical dimension of occlusion. In the past, a substantial loss of hard dental tissue implied an invasive therapy approach with full-crown coverage. However, the development and improvement of adhesive dentistry marked a shift of paradigm which allowed to treat these patients with minimally invasive and/or additives approaches. Recent development of digital devices also increased the predictability of these treatments with tree-dimensional previsualisation and simulation of the final outcome. The aim of this conference is to elucidate treatments protocols and workflows of full mouth rehabilitations using additive and adhesives techniques. A special attention will be given to advantages and limits of digital approaches.

**Resin Composite Veneers: A No Invasive Approach to Achieve Aesthetic**

Smile esthetics plays a dominant role in modern society: it influences how people are perceived and how they perceive themselves. Treatment options for a patient with anterior aesthetic problems includes direct restoration with composite resin, indirect restoration with porcelain veneers and crowns. Ceramic veneers or crowns provide excellent and long-lasting results but may require extensive tooth preparation. Recent improvements to the mechanical and optical properties of composite resins allow clinicians to accurately reproduce the natural anatomy and shade of enamel and dentin with minimal tooth preparation or no tooth preparation and may represent an excellent compromise in term of costs, time, and results. The aim of this conference is to elucidate treatments protocols and workflows for full direct composite no-invasive veneers.
INTEGRATING SILVER DIAMINE FLUORIDE (SDF) IN THE MANAGEMENT OF HIGH CARIES PATIENTS

Silver Diamine Fluoride (SDF) is becoming an integral part in the management of dental caries for some patients. In this lecture, the role and mechanism of action of silver ions in caries arrest, prevention and management will be discussed. The advantages and disadvantages of silver products will be compared to other caries management products used to manage dental caries. The indications and contraindications for using SDF in dental practice will be examined. Lastly, a clinical protocol on how to use SDF will be presented.

OPTIMIZING THE ANTICARIES EFFECTIVENESS OF DENTIFRICES

Fluoride-containing dentifrices have been shown to prevent dental caries and remineralize caries lesions. However, formulation and usage behavior significantly affect the anticaries effectiveness of dentifrices. This presentation will discuss how toothbrushing behavior and different elements in a dentifrice formulation affect dentifrice anti-caries effectiveness. It will also provide guidance on how to develop personalized recommendations for patients to optimize the anticaries effect of the dentifrice.
Saliva ions can remineralize caries lesions naturally. Remineralization can be accelerated by external factors or elements such as fluoride. Numerous studies have demonstrated the remineralizing efficacy of fluoride therapies as well as their limitations with some groups of the population. Consequently, developing new remineralization therapies to close this gap in efficacy has been a priority for the last two decades. In this presentation, a summary of some of the latest advances in remineralization therapies will be presented. Most new therapies try to enhance the effect of fluoride by adding other potentially active ingredients to the formulation, such as calcium, phosphate, stannous, xylitol, and arginine. Other remineralization strategies have focused on creating remineralizing scaffolds within the lesions (e.g., self-assembling peptides). Some of the new remineralization strategies have progressed significantly in recent years, for most of them, the evidence is still insufficient to assess their true clinical potential.

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**CURRENT CERAMIC REHABILITATION**

Synopsis: The evolution of dental ceramics has revolutionized our ability to restore patients. Due to their preferred optical and biological properties, all-ceramic materials assessed to be ideal for tooth- and implant-supported restorations. Yet, the rapidly changing face of new material developments and techniques today, presents us with an ever expanding armamentarium to meet the challenges presented to us in restorative dentistry. An interdisciplinary approach, sound knowledge and awareness of new ceramic materials are essential if we strive for good function and long term predictability. To fabricate all-ceramic restorations, monolithic lithium-disilicate and monolithic translucent zirconia are replacing traditional veneering techniques and metal frameworks. This presentation will shortly review planning and preparation concepts for extended esthetic fixed oral rehabilitations, using current ceramic solutions, asking what makes ‘new’ really ‘better’?

Educational Objectives: Upon completion of this presentation, participants should be able to:

a) Discuss aspects in selecting the ceramic restorative materials to use;
b) Identify the preparation techniques required by different materials;
c) Discuss the necessity of a close dentist-technician collaboration
SUCCESSFUL BIOLOGICAL TISSUE PRESERVATION STRATEGIES WITH IMPLANTS IN THE ESTHETIC ZONE

Implant restorations in the anterior dentition post an extraordinary challenge for the dental practitioner. Minimal invasive and periodontal surgical techniques can remain esthetic hard and soft tissue conditions around implant restorations over time. With the loss of a single tooth, the treatment of the remaining extraction socket becomes the focus. "If you have it, don’t lose it". Different choices of socket preservation strategies, immediate implant placement concepts and timing of tissue sculpturing will be evaluated. The technique of the 'Pedicle Gingival Graft' will be introduced to achieve a surplus of tissue and bone, resulting in better implant tissue conditions and long term stability. Especially in extraction socket type 2, when the option of direct implant placement is limited, new concepts are required. Biomechanical limitations and biological treatment concepts impact on the clinical long-term success of single implant rehabilitations. LESS is often MORE.

DMD, PhD, M.Sc.; Private Clinic; Associated Professor, School of Dental Medicine, Department of Restorative Dentistry and Endodontics

LASERS APPLICATION IN DENTAL MEDICINE - EVOLUTION OR REVOLUTION?

‘WHY SHOULD WE USE DENTAL LASERS? - CLINICAL ADVANTAGES OF LASER APPLICATION IN DENTISTRY’

What are the effects of dental lasers? Why should we use dental lasers in everyday clinical praxis? What are the indications and advantages? The lecture answers the most common questions regarding dental lasers application. It covers basic principles of laser physics as well as the properties of dental lasers which will provide better understanding of the specific biological effects of lasers in oral tissues. Various indications for laser application will be addressed and supported by the presentation of clinical cases in different disciplines of dental medicine.
THE WIDE USE OF CAD CAM

The wide use of CAD CAM chairside technology revealed mechanical and esthetic problems. The flexural strength, the modulus of elasticity and the wear resistance can mainly predict the lifetime of the restoration in terms of mechanical properties. Moreover, the tensile bond strength between the restoration and the prepared tooth is a major key of the success of the restoration. Concerning the esthetic side, most of the restorations are monolithic. So when an anterior tooth must be restored, lots of skills and abilities are required to perform the task efficiently. In the last few years, Coltene Whaledent introduced to the market the Brilliant Crios CAD CAM block for single restoration such as crown, endocrown, veneer, inlay and onlay. This resin reinforced block have very good mechanical and esthetic properties and a very good radiopacity that differ from other products. A kit for stain and glaze from Coltene is delivered and two silicone burs from Diatech are used for manual polishing. The cementation technique is performed using the Solocem and the one coat 7 universal bonding that contains MDP to enhance the tensile bond strength.
RESTORATIVE SPACE MANAGEMENT. WHERE IS THE LIMIT?

In cases that are compromised by spatial considerations, an orthodontic approach has been traditionally the first treatment option. Unfortunately, patients due to several reasons do not always accept that. With the rising of new aesthetic materials and preparation techniques, we are able to offer a restorative solution to those patients that are seeking for an alternative option that fulfills their necessities. This lecture will discuss the clinical and laboratory considerations that must be addressed when providing a prosthetic restoration for crowded teeth.

THE GUMMY SMILE CHALLENGE: NEW GUIDELINES FOR PREDICTABLE OUTCOMES

The interdisciplinary treatment of excessive gingival display (“gummy smile”) can be very challenging, particularly when the patient has high esthetic expectations. To achieve the optimal predictable clinical outcome, adequate diagnosis, treatment planning, staging, and execution of the periodontal and restorative procedures are essential. The purpose of this presentation is to introduce a new protocol that facilitates and reduces the number of clinical steps to treat a gummy smile, while ensuring maximum comfort for the patient throughout the treatment and maximum esthetics at its conclusion.
Aims: This course will also provide numerous tips to allow Dentists to provide better, faster, more effective and more profitable clinical dentistry for their patients.

Objectives:
• To learn about the new “One Visit Crowns”.
• To learn the latest evidenced based methods to do better, faster, more effective and more profitable clinical dentistry.
• To learn the latest ways to avoid postoperative sensitivity with posterior composites.
• To learn the ideal placement techniques for posterior composites.
• To learn the latest ways to manage deep carious lesions.
• To understand when to use glass ionomer cements.
• To understand how to reduce the need for root canal treatments when dealing with almost cariously exposed teeth.
• To learn the latest ways to manage pulpal exposures.
• To learn the latest ways to avoid root canal treatments.
• To learn the latest ways to improve your success for Root Canal Treatment.
• To understand how minimal invasive dentistry should be applied in dental practice.
• To learn when to use silver fluoride.
• To learn when to use ozone.
• To learn the latest ways to improve tooth whitening - internal and external.
HANDLING NEGAHOLIC PATIENTS

We all face that bad day when an unhappy patient slams into our clinic. Many patients are uneasy to satisfy, those patients you usually call Problematic patients, and some call them Patients from HELL.

This lecture is divided into three sections:
1- Understanding Negaholic patients
2- Prevention methods (Preventing the creation of such patients)
3- Remedy (How to handle them)

QUALITY & STANDARDIZATION IN THE DENTAL OFFICE

You pay a large sum of money to buy quality products; your patient also pays a large sum of money for your quality service. So what is quality? How does your patients perceive it? How can you maintain quality in your office and how to close the gaps?

Standardization is not just routine work, it is a set of procedures that eases your work, saves time and above all, maintains the quality of your service.

In this lecture, we discuss the basic principles of quality and the simplest tools you can use to standardize your dental service.
3D (VSP) Virtual Surgical Planning in Orthognathic Surgery

Technological advances has revolutionized the way we plan for complex maxillofacial cases. We can take advantage of a virtual, computer environment to treatment plan and visualize anatomy in 3D. The surgical plan is then transferred to the patient through custom computer engineered surgical splints and cutting guides, improving accuracy and surgical outcomes.

Treatment planning for Orthognathic surgery (or jaw corrective surgery) involves the capture the patient in 3D anatomy using a CBCT scan. The surgery can then be rehearsed virtually. Osteotomies are performed in the desired location and pertinent vital structures can be visualized. Surgical splints are computer manufactured and enable accurate positioning of the jaws.
Accreditation in modern healthcare institutions: an opportunity or a challenge

Accreditation in healthcare can be defined as a voluntary process carried out by a government or non-government agency for granting recognition to healthcare institutions after meeting certain standards. These standards require proving implementation of Continuous Quality Improvement in structures, processes, and outcomes.

Despite its long history going back to 1910 rooted in the United States, its application as gained a great momentum in recent years in the Middle East. Accreditation is the way forward for all healthcare institutions if they are concerned with their performance. Despite its great advantages and benefits accreditation has five areas of risk which need to be addressed skillfully. The five areas are 1. Leadership Process & Accountability, 2. Competent & Capable workforce, 3. Safe Environment for Staff & Patients, 4. Clinical Care of Patients and finally 5. Improvement of Quality & Safety. As it is seen leadership processes and accountability is the most important issue in accreditation which will be discussed in some detail during the lecture in addition to an overview of accreditation as an opportunity.

Also, Saudi Arabia role as the pioneer of the idea of accreditation in the GCC countries by starting Makkah Region Quality Programme (MRQP) in the early 2000 will be briefly discussed.
Dentistry developed in order to meet the patients, more demanding, esthetic expectations. Nowadays having a mouth free of biological and functional problems is not enough. Patients want beautiful smiles that are integrated with their physical characteristics but also in harmony with their emotional aspects. To achieve this kind of result the modern dentist needs to go beyond just being a good dentist. We need to become Smile Designers!

The DSD Concept aims to help the dentist in this matter, improving the esthetic visualization of the patient’s problems and giving insights about possible solutions.

But above all, the DSD seeks to present to the public a new face of dentistry, more humanistic, emotional and artistic, further enhancing our noble profession before the society, because after all there are not many things in life more important than a healthy, natural, confident and beautiful smile!

The concept aims to assist the dentist in 3 aspects:-Improve the Esthetic Planning and Smile Design.

Improve communication between specialists involved in the case. -Improve communication with the patient, increasing their participation on the designing process of their own smile design, motivating and educating them about the benefits of the treatment and increasing the case acceptance.
CHAIRSIDE ADHESIVE RESTORATIONS: FROM THE PREPARATION TO THE DIGITAL IMPRESSION AND ADHESIVE CEMENTATION

Since the first introduction of the Cerec system (Sirona Dental System GmbH) in the early 80s, CAD-CAM technology has widely spread in modern adhesive dentistry. Thanks to this innovative technology it has been possible to carry out chairside restorations fully managed by the clinician, with the advantage of lower costs for the patient, more rapid execution of the restorations and suppression of the provisional phase. With further improvements in chairside technologies and materials, specifically in the field of composite resins blocks, it is possible nowadays to fabricate any kind of restoration, from minimally invasive or even noninvasive restorations to crown in implant, in one single appointment. The aim of this presentation is to show, with several clinical cases, all the possibilities of the chair side system, tip and tricks of the tooth preparation and cementation of adhesive restorations.

ESTHETIC INTEGRATION OF MONOLITHIC CAD/CAM COMPOSITE RESIN RESTORATIONS: EXTRA- AND INTRA- ORAL MODIFICATIONS

Innovative CAD/CAM chair-side technologies and the introduction of new industrially polymerized composite resin blocks coupled to modern adhesive strategies have reduced both biological and financial costs compared to a classic post-core-crown approach. On the other hand, concerns may arise for the limited esthetic of this monochromatic / monolithic restoration. The purpose of this presentation is to show with some case how to improve the esthetic integration and how to do some esthetic extra- and intra-oral modification of the CAD /CAM blocks.
ANATOMICALLY GUIDED SHAPING: SCIENCE AND PRACTICE

The scientific literature indicates the "Gold" metallurgy as a very powerful process creating a new generation of rotary and reciprocating files. In particular the most recent studies from peer reviewed journals demonstrate that a new reciprocating file, Wave One Gold is a very interesting technological option. The gold alloy along with a unique design and specific degrees of reciprocation makes this file very flexible and resistant, so finally the shape respects the original canal anatomy. From a clinical point of view all of these are good news for the dentists: the can do an excellent job of shaping, reducing the risk of file separation and other iatrogenic complications. Wave one gold, above all, is a single file technique, only one file is needed to completely achieve the shape and this leads to a dramatic reduction of the duration of the procedure. Once clinicians understand the anatomy they are in front of, they can select the right WOG for that specific anatomy, in other words anatomy dictates the file choice, it is an anatomically guided shaping! This lecture has the goal to analyze clinical and technical aspect of the procedure emphasizing the good impact of the new technology on the endodontic daily practice.
Dental caries is a continuum, involving many cycles of de-and remineralization, starting at an atomic level of mineral loss and long before the disease can be detected clinically as a white spot lesion – and ultimately culminates in cavitation. White spot lesions are extremely variable and change in their characteristics throughout their lifespan.

Currently, lesion activity and severity are the only ‘lesion parameters’ that are being propagated to determine non-invasive treatment approaches, although these parameters can only be crudely determined in vivo. Yet, lesions also vary in other parameters that determine their responsiveness to interventions, such as fluoride.

This talk will provide an overview of mechanistic aspects of caries lesion formation and reversal, while also highlighting how lesion parameters can affect the efficacy of interventions.
Remineralization strategies for caries lesions

The current trend in managing caries at the individual patient level is guided by the use of risk assessment in preventing future caries incidence through the development of a personalized treatment plan and the utilization of primarily noninvasive procedures. The shift from restorative to preventive measures requires the application of interventions that not only halt lesion progression, but also aid in their reversal – or remineralization.

In addition to traditional interventions, such as professionally applied topical fluorides, a vast number of alternative remineralization agents, with and without fluoride, have become commercially available over the last decades and with often little supporting and/or questionable data, leading to unnecessary confusion among dental professionals.

This talk will not only provide a brief historic overview of research on remineralization strategies, but also critically review the available scientific evidence underlying the most pertinent strategies.

Prevention of erosive tooth wear

Erosive tooth wear (ETW), a condition of growing concern and threatening public health, is a largely irreversible process of tooth surface loss due to the potentiating interaction between chemical agents and mechanical forces. Many different factors have been identified in the development of ETW, with the frequent consumption of acidic beverages being the most reported etiological factor.

While behavioral change interventions may appear to be the most prudent of preventive approaches, they require a high level of subject adherence over a long period of time, are resource-intensive; and thus have been largely unsuccessful in achieving clinically meaningful benefits. Hence, alternative preventive strategies requiring little to no compliance are currently being considered state-of-the-art.

This talk will provide an overview of the current state of erosion prevention through modification of erosive beverages and the topical application of metal fluorides.

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Apical periodontitis is a function of local factors, systemic factors and host response. Local factors include infection, mechanical and chemical trauma. Periapical status can also be affected by systemic diseases; such as diabetes mellitus, coronary heart disease, and hypertension. The role of systemic diseases as a modulating factor in the development of endodontic periapical infection has been a subject of controversy with some studies reporting a strong association and others found weak to no association. This presentation will cover the pathogenesis and scientific evidence reporting any cause-effect relation between endodontic pathosis and systemic diseases.
Dental caries is an infectious disease that has a negative impact on the overall health and the quality of life of individuals. Caries is considered a national health concern in Saudi Arabia with the highest reported caries prevalence being 95% for young children, 91% for adolescent and 98% for adults. Furthermore, studies have shown that caries prevalence has been increasing over the past few decades in Saudi Arabia. In response to the alarming situation, multiple preventive programs have been implemented through the Ministry of Health, hospitals, Dental Colleges, and health centers among others.

In this presentation, a review of the most recent published updates in caries prevalence studies across Saudi Arabia will be presented as well as an overview of the national and local community preventive programs that have been recently implemented and are currently running through different sectors with emphases on the prevention modalities applied and outcome.

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**4D IMPLANT DENTISTRY**

The lecture will describe a workflow from Virtual planning dynamic navigation to digital planning and manufacturing of implant supported restorations.

**SCIENCE, TECHNOLOGIES & ART IN SYMBIOSIS FOR PERFECT ESTHETICS.**

The lecture will describe and explain the digital technologies, as indispensable tool for applying algorithms and precision for and achieving perfect and stable esthetic result of implant full arch reconstructions.
THE FUTURE OF ORTHODONTICS NOW

Dr. Ivan Malagon will convey arguments as to why digital Orthodontics, based on aligner therapy, has been the biggest change in Orthodontics over the last 100 years and how it has impacted doctors and patients alike.

FROM AUSTENITE TO MARTENSITE: THE EVOLUTION OF ENDODONTIC SHAPING

Shaping of root canals is one of the four pillars of excellence in endodontic therapy. Predictable shaping with NiTi instruments offers fast, safe and efficient methods to achieve this. Recent advances have seen advances in Nickel Titanium instruments and how they have been improved by new alloys and contemporary instrument design. This lecture covers the fundamentals of iRaCe instruments and XP technology and the benefit to dentist for predictable and safe canal instrumentation.

Aims:
• To introduce delegates about instrument design and the influence this has on fracture prevention.
• To discuss the effect of tip design, pitch angle, taper, surface finish on instrument behaviour.
• To discuss predictable canal shaping with minimal number of instruments.

Objectives:
• By the end of the lecture delegates will be able to understand the influence that instrument design has on fracture prevention. Be able to understand the unique design features of iRaCe files and XP technologies and how they can be used predictably to shape canals.
Calcium Silicate cements are a quantum leap forward in endodontic materials. Their biocompatibility and antimicrobial properties have revolutionised endodontic therapies. Their refinement over the last 20 years have made these materials easier to use, improved handling properties and more widely available to dentists. This in turn has improved treatment outcomes with minimal problems for patients.

**Aims:**
- To introduce delegates to the basic chemistry of calcium silicates and how they benefit the practitioner in endodontic therapy. To explore the improvements in handling properties and ease of application which have broadened their scope of use in restorative and endodontic treatments. To show how they can be used in vital pulp therapies, surgical and non-surgical endodontics and pulp regeneration procedures.

**Objectives:**
- By the end of the lecture delegates will be able to understand the how calcium silicate cements have evolved over time and how they can be applied in prevention of pulp death, obturation, surgical repair and tissue regeneration.
Talking about the rights of dentists, assistants and medical staff in dental clinics is very important today, especially after previously defining the duties without rights. These following points are related to professional work and the respected rules between dentists:

2. The dentists’ rights to be excused from treating their patients and their needs to follow scientific developments.
3. Protecting dentists and their assistants from verbal and physical abuse, defamation through social media, and the law controlling photography in dental clinics.
4. The violation of independent medical decisions, the treatment plan, and the laws governing the relationship between the dentist and patient.
Esthetics has become the main driven factor in clinical dentistry; since the introduction of resin composite and adhesive dentistry, several published paper described the drawbacks with composite application. Complicate adhesion procedures, handling problems, colour stability, excessive wear and surface deterioration. This lecture will discuss the advantages and limitations of novel resin composite, the tips in clinical applications, material choice, shade selection and appropriate adhesive techniques. It will show new techniques with composites in the anterior / posterior region, present a simplified layering concept and discuss the limitations of them from a simple Class 1 to a complex reconstruction and direct composite veneer. It will be based on many fully documented clinical cases.
Management of Failed Implant Cases

Reported dental implant success rates are high resulting in an ever-increasing number of patients being treated with implants. Nevertheless, implant failures due to peri-implantitis & bone loss do occur. The most predictable management of these cases appears to be implant removal & replacement. The aim of this lecture is to describe an atraumatic method & treatment modality in dealing with these dental implant cases.

Over time the percentage of dental implants that fail increases because of biological and technical issues. Inevitably clinicians will have to dedicate more time to dealing with ailing and failing dental implants.

The clinical presentation of ailing and failing implants is peri-implantitis. This is an inflammatory disease of bacterial origin with bone loss. The prevalence of peri-implantitis varies between studies from 6% to 36%. The decision to treat or remove (explant) a failing implant is a judgment that needs to be made by the treating clinician and needs to be based both on clinical and radiographic evaluation.

Dental implant removal may be indicated in cases of advanced bone loss around implants. If a non-mobile infected implant is deemed hopeless and needs to be explanted usually it no longer needs to be removed by the traditional destructive “trephine” technique. Implant removal devices are now available that facilitate removal of failed implants with a predictable technique that permits conservative implant extraction and the same time preserving most of the viable soft and hard tissue.

This clinical protocol aims to:
- Explant the infected implant.
- Decrease the bacterial load by curettage and decontamination of the implant socket.
- Maintain the regenerative capacity of the surrounding alveolar walls.
- Achieve primary stability for the immediate replacement implant either in the same or adjacent site.
- Immediately load the replacement implants.
Learning Objectives:
• Identify failed implants requiring removal & replacement.
• Identify an atraumatic method of removing failed implants.
• Become familiar with the concept of immediate replacement of failed implants in the same or adjacent site.
• Become familiar with the protocol of immediate loading replaced implants.
• Identify cases where immediate replacement is not possible, and a delayed protocol is indicated.

BDS, DClinDent (Paed Dent), M Paed Dent, Assistant Professor, Department of Pediatric and Orthodontic Dentistry, College of Dentistry, King Saud University, Riyadh, Saudi Arabia

DR. LATIFA ALHUMAISH

TITLE: TO DRILL OR NOT: BIOLOGICAL VERSUS CONVENTIONAL TECHNIQUES.

Over the last decade there has been much debate regarding the oral health benefits of conventional restorations of carious primary teeth and the ideal scheme of providing dental care for pediatric patients. A number of studies worldwide are being carried out to compare the conventional restorative techniques and the more recent biological management techniques in children.

In the presented talk we will briefly describe the oral health status in the regions’ pediatric population, the effects of oral health status on the quality of life, studies comparing the conventional and biological restorative techniques and their implications. We will specifically shed some light on the most recent study called (FiCTION), filling children’s teeth indicated or not. A summary of studies reviewed in this debate will also be displayed and conclusions will be discussed.
The ecological interactions at dental biofilm in dysbiosis go from health to disease, giving a relevant role to microbial communities in the pathogenesis of caries and periodontal diseases. The management of both diseases relies heavily on efficient self-performed oral hygiene and individualised - risk based effective oral hygiene practices. Changes in oral healthcare approach trends towards a comprehensive understanding of oral health no longer as conditions, structures or tissues separately, but as an integration of individual components as hard tissues, saliva, microbiome, and their interactions in a whole ecosystem, in order to achieve and maintain a complete oral health. As part of the "Perio for a better life" project launched by the European Federation of Periodontology, a workshop was held in 2016 where caries and periodontal diseases were studied comprehensively in all their dimensions (aetiology, risk factors and preventive measures). As an outcome of this workshop the EFP has lounged an international educational project with specific recommendations to oral health professionals, health professionals, scientist and the public. In this presentation I shall introduce the main components of this project and the results of its implementation.
Titanium abutments have been the gold standard for the greatest time, have high fracture resistance, and are biocompatible. Implant abutments made of commercially pure titanium are well documented to be biocompatible and have sufficient mechanical properties to support long-term fixed implant-supported dental prostheses. Clinical studies demonstrated excellent survival rates for fixed implant reconstructions supported by titanium abutments and few complications: loosening of the abutment screw. However, when used in certain clinical situations, titanium abutments can create an unaesthetic blue hue in the tissues and may compromise the aesthetical result if used in conjunction with ceramic crowns. Unfortunately, for patients with thin gingival biotypes or fragile tissues, the blue hue from light reflections of titanium shines through the tissues and is unaesthetic. Currently, there are only a few available material choices for prepable abutments: titanium, alumina, and zirconia. A few years ago, Alumina was the first choice as titanium’s replacement, unfortunately in vitro try outs didn’t support this new material, and international research focus quickly switched to zirconia, as a new alternative. We will analyze the present status of the application of zirconia and titanium abutments regarding to properties and advantages and disadvantages to establish the long-term success of our restorations.
SOFT TISSUE MANAGEMENT AROUND IMPLANTS: WHERE ARE WE NOW

Implant Dentistry has advance a lot during the last 15 years. As we continue analizing and understanding the language of the tissues, we comprehend the importance of Soft Tissue Management in Implant Dentistry. In order to achieve a nice esthetic result in Implant Dentistry today, it is imperative to understand and manage adequately Soft Tissues around Implants. The purpose of this presentation will be to go into the most important factors that we should take into consideration on Soft Tissue Management while we plan and execute an Implant Case.

MANAGING THE MISSING LATERAL INCISOR WITH INTERDISCIPLINARY COLLABORATION AND IMPLANT PLACEMENT

Congenitally missing lateral incisors constitute a common problem on any Orthodontic practice. As years go through, Dental Implants constitute the most desire option of Dental Treatment in such cases. However Maxillary Lateral Incisors are challenging esthetically. The amount of space available is often small, the alveolar ridge may be deficient, the papillae are occasionally short, the timing of Implant placement is many times far from the end of Orthodontic Therapy, among other issues. The purpose of this lecture is to go through the most important issues that are necessary for developing esthetic implants in the Orthodontic patient who is congenitally missing their maxillary lateral incisors.
PIEZOSURGERY TREATMENT BETWEEN MYTH AND REALITY: SCIENTIFIC EVIDENCE AND CLINICAL APPLICABILITY

During these last years the piezo-surgery has become one of the main topics both in the congresses than in the clinical appliances. On this presentation we will analyze all the possible applications in every day dental surgery where piezosurgery gives to us a huge improvement of our procedures. Moreover, we will face with some of the main topics about this kind of surgery, like the scientific method on which the piezo-surgery is based on, which are the potential applications and the future borders, the histological evidences and finally the right guide-lines for choosing the device to buy.
Assessing the Use of Social Media as a Source of Information Related to Dentistry in Saudi Arabia

The term social media usually refers to Internet tools that allow communication between individuals, and enable them to share information, opinion, photos, videos, and other content. Social media, offering a public reservoir of information, may serve as a source of patient information to aid clinical care. Patients are increasingly active online, and they are frequent social media users for health purposes. In Saudi Arabia, social media and technology is increasingly popular, mostly due to the low average age of the country’s population. The aim of this study is to assess the use of social media of Saudi population, and to assess which social media platform are used more often. In addition to the use of social media as source of information that are related to dentistry in Saudi Arabia with the associated factors.
Cervical dentine sensitivity is a condition characterised by brief, sharp, well-localized pain associated with the exposure of teeth to thermal, evaporative, tactile or osmotic stimuli, which cannot be ascribed to any other form of dental defect or pathology. The prevalence of dentinal sensitivity varies between 4% and 57% in the general population and is between 60% and 98% in patients with periodontitis, especially after periodontal surgery. The proposed mechanism for dentine sensitivity is based on the hydrodynamic theory. A variety of at-home and in-office products currently exist for the treatment of this condition. Recently, a novel formula has become available, utilizing mouthrinse as the delivery form. The rinse contains 1.4 wt% potassium oxalate and is supported by numerous clinical studies that demonstrate its safety and efficacy by blocking dentinal tubules. This novel mouthrinse form offers the advantage of allowing the continued use of the patient’s choice of toothpaste.
The reliable bond to enamel achieved with the adhesive luting technique has greatly impacted preparation designs resulting in significant preservation of tooth structure. The conservation of both enamel and dentin has become an important issue for dentist and patient. The combination of highly translucent all-ceramics and resin composite cements has opened up a new dimension in esthetics fulfilling the highest patient demands. Clinical data confirm the long-term success of all-ceramic restorations. However, adhesive luting techniques require a careful and meticulous clinical protocol. This stage can be considered very critical for a successful outcome and needs as much care as the preceding stages. Once a restoration is cemented there is no scope for modification or repeat. The clinician needs to establish a lasting bond to the tooth surface (enamel, dentin) as well as to the prosthetic restoration (e.g. glass ceramics, Lithium-Disilicate, Zirconium Dioxide, metal alloys). Specific guidelines must be carefully followed in dealing with these clinical challenges. This lecture will provide science-based knowledge on the various cementation techniques and materials available today. It is the goal to enable the clinician to apply the new techniques and materials correctly in order to achieve long lasting and esthetic clinical results.

Learning objectives:
• To know the difference between the various all-ceramic systems in terms of esthetics, strength, required tooth preparation design and clinical application.
• To know the difference between the various luting material categories, their preferred indications and their clinical application.
• Surface treatment of all-ceramic materials prior to cementation.
• Correct clinical management in case of surface contamination of the ceramic restoration after try-in.
A fundamental principle in replacing missing tooth structure or missing teeth is the restoration of function and esthetics at minimal biological cost. The introduction of new all-ceramic materials and adhesive cementation techniques have facilitated innovative, conservative preparation designs for single tooth and Fixed Partial Denture (FPD) restorations. The reliable bond to enamel achieved with the adhesive technique has greatly impacted preparation design resulting in significant preservation of tooth structure. The reliable bond to enamel and dentin achieved with modern adhesive techniques had a great impact on modern preparation designs resulting in significant preservation of tooth structure. The combination of highly translucent all-ceramics and esthetic resin composite cements has facilitated the clinical use of the adhesive technique and launched a whole new era of esthetic restorative treatment options like ultra-thin veneers, table tops, resin bonded FPDs, and inlay-retained FPDs. Today, the clinician can choose from very different ceramic materials such as Silicate glass ceramics, Lithium-Di-Silicate ceramics, and Polycrystalline materials like Zirconium Dioxide. However, in terms of strength and esthetics there are significant differences that need to be considered for their clinical application.

This lecture is designed to provide participants with an overview on the permanently increasing variety of all-ceramic material systems, their features & indications. The clinician will take home useful information on the step-by-step procedures for optimal tooth preparation designs and the adhesive cementation technique for all-ceramic restorations – all illustrated with clinical cases. Additionally, different manufacturing processes of all-ceramic restorations are presented – with a special focus on the latest developments in CAD/CAM technology in the light of current scientific and clinical information.
OCCLUSION & SPACE MAINTAINERS IN PEDIATRIC PATIENTS

Children’s’ occlusion undergo many changes during their growing years. This adaptive process provides a suitable oral environment for future teeth to come in. In this talk, participants will learn the types of occlusion and dental spaces present in children and their importance in accommodating growing teeth. Additionally, a thorough description of space maintainers, their indications and specific features will also be discussed in details. These important insights will boost confidence and help refine the knowledge of participants when providing care for pediatric patients.

RUNNING EFFICIENT GENERAL ANESTHESIA SERVICE FOR PEDIATRIC DENTAL PATIENTS IN HIGH VOLUME GOVERNMENT HOSPITALS

General anesthesia is an integral component of pediatric dentistry. Many children undergo oral rehabilitation procedure every year to alleviate pain, restore oral function and improve their quality of life. In this talk, participants will learn how to minimize the risk of general anesthesia for the growing young child based on the latest evidence studies in animals and humans. Moreover, a stringent pediatric dental anesthesia protocol will be presented to increase efficiency and eliminate long waiting time in high volume government hospitals.
Adhesive and esthetic dentistry are now part of our daily practice. The adhesion offers a huge panel of treatment options. It is important to know and understand the potential of adhesive restorations in order to decide the right treatment planning. Always trying to be more and more conservative, our goal is to achieve an esthetic rehabilitation while focusing as well in the functional aspect of the restorations. Talking about esthetic dentistry, ceramic veneers offer an amazing range of possibilities, the most high-end restorations and a long-lasting result. Are they always indicated? or in some cases, a simple bleaching or some direct composite restorations could be enough? it is mandatory to master all conservative treatment options before we decide to go for ceramic veneers.

My lectures will go throw all the conservative and esthetic procedures, from the bleaching to the ceramic veneers explaining in detail all the pros and cons of each.
SOFT TISSUE MANAGEMENT AROUND DENTAL IMPLANTS: A LUXURY OR A MUST?

The aim of this presentation is to highlight some clinical aspects related to soft tissues around dental implants in the esthetic zone. The need to manage soft tissue through temporization is considered an optimal treatment modality insuring health, function and esthetics of the implant/soft tissue apparatus. Presentation of some faulty clinical cases without proper clinical multidisciplinary planning that presented to the clinic after implant placement for final restoration. Emphasize on proper management of implants in the esthetic zone as it relates not only to the function and replacement but also to the high esthetic demand in such sites. One of the goals of implant treatment in the esthetic zone is to replace missing teeth with close to natural emergence profile.

CARIES RISK IN ORTHODONTIC PATIENTS

White spot lesions (WSLs) are the most common adverse effect related to orthodontic treatment that may develop into manifest caries lesions if preventive measures are not strictly followed. This short presentation will highlight the risk of WSLs in orthodontic patients, different methods to diagnose WSLs, and some innovations to reduce the risk of WSLs in Orthodontic patients.
BONE REGENERATION: CONVENTIONAL TECHNIQUES VS NEW 3D CUSTOMIZED DEVICES

Bone augmentation is one of the most complex procedures both due to the chosen technique and the unpredictability of the treated site. Going throughout the proper planning of the case, selecting the right defect and the right approach, complications may be less and more manageable. Thanks to the digital technology nowadays it is possible to have a preview of the final result and specially to customize the device, shortening the surgical time and avoiding intra-operative misfits.

The lecture aims to give a rational flow of assessment to the bone deficient case, analyzing benefits and contraindications with particular attention on the use of traditional and customized titanium meshes.

SOFT TISSUES: A CRITICAL UPDATE AND REVIEW OF THE MANAGEMENT AROUND TEETH AND IMPLANTS

Maintaining the health of soft tissues surrounding natural teeth has always been one of the aims of periodontic dentistry. One of the most common problems that almost every dentist has encountered is root exposure, and there is no single approach to the reconstruction of soft-tissues once it has receded and exposed the root surface.

Soft tissue management may be complex, but it can be predictable and beneficial once it is properly diagnosed, the best treatment plan is chosen and the correct treatment is identified and well executed.

Peri-implant tissue management on the other hand which focuses on harmonizing peri implant structures which includes bone structure enhancement, soft tissue enhancement, precision in implant placement and the quality of prosthetic restorations. But once exposure of the implant surface occurs, proves to be more challenging because of the unpredictability of tissue response, especially its healing, and other contributing factors.

This lecture aims to share the evolution of soft-tissue management. From the basic technique, the different treatment modalities, and to the most recent techniques being used to manage the health of soft tissues surrounding natural teeth as well as implants.
THE TREATMENT OF ADULT PATIENTS WITH ESTHETIC APPLIANCES

Course Objectives:
• Explore the potential limitations for each type of esthetic appliances.
• Compare their receptive effectiveness in treating common malocclusions

Orthodontists have several options to treat patients with inconspicuous appliances such as clear aligners and lingual fixed appliances. However, focusing and using one of these esthetic appliances results in limitation of treatment objectives and treatment planning options. This presentation will explore possible indications and options available for most common malocclusions.
As per the World Intellectual Property Organization’s (WIPO) statistics, the Middle East lags behind in its contribution to dental and medical patents globally. This is due to multiple factors such as the absence of research and development in medical technology, manufacturing industries and higher education institutes.

Psychological inertia (doubting our intellectual abilities) is a critical obstacle that stunts growth and development in this field.

This paper aims to highlight the key skillsets and tools that could help in developing an inventive culture and its constituents; Research & Development, Education and Manufacturing Industries.

**This paper will characterize the following elements:**

- Creativity vs. Innovation
- Patent Types, Characteristics and Lifecycle
- Opportunity and Potential for Improvement
- Attaining Ideality in Patents
- The Holistic View
- Envisioning Evolutionary Trends
- Resolving Contradictions
- Functional Analysis and trimming harm
- Benefits and Systems

These topics are key intellectual drivers towards the creation of an inventive patent eco-system and can influence an established chain reaction focusing on Research and Development, Education and subsequently manufacturing industries.
Even if the caries prevalence during the last 50 years has been reduced in most countries, it globally still constitutes a severe problem for individuals in all age groups. Untreated caries in the permanent dentition today account for the most commonly found oral condition. The burden of disease varies both among as well as within countries. Dental caries is a complex disease with a large range of factors having an impact on disease initiation and progression including both inherited and acquired factors. Individual risk assessment constitutes a fundamental part in management of the disease and strategies in order to prevent new lesions and stop disease progression should be given according to "evidence-based practice", which takes both the actual condition, aspects related to the individual and potential circumstances into consideration. Caries prevention includes primarily focus on dietary advice, fluoride administration and oral hygiene, but a large range of other preventive strategies are recommended for high-risk individuals. Diet recommendations emphasis a reduction of both sugar amount and frequency. Fluoride strategy varies in relation to age and risk level. It may be recommended for home care, but professional treatments as well as different group strategies are today given to individuals at high risk. The use of the school as an arena for fluoride administration has been found successful in order to reduce the caries prevalence among children and adolescents. This presentation will primarily focus on the different strategies, which has contributed to the improved caries status seen among younger Scandinavian individuals.
Dental erosion – a modern hard tissue disease!

Even if dental caries still accounts for the majority of hard tissue diseases worldwide, there has lately been an increased focus on dental erosion. It is defined as a chemical-mechanical process resulting in a cumulative loss of hard dental tissue not caused by bacteria. Up to today there is no international index for classification of the erosive wear why it is difficult to have a full picture of its prevalence. Both external and internal etiological factors are known to contribute to this problem, which included food and drinks, environmental factors as well as diseases and reflux problems. It is important to identify individuals at risk as well identifying early symptoms in order to prevent further progression. These include recommendation of reduced acidic exposure and frequent use of fluoride. In many cases restorative treatment is needed. It is considered important to use the least invasive therapy and direct restorative techniques are suggested to be used in first case.
IMMEDIATE LOADING WITH PERMANENT RESTORATIONS - FACT OR MYTH

With increased costs and treatment time often required in implant reconstructions, an increased patient resistance to implant treatment has been noted. Furthermore, bone grafting subsequently adds to patient morbidity, treatment cost and time. In such patients with suboptimal bone volume, bone grafts can often be avoided & treatment can be optimized & accelerated by placing Site Specific Angled implants, Narrower implants and Wider implants in available bone. With good primary stability these implants can also be loaded immediately with Same Day teeth for immediate reconstruction & immediate function. In the single implant case, it is possible to deliver the permanent all ceramic screw retained restoration routinely within 4 hours. In cases of multiple implants, it is possible to deliver acrylic screw retained temporary teeth within 4 hours and permanent all-ceramic or metal-ceramic teeth within 7 days.

High treatment acceptance and patient satisfaction are the most important advantages of this protocol. By avoiding excessive bone grafting with the use of Site Specific implants placed in available native bone, the gain in time for the patient implies an economic & time benefit which is important especially for professionally and/or socially active patients.

LEARNING OBJECTIVES:
At the end of this lecture delegates should be able to identify:
1) Appropriate Case Selection where immediate loading with the permanent restoration can be done within in 7 days in cases meeting the following criteria:
   a. Adequate available native bone & attached soft tissues
   b. High implant primary stability
   c. Appropriate implant number, length & diameter
   d. Appropriate implant distribution (A-P spread)
   e. Prosthodontically driven implant placement for screw retention
2) Advantages:
   a. Reduction in treatment time
   b. Cost saving
   c. Immediate function
   d. Increased patient satisfaction
   e. High treatment acceptance
3) Surgical Technique
4) Prosthodontic Technique
5) Complications & Their Management
The Aim of the lecture is to get to a close understanding of myofacial Pain Disorder (MPD), its definition, etiology, symptoms, and epidemiology. The lecture will cover a brief close up of the pharmacology of botulinum toxin mechanism of action, indications and contraindications, and why to list using it within our list of MPD management options. I will explain my approach to develop a proper diagnosis and a patient customized treatment planing which the patient is highly involved in. The lecture will illustrate the injection techniques and dosage followed by a summery of the available evidence based literature.
Dental Traumatology: A Pediatric Dentist’s Perspective

Significant improvements have taken place in all aspects of dentistry in the past 25 years. Improvements have also occurred in the area of dental trauma: increased knowledge of the outcome of treatment approaches, improvement in materials and techniques, and other factors ultimately leading to better management and more predictable results.

Management of dental trauma in children and adolescents by a pediatric dentist is of special importance, since growth and maturation play an important role in the decision-making process. This vision enables different decisions that directly alter the final treatment when the child is ready for the permanent restoration.

Clinical cases of traumatic injuries to primary and permanent teeth will be presented, as well as trauma to periodontal tissues and supporting bone. Emphasis will be demonstrated on the importance of accurate diagnosis, initial treatment and the long-term follow-up in determining the prognosis of a traumatic injury. This will provide a guide to saving teeth, restoring function and improving esthetics, taking into consideration the long-term treatment plan and the demands required for optimal final restorations.

Learning objectives:
• A better understanding of the concept of dental trauma in children.
• Focusing on the role of prevention of dental trauma and its complications.
• Learning the appropriate management techniques involved in dental traumatology.
• Grasping the importance of growth.

Cone Beam Computed Tomography (CBCT) in Pediatric Dentistry

Cone Beam Computed Tomography (CBCT) has become an increasingly important source of three-dimensional (3D) volumetric data in clinical pediatric dentistry since its introduction into dentistry in 1998. CBCT has greatly improved diagnosis and treatment planning, especially in complex cases where conventional radiographic techniques are insufficient. The decision to use CBCT should be based on the specific diagnostic information required. As with any other radiographical techniques, routine use of CBCT is not an acceptable clinical practice. CBCT certainly has a place in pediatric dentistry, but its use must be justified on an individual patient case basis. This presentation deals with case reports of patients with various pediatric dental problems to demonstrate the need for accurate diagnosis and treatment planning based on a comprehensive evaluation using CBCT.
THE “INDEX TECHNIQUE” IN WORN DENTITION. A NEW NO PREP RESTORATIVE APPROACH

The evolution of composite materials together with adhesive techniques are meeting the requests of patients, who ask less invasive therapies combined with highly esthetic results in posterior and anterior sextants. The range of restorative options, is getting wider, thanks to composite that can adequately respond to mechanical stress, a very low volumetric shrinkage, offering natural aesthetics and an effective adhesion when treated with specific protocols. The purpose of this lecture is to provide a protocol to restore, with composite, worn dentition through a no prep molding approach increasing the VDO: “The Index technique”. The biological costs and the possibility to repair when small chipping occur are the main goals of such a treatment in young patients with erosion and attrition.
Osseointegrated dental implants were originally intended for completely edentulous patients but gradually became an integral part of all disciplines of dentistry. Today, implants are becoming standard components of the orthodontic armamentarium and orthodontic treatment is often a prerequisite for optimal implant placement and restorative outcomes. This lecture will describe the alliance between orthodontics and osseointegration that comes in three different ways: (1) Pre-implant orthodontics; (2) Single-tooth implants in orthodontics; (3) Orthodontic implants as stationary anchorage (TADs). Clinical cases will illustrate the multifaceted role of orthodontics in dental implantology and how the relationship between the two disciplines is constantly offering new treatment options for previously untreatable clinical situations.

An increasing number of patients are seeking treatment today to improve their appearance. Dentists are constantly looking for guidelines as to what the perfect smile should be. A pleasing smile directly depends on the relations between teeth and lips, their integration in a harmonious facial composition, and the quality of the dental and gingival elements it contains. This lecture will describe eight components for a balanced smile as guides to smile analysis and treatment. Clinical situations in which one or more components of the smile are affected will be shown. It will also describe how orthodontics alone or in combination with other disciplines can enhance the various components of the smile.
ENDODONTICS MICROSURGERY

The incidence of post treatment disease, although small, translates into a large number of cases where further treatment is needed. When faced with such a situation, the clinician must determine the etiology of the persistent pathosis and devise a rationale and strategy for treatment.

Dental clinicians should be able to diagnose persistent or reintroduced endodontic disease and be aware of the options for treatment. If they wish to approach treating these teeth, they should have the appropriate armamentarium and be capable of performing these specialized techniques at the highest level.

There are many causes for "failure" of initial endodontic therapy that have been described in the endodontic literature. These include iatrogenic procedural errors such as poor access cavity design, untreated canals (both major and accessory), canals that are poorly cleaned and obturated, complications of instrumentation (ledges, perforations, or separated instruments), and overextensions of root-filling materials. Coronal leakage has also been blamed for posttreatment disease, as has persistent intracanal and extracanal infection and radicular cysts. Also, clinicians must always have a scientifically sound, evidence-based rationale for every treatment decision that is made so that they may best serve the patients who entrust them with their care.

Endodontic Microsurgery is a field that is growing fast in the modern Endodontic practice. Periapical surgery and intentional replantation are treatment options that are offered by endodontists to save natural teeth. It involves that removal of the apical part of teeth and sealing the apical part with biocompatible dental material when traditional endodontic procedures fail. With the development of science, the use of microscope and biocompatible materials increased the success of periapical surgery from 59% to 94% (Setzer 2010). Cone-beam CT scans have been used to enhance the planning of periapical surgeries, analyze the periapical lesion and to measure the osteotomy site. Challenges of the procedure such as bleeding control, sinus perforation and fractures assessment will be discussed. Intentional replantation will also be included in this presentation, which is used in cases where periapical surgery is not possible, especially in second molars.

The presentation will cover case selection, pre-operative planning, step-by-step protocols from flap design to sutures and prognosis. The aim of this presentation is to teach practitioners on how to include this treatment option when a traditional root canal treatment fails as a further step to save natural teeth.

Outline
- Etiology of periapical disease.
- Understanding the scope of Microsurgical Endodontics.
- Case selection in comparison to root canal re-treatment.
- The use of CBCT for pre-operative planning.
BIOFILM CONTROL AT THE GINGIVAL FRONTIER

This program is designed to demonstrate to dental professionals the power of adding one step to their patients’ routine of brushing and flossing. In this lecture, Dr. Ciancio will present the evidence of the benefit to oral health of essential oil mouthrinses from multiple studies published, which include data from over 5000 patients. The analysis will present evidence from the studies that demonstrate that using an effective mouthrinse in addition to traditional methods of oral hygiene is a “better way” to control plaque and gingivitis, particularly reaching biofilms not only on teeth and implants, but also on oral mucosal surfaces throughout the mouth and oro-pharynx. He will also discuss the impact of oral health on systemic health. The results will contain the most “up-to-date science” available on the control of oral biofilms.
TRUTHS, HALF-TRUTHS AND LIES IN PROSTHODONTICS AND IMPLANT DENTISTRY

How much of what we are taught, and continue to teach, at University is true and justifiable? Do you ever wonder how much time, energy, money and effort you spend on concepts, techniques and technologies that do not really make a difference for the vast majority of patients that you treat? Could you be saving this time, energy, money and effort without the care of your patients suffering at all? This presentation will discuss some prosthodontic and implant "Truths" and explain why some are only Half-Truths and some are complete Lies. The best available evidence from the scientific literature holds the key to liberate you from outdated ways of thinking and doing and which will allow you to practice differently and teach differently. There is only one criterion to be eligible to join this webinar: an open mind.

TREATMENT PLANNING AND TREATING THE EDENTULOUS/TERMINAL DENTITION PATIENT TO ACHIEVE OPTIMAL OUTCOMES.

The stakes are high when planning and treating a patient with a full-arch fixed implant prosthesis. Patient expectations, commitment level and financial cost are high – getting it right is crucial and getting it wrong is disastrous. This presentation will cover what is truly important to consider, what really needs attention, and how to use innovative digital workflows during diagnosis, treatment planning and treatment in order to attain the high levels of patient satisfaction needed to please your patients and grow your practice referrals.
COMPUTER GUIDED IMPLANTOLOGY FROM VIRTUALITY TO REALITY

This lecture expands on the theme of avoiding implant complications and will teach Implantology from an entirely digital prospective rather than a conventional analogue approach. Computer Guided Implantology means that even the novice can safely and predictably place implants. In the same way that clear aligner orthodontics makes it possible for GPs to benefit from expert preplanning and predictability, implants can be inserted and planned in much the same way. The presentation will explain how data derived from CBCT and Scanners can be manipulated and combined to allow you to not only assess the case but also plan it from ideal implant size selection and 3D positioning to actual guiding to placing the implant. Many of the early complications encountered in the selection, planning and placement of implants can be avoided by the application of this technology and in the future not to have digitally planned a case will be negligent and substandard treatment.
Following the early excitement of the first twenty years of dental Implantology and as this now mainstream dental treatment approaches its 40th year the profession is having to manage the short term and long term complications. The practice of Implantology is one of the most challenging and complex fields of dentistry as it entails Oral Surgery, Prosthodontics and Periodontology each specialty having its unique set of complications which need to be identified and effectively managed. These challenges can range from irreversible surgical trauma to vital structures and potentially life treating haemorrhage to unrestorable implants and unacceptable aesthetics in the short term. Once integration has been successfully achieved it is very easy to overlook the challenge of peri-implant disease and long term maintained insure unique to the implant supported restoration.

The aim of this lecture is to highlight these complications and make suggestions on how they may be best avoided and risks minimised. Realistically it is not possible to prevent all complications so management strategies will also be presented. This is the first lecture in the series "Computer Guided Implantology from Virtuality to Reality" seeks to explain how digitally planned treatment planning can help reduce the number of potential surgical and restorative complications.

PRESENTING FEW CASES WERE RECEIVED AND TREATED IN KING FAISAL SPECIALIST HOSPITAL & RESEARCH CENTER, SHOWING THEIR DIFFICULTIES AND HOW THEY MANAGED SURGICALLY THROUGH EXTRA ORAL APPROACH BY THE HELP OF ADVANCED TECHNOLOGY (3D PLANNING AND MEDICAL MODELING).
PREVENTION AND MANAGEMENT OF DENTAL IMPLANT RELATED TRIGEMINAL NERVE INJURIES

Course Objectives:
- To inform the delegate on how to risk assess, modify operative and follow protocols to prevent dental implant related nerve injuries
- To inform the delegate how to confirm a trigeminal sensory nerve injury
- To educate the delegate on current evidence base on managing implant related trigeminal nerve injuries

PREVENTION AND MANAGEMENT OF THIRD MOLAR SURGERY RELATED TRIGEMINAL NERVE INJURIES.

Course Objectives:
To inform the delegate on how to risk assess, modify operative and follow protocols to prevent third molar surgery related nerve injuries
To inform the delegate how to confirm a trigeminal sensory nerve injury
To educate the delegate on current evidence base on managing prevent third molar surgery related trigeminal nerve injuries
Sinus elevation surgery has become an indispensable part of implant surgery, periodontics and oral surgery. Procedures have evolved during the last 25 years to a point where sinus grafting surgery is considered the most successful augmentation procedure performed today and the survival rate of implants placed in these grafts is as high or higher than that of implants placed in the non-grafted posterior maxilla. The sinus elevation procedure is still evolving today due to the development of new surgical techniques and new biomimetic technologies. This two–day course will host leading sinus elevation experts from two continents involved in clinical practice, teaching and research activities. The course will present sinus elevation surgery and possible alternatives to sinus elevation therapy from pre-surgical planning to prosthetic restoration. Multiple video presentations will give participants the opportunity to experience a comprehensive sinus elevation surgery.

Lecture objectives:
- Surgical anatomy aimed at prevention of complications and optimization of results
- Rationale for a correct pre-operative planning
- Step-by-step surgical techniques
- Selection of grafting materials
- Step-by-step prosthetic techniques
- Alternatives in treatment
Bone and soft tissue augmentation is frequently required for esthetic and functional reconstruction. In order to achieve predictable outcomes of the regeneration, the methods have to be rooted in biologic principles supported by scientific evidence. Thickness of the gingiva, zone of attached tissue and tissue color all play important roles in developing the long-term health and esthetics in dental treatment of any kind. The exact determination of the location of the underlying bone acts as a prognostic indicator of future soft tissue levels. Soft tissue grafting techniques with soft tissue substitute will be highlighted. The ability of combined protocols to alter the soft tissue profile around natural teeth, implants, edentulous ridges, as well as to support facial soft tissue structures will be reviewed as to its critical role in “Complete Esthetics”. This course will highlight the most utilized soft tissue procedures in clinical practice, ridge augmentation for pontic sites and 2nd stage implant procedures. It will teach in detail and simplify the process of site evaluation, critical anatomy, flap design, harvest techniques and suturing. Once the volume of the bone deficiency has been properly diagnosed, the appropriate bone grafting technique can then be selected. The aim is to utilize the least invasive and most conservative techniques needed to get the required results. Extraction socket grafting, GBR will be featured. The utilization and importance of bioactive modifiers such as PRF will also be highlighted. The purpose of this course is to take the theoretical background taught to the reality of the clinical procedure.

Lecture objectives
• Learn basic surgical anatomy and incision techniques in hard tissue surgery
• Manage the *deficient* site through various and innovative augmentation techniques
• Comprehend and perform the common surgical techniques in implant dentistry
• Comprehend and utilize advanced surgical instrumentation in regenerative dentistry
• Apply common incision designs and suturing techniques in regenerative dentistry
• Learn suturing methods to secure flaps and grafts.
Necrotic teeth with open apices are challenging cases to manage. Traditionally, apexification or extraction were the treatment of choice for those cases. Recently, Endodontic regeneration has become an alternative treatment option for management of necrotic teeth with immature (open) apex.

In this presentation, I will review the following in an evidence based manner:
- What is endodontic regeneration
- History of Endodontic Regeneration
- Challenges in Endodontic Regeneration
- Contemporary materials used during Endo Regeneration procedure
- Clinical steps (Updated protocol) for endodontic regeneration procedure
- Clinical cases.
During the early developmental days of dental implant therapy, surgical and restorative procedures were limited to treatment for the dental cripple. These procedures were primarily performed by dental specialists. What has transpired since the early 70’s? There are now over 700 types of implants with seemingly new systems coming to market monthly. Today endodontists, prosthodontists, periodontists, oral surgeons and seemingly many well-intentioned general dentists have become involved with placing and restoring implants. With all these changes, there has been an exponential number of implant patients with problems. In many instances solutions to these problems are not easily corrected. This presentation will discuss problems occurring with changes in implant dentistry.
DENTAL WORKSHOPS
DENTAL WORKSHOPS

MDM, BDM, Geneva; Dentist – Master in Aesthetic & Micro-Invasive Dentistry, Clinique Universitaire de Medecine Dentaire, Geneva

DR. FILLIPPO DEL CURTO

TITLE: CAD/CAM CHAIRSIDE ADHESIVES RESTORATIONS.
DATE: SUNDAY, 13 JANUARY 2019
TIME: 9:00 AM – 5:00 PM
VENUE: KSU DENTAL HOSPITAL VENUE + SDS LAB
(A HANDS - ON COURSE)

BDS(ULond), MSc(ULond), LDSRCS(Eng), MFGDP(UK), FIADFE(USA); Visiting Professor and Programme Leader, MClinDent in Endodontology, BPP University, City of London Dental School.

PROF. JAMES PRICHARD

TITLE: 3D ENDODONTICS
DATE: FRIDAY, JANUARY 11, 2019
TIME: 9:00 AM – 4:30 PM
VENUE: THE RITZ CARLTON HOTEL
(A HANDS - ON COURSE)
**ANATOMICALLY GUIDED SHAPING: SCIENCE AND PRACTICE.**

**DATE:** SUNDAY, 13 JANUARY 2019  
**TIME:** 9:00 AM – 5:00 PM  
**VENUE:** THE RITZ CARLTON HOTEL  
(A HANDS-ON COURSE)

**EASY AND REPRODUCIBLE APPLICATIONS OF RESIN COMPOSITE.**

**DATE:** SATURDAY, JANUARY 12, 2019  
**TIME:** 9:00 AM – 4:30 PM  
**VENUE:** THE RITZ CARLTON HOTEL CLASS ROOM  
(A HANDS-ON COURSE)
DENTAL WORKSHOPS

**TITLE:** A NEW DEAL: FROM CONVENTIONAL COMPOSITE RESTORATIONS TO A NEW NO PREP APPROACH ON WORN DENTITION “THE INDEX TECHNIQUE”

**DATE:** SATURDAY, JANUARY 12, 2019

**TIME:** 9:00 AM – 5:00 PM

**VENUE:** KSU DENTAL HOSPITAL VENUE + SDS LAB
(A HANDS - ON COURSE)

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**TITLE:** SUCCESSFUL TREATMENT WITH ESTHETIC VENEERS

**DATE:** THURSDAY, 10 JANUARY 2019

**TIME:** 9:00 AM – 5:00 PM

**VENUE:** KSU DENTAL HOSPITAL VENUE + SDS LAB
(A HANDS - ON COURSE)
TITLE: SIMPLY INVISIBLE: THE ART OF DIRECT ANTERIOR ESTHETIC RESTORATIONS
DATE: SUNDAY, 13 JANUARY 2019
TIME: 9:00 AM – 5:00 PM
VENUE: IVOCLAR CENTER
"HTTPS://GOO.GL/MAPS/M4GLQPHIAT32"
(A HANDS - ON COURSE)

DDS, Germany; Aesthetic Dentist, Switzerland;
Head of Global Education Clinical

DR. MICHAEL DIETER

TITLE: BRILIANC CRIOS CAD BLOCKS, THE NEW ERA IN DIGITAL PROSTHODTICS.
DATE: MONDAY, 14 JANUARY 2019
TIME: 9:00 AM – 5:00 PM
VENUE: THE RITZ CARLTON HOTEL
(A HANDS - ON COURSE)

DDS, MSc Endodontics & Prosthodontics; Clinical instructor, Saint Joseph University Prosthodontic Department, International Lecturer, Coltene Whaledent company, Dentist, Private Clinic

DR. DANI MOHAMMED IRANI
DENTAL WORKSHOPS

Dr. Mauro Labanca

DDS, Italy; Dentist, Oral Surgeon – University of Brescia, Italy

Title: Between Myth and Reality: The Scientific Evidence and Clinical Applicability of Piezosurgery Treatment

Date: Friday, January 11, 2019

Time: 9:00 AM – 4:30 PM

Venue: The Ritz Carlton Hotel

(A Hands-On Course)

Dr. Manuel de la Rosa

DDS, MS, FID; Professor, Implantology, Dental School, University of Monterrey, Private Practices, Monterrey, Cancun, Periodontics and Implantology


Date: Monday, 14 January 2019

Time: 9:00 AM – 5:00 PM

Venue: The Ritz Carlton Hotel
TITLE: THIS CLINICALLY AND SCIENTIFIC INTENSE PROGRAM WILL DISCUSS SAFE, CLINICALLY TESTED PROCEDURES FOR DELIVERY AND MAINTENANCE OF DENTAL IMPLANTS FOR OUR PATIENTS.
DATE: SATURDAY, JANUARY 12, 2019
TIME: 01:00 PM – 05:00 PM
VENUE: THE RITZ CARLTON HOTEL

TITLE: CONTEMPORARY TREATMENT OF THE ATROPHIC POSTERIOR MAXILLA: MAXILLARY SINUS ELEVATION AND ALTERNATIVES IN TREATMENT.
DATE: SUNDAY, 13 JANUARY 2019
TIME: 9:00 AM – 5:00 PM
VENUE: THE RITZ CARLTON HOTEL (A HANDS - ON COURSE)
MD, DDS, MSc, PhD.; Associate Professor of Oral Surgery. Faculty of Medicine and Health Sciences, Dentistry School, University of Barcelona.

SPONSOR BY:

DDS, Paris, Columbia; Cert Ortho, MSc MedSci, Harvard; Associate Professor & Chair Program Director, New York University College of Dentistry
DR. IVAN MALAGON

TITLE: 21 KEYS TO INCREASE PREDICTABILITY IN YOUR TREATMENT PLAN WITH ALIGNERS.
DATE: SATURDAY, JANUARY 12, 2019
TIME: 9:00 AM – 5:00 PM
VENUE: THE RITZ CARLTON HOTEL
(A HANDS - ON COURSE)

DR. EBTISSAM MURSHID

BDS, MS, MPH, DrPH
Professor and Consultant in Pediatric Dentistry
Department of Pediatric Dentistry and Orthodontics
College of Dentistry
King Saud University

TITLE: DENTAL MANAGEMENT OF CHILDREN WITH AUTISM SPECTRUM DISORDERS (ASD)
DATE: SATURDAY, JANUARY 12, 2019
TIME: 9:00 AM – 4:00 PM
VENUE: THE RITZ CARLTON HOTEL

DR. SALEH ALSALEHI

MD, Consultant Developmental and Behavioral pediatrics,
Chairman of Child Development Center and Pediatric Department at KAAUH, PNU
DENTAL WORKSHOPS

Dr. Aref Al Abed

TITLE: PROFESSIONAL COMMUNICATION FOR DENTISTS.
TIME: 9:00 AM – 4:00 PM
VENUE: KSU DENTAL HOSPITAL VENUE

Dr. Farry Jeffrey

TITLE: HEALTHCARE LEADERSHIP: AN EMPHASIS ON CLINICAL LEADERSHIP
DATE: SUNDAY, 13 JANUARY 2018
TIME: 9:00 AM – 5:00 PM
VENUE: THE RITZ CARLTON HOTEL
DENTAL WORKSHOPS

TITLE: WHAT THE BRAIN DOESN’T KNOW THE EYES CAN’T SEE - CBCT IMAGING INTERPRETATION WORKSHOP
DATE: MONDAY, 14 JANUARY 2019
TIME: 9:00 AM – 5:00 PM
VENUE: KSU DENTAL HOSPITAL VENUE
RADIOLOGY LAB
(A HANDS-ON COURSE)

D.D.S, M.S.; Assistant Professor, Department of Diagnosis and Hygiene Dentistry, University of Louisville, School of Dentistry

BDent; Dentist – Clinica Dental Orion, Madrid

TITLE: DIGITAL DENTAL PHOTOGRAPHY
DATE: MONDAY, 14 JANUARY 2019
TIME: 9:00 AM – 4:30 AM
VENUE: THE RITZ CARLTON HOTEL
(A HANDS-ON COURSE)
DENTAL WORKSHOPS

Dr. Aref Alabed

Title: Art of Public Speaking for Professional Speakers and Leadership
Date: Wednesday, 16 January 2019
Time: 9:00 AM – 4:00 PM
Venue: KSU Dental Hospital Venue

PhD, MDsc, BDS (Hons), London; FRACDS OMS, Sydney; Professor Oral Surgery – Kings College Hospital Trust, Kings College London University

Prof. Tara Renton

Title: Prevention and Management of Trigeminal Nerve Injuries
Date: Saturday, January 12, 2019
Time: 9:00 AM – 4:30 PM
Venue: The Ritz Carlton Hotel
DMD, Geneva; SSPRE, Swiss; Esthetic Dentist – Helvetic Dental Center, Switzerland

**DR. NACER BEN BACHIR**

**TITLE:** CERAMIC VENEERS  
**DATE:** SATURDAY, JANUARY 12, 2019  
**TIME:** 9:00 AM – 4:30 AM  
**VENUE:** KSU DENTAL HOSPITAL VENUE NO. 440057 + SDS LAB (A HANDS-ON COURSE)
DENTAL HYGIENE SYMPOSIUM

Scientific Program
## DAY 1 - ASIR HALL

### Saturday, January 12, 2019
8:00 am - 5:00 pm - REGISTRATION

### ORTHODONTIC–PERIODONTICS MANAGEMENT

<table>
<thead>
<tr>
<th>TIME</th>
<th>TITLES</th>
<th>SPEAKER</th>
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<tbody>
<tr>
<td>09:00-10:00</td>
<td>The Dental Hygienist's Role Before, During and After Orthodontic Treatment</td>
<td>Dr. Eleftherios Kokkomanos 60m</td>
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<tr>
<td>10:00-11:00</td>
<td>Oral Hygiene for the Orthodontic Patient: What do we need to know?</td>
<td>Dr. Eleftherios Kokkomanos 60m</td>
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<tr>
<td>11:00-12:00</td>
<td>Periodontal Treatment Vs Periodontal Maintenance</td>
<td>Mr. Deepak Simkhoda 60m</td>
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### ORAL CARE DELIVERY

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<tr>
<th>TIME</th>
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<th>SPEAKER</th>
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<tbody>
<tr>
<td>13:00-13:30</td>
<td>Caries Risk Assessment and Management: the Role of the Dental Hygienists</td>
<td>Mr. Stefano Checchi 30m</td>
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<tr>
<td>13:30-14:00</td>
<td>Enhancement of Oral Care Delivery Through Technologies</td>
<td>Mr. Mário Rui Araújo 30m</td>
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<tr>
<td>14:00-14:30</td>
<td>Effective Communication Between Dental Hygienists and Patients</td>
<td>Mr. Stefano Checchi 30m</td>
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<tr>
<td>14:30-15:00</td>
<td>Strategies for Poor Compleinace to OHI</td>
<td>Mr. Mário Rui Araújo 30m</td>
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### PEDODONTICS

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<th>TIME</th>
<th>TITLES</th>
<th>SPEAKER</th>
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<tr>
<td>15:15-15:45</td>
<td>Dynamics on Behavioural Response of Children at the First Dental Visit</td>
<td>Dr. Elias Berdouses 30m</td>
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<tr>
<td>15:45-16:15</td>
<td>Molar Incisor Hypomineralization; Etiology and Management</td>
<td>Dr. Elias Berdouses 30m</td>
</tr>
<tr>
<td>16:15-17:00</td>
<td>Treatment of White Spot Lesions</td>
<td>Dr. Elias Berdouses 45m</td>
</tr>
</tbody>
</table>

### SPONSORED BY ORAL B

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**Dental Hygiene Symposium**

12th - 14th JANUARY 2019
Saturday - Monday
RITZ CARLTON HOTEL
RIYADH, SAUDI ARABIA

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**SIDI 2019**

The Saudi International Dental Conference

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**Chairpersons:**

- Orthodontic–Periodontics Management: Ms. Futun Alkhalfah | Ms. Yasmin Arfasha
- Oral Care Delivery: Ms. Hanan Abdullah | Mr. Abdullah Al Omari
- Pedodontics: Ms. Hanaa Abed | Ms. Manaah Aldhafiiri

---

**Registration:**

8:00 am - 5:00 pm
# Dental Hygiene Symposium

**DHS**

**Day 2 - Asir Hall**

Sunday, January 13, 2019

8:00 am - 5:00 pm - Registration

## Clinical Management

<table>
<thead>
<tr>
<th>Time</th>
<th>Titles</th>
<th>Speaker</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>09:00-09:30</td>
<td>Periodontal Management of Dental Implants</td>
<td>Dr. Latifiya Al-Harthi</td>
<td>30m</td>
</tr>
<tr>
<td>09:30-10:00</td>
<td>Why Should Dental Hygienist Master the knowledge of Dento-Alveolar Diagnostic?</td>
<td>Prof. Marwan Abou-Rass</td>
<td>30m</td>
</tr>
<tr>
<td>10:00-10:30</td>
<td>Pain control by local anesthesia in dental hygiene practice</td>
<td>Dr. Amani Alshehri</td>
<td>30m</td>
</tr>
<tr>
<td>10:30-11:00</td>
<td>Biofilm Management Through Guided Therapy; The Game Changer</td>
<td>Ms. Hanan Taher</td>
<td>30m</td>
</tr>
</tbody>
</table>

## Opening Ceremony

**11:00 - 12:00**

## Profession Advancement

<table>
<thead>
<tr>
<th>Time</th>
<th>Titles</th>
<th>Speaker</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>13:00-13:30</td>
<td>Local and Global Overview of Dental Hygiene Profession</td>
<td>Col./Dr. Mohammed AlZahroani</td>
<td>30m</td>
</tr>
<tr>
<td>13:30-14:00</td>
<td>Dental Hygiene Research: Current and Future</td>
<td>Ms. Nada Alsfeyan</td>
<td>30m</td>
</tr>
<tr>
<td>14:00-14:30</td>
<td>Utilizing Social Media in Oral Health Care Delivery</td>
<td>Ms. Hanan Abad</td>
<td>30m</td>
</tr>
<tr>
<td>14:30-15:00</td>
<td>Dental Hygienist’s on Tour</td>
<td>Ms. Hanan Taher</td>
<td>30m</td>
</tr>
</tbody>
</table>

## Alternative Practice

<table>
<thead>
<tr>
<th>Time</th>
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<th>Speaker</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>15:15-15:45</td>
<td>Management of Trauma in Periodontal Tissues</td>
<td>Dr. Latifiya Al-Harthi</td>
<td>30m</td>
</tr>
<tr>
<td>15:45-16:15</td>
<td>Forensic Dentistry and Dental Hygiene</td>
<td>Ms. Raghda Alrakzi</td>
<td>30m</td>
</tr>
<tr>
<td>16:15-17:00</td>
<td>Biofilm Control at the Gingival Frontier</td>
<td>Dr. Sebastian Ciancio</td>
<td>45m</td>
</tr>
</tbody>
</table>

## Sponsorship

Sponsored by EMS
ABSTRACTS
HYGIENE
12 - 14
JAN.
2019
PAIN CONTROL BY LOCAL ANESTHESIA IN DENTAL HYGIENE PRACTICE

Pain is an unpleasant sensory and emotional experience and one of the oldest of all dental problems. Dental hygienists must recognize patient’s anxiety and be prepared to offer variable techniques to reduce fear and pain during the treatment. Therefore, today’s dental hygienist must be knowledgeable in all aspects of the dental hygiene profession including administrating local anesthesia to provide the patient with a stress-free painless treatment.

Local anesthetics are the most widely used medication in dentistry today. Knowledge of local anesthetics pharmacology and toxicology as well as administration techniques will lead to intelligent and judicious use of the anesthetics agents.

Since 1972, dental hygienist have been able to administer local anesthesia; usually under direct or indirect supervision of the dentist. The utilization of local anesthetic was gradually incorporated into the scope of dental hygiene practice over the last three decades.

Knowledge of the anatomy, anesthetic substances and mastering injection techniques are equally essential for the proficiency of local anesthetics utilization in dental hygiene practice. This can be achieved by coursework during the dental hygiene program and by developing graduate level work knowledge through appropriate training in adequate continuing education settings.
PERIODONTAL TREATMENT VS PERIODONTAL MAINTENANCE

VARIOUS TREATMENT MODALITIES

Conventional way of treatment (SRP)
- Four visits that are one or two weeks apart.
- Use of both USS and Hand Instruments
- Recolonization by the bacteria in the treated sites?

Full Mouth Debridement (FMD)
- LHS and RHS over 2 visits within 24 hours
- Mostly USS only used – conservative model

Full Mouth Disinfection (FMDi)
- LHS and RHS over 2 visits within 24 hours
- Strict use of disinfectants
- USS/Hand Instruments
Clinical experience and research have demonstrated that the orthodontic patient population presents unique challenges, primarily related to the maintenance of optimal oral health of both the hard and soft tissues. As such, the dental hygienist has an important role in the orthodontic patient’s short-term and long-term success. The purpose of these presentations is to highlight the dental hygienist’s role before, during and after orthodontic treatment and provide all the necessary information regarding the oral hygiene needs of the orthodontic patient, so that dental hygienists understand their role, challenges and opportunities during all phases of therapy.
DYNAMICS ON BEHAVIOURAL RESPONSE OF CHILDREN AT THE FIRST DENTAL VISIT

For many children, a visit to the dentist’s office is a stressful event that can elicit feelings of fear and anxiety. These emotions cause behavioural changes during dental treatment, which can affect the quality of care. Several techniques for managing children’s behaviour in dental offices have been developed to address this problem.

This presentation will focus primarily on the first visit to the dental office which is the most important as the kid is acquainted with the new environment of the dental office, new people and primarily the paediatric dentist that will operate in the kid’s mouth.

There will be a classification of the behaviour of the child, the relationship of child’s behaviour to that of the mother and ways to manage the behaviour and lead the child through the dental treatment. Different management techniques will be described based on different theories of behaviour modification and perception of the environment and different stimuli.

MOLAR INCISOR HYPO MINERALIZATION; ETIOLOGY AND MANAGEMENT

Molar incisor hypo mineralization (MIH) is a common developmental dental defect of permanent teeth, which can increase the risk of dental caries, infection and hospitalization. The etiology is currently unclear although prenatal or early childhood health factors are suspected.

This presentation will describe different prenatal etiological factors and how they can affect the mineralization of the permanent teeth during the different developmental stages of the tooth formation leading to MIH. Factors that induce respiratory distress at birth will be also analyzed. The next section of the presentation will discuss the clinical significance of hypo mineralized teeth and the long term effect on the tooth life. One other aspect that will be presented is the measures we can involve to protect these teeth like fluoride and CPP-ACP paste. Finally, restoration options for MIH teeth anterior and posterior will be also presented.
The presence of clinically detectable, localized areas of enamel demineralization, observed as white spot lesions of different opacity, is a sign that the caries process has begun. White spot lesions are not only the result of demineralization, however, as fluorosis, hypomineralization / hypomaturity and hypoplasia can also cause lesions. Dental professionals are charged with performing a differential diagnosis to determine the etiology of white spot lesions, as well as providing appropriate treatment and esthetic management that will meet patients’ expectations.

Considering the various etiologies of white spot lesions, it is imperative to establish a proper diagnosis. This is based on a thorough review of dental and medical history, and clinical examination evaluating the location, symmetry, outline form, depth and opacity of the lesion. The information gathered must include a history of neonatal or early childhood illness, use of drugs and medications, and past infections or trauma related to primary teeth.

Minimal intervention is an ideal approach in managing white spot lesions. These techniques will include no treatment that maybe an option in some cases, remineralization therapies with use of fluoride and CPP-ACP paste, tooth whitening, enamel microabrasion, resin infiltration or restorative treatments with composites.
GUIDED BIOFILM THERAPY is the unique prophylaxis concept that pursues Biofilm Management determined by scientific standards based on the principles of the scientific studies of P. Axelsson and J. Lindhe. The Original AIR-FLOW® and Piezon® methods constitute the technological basis for this concept.

Not All Prophylaxes are Created Equal

Even now, in the majority of professional dental cleanings (PDC) biofilm is removed with the help of abrasive polishing pastes. Thus, even when low-abrasive pastes (RDA 27) are used, the enamel prisms so essential for natural mineralisation are irretrievably polished away (abraded). Current literature indicates that the use of AIR-FLOW® und slightly abrasive powder not only achieves better results allows for more efficient work that is also gentle to dental substance. This tells us that information, clarification and advanced education on this subject matter are very important.

DENTAL HYGIENISTS ON TOUR

Often living in developed countries it is very easy to take for granted the availability of high standard medical facilities, such as dental clinics. The talk aims to give an insight into the activities and experiences of a group of dental professionals based in United Arab Emirates volunteering in a remote part of Kenya, East Africa. Some of the experiences include seeing firsthand the difficulties individuals in the developing world face to receive oral care when in need. Dealing with the challenge of limited resources to treat complicated cases, testing the abilities of any dental professional.

On the other hand, volunteering gives a satisfying sense of wellbeing due to nature of helping communities in developing word while engaging in cross-cultural exchanges whilst gaining invaluable dental experience oversees.
Periodontal Management of Dental Implants

There are two major inflammatory processes that are associated with implants: peri-implant mucositis, or inflammation of the tissues around the implant, and peri-implantitis, where there is evidence of progressive bone loss. It has been reported that about 10% of implants and 20% of patients with implants will develop peri-implant infections.

One of the most important factors for long-term success of dental implants is the maintenance of healthy peri-implant tissues. In order to control the incidence of peri-implant mucositis, plaque accumulation and clinical attachment loss, it is necessary to adopt a systemic hygiene protocol. Since the requirements of different patients differ, each patient should have a tailored protocol.
MANAGEMENT OF TRAUMA TO THE PERIODONTAL TISSUES

Teeth, periodontium and supporting alveolar bone frequently involved in trauma. The causes of these traumas may be due to falls, playground accidents, violence, and bicycle or road accidents amongst others.

The management of these cases will depend on prompt evaluation and treatment. From proper guiding of the patients, to management in the dental surgery.

Injuries to the periodontal tissues include: concussion, subluxation, intrusive luxation, extrusive luxation, retained root fracture and complete avulsion. These different movements may also cause contusion, abrasion and laceration in the gingiva and oral mucosa.

The objective of this presentation is to look into the management of the periodontal tissues in these different situations.

PhD Candidate, M. Psych, BSDH, RDH

ENHANCEMENT OF ORAL CARE DELIVERY THROUGH TECHNOLOGIES

Despite controlling dental biofilm being of paramount importance for preventing gingivitis, patients have difficulty adhering. Images and text messages are promising tools scarcely outlined by evidence and theory-based frameworks in dental hygiene. This presentation intends to discuss the effects of new technologies, namely the use of mobile phones, smart power brushes and an intra-oral camera (IOC) during oral health interventions as a way to promote a better relation between professionals and dental’s patients.

In conclusion, we will address an alternative way of behavioral change interventions in oral health, showing up how important it is for the dental professionals to use different approaches, in a way to increase their social representation and too achieve better results in controlling oral health diseases.
Being an Oral Health Professional is dealing with chronic diseases during all our professional life. These small details make our personal commitment with the patients an important tool for therapeutically success. It doesn’t matter if we are in a clinical scenario or in a public health one, our skills as communicators, marketeers, coachers, psychologist or actors, are more important than we can imagine.

In order for us to achieve successes as Dental Hygienists (or any other oral health professional) the ‘key stone’ needs to be within behavioral sciences. We must engage with the behavioral sciences, developing, researching and generating the links between patients and professionals. Health behavior change it is a self-regulatory process that consists of goal setting and goal pursuit, both of which reflect different mindsets. It will be important for us to identify these factors, but also how they work and how can be mediated. We will address a glimpse of that world.
WHY SHOULD DENTAL HYGIENISTS MASTER THE KNOWLEDGE OF DENTO-ALVEOLAR DIAGNOSTICS?

Since the 1960s, the role of dental hygienists in the USA has changed from the "individual" responsible for teeth cleaning and polishing, giving brushing and flossing instructions to a more proactive role in the oral health team responsible for General oral health maintenance and specifically dental caries and periodontal disease prevention.

Through perseverance and relentless desire for personal, professional development, dental hygienists in the USA are playing significant roles as:

- Clinical practitioners, preventive program developers in private and public dental practices and centers.
- Educators, researchers, and administrators, at dental schools and colleges.
- Managers, and consultants, dental service organizations and dental industry.

Each of these roles requires the dental hygienist to be academically knowledgeable and have clinical skills far beyond teeth cleaning, polishing, teaching brushing, flossing and fluoride varnishing.

Today’s dental hygienists need better education and skills in dentoalveolar diagnostics to:

- Detect dental problems beyond the small clean tooth surfaces.
- Human behavioral skills to advice patient and increase compliance
- People skills for bitter interaction with the supervising dentists and the dental staff.

Today’s Dental Hygienist should be able to differentiate between right endodontic pain, periodontic pain and dentinal hypersensitivity, detect root resorption defects, or failing root canal treatment. They should know the limitations and shortcomings of the diagnostic tests and select appropriate alternatives.

The presentation includes two themes; The first discusses the need and why dental hygienists should learn more in-depth dento-alveolar diagnostics. The second provides the 4R Operational Diagnosis Protocol as a comprehensive and systematic method to learn Endodontic, Periodontic and restorative dentistry diagnostics. The 4R Operational Diagnoses Protocol has specially modified to fit the needs of today’s dental hygienists.
LOCAL AND GLOBAL OVERVIEW OF DENTAL HYGIENE PROFESSION

In recent years, changes in the socio-economic climate in developing as well as developed countries have influenced governments, state ministries and health departments to expand the health care and associated auxiliary services given to their citizens. In the sphere of dental care, this has caused the dental profession to re-examine its role in the community and has led to various improvements in dental health care provision. As part of this expansion in medical auxiliary services, the dental hygienist is a specialized and highly trained member of the dental health team. He/she has an important role to play, not only in the treatment of established gum disease and the early onset of dental decay, but also by an active participation in dental health education programs, which are designed to establish preventive measures against dental disease. In the latter role, the dental hygienist is trained to play a significant part in the education of all members of the community on all matters concerning the maintenance of a healthy, functional dentition, including those, who, for one reason or another, are unable to care for themselves.
DENTAL HYGIENE RESEARCH IN SAUDI ARABIA: CURRENT AND FUTURE

Dental hygiene is a global oral health profession that focuses on recognizing, treating, and preventing oral diseases. It is a profession that has different roles in clinical, educational, research, administrational, and managerial sectors. Saudi Arabia’s 2030 vision aims to provide new opportunities and to succeed in different sectors including educational and health. Dental hygiene’s contribution to this vision could be through conducting and publishing scientific research. This will assist in promoting the Saudi community’s oral health, empowering both preventive and therapeutic health services. Hence, thriving lives and economy. Dental hygiene research has longer history in the United States of America for nearly 100 years. In Saudi Arabia, dental hygienists can learn from the American’s experience in orienting their professional development through research and inter professional communication. Both knowledge and research findings are necessary in supporting the quality of dental hygiene care and the profession’s guidelines and regulations. This presentation will expose audience to the nature of the published literatures of dental hygiene in Saudi Arabia and provides suggestions for further research. A pilot study results will be presented.
The science of forensic has been evolved as technologies became more involved in determining the cause of death for many unknown incidents. Dental forensic sciences play a major role on determining the solution keys for many complex incidents and disasters occurred in many parts of the worlds. In this lecture, we will briefly touch on some examples of how dental science was integrated as a major part of the forensics science and how it helped identifying the answers of many questions that were setting without answers for a long time. In addition, we will also provide some resources that all dental practitioners can utilize to become a valuable part of the forensic science overall.
According to the data provided by the WHO World Health Organization, Dental Caries remains one of the most common and global widespread human infection disease, with revenant negative effects on the individuals and communities health status. Also the costs for treating this disease and its complications increases every year impacting on both public/governments and private economies. Dental Caries prevention represents the milestone for assuring a oral caries free future. The Dental Hygienist, within the dental team, can play a key role in preventing this disease on a community level as well in favor of individuals. The speech will focus on the concept of Caries Risk Assessment as well as the role of the Dental Hygienist in defying the individual risk of developing caries and the most effective management and area of intervention, according to the identified risk level.

Effective communication between Dental Hygienist and patients. Developing knowledges and skills for a better relationship.

Effective communication between a clinician and its patient is universally recognized as part of the medical/dental treatment itself and more in general as crucial element for an equal and trusted long term relationship. Specific knowledges and skills are required to the members of the dental team and to the Dental Hygienist as part of the patient’s health care team. The presentation has been designed to provide an overview about the communication, starting from the elements that represent the base of the communication models between humans, to the current methods and trends for a most advanced and effective communication between clinicians-patients both inside a dental office, in a daily routine, as well the external communication also thanks to the new technologies/hardwares and the use of the web, apps and social networks.
BIOFILM CONTROL AT THE GINGIVAL FRONTIER

This program is designed to demonstrate to dental professionals the power of adding one step to their patients’ routine of brushing and flossing. In this lecture, Dr. Ciancio will present the evidence of the benefit to oral health of essential oil mouthrinses from multiple studies published, which include data from over 5000 patients. The analysis will present evidence from the studies that demonstrate that using an effective mouthrinse in addition to traditional methods of oral hygiene is a “better way” to control plaque and gingivitis, particularly reaching biofilms not only on teeth and implants, but also on oral mucosal surfaces throughout the mouth and oro-pharynx. He will also discuss the impact of oral health on systemic health. The results will contain the most “up-to-date science” available on the control of oral biofilms.
DENTAL HYGIENE WORKSHOPS
DENTAL HYGIENE WORKSHOPS

TITLE: AIRFLOW PROPHYLAXIS MASTER
DATE: FRIDAY, 11 JANUARY 2019
TIME: 9:00 AM – 6:00 PM
VENUE: KSU DENTAL HOSPITAL VENUE + CLINIC DEMONSTRATION (A HANDS-ON COURSE)

SPONSOR BY:

HANAN ABDULLAH
BDS, MFDS, PhD Periodontics, MRACDS; Consultant-Periodontics, Infection Control Team Leader, Military Dental Care

LATFIYA AL HARThI
BASc, Dental Hygiene Clinician, Department of Dentistry, King Faisal Specialist Hospital & Research Centre, Riyadh.

MAHA GHOUTH
BSDH, DHCC, DHA; EMS Dental Ambassador & Trainer; Vice President-Emirates Dental Hygienists Club; Dental Hygienist-Dr. Michael Dental Clinic, Dubai
Marwan Abourass

**Title:** Advanced Diagnostics for Dental Hygiene Practice  
**Date:** Saturday, January 12, 2019  
**Time:** 1:00 PM – 4:00 PM  
**Venue:** KSU Dental Hospital Venue

Karen Davis

**Title:** Empowering Dental Hygienists to Help Save Smiles  
**Date:** Saturday, January 12, 2019  
**Time:** 1:00 PM – 4:00 PM  
**Venue:** KSU Dental Hospital Venue
DDH, Dental Hygienists & Associate of Science in Dental Hygiene Consultant and Clinical Coordinator for EMEA for Hufriedy.

MSc Psych, BSDH, RDH; Adjunct Professor-Portalegre Health School; PhD Student-University of Lisbon
DENTAL ASSISTANTS SYMPOSIUM

Scientific Program
**DAY 1 - AHSA HALL**  
Saturday, January 12, 2019  
8:00 am - 5:00 pm - REGISTRATION

<table>
<thead>
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<th>SPEAKER</th>
<th>TIME</th>
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<tbody>
<tr>
<td>09:00-09:45</td>
<td>Assisting with Pride</td>
<td>Ms. Salsabila AlHarby</td>
<td>45m</td>
</tr>
<tr>
<td>09:45-10:30</td>
<td>Embracing Change in Dentistry</td>
<td>Ms. Natalie Kaveckyj</td>
<td>45m</td>
</tr>
<tr>
<td>10:30-11:15</td>
<td>Basic Quality tools for Improvements</td>
<td>Ms. Yasmin Dossary</td>
<td>45m</td>
</tr>
<tr>
<td>11:15-12:00</td>
<td>Nature Of Leadership</td>
<td>Ms. Amal Al Maydan</td>
<td>45m</td>
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</table>

**SESSION 2**  
Chairpersons: Ms. Salsabila A AlHarby | Ms Sanaa Eisa MSAWA

<table>
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</thead>
<tbody>
<tr>
<td>13:00-13:45</td>
<td>The future DA clinic Expanded functions</td>
<td>Ms. Lamie Al Dossary</td>
<td>45m</td>
</tr>
<tr>
<td>13:45-14:30</td>
<td>Social Media and its Impact on the Profession of Dentistry: E-Professionalism</td>
<td>Ms. Natalie Kaveckyj</td>
<td>45m</td>
</tr>
<tr>
<td>14:30-15:15</td>
<td>Implementing the Kaizen way of thinking in your workplace</td>
<td>Ms. Jenny Grey</td>
<td>45m</td>
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**12:00 - 13:00**  
Prayer & Lunch
## DAY 2 - AHSA HALL
Sunday, January 13, 2019
8:00 am - 5:00 pm - REGISTRATION

<table>
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<tr>
<th>SESSION 3</th>
<th>CHAIRPERSONS</th>
<th>TIME</th>
<th>TITLES</th>
<th>SPEAKER</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ms. Lamia Al Dosary, Anal Al Maydan</td>
<td>09:00 - 10:00</td>
<td>Infection Control for Dental Assistants</td>
<td>Ms. Tija Hunter</td>
<td>60m</td>
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<tr>
<td></td>
<td></td>
<td>10:00 - 10:30</td>
<td>Factors that influence using rubber dams to prevent the swallowing or inhalation of foreign bodies</td>
<td>Ms. Nourah Alhussein</td>
<td>30m</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10:30 - 11:00</td>
<td>The Evolving Role Of Dental Assistant On Inter-Professional Emergency Response Team</td>
<td>Ms. Sanaa Eisa Nsava</td>
<td>30m</td>
</tr>
</tbody>
</table>

### OPENING CEREMONY
11:00 - 12:00

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

### SESSION 4
CHAIRPERSONS
Ms. Muneer Saud Al-Rebeeh, Ms. Jenny Gray

<table>
<thead>
<tr>
<th>TIME</th>
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<th>DURATION</th>
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</thead>
<tbody>
<tr>
<td>13:00 - 14:00</td>
<td>Enhancing the Success of a Dental Practice through Patient Satisfaction</td>
<td>Ms. Tija Hunter</td>
<td>60m</td>
</tr>
<tr>
<td>14:00 - 14:30</td>
<td>Musculoskeletal Pain In Dental</td>
<td>Dr. Raghda AlFerhan</td>
<td>30m</td>
</tr>
<tr>
<td>14:30 - 15:00</td>
<td>Tooth &amp; Sign, your way towards efficient practice</td>
<td>Dr. Haya Al Eid</td>
<td>30m</td>
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</table>
With the dramatic changes within our lifestyles, there is a major need for leadership spirit to address these challenges. We as a profession face different challenges and opportunities every day. Meeting these challenges will require changes in how we interact with our environment. The scope of being a good leader is to guide our lives and be better persons. As a member of dental team, for the most part, being prepared and motivated to assume leadership positions in the profession is crucial. Dental assistant represents an influential role to provide high level patient care.

Our vision is to develop leaders with the skills, knowledge, and passion to guide patient care into the future.
Necrotic teeth with open apices are challenging cases to manage. Traditionally, apexification or extraction were the treatment of choice for those cases. Recently, endodontic regeneration has become an alternative treatment option for management of necrotic teeth with immature (open) apex.

In this presentation, I will review the following in an evidence-based manner:
- What is endodontic regeneration
- History of endodontic regeneration
- Challenges in endodontic regeneration
- Contemporary materials used during endo regeneration procedure
- Clinical steps (Updated protocol) for endodontic regeneration procedure
- Clinical cases.
IMPLEMENTING THE KAIZEN WAY OF THINKING IN YOUR WORKPLACE

Kaizen is a Japanese word, which approximately translated means ‘change for better’, indicating a form of continuous improvement. Whereas traditional quality improvement methods may involve projects which can span over a year or more and involve a select few people, Kaizen aims to involve more people to make quicker, simpler improvements which can amount to substantial changes in the long run. Although Kaizen was initially popular in the manufacturing industry it has been widely used in healthcare since the 1990’s. Dentistry is no exception to this, and for a slight amount continual effort it can reap many benefits, not only in quality improvement but also increased staff satisfaction and motivation at their involvement.
Clinical Educator coordinator /oral health educator  
Dental Services, Central Region  
King Abdulaziz Medical City  
Ministry of National Guard – Health Affairs  
Riyadh - KSA

**DENTAL ASSISTANT THE PROFESSIONAL**

**Objectives**
1. Pronounce, define, and spell the Key Terms.
2. Discuss the concept of professionalism.
3. Demonstrate the characteristics of a professional dental assistant.
4. Demonstrate the personal qualities of a professional dental assistant.
5. Describe the role and purpose of the Saudi commission of health specialties (SCOHS).
6. Describe the benefits of membership in the SCOHS.
EMBRACING CHANGE IN DENTISTRY

For many, accepting change in their personal and professional lives is oftentimes a difficult proposition. Yet change is inevitable; it is the only thing that is constant in our world today. Whether it is in your personal life or your professional life, you can anticipate changes that you will have to adjust to. However, accepting change is not a popular idea and we typically oppose or resist it. People are disinclined to step out of their comfort zones because they get attached to old ways and their lifestyles. This makes it difficult to achieve our goals. Technology is something that will always be present in our profession, often making our lives easier in some respect.

SOCIAL MEDIA AND ITS IMPACT ON THE PROFESSION OF DENTISTRY: E-PROFESSIONALISM

In the last decade, social media tools such as Facebook, Twitter, Wikipedia, LinkedIn, blogs and more have transformed how we communicate with friends, keep up with news, do business, and express our opinions on the companies we do business with. No profession can ignore the fact that their customers are talking about them with the world at large, and making decisions based on what they find on Internet, whether the information is true or not. Social media offers the dental professional many avenues for growth, exploration as well as opportunities for marketing, building patient relationships and exponential areas for growth. With technology comes the subject of e-professionalism and whether dental professionals are practicing it when interacting on the Internet.
Factors that influence using rubber dams to prevent the swallowing or inhalation of foreign bodies

Defining Human Error and Adverse Events
Extent of the Human Error and Adverse Event Problem in Healthcare
Human Error and Adverse Events in Dental Practice
Ingestion and Inhalation of Foreign Objects During Dental Treatment
Ingested and Inhaled Objects
Incidence of Objects being Ingested and/or Inhaled
Implications for Health and Well-being
Causes of Inhalation and Ingestion
Risk-Reduction Strategies
MUSCULOSKELETAL PAIN IN DENTAL PRACTICE

Dental practice comes with a number of work related challenges such as musculoskeletal (MSK) pain. The purpose of this paper is to present MSK pain in three main aspects. Firstly, presenting findings of a recent pilot study with dental practitioner’s pain experience and preference. Secondly, review updates in work-related MSK pain, epidemiological facts and bio-psycho-social factors that are contributing to MSK pain, and review updates in the management of MSK pain and stress using a w/holistic approach. Finally, summarize important lifestyle changes such as; physical/ mental & therapeutic recommendations, based on the best available evidence, that can be used regularly as a self management tools/guide for dental practitioners.
ASSISTING WITH PRIDE

Will focus on the value of the services a Dental Assistant provides. The purpose of this topic is to inspire the attendees to be their best in what they do and to feel pride, motivation and fulfillment within their dental assisting careers.

Dental Assisting is not just a job, many dental assistants need to be reminded themselves prior to any other member in the dental practice of the impact the dental assistants have, and that they are a vital part of the dental team. What the dental assistant provides today is essential to assure that dental assisting will be a career option for future generations.

This multi-disciplinary job requires a combination of skill and interpersonal qualities. There needs to be a shift from a position of apathy to one of proactive progress? It simply means being able to identify where in your career do you currently stand, and what progress are you aiming for.

The focus of this topic is to highlight the extraordinary skill set a dental assistant can utilize to experience growth, and to be a dynamic contributor to the organization, by focusing on small changes that can maximize the potential to be at the top of your profession. This will result in a more fulfilling and exciting career, a higher level of engagement with the dental team members and a greater career advancement opportunity.
With the general aging of the population and the increased rate of visits by individuals with underlying medical conditions, the possibility of emergencies occurring will increase. Obtaining a medical history is the first step in identifying if the patient is at risk of having a medical emergency. With proper training, thorough preparation, and regular practice, the dental assistant will be able to provide appropriate role in managing medical emergency situations that arise within their practice settings.
At the End of the Program Participant will be able to
1. Learn proper sterilization techniques.
2. Discuss proper waterline maintenance
3. Explore the difference between disinfection and Sterilization
4. Evaluate room setup & Turn over procedures

Lecture
• Disinfection and Sterilization
• Autoclaves

Lecture and Interactive Session
• Water line maintenance
• Shocking and testing waterlines
• Evaluation and Documentation

Hand on
• Evaluate proper autoclave techniques
• Evaluate different chemicals for disinfection
• Proper packaging
• Sterilization tempz
• Cleaning and maintaining your autoclave
BASIC QUALITY TOOLS FOR IMPROVEMENT

Diagnose the situation so that your focus is on the problem, not just its symptoms

• Defining a problem;
• Determining the cause of the problem
• Identifying, prioritizing and selecting alternatives for a solution and implementing a solution.
DENTAL ASSISTANTS WORKSHOPS
CREATING VALUE IN YOUR PRACTICE

MONDAY, 14 JANUARY 2019
9:00 AM – 12:00 PM
THE RITZ CARLTON HOTEL
(A HANDS-ON COURSE)

WIDE WORLD OF DENTAL ASSISTING: AN OVERVIEW OF CHANGE VERSATILITY & IMPACT ON DENTISTRY & FORENSIC DENTISTRY AND THE ROLE OF THE DENTAL ASSISTANT IN THE UNITED STATES

MONDAY, 14 JANUARY 2019
01:00 PM – 4:00 PM
THE RITZ CARLTON HOTEL
(A HANDS-ON COURSE)
DENTAL TECHNOLOGY SYMPOSIUM

Scientific Program
# DAY 1
Saturday, January 12, 2019
8:00 am - 5:00 pm - REGISTRATION

## SESSION 1
**Chairpersons:** Mr. Fahad Saad Alyousef

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<tr>
<td>09:00 - 10:00</td>
<td>From Impression to Insertion Occlusion According the Biological Needs</td>
<td>Mr. Hans-Joachim Burkhardt</td>
<td>60m</td>
</tr>
<tr>
<td>10:00 - 10:30</td>
<td>Waxing up Technology, problems and solution</td>
<td>Mr. Rashed Mattit</td>
<td>30m</td>
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<tr>
<td>10:30 - 10:45</td>
<td><strong>COFFEE BREAK</strong></td>
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<tr>
<td>10:45 - 11:45</td>
<td>The Principles of Smile Designing and One Bake Technique</td>
<td>Mr. Kivork Karakous</td>
<td>60m</td>
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<tr>
<td>11:45 - 12:00</td>
<td>Hyrax Application</td>
<td>Dr. Saleh Alwadi</td>
<td>15m</td>
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<tr>
<td>12:00 - 13:00</td>
<td><strong>PRAYER &amp; LUNCH</strong></td>
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## SESSION 2
**Chairpersons:** Mr. Khaled Saleh Alamr

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<td>13:00 - 14:00</td>
<td>Histo Anatomical Architecture of Neutral Teeth</td>
<td>Mr. Manfred Tauber</td>
<td>60m</td>
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<tr>
<td>14:00 - 14:20</td>
<td>Maxillofacial Prostheses</td>
<td>Mr. Abdurabu Gomani</td>
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<td>14:20 - 14:40</td>
<td>Implant Technology</td>
<td>Mr. Haytham Ahsoud</td>
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<td>14:40 - 15:00</td>
<td>The use of CAD CAM in Dentistry</td>
<td>Mr. Rashed Al Medani</td>
<td>20m</td>
</tr>
<tr>
<td>15:00 - 15:15</td>
<td><strong>PRAYER &amp; COFFEE BREAK</strong></td>
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## SESSION 3
**Chairpersons:** Mr. Tariq Mattar Al Otaibi

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<tbody>
<tr>
<td>15:15 - 15:45</td>
<td>Preventive Measures In Dental Labs</td>
<td>Mr. Rashed Mattat</td>
<td>30m</td>
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<tr>
<td>15:45 - 16:30</td>
<td>Theory of optical properties of light. Analysis of clinical cases.</td>
<td>Mr. Spyridon Chatzigeorgiu</td>
<td>45m</td>
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<tr>
<td>16:30 - 17:00</td>
<td>Modern Ceramic Materials</td>
<td>Mr. Megas Fotis</td>
<td>30m</td>
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ABSTRACTS
TECHNICIAN
12 - 14 JAN.
2019
MAXILLOFACIAL PROSTHESSES

Lecture will cover all kinds of material and equipment’s needed to construct maxillofacial prosthesis, and patient’s cases will be shown. History of maxillofacial prostheses will also be highlighted during the lecture.
TRADITION AND MODERNITY
PROCEEDINGS ACCORDING THE PATIENT’S NEEDS

We as certified (CDT) and master dental technicians (MDT) do jobs neither any industry or university are able to do, if we had the chance for a solid education. Fortunately, in Germany still exists the craftsmen and master model for health care, so the education gives a complete overview over all facets of our profession. In other countries more and more people are working, only specialized on one topic of our wide business field. How is the dentist’s side? The scientist part has become too overloaded and the handicraft part is coming too short. Some dentists come from their university without extracting one tooth, have never set an implant, have never seen an impression state of the art and studied tooth shape on Frasaco teeth instead of naturals, not to talk of any experience in technician’s work.

In addition, the industry tries to make us believe that everything is fine as long as we follow their advices, a dangerous game for us and especially for the patient, while the quality demands get lower and lower.

But we also find fantastic colleagues anywhere in the world, enthusiastic, hardworking, trying to learn whatever they can and showing their results in social media. Self-studies, try and error, learning from failures and critic from those who are one or more steps ahead. A new generation of dental technicians and dentists is growing up this way.

The more important, that we experienced dentists and technicians share our knowledge, show others where to go, without thoughts of competition. It is in our hands how the future will be. Showing the tradition, bring it in context to new technologies, teach to doubt, to listen and to watch, give the younger ones a clue for the own investigation.

In my lecture I will show, how traditional handicrafts and modern technology fit perfectly together. I will give the audience an insight in my studies and my work, with useful advices about materials and techniques and I will show that each of us can add his part for a profession that has a good future by doing interesting cases and making individual treatment for thankful patients.
FROM IMPRESSION TO INSERTION
OCCLUSION ACCORDING THE BIOLOGICAL NEEDS

No Dentist wants to grind on a new work that has been done by his lab. Also, on lab side, each Dental Technician wishes that his work can be inserted without major manipulations. It is wasted time and wasted money and does not really look professional in patients’ eyes. It causes irritation and limits the trust in our lab, staff and work and dentists’ office as well.

In my lecture I want to show how we can avoid most of these issues by simple changes in our workflow, beginning with impressions, over model work, articulation, model analysis, diagnostic and final wax-up according the patients’ needs. I will demonstrate in logic steps where the traps are, we have to deal with every day by new. You will learn how important and interesting the knowledge about the function of teeth can be.

PRINCIPLES OF FIXED IMPLANT TECHNOLOGY

This course is designed for dental technician who would like to build both theoretical and technical knowledge in fixed implant. Emphasis will be placed on the fundamentals of implant laboratory procedures for the completion of the prosthetic works. The course will cover different procedures as implant parts, impression taking methods, model fabrication, abutments selection and preparation. The participant will practice three different restoration, temporary, cemented, screw-retained restorations.
THE USE OF CAD CAM IN DENTISTRY

The CAD/CAM in dentistry describes an indirect restoration designed by a computer aided design and milled by computer aided manufacturing. The workshop can be divided into three steps:
Scanning
Designing
Milling the restoration.
THE PRINCIPLES OF SMILE DESIGNING AND ONE BAKE TECHNIQUE BASICALLY
IT WILL BE BASED ON ONE BAKE TECHNIQUE.

Starting with introducing all the steps from A to Z which are crucial to achieve a best physical and optical results and how we can save time by succeed this method.

Present and discuss the main keys to avail the perfect shape and shade step by step with photo references and explaining the purpose of using each layer and effect. Bringing light on the importance of the stage of placing the case in the furnace with taking in a count some vital points, before fitting them on the model. Following with the preparation for the final touches by carving, reshaping, glazing and polishing to reach the perfect final desired result.

In the end of course everyone will gain valuable information about the technique from my personal experience and they will be able to work with this method perfectly.
HISTO-ANATOMICAL ARCHITECTURE OF NATURAL TEETH - NATURAL TOOTH FORM, DENTAL AESTHETICS AND FUNCTION

The fundamental steps of aesthetic rehabilitation and successfully completed treatment depend on the implementation of a previously defined treatment plan. By means of a diagnostic wax-up, which is still a fundamental component of a treatment plan, functional and aesthetic success can be achieved.

In order to get as close to nature as possible, the new modeling waxes GEO Expert Wax Set after August Bruguera give us the opportunity to learn not only the morphological (Ecomorphology) aspects of a tooth but also the histo-anatomical, aesthetical demands of nature. The aim is to understand the ecomorphology and the endomorphology of teeth according to nature.

Wax is a wonderful material which allows us to create the anatomical form of individual teeth perfectly with an electric wax knife. Using aesthetical modeling waxes, I am able to build the natural shade of the teeth by means of a systematic histological and anatomical formation. This gives me excellent perception of where and above all how much dentine, enamel and translucency material I need. The Effect materials allow me to characterize my wax-up in a variety of ways. This individualization also helps in learning, for example, about the correct positioning of mamelons. In addition, I am also able to create lighter or darker intensity within the dentine or enamel. All this reflects what I will be creating later, ideally using ceramic and composite materials or as a compromise, using the staining technique.

I would like encourage all enthusiastic dental technicians and dentists to produce histo-anatomical, morphological and aesthetical wax-ups from time to time with the modeling waxes. This strengthens our sensitivity towards ecomorphology – the anatomical form, and endomorphology – the colour structure nature gives us on a daily basis.

"The most wonderful result is a well functioning, naturally beautiful smile."
DENTAL TECHNOLOGY WORKSHOPS
DENTAL TECHNOLOGY WORKSHOPS

TITLE: HYRAX APPLICATION COURSE
DATE: THURSDAY, 10 JANUARY 2019
TIME: 9:00 AM – 3:00 PM
VENUE: KSU DENTAL LABORATORY (2)
(A HANDS-ON COURSE)

BSc, BDS Chairman Dept of Dentistry & supervisor of the Dental Clinics in PHC in HotaBani Tammi Gen Hospital, KSA

TITLE: THE HISTO-ANATOMICAL ARCHITECTURE OF NATURAL TEETH. (WAX UP COURSE)
MONDAY, 14 JANUARY 2019
TIME: 9:00 AM – 3:00 PM
VENUE: KSU DENTAL LABORATORY (2).
(A HANDS-ON COURSE)

MDT; Marketing Manager, Head-Dental Education, Key Opinion Leader Management, Renfert

DENTAL TECHNICIANS ABSTRACTS
TITLE: THE PRINCIPLES OF SMILE DESIGNING AND ONE BAKE TECHNIQUE
DATE: FRIDAY, 11 JANUARY 2019
TIME: 2:00 PM – 8:00 PM
VENUE: KSU DENTAL LABORATORY (2)
(A HANDS-ON COURSE)

TITLE: PROFESSIONAL NIGHT GUARD TECHNIQUE
DATE: THURSDAY, 10 JANUARY 2019
TIME: 9:00 AM – 3:00 PM
VENUE: DENTAL UNIVERSITY HOSPITAL
(A HANDS-ON COURSE)
THE PRINCIPLES OF IMPLANT TECHNOLOGY

**Title:** THE PRINCIPLES OF IMPLANT TECHNOLOGY

**Date:** THURSDAY, 10 JANUARY 2019.
FRIDAY, 11 JANUARY 2019

**Time:** 9:00 AM – 4:00 PM THURSDAY
2:00 PM – 8:00 PM FRIDAY

**Venue:** KSU DENTAL LABORATORY (2).
(A HANDS-ON COURSE)

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THE USE OF CAD CAM IN DENTISTRY

**Title:** THE USE OF CAD CAM IN DENTISTRY

**Date:** SUNDAY, 13 JANUARY 2019

**Time:** 9:00 AM – 4:00 PM

**Venue:** KSU DENTAL LABORATORY (2).
(A HANDS-ON COURSE)
MDT; Lecturer & Speaker; Member-Dental Technicians Guild (Damaged Goods)

Certified Dental Technician
Technical Reference Facility in Kulzer - Greece

TITLE: LOOK OVER YOUR SHOULDER
DATE: MONDAY, 14 JANUARY 2019
TIME: 9:00 AM – 4:00 PM
VENUE: KSU DENTAL LABORATORY (2)
(A HANDS - ON COURSE)

TITLE: THEORY IN ACTION
DATE: SUNDAY, 13 JANUARY 2019
TIME: 9:00 AM – 4:00 PM
VENUE: KSU DENTAL LABORATORY
(A HANDS - ON COURSE)
BSc Hons from the School of Dental Technology of the Technological Educational Institution of Athens. Megas Dental Lab, Opinion Leader for Initial Ceramics of GC Europe – Greece.

MEGAS FOTIS

TITLE: MODERN CERAMIC APPLICATION
DATE: FRIDAY, 11 JANUARY 2019
TIME: 02:00 PM – 09:00 PM
VENUE: KSU DENTAL LABORATORY (2).

SPONSOR BY:
COMPUTER GUIDED MAXILLOFACIAL RADIOLOGY & SURGERY SYMPOSIUM

Scientific Program
New Frontiers in Computer Guided Maxillofacial Radiology and Surgery
1st Workshop of Saudi Dental Society in Collaboration with AlFaisal University’s
3rd Symposium on Computational and Mathematical Medicine.

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<th>SPEAKER</th>
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<tr>
<td>09:00-09:10</td>
<td>Welcome Message</td>
<td>Dr. Asma’s Al - Ekrish</td>
<td>10m</td>
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<tr>
<td>09:10-09:30</td>
<td>Interdisciplinary research through integration of social, economic,</td>
<td>Prof. Matheus Goosen</td>
<td>20m</td>
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<td>environmental &amp; governmental factors</td>
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<tr>
<td>09:30-10:30</td>
<td>Part 1 (Computational Anatomy)</td>
<td>Prof. Makoto Hoshizume</td>
<td>60m</td>
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<tr>
<td>10:30-10:45</td>
<td>Coffee Break</td>
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<tr>
<td>10:45-11:45</td>
<td>Part 2 (Surgical Data Science)</td>
<td>Prof. Makoto Hoshizume</td>
<td>60m</td>
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<tr>
<td>11:45-12:45</td>
<td>Prayer &amp; Lunch</td>
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**MACHINE LEARNING FOR MEDICINE**

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<tr>
<td>12:45-13:30</td>
<td>Overview of novel computational solutions in the medical field:</td>
<td>Dr. Mateb Alkuseyryer</td>
<td>45m</td>
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<tr>
<td></td>
<td>Algorithms and applications</td>
<td>Dr. Teriq Al - Shawi</td>
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<tr>
<td>13:30-13:45</td>
<td>Detection and classification of emotions using brain - computer</td>
<td>Dr. Areej AlWabil</td>
<td>60m</td>
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<td>interfaces</td>
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<tr>
<td>13:45-14:00</td>
<td>ECG-based subject identification using CSP and SVM</td>
<td>Dr. Turkey AlDatby</td>
<td>15m</td>
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<tr>
<td>14:00-14:15</td>
<td>Modulations in Epilepsy</td>
<td>Dr. Mojed AlHameed</td>
<td>15m</td>
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<tr>
<td>14:15-14:30</td>
<td>Mathematics and Medicine, Qao Vadas?</td>
<td>Dr. Boumediene Hanzi</td>
<td>15m</td>
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<td>14:30-14:45</td>
<td>Prayer &amp; Coffee Break</td>
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**COMPUTER GUIDED RADIOLOGY IN DENTISTRY**

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<tr>
<td>14:45-15:00</td>
<td>Computed tomography based three - dimensional finite element analysis</td>
<td>Dr. Razan AlAqeely</td>
<td>15m</td>
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<td></td>
<td>of dental implant primary stability</td>
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<tr>
<td>15:45-15:15</td>
<td>Upper airway imaging in sleep - disordered breathing: Role of cone</td>
<td>Dr. Nura Al - Sufyani</td>
<td>15m</td>
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<td></td>
<td>beam computed tomography</td>
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<tr>
<td>15:15-15:30</td>
<td>Computer programs and radiology in forensic dental identification</td>
<td>Dr. Sakher Alquhtoni</td>
<td>15m</td>
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The 1st Workshop of the Saudi Oral and Maxillofacial Radiology Club jointly organized with the 3rd Symposium on Computational and Mathematical Medicine (CMM) will bring together a balanced group of radiologists, clinicians, mathematicians, engineers, and computer scientists working at the forefront of the interdisciplinary field of Computational and Mathematical Medicine.

**TITLE:** COMPUTER GUIDED MAXILLOFACIAL RADIOLOGY & SURGERY WORKSHOP

**SPEAKER:**
- DR. METAB ALKUBEYYER
- DR. SAKHER ALQAHTANI
- DR. NURA AL-SUFYANI
- DR. RAZAN OGAILI

**DATE:** THURSDAY, 10 JANUARY 2019

**TIME:** 02:45 AM – 05:00 PM

**VENUE:** KSU DENTAL HOSPITAL MAIN AUDITORIUM + RADIOLOGY LAB.
(A HANDS-ON COURSE)
SPONSORS
Introducing next generation technology to help patients achieve Whole Mouth Health*1

Superior proactive protection* of teeth, tongue, cheeks, and gums.

New Colgate Total® with Dual-Zinc + Arginine. Reinvented to proactively work with the biology and chemistry of the mouth.

- Superior reduction of bacteria on 100% of mouth surfaces, 12 hours after brushing*¹
- Weakens to kill bacteria
- Creates a protective barrier on hard and soft tissue to protect against bacterial regrowth

For better oral health outcomes,¹ advise your patients about New Colgate Total®

*Statistically significant greater reduction of cultivable bacteria on teeth, tongue, cheeks, and gums with Colgate Total® vs non-antibacterial fluoride toothpaste at 4 weeks, 12 hours after brushing.
*Significant reductions in plaque and gingivitis at 6 months vs non-antibacterial fluoride toothpaste, p<0.001.

LISTERINE®

TEETH AND GUM DEFENCE MILD TASTE

COMBINES THE BENEFITS OF FOUR ESSENTIAL OILS OF LISTERINE® AND 220-PPM FLUORIDE IN A MILD TASTE EXPERIENCE.

ZERO ALCOHOL
• Less intense taste

4 ESSENTIAL OILS
• Reduce plaque effectively:
  23.9% lower MPI scores* in 2 weeks (p<0.001)¹
• Offer healthier gums:
  10.4% lower MGI scores* in 2 weeks (p<0.001)¹
• Provide long-term efficacy (6 months):
  26.9% reduction in plaque and 20.5% reduction in gingivitis vs. CPC** (p<0.001)²

220 PPM FLUORIDE
• Protects teeth against caries:
  - Strengthens enamel³
  - Increases enamel resistance to acid attack and demineralization³

LISTERINE® TEETH AND GUM DEFENCE MILD TASTE REACHES VIRTUALLY 100% OF THE MOUTH#

RECOMMEND
2X

DAILY USAGE FOR STRONGER TEETH AND HEALTHIER GUMS

*MPI: Mean Plaque Index; MGI: Modified Gingival Index; data vs. control (5% hydroalcohol mouthrinse); **Cetylpyridinium chloride (CPC) *brushing and flossing don’t cover the entire mouth, as teeth represent only 25% of the mouth#

References:
SCIENTIFIC RESEARCH AWARDS
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<td>Nasser Khalid Alghofaili</td>
<td>Assessment of Social Media Utilization among Dental Practitioners in Riyadh</td>
<td>Community</td>
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<td>Mohammed Alhussain</td>
<td>Fracture resistance of primary incisors restored with different intracanal-post materials</td>
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<td>Sarah Khalid Alanzi</td>
<td>Bacterial adherence to different surgical sutures materials</td>
<td>Periodontics</td>
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<td>Abdulelah F. Andejani</td>
<td>Color Stability Of Different Restorative Materials To E-Cigarettes Smoke</td>
<td>Prosthodontics</td>
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<td>Rana Barakah</td>
<td>Bond Strength of Dental Adhesives to Dentin Treated with Disinfectants</td>
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<td>Amjad Mohammed AlGhaihab</td>
<td>Mechanical Properties of EdgeTaper Platinum Endodontic Instruments at Body Temperature</td>
<td>Endodontics</td>
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<td>Muhannad Abdulhadi Almuhammadi</td>
<td>Dental Student Perceptions of Digital and Conventional Implant Treatment Planning</td>
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<td>Yosra M Mousa</td>
<td>Impact of tooth loss on cognitive impairment in Saudi female</td>
<td>Oral medicine</td>
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<td>Eman Emad</td>
<td>Comparison of the physical properties of stainless steel orthodontic archwire</td>
<td>Orthodontics</td>
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<td>318</td>
<td>Areej Youseff Maqns</td>
<td>Prevalence of Dentists Practicing Socket Compression after Extraction in Al-Madinah</td>
<td>OMFS</td>
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<td>1059</td>
<td>Abdullah Ebeadan Alshebany</td>
<td>Clinical Applications of Arch Distalization Using MCPP and Buccal miniscrews.</td>
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<td>Alya Alsubhi</td>
<td>Tolerability of Green Tea-Based Mouth Rinse: Randomized, open-label clinical trial.</td>
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