8th Edition of International Conference on

Dentistry and Oral Health

25-27 MARCH, 2024

SINGAPORE

CE APPROVED
CE ACCREDITED
28 CREDITS

magnus Group

Venue: Village Hotel Changi, 1 Netheravon Rd, Singapore 508502

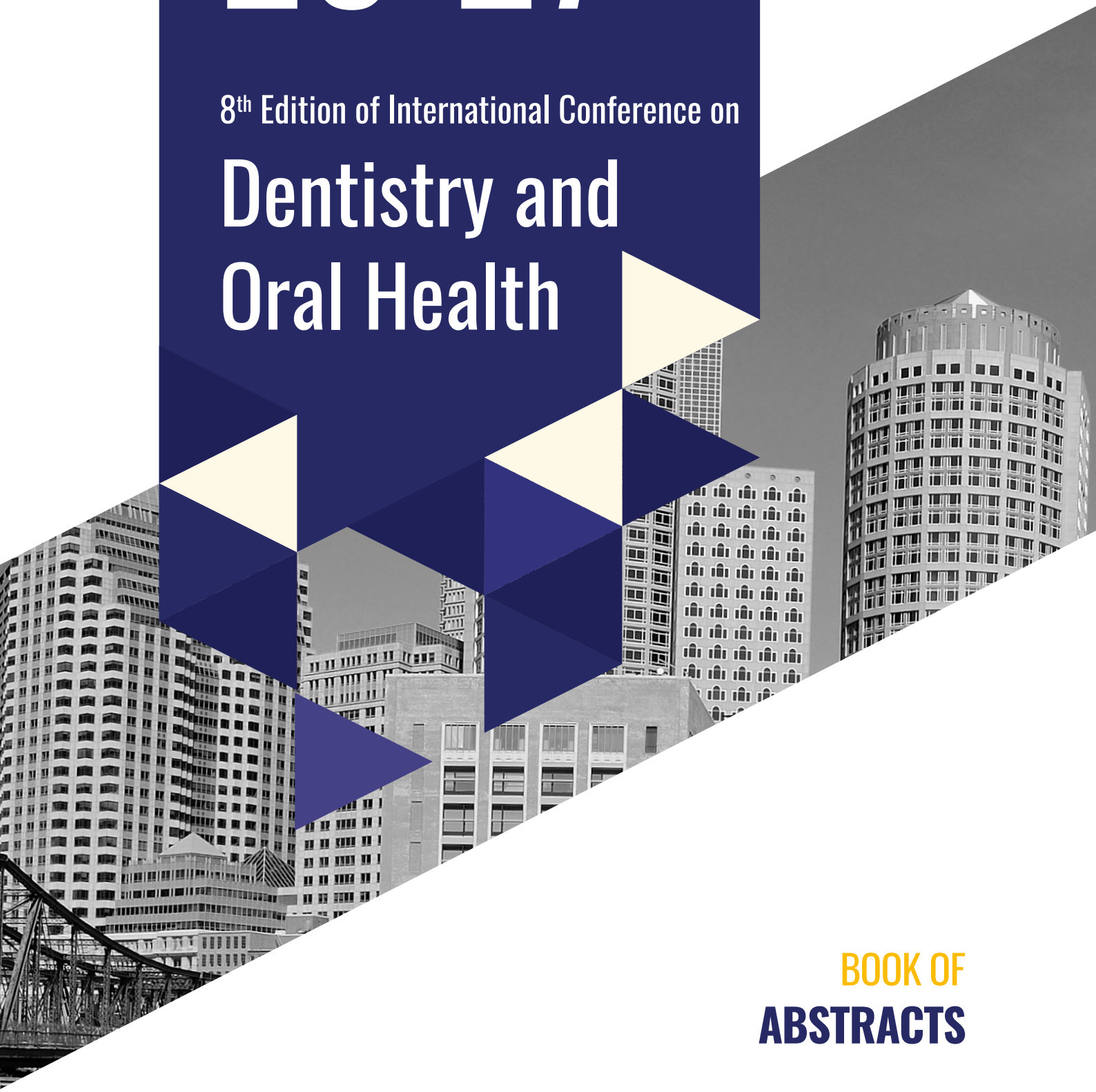
BOOK OF ABSTRACTS

MARCH

25-27

8th Edition of International Conference on

Dentistry and Oral Health



BOOK OF

ABSTRACTS

INDEX

Contents

Keynote Speakers

David G Gillam
Queen Mary University of London, United Kingdom

Steven J Traub
American Institute of Oral Biology, United States

Yasser Khaled
Marquette University School of Dentistry, United States

Laurindo Moacir Sassi
Cancer Center Erasto Gaertner and Evangelical Mackenzie University Hospital, Brazil

Rolf Ewers
Medical University of Vienna, Austria

Preetinder Singh
Academy of Oral Surgery, United States

Fay Goldstep
Dental Clinician and International Speaker, Canada

Maggie Augustyn
Untangle Me, LLC, United States

Jaap Boehmer
Rijnstate Hospital, Netherlands

Kelvin Khng
Prostho Dental Office, Singapore

Bennete Fernandes
SEGi University, Malaysia

Lydia Katrova
Medical University of Sofia, Bulgaria

Thank You All...

Speakers

Ajay Chhabra
All Indian Institute of Medical Sciences (AIIMS Kalyani), India

Alisha Paul
Somerset Foundation Trust NHS, United Kingdom

Amel Labidi
University of Monastir, Tunisia

Anushri Pindoria
East Surrey Hospital, United Kingdom

Bashar Muselmani
Tishreen University, Germany

Benjamin Trill
University of Manchester, United Kingdom

Brynn L. Leroux
Associates in Pediatric Dentistry, United States

Cindy Dodo
Marquette University School of Dentistry, United States

Dandan Pei
Xi'an Jiaotong University, China

Débora do Canto Assaf
Universidade Franciscana, Brazil

Eduardo D Rubio
Universidad Católica, Argentina

Emmanuel Samson
Govt Medical College and Hospital Miraj, India

Enass Shamssy
Endodontist, United Kingdom

Fadwa Chtioui
Dental faculty of Monastir, Tunisia

Fiona Lourenco
Shrewsbury and Telford Hospital Trusts, United Kingdom

Fejjeri Meriem
University of Monastir, Tunisia

Gaurav Vishal
Bareilly International University, India

Gulnar Dara Sethna
Government dental college & hospital, India

Hajer Chtioui
University of Monastir, Tunisia

Hariharan Ramakrishnan
Ragas dental college and hospital, India

Isha Rastogi
Dr KNS Mims Barabanki, India

Jabborova Feruza
Bukhara State Medical Institute, Uzbekistan

Jamal Hassan Assaf
Federal University of Santa Maria, Brazil

Joana Paiva Alves
Catholic University of Portugal, Portugal

Joy Lantz
Joy Lantz: Transforming Oral Health, United States

Kanika Gupta
Teerthankar Mahaveer University, India

Khoa Le
Eyes of AI, Australia

Kinda Awad
University of Liverpool Dental Hospital, United Kingdom

Krishna Prasad Biswas
All Indian Institute of Medical Sciences (AIIMS Guwahati), India

Lujain AlSahman
King Saud University, Saudi Arabia

Speakers

Marcus Cowan
Founder & CEO of Dentistry101, United States

Mitchell Rubinstein
New York State Dental Association, United States

Mohamed Attia
Alexandria Center of Dentistry, United States

Naz Jumaa
King's College Hospital, United Kingdom

Parul Dua Makkar
PDM Family Dental, United States

Ramesh Nagarajappa
The Oxford Dental College, India

Riahi Zeineb
Dental clinic of Monastir, Tunisia

Sachin Shashikant Metkari
Nair Hospital Dental college, India

Sadia Butt
University of Liverpool Dental Hospital, United Kingdom

Sana Bekri
University of Monastir, Tunisia

Shivani Singh
Manipal College of Dental Sciences, India

Shveta Setia Thareja
SGT University, India

Simran Mann
Musgrove Park Hospital, United Kingdom

Tahrir Aldelaimi
University of Anbar, Iraq

Umberto Marchesi
Private practioner, Italy

Yesh sharma
Pacific Dental College and Hospital, India

Yoshikazu Hayashi
Fukuoka Dental College, Japan

Thank You All...

Welcome Message

David Gillam

Queen Mary University of London, United Kingdom

Dear Attendees, Presenters, Organizing Committee and Distinguished Guests

The invitation to write this welcome message is both an honour and a privilege and as such I am very grateful to the Organizing Committee of Dental 2024. On behalf of the Organizing Committee, I would like to warmly welcome you to the 8th Edition of the International Conference on Dentistry and Oral Health which will be held in the vibrant city of Singapore or alternatively on-line if you are unable to present in-person. The theme of this year's conference "Blending Today's Lifestyle with Dental Trends for Vibrant Smiles," You will have the opportunity to listen to well-known speakers on a wide range of topics over the course of the conference. There will also be an opportunity for colleagues to present their area of expertise to their colleagues, which in turn will help foster cooperation between colleagues across the research world. I hope that you will not only enjoy the conference but also establish links for future research as well as foster friendships that will endure for years to come.

Welcome Message

Yasser Khaled

Marquette University School of Dentistry, United States

On behalf of the Scientific Committee, I take great pleasure in welcoming you to the 8th edition of International conference on Dentistry and oral Health in the beautiful city of Singapore . The theme of this year's conference "Blending Today's Lifestyle with Dental Trends for Vibrant Smiles" will present cutting-edge research, recent achievements, and global trends in dentistry and oral health, as well as to foster cross-disciplinary collaborations that will help the field grow. The global congress will feature important presentations by a diverse group of eloquent speakers, policymakers, and scientific leaders from around the world, all of whom will gather with the unifying goal of making the world a better place by solving challenges.

While you are here, I sincerely hope that you take the opportunity to network, learn, share and collaborate with international experts. All of us on the Scientific Committee would take great pleasure in meeting you in person and learning more about your amazing work. I wish you an enjoyable and productive conference. I hope you enjoy your stay in Singapore and use pre and post conference times to enjoy the sites. We are enthusiastic about your attendance and participation. Enjoy the conference!

Welcome Message

Fay Goldstep

Canada

I am delighted to welcome all participants to the 8th International Conference on Dentistry and Oral Health, taking place this year in the beautiful and exciting city of Singapore. Some of you lucky ones are attending live, while others (including me) are participating online. The conference is filled with a wide variety of topics presented by distinguished international speakers who will highlight "Blending Today's Lifestyle with Dental Trends for Vibrant Smiles". It is an exhilarating time to be in dentistry, whether in academia, research or in the clinic. The conference will inform you, engage you and stimulate you to advance in your area of dentistry. Listen, speak to others, and build bridges of collaboration to foster the ultimate goal of improving patient oral health.

A hearty welcome to all!

ABOUT
MAGNUS GROUP

Magnus Group, a distinguished scientific event organizer, has been at the forefront of fostering knowledge exchange and collaboration since its inception in 2015. With a steadfast commitment to the ethos of "Share, receive, grow," Magnus Group has successfully organized over 200 conferences spanning diverse fields, including Healthcare, Medical, Pharmaceutics, Chemistry, Nursing, Agriculture, and Plant Sciences.

The core philosophy of Magnus Group revolves around creating dynamic platforms that facilitate the exchange of cutting-edge research, insights, and innovations within the global scientific community. By bringing together experts, scholars, and professionals from various disciplines, Magnus Group cultivates an environment conducive to intellectual discourse, networking, and interdisciplinary collaboration.

Magnus Group's unwavering dedication to organizing impactful scientific events has positioned it as a key player in the global scientific community. By adhering to the motto of "Share, receive, grow," Magnus Group continues to contribute significantly to the advancement of knowledge and the development of innovative solutions in various scientific domains.

ABOUT
Dental 2024

Magnus Group is thrilled to extend a warm invitation to the forthcoming scientific gathering, the "8th Edition of International Conference on Dentistry and Oral Health," scheduled as a hybrid event on March 25-27, 2024, in Singapore and online. This conference aims to delve into the theme of "Blending Today's Lifestyle with Dental Trends for Vibrant Smiles."

Our summit endeavors to unite a diverse array of dental professionals, including researchers, scientists, academicians, dentists, dental practitioners, oral surgeons, dental hygienists, dental assistants, dental technicians, students, and other healthcare professionals, to engage in discussions and examinations of innovative developments within the field of dentistry.

Focused discussions will encompass areas such as dental implants, cosmetic dentistry, oral surgery, periodontics, endodontics, orthodontics, and other pertinent domains of dentistry. Participants will have the opportunity to enrich their knowledge and engage with colleagues from around the globe, leaving the event with fresh, scientifically enriched perspectives.

We anticipate that you will find the conference experience both enjoyable and fruitful, as you gain invaluable insights into the latest advancements in dentistry and forge meaningful connections within the dental community.

ABOUT
CE Credits

The Continuing Education (CE) credits available at Dental 2024 hold significant value for participants, recognizing and affirming their dedication to continuous learning and professional growth. Earning CE credits brings numerous advantages, such as advancing one's career, upholding professional credentials, expanding knowledge base, and fostering networking opportunities. By attending Dental 2024 and acquiring CE credits, individuals showcase their commitment to ongoing education, elevate their professional standing, and open doors to career progression. Moreover, meeting a minimum CE credit requirement is often obligatory for maintaining certifications or licenses in various fields. The Dental 2024 Conference not only offers ample networking chances with peers and experts but also facilitates the expansion of professional connections and the cultivation of potential collaborations. Notably, each attendee will receive a total of 28 CE credits at the conference.

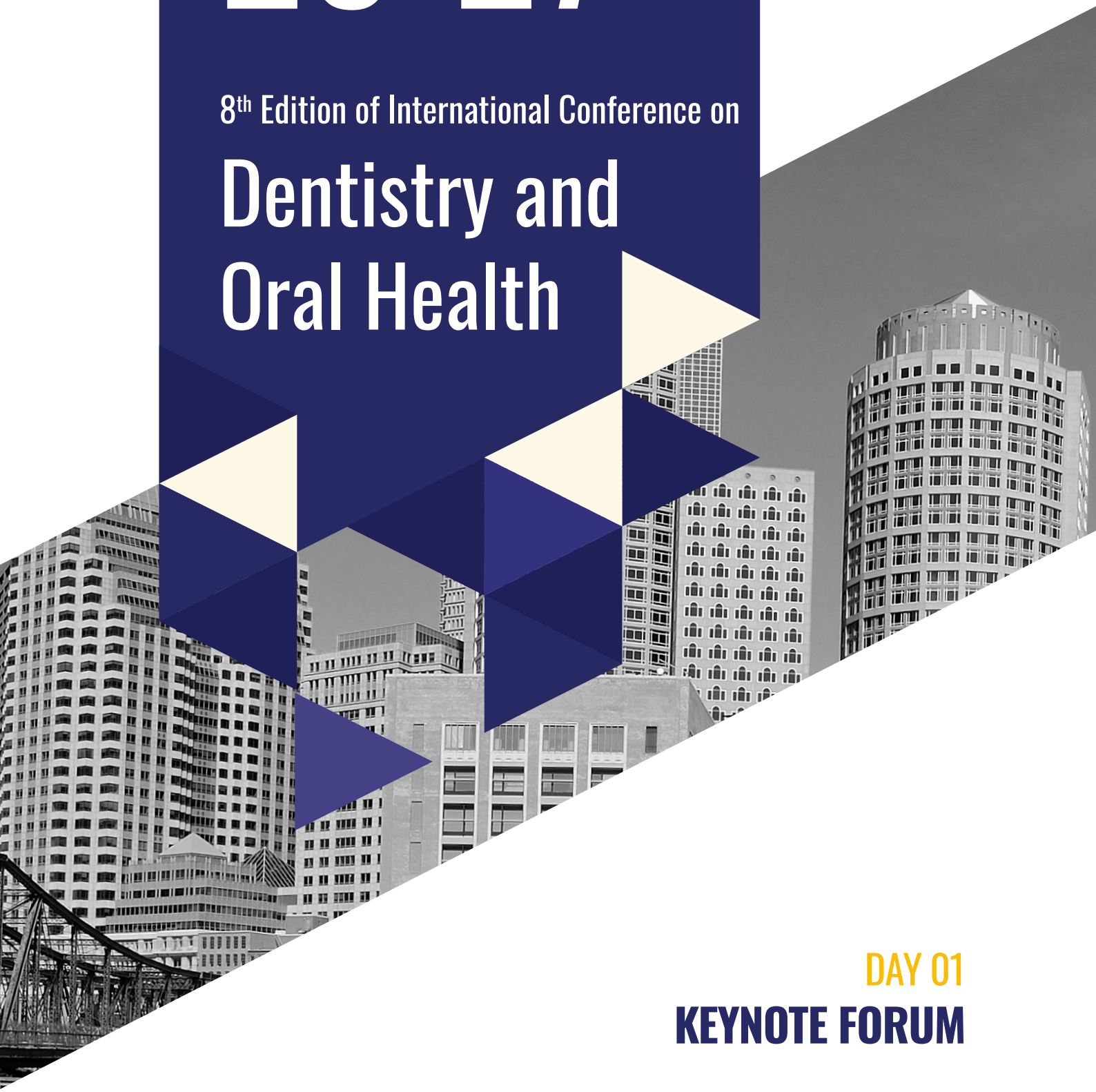
BOOK OF ABSTRACTS

MARCH

25-27

8th Edition of International Conference on

Dentistry and Oral Health



DAY 01

KEYNOTE FORUM

The use of potassium salts in the treatment of dentine sensitivity

According to Orchardson and Gillam (2000) formulations containing potassium salts such as chloride, nitrate, citrate, oxalate) are widely used for treating Dentine Sensitivity (DS). Several reviews have, however questioned the efficacy of these products in treating DS (Orchardson and Gillam 2000, Cuhna-Cruz *et al.* 2013, Karim and Gillam 2014). The mechanism of action of desensitizing products is either by tubular occlusion or nerve desensitization, potassium ions have been reported to work (based on historical animal studies) by nerve desensitization and not by tubular occlusion. However, the combination of potassium with oxalate suggests that such combinations may have a dual role acting as both a nerve desensitizer (potassium) and oxalate as a tubular occludent. More recently, potassium oxalate has been formulated as a mouthwash and results from both *in vitro* and *in vitro* studies have indicated that the product acts as a tubular occludent in reducing DS (Sharma *et al*, 2013, Eliades et al. 2013, Lynch et al. 2018). Potassium releasing Bioactive Glasses (BAGs) have also been developed and subsequently may offer improved relief for DS in toothpaste formulations (Tiskai *et al.* 2021). The aim of this presentation is to provide clinicians with an overview of the use of potassium containing desensitizing products such as in toothpastes, mouthrinse with or within oxalate as well as evaluating their efficacy in the treatment of DS based on both *in-vitro* and *in-vitro* publications.

Audience Take Away Notes

- Provide clinicians with an overview on the use of potassium salts in Dentistry
- Provide clinicians with an overview of the mechanism(s) involved in dentine sensitivity
- Provide evidence of the efficacy of potassium salts in the treatment of dentine sensitivity
- Inform clinicians on the current recommendations for the treatment of dentine sensitivity

Dr. David G Gillam

Barts and the London School of Medicine and Dentistry, QMUL, London, United Kingdom

Biography

Dr. David G Gillam was graduated from Edinburgh Dental School in 1977 and has been involved in Dentistry over the last 40 years. He worked in both clinical practice and in University Dental Hospitals as well as in Industry (1998-2001) initially with SmithKline Beecham and subsequently with Block Drug Company. From 2003 to 2008 I worked with a Clinical Research Organization and currently I am a Reader (Associate Professor) in Translational Research in Relation to Dentistry at the Bart's and the London School of Medicine and Dentistry QMUL in London (2009). My main research interest is in the Management of Dentine Hypersensitivity, and he published over 100 papers on numerous dental topics as well as contributing to several books as Editor and several book chapters as a contributor.

Immediate molar implant surgery

This lecture includes a historical review of dental implant techniques and materials dating from 1982 to 2024, a 42 year experience. Special attention is paid to immediate maxillary and mandibular molar implants over an 11-year period of time from 2007 to 2018, citing over 800 consecutive cases in his office-based practice. In particular, the focus includes use of the palatal root space for maxillary molar implant anchorage. This is in opposition to socket preservation and socket grafting, with titanium being proven as the ultimate socket preservative material.

Dr. Steven J. Traub

American Institute of Oral Biology, United States

Biography

Dr. Traub graduated from Creighton University School of Dentistry in 1978 following which he completed a 3-year Oral & Maxillofacial Surgery residency at Cook County Hospital in Chicago, Illinois, USA. He then enjoyed a full-time solo practice in his home town of Albuquerque, New Mexico USA until the summer of 2023. More recently, he has accepted a teaching position at Creighton University Dental School as a clinical professor in the Oral & Maxillofacial Surgery department. He is on the Board of Directors of the American Institute of Oral Biology (AIOB), still practices surgery part-time in Albuquerque, and is becoming certified by the International Academy of Independent Medical Legal Evaluators, being the first in his field in that organization. He has placed dental implants since 1982 and still does major facial traumatic reconstructive surgery.

Recent modalities in the diagnosis and treatment of TMD

Because the TMJ is a superficial joint (without tissue blocking access to it), cold laser therapy is able to penetrate deep into the joint to reduce inflammation. Then there's manual therapy, which works the muscles and soft tissue structures of the neck and jaw to reduce TMJ pain and reduce muscle adhesions.

The ELIBA device is able to significantly reduce TMD-associated myogenous pain and to promote the enhancement of sEMG/KNG values. Practical Implications. ELIBA can be considered as a new device, potentially useful for head-neck pain relief in patients suffering from chronic TMD

Audience Take Away Notes

- Better diagnosis and new TTT modalities
- More TMD patients
- This research that other faculty could use to expand their research or teaching
- This provide a practical solution to a problem that could simplify or make a designer's job more efficient
- This will improve the accuracy of a design, or provide new information to assist in a design problem

Dr. Yasser Khaled

General Dental Sciences Department , Marquette University, School of Dentistry, Milwaukee, WI, United States

Biography

Dr. Yasser Khaled is a son of a diplomat that has visited, worked and studied in 15 different countries in 6 different continents around the world. He has a BDS from Ain Shams University, Egypt; a MDSc in Oral Pathology from the same university; a MMSc in TMD/Orofacial Pain from the University of Alberta, Canada and finally, a GPR and Oral Medicine Certificate from Carolinas Medical Center, USA. He was awarded with hundreds of certificates from all around the world. He has won the Lester Burkett award from the American Academy of Oral Medicine for the best research in 2017. He is currently working as an Assistant Professor in Marquette University, School of Dentistry. He is specialized in Oral Pathology, Oral Medicine and TMD/Orofacial Pain. He is also the Vice-Chair of Marquette University Academic Senate.

Is the knowledge of removable prosthodontics still needed in the post COVID era?

With the increase of implant dentistry in our daily practice, the popularity of removable prosthodontics has been declining in the recent years. Find out if this set of knowledge is still needed in today's dental practice and how it has evolved in the recent years.

Audience Take Away Notes

- Use of the knowledge of removable prosthodontics today
- Discover the Suction Effective Mandibular Complete Denture (SEMCD)
- Know how removable prosthodontics have advanced in the recent years

Dr. Kelvin Khng

Prostho Dental Office, Singapore

Biography

Dr. Kelvin Khng, B.D.S, M.S graduated from the National University of Singapore, Faculty of Dentistry in 2006. In 2009, Dr. Khng continued to pursue advanced specialty training in Prosthodontics at the University of Iowa, USA. After successfully completing his postgraduate training and obtained his Master of Science degree in Oral Sciences he then worked as a clinical fellow at the University of Iowa, College of Dentistry for a year before returning to Singapore. He is the founder and clinical director at Prostho Dental Office and also a part time tutor at the National University of Singapore, Faculty of Dentistry. Dr. Khng is a board certified prosthodontist both in the United States of America and in Singapore. He is past-president of the Prosthodontic Society of Singapore, a Fellow of the American College of Prosthodontist, Fellow of the Academy of Medicine of Singapore, member of the Singapore Dental Association and a member of the American Prosthodontic Society. Dr. Khng lectures and conducts implant prosthodontics hands-on course annually. He is also an instructor for the suction effective mandibular complete denture technique.

Titanium toxicity and sensitivity in relation to oral implantology: A point to ponder!

In spite of recent pioneering advances and remarkable evolution in the design and development of surgical and dental implant materials, failures do occur. One of the reasons for these failures can be corrosion of dental implants. The most favorable implant is the one which is capable of resisting the most extreme conditions that could possibly be encountered in the mouth. The choice of the materials used for the implant as well as implant borne suprastructures become vital, and can be made by way of evaluating their galvanic corrosion behaviors. When the mechanisms that ensure implant bioacceptance and structural stabilization are fully understood, implant failures will become a rare occurrence, provided that they are used properly and placed in sites for which they are indicated. Titanium dental implants can cause corrosion and wear. Particles and ions of titanium and titanium alloy components due to corrosion and wear can be deposited in surrounding tissues, and inflammation can occur. The buildup of titanium ions and particles can occur systemically as well as in the neighboring tissues, which can lead to toxic reactions in other tissues including yellow nail syndrome. Additionally, there are cases where the metal material is hypersensitive. Currently, zirconia/ceramic implants are considered to be an alternative; however, there are still limitations due to a lack of long-term clinical data. Within the limitation of this lecture, it suggests that we should be aware of the rare problems of titanium toxicity, allergy & hypersensitivity.

Dr. & Prof. Preetinder Singh

Academy of Oral Surgery, United States

Biography

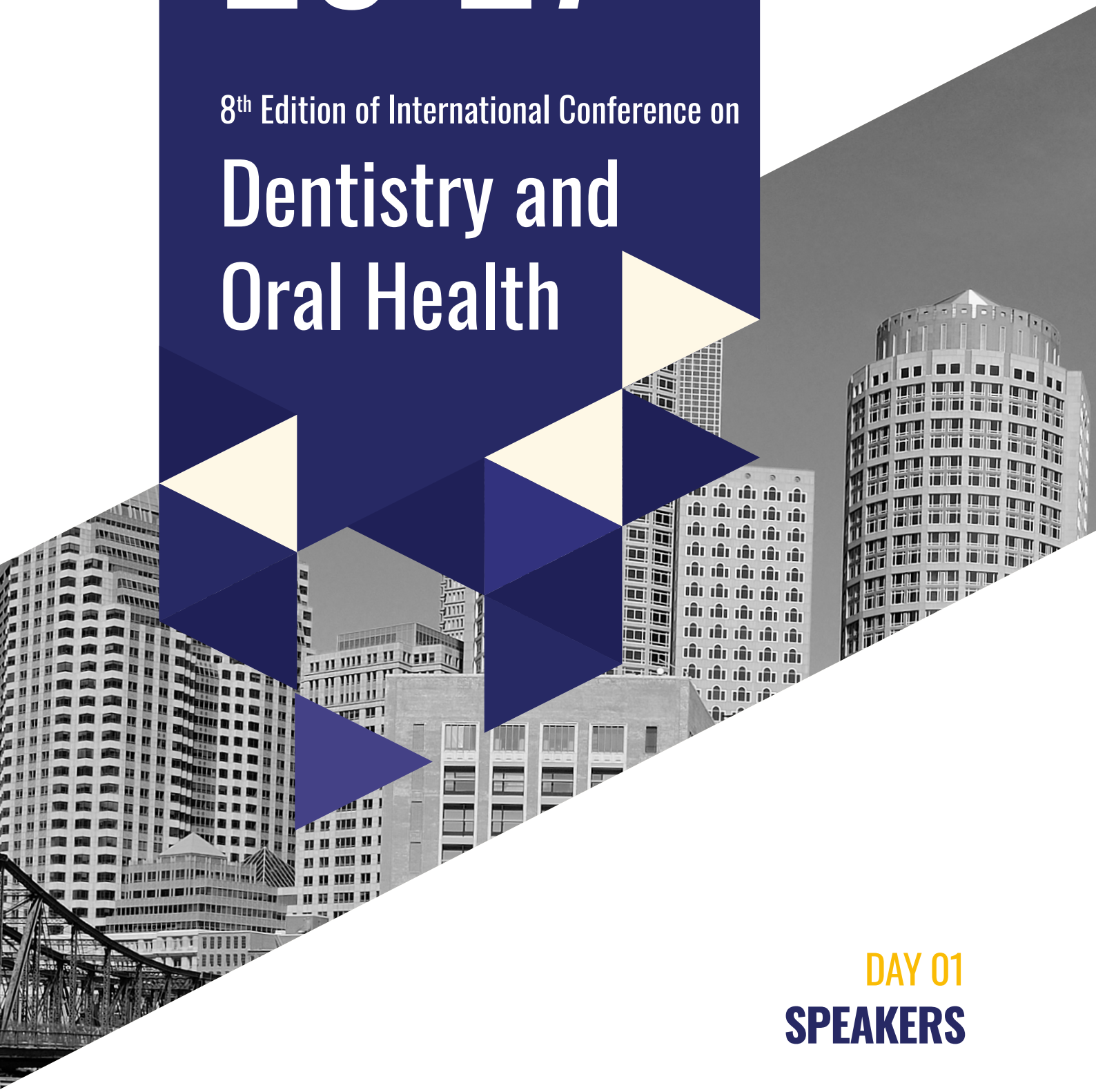
Dr. Preetinder Singh (MDS) is working as a Senior Professor in Department of Periodontology & Oral Implantology in SDD Hospital & Dental College, India and as a Senior Consultant in various dental offices around the country. Dr. Singh is am AMBASSADOR, AMERICAN ACADEMY OF ORAL SURGERY. He is the Editor in Chief of Journal of Periodontal Medicine & Clinical Practice and Associate Editor of various other famous journals. He was awarded the Best Graduate Award and Gold Medal by Kurukshetra University, Haryana, India during his BDS, based on his outstanding academic record. He has a keen interest in academics, research and clinical practice. He has around 55 research publications in various national and international journals of repute. Dr. Singh is an invited senior reviewer for 5 leading international journals indexed in PUBMED. He also has three textbooks published internationally, attached to his career till date. Dr. Singh has a great interest in periodontal & implant research field and is an invited KEYNOTE speaker for corporate lectures on his expertise in dentistry at a national & international level. He also holds a place of doing the first study in INDIA on use of recombinant PDGF in treatment of gingival recession defects. He is presently working on microsurgery, advanced Implantology, PRF, LANAP etc. Under his guidance and work, his department was awarded as the centre of excellence in dental implants in his state

MARCH

25-27

8th Edition of International Conference on

Dentistry and Oral Health



DAY 01

SPEAKERS

Cindy Dodo[1]*, Gregorio Sagara[2], Filipe Milazzo[2]

[1]General Dental Science, Prosthodontics Department, Marquette University, Dental School, Milwaukee, Wisconsin, United States
[2]Department Oral Rehabilitation, Sao Leopoldo Mandic, Sao Paulo, SP, Brazil

Digital planning in aesthetic-functional rehabilitations

Digital Technology can improve the precision of implant placement and overall experience for the surgeon and the patient with better prognostics. Selecting implants with surface treatments with nano structures as HA surfaces combining with guided surgery, digital restoration planning with immediate loading and soft tissue graft can improve the clinical outcome for single aesthetic restoration. The purpose of this presentation is to share the results and techniques for critical aesthetic cases using the combination of digital technologies and improvements of dental implants screws and components.

Audience Take Away Notes

- Improving the workflow for critical rehabilitation with dental implants, single restorations for anterior teeth
- Sharing the digital workflow with surgical techniques and implants surfaces and designs
- This research that other faculty could use to expand their research or teaching
- This provide a practical solution to a problem that could simplify or make a designer's job more efficient
- It will improve the accuracy of a design, or provide new information to assist in a design problem
- List all other benefits
    - The use of DICOM files for MMRR especially recording CR
    - Use of guided surgery and digital technologies to improve surgical techniques
    - Use of surface treatment and immediate loading for single implants

Biography

Dr. Cindy Dodo is a Clinical Assistant Professor in Prosthodontics at Marquette University, WI -USA. She is also a Scientific Advisor for Dental Implant Companies and Digital Dentistry Software Developers. Dr. Dodo received her Dental Degree at the University of Campinas – Brazil, where she also received her PhD in Clinical Dentistry with focus on Prosthodontics, followed with a Fellowship at the University of Rochester- USA. Dr. Dodo is a Specialist in Dental Implants certified by the Brazilian Federal Council of Dentistry and had her Post Doc research focus on Dental Implants prosthetic components.

Jamal Hassan Assaf[1]*, Debora do Canto Assaf[2]

[1]PhD Professor, Dentistry Course, Department of Stomatology, Universidade Federal Santa Maria (UFSM), Santa Maria, Rio Grande do Sul, Brazil
[2]PhD Student, Dental Science Post Graduation Program, Universidade Federal Santa Maria (UFSM), Santa Maria, Rio Grande do Sul, Brazil. Professor, Dentistry Course, Universidade Franciscana (UFN), Santa Maria, Rio Grande do Sul, Brazil

Evaluation of buccal wall thickness in class 1 defects filled with BioOss in the GAP in immediate implants. A long-term evaluation with computed tomography

Class 1 defects are characterized by gaps between the implant surface and the intact bone walls. Owing to the resorptive processes starting immediately following extraction of the tooth, Class 1 defects are formed mainly in situations where immediate implant placement is performed (Type 1 placement). Human studies concluded that the placement of grafting material filling the marginal infrabony defects around implants, that were placed in the sockets immediately after tooth extraction, contributes to a more complete resolution of the defect and preservation of the alveolar process. In anterior sites the therapy is also directed at increasing the buccal contour to achieve a pleasing appearance of the peri-implant soft tissues. There are very few scientific studies that have long-term results on the stability of the buccal bone wall in cases of class 1 defects treated with bioOss. Our study evaluated the stability of the alveolar buccal wall in sites with defects class 1(intact buccal bone) that received immediate implants and bioOss in the Gap. The stability of the dimensions of the buccal walls formed was evaluated tomographically for a period of 2 to 12 years. Results will be presented at the conference.

Audience Take Away Notes

- The public will receive consistent data on the stability of BioOss in class 2 defects
- The stability of the grafts provides long-term security in the aesthetic success of implants placed in these sites
- Knowledge of the stability of grafts in the sites gives surgeons confidence to offer security of long term aesthetic results

Biography

Dr. Jamal Hassan Assaf is an Associate Professor (Dentistry) of the Federal University of Santa Maria, Brazil. He received his MS and PhD degree in implant dentistry in 2012 at São Leopoldo Mandic Institute and Dental Research Center, Campinas, Brazil. He dedicates himself primarily to the Private Practice. His research is clinical focused on regeneration and immediate implants in aesthetic zones.

Debora do Canto Assaf[1]*, Mariana Marquezan[2]

[1]PhD. Professor, Dentistry Course, Universidade Franciscana (UFN), Santa Maria, Rio Grande do Sul, Brazil

[2]PhD. Professor, Dentistry Course, Department of Stomatology, Universidade Federal Santa Maria (UFSM), Santa Maria, Rio Grande do Sul, Brazil

Snoring in schoolchildren and its association with altered dimension of palate and malocclusion: A cross-sectional study

Introduction: The aim of this study was to identify whether alterations in the dimension of the palate and cases of malocclusion were associated with snoring in children.

Methods: A cross-sectional study with a sample of 547 children between 7 and 13 years of age was conducted in Santa Maria, Brazil. The data were obtained by means of questionnaires, dental and speech examinations. A descriptive analysis was performed to evaluate the sample characteristics and prevalence of snoring. Unadjusted and adjusted Poisson regression analyses with robust variance were performed to assess the association between predictor variables (demographic and socioeconomic characteristics, palate dimensions and malocclusion) and the occurrence of snoring (outcome). A secondary analysis was made considering the interaction between palate measurements (depth and width) with the presence of different types of malocclusion (anterior open bite, accentuated overjet and posterior crossbite) to evaluate their pooled impact on the occurrence of snoring.

Results: The prevalence of snoring among these individuals was 25.1%. Children who had a narrow palate and did not have anterior open bite were more likely to snore. Independently of irregular palate width (narrow or raised), individuals with accentuated overjet showed a higher prevalence of snoring. A higher occurrence number of cases of snoring were found in patients with deep and narrow palate associated with the presence of posterior crossbite.

Conclusion: A positive association was demonstrated between the presence of snoring in children with a narrower palate, accentuated overjet, posterior crossbite associated with smaller width and greater depth of the palate.

Keywords: Snoring, Malocclusion, Palate, Hard, Sleep Disorders.

Audience Take Away Notes

- The public will receive consistent data which craniofacial alterations may be associated with snoring in schoolchildren;
- Understand the high prevalence of snoring in schoolchildren;
- Knowledge of the importance of evaluating and recognizing predictive factors related to snoring that can lead to sleep disorders in schoolchildren

Biography

Dr. Debora do Canto Assaf is a Professor (Dentistry) of the Universidade Franciscana in Santa Maria, Brazil. She is a specialist in orthodontics since 2018 at “Orthodontic Study Group”, São Paulo, Brazil, and is also a specialist in TMD and Orofacial Pain since 2022 at Bauru Orofacial Pain Group, São Paul, Brazil. She received her MS and PhD degree in orthodontics in 2019 and 2023 respectively at Federal University of Santa Maria, Brazil. Has been working in a private clinic since 2015 in Santa Maria.

Dr. Steven J. Traub
American Institute of Oral Biology, United States

Modern Temporomandibular Joint (TMJ) surgery

This lecture will be a reminiscence of 40+ years of TMJ evaluation, diagnosis, non-surgical, and surgical treatment modalties, and a discussion of long-term outcomes in a private practice setting, involving over 900 cases. The presenter is of the opinion that TMJ meniscectomy is the most reliable and long-term successful method for initial management of chronic TMJ internal derangements that are refractory to conservative non-surgical treatment modalities. The simple criteria for TMJ surgery are: Failed conservative therapy, Positive MRI findings, Chronic narcotic-dependent pain, and Severe limitation of motion. At this point, TMJ meniscectomy can be performed under IV sedation as an out-patient office procedure.

Biography

Dr. Traub graduated from Creighton University School of Dentistry in 1978 following which he completed a 3-year Oral & Maxillofacial Surgery residency at Cook County Hospital in Chicago, Illinois, USA. He then enjoyed a full-time solo practice in his home town of Albuquerque, New Mexico USA until the summer of 2023. More recently, he has accepted a teaching position at Creighton University Dental School as a clinical professor in the Oral & Maxillofacial Surgery department. He is on the Board of Directors of the American Institute of Oral Biology (AIOB), still practices surgery part-time in Albuquerque, and is becoming certified by the International Academy of Independent Medical Legal Evaluators, being the first in his field in that organization. He has placed dental implants since 1982 and still does major facial traumatic reconstructive surgery.

Dr. Steven J Traub
American Institute of Oral Biology, United States

Facial trauma 2024

This lecture is a primer for dentists and physicians regarding evaluation of facial skeletal and soft tissue injuries, including emergency, primary reconstructive, and definitive management along with long-term problem care. The major topics of examination, diagnostic radiographic evaluation, airway management, anatomic considerations, and treatment alternatives will be discussed. All of this will be presented using a classic collection clinical cases.

Biography

Dr. Traub graduated from Creighton University School of Dentistry in 1978 following which he completed a 3-year Oral & Maxillofacial Surgery residency at Cook County Hospital in Chicago, Illinois, USA. He then enjoyed a full-time solo practice in his home town of Albuquerque, New Mexico USA until the summer of 2023. More recently, he has accepted a teaching position at Creighton University Dental School as a clinical professor in the Oral & Maxillofacial Surgery department. He is on the Board of Directors of the American Institute of Oral Biology (AIOB), still practices surgery part-time in Albuquerque, and is becoming certified by the International Academy of Independent Medical Legal Evaluators, being the first in his field in that organization. He has placed dental implants since 1982 and still does major facial traumatic reconstructive surgery.

Umberto Marchesi, DDS
Private Practioner, Dr. Umberto Marchesi Dental Clinic Milan and Pavia, Italy

Static guided implant surgery: New prospectives

Patients attending dental clinics are looking for functionally correct and highly aesthetic treatments. Implant surgery is also associated with the need of minimally invasive to recover their normal relationship life in the shortest possible time.

For these reasons, static guided implant surgery has become very popular in dental practices in recent years. Thanks to the consolidated predictability of surgical procedures and the continuous progresses of software for data collection, planning and design, it's now possible, through a completely digitalized process, to plan and rehabilitate even complex cases in a predictable way from an aesthetic and functional point of view. Actually, it is possible to associate the stl files from intraoral scanning and prosthetic design with the dicom files from the 3d x-rays to better plan implant-prosthetic rehabilitations. The concepts of prosthetically guided surgery got a great development following the digitalization of dental clinics and found wide application in cases of partial or total edentulism. This allows the clinicians to simplify surgical and prosthetic procedures, drastically reducing operating times and the number of sessions necessary to finalize the cases. In the last years, stackable guides associated with the use of implants with integrated mua abutments have further simplified complex implant-prosthesis treatments allowing a better management of surgical and immediate load prosthetic phases.

Audience Take Away Notes

- Inform clinicians on the newest technologies on implant surgery (stackable guides)
- Inform clinicians on the newest technologies on implant-prosthesis (integrated mua)
- Minimize mistakes, timing and pain throught planning and maximize aesthetic and functional results

Biography

Dr. Umberto Marchesi Graduated in Dentistry at the University of Pavia with full marks, he specializes in Oral Surgery. He attended the Postgraduate Course in Implantology at the University of Genoa and the Postgraduate Course in "Oral Surgery, Periodontology and Orthodontics: three complementary disciplines" at the University of Florence. He holds master's degree in fixed prosthesis with dr. Mauro Fradeani and in bone regeneration with dr. Istvan Urban. It is certified by the Planmeca Digital Academy. He practices in Pavia and Milan, dedicating himself mainly to implantology and aesthetic adhesive dentistry with the support of CAD-CAM technology. Speaker at national and international courses and congresses and author of articles published also in scientific journals with impact factor.

Yoshikazu Hayashi[1,2,3]*, Soi Kimura[1], Ena Yano[1], Shohei Yoshimoto[3,4], Ayaka Saeki[1], Teppei Yasukuni[1], Atsushi Yasukochi[1], Yuji Hatakeyama[2], Masato Hirata[3], Eijiro Jimi[1], Tomoyo Kawakubo-Yasukochi[1]

[1]OBT Research Center, Faculty of Dental Science, Kyushu University, Fukuoka, Japan
[2]Division of Functional Structure, Department of Morphological Biology, Fukuoka Dental College, Fukuoka, Japan

[3]Oral Medical Research Center, Fukuoka Dental College, Fukuoka, Japan
[4]Section of Pathology, Department of Morphological Biology, Fukuoka Dental College, Fukuoka, Japan

Pathophysiological role of Id4 for salivary gland homeostasis and IgG4-related diseases

Salivary glands are physiologically orchestrated by the coordinated balance between cell differentiation, proliferation, apoptosis, and interactions between epithelial, mesenchymal, endothelial and neuronal cells. They are also involved in manifestation of Sjogren's Syndrome (SS) or IgG4-Related Disease (IgG4-RD). However, little is known about salivary gland homeostasis and causal relation to these diseases.

Inhibitor of DNA binding/differentiation 4 (Id4) is an Id protein involved in the transcriptional control of many biological events, including differentiation. We revealed that Id4-deficient mice showed accelerated differentiation of submandibular glands but with being smaller size compared to those of wild-type littermates. In addition, dry mouth symptoms and Th17 expansion in splenocytes were also observed in the absence of Id4. Furthermore, Id4 levels in the salivary glands of IgG4-RD, but not SS, patients were significantly decreased compared to those of healthy controls. Integrated miRNA-mRNA analysis revealed that miR-486-5p was upregulated in IgG4-RD patients and may regulate Id4 at the lesion sites.

Together, these results provide evidence that Id4 regulates salivary gland differentiation and has a critical association between Id4 downregulation and IgG4-RD pathogenesis.

Audience Take Away Notes

- Our study indicated that Id4 regulates normal salivary gland differentiation and its decreased expression leads to disruption of salivary gland homeostasis
- Our findings will help for better understanding about the role of miR-486-5p and Id4 in the pathogenesis of IgG4-RD

Biography

Dr. Yoshikazu Hayashi graduated from the School of Dental Science, Kyushu University, Japan, with a DDS degree in 2011. He then joined the research group of Prof. Masato Hirata at the Laboratory of Molecular and Cellular Biochemistry, Faculty of Dental Science, Kyushu University. He obtained his Ph.D. degree at the same institution in 2017. After a post-doctoral fellowship supervised by Prof. Hitoshi Takizawa at Kumamoto University, Japan, he joined Fukuoka Dental College as a lecturer. His research interests include salivary gland homeostasis and energy metabolism.

Dr. Emmanuel Samson[1]*, Dr. Pradnya S Jadhav[2]

[1]Department of Dentistry, Govt Medical College and Hospital, Miraj, Sangli, Maharashtra, India

[2]Department of Public Health Dentistry, Government Dental College and Hospital, Aurangabad, Maharashtra, India

Cytotoxicity and cell viability of two bioactive root canal sealer, mineral trioxide aggregate and bioroot root canal sealers: An in-vitro study

Aim: The aim of this study is to perform a comparative assessment of cytotoxicity and cell viability of two bioactive Root Canal Sealers (RCS), Mineral Trioxide Aggregate (MTA), and BioRoot-RCS.

Materials and Methods: Mineral Trioxide Aggregate (MTA) and BioRoot-RCS are based on calcium silicate composition, MTA sealer (Brasselers, Savannah, Georgia, United States of America) is a premixed injectable material based on calcium silicate, BioRoot-RCS (Septodont, Saint-Maur des-Fossés, France).

Powder: Tricalcium silicate zirconium oxide and povidine. Liquid, water, calcium chloride, and polycarboxylate. Cytotoxicity of these two bioactive sealers was assessed by Metabolic Activity Assay (MTT) reduction test, where Human Gingival Fibroblast (HGF) where used; this method enables determination of cell viability and proliferation on the basis of mitochondrial activity of succinate dehydrogenase, days 1–7 were studied, while the cell viability (survival percentage) was measured on 1, 3, 5, and 7 days.

Result: The result between the two BioRoot-RCS showed higher cell viability or fibroblastic survival percentage and low cytotoxicity for BioRoot RCS in comparison with MTA-RCS.

Conclusion: Mineral Trioxide Aggregate (MTA) and BioRoot-RCS both show moderate cytotoxicity. However, BioRoot-RCS is considered the most compatible root canal sealer showing a higher percentage of cell viability as compared to MTA.

Keywords: Bioroot-RCS, MTA, MTT Assay, Scanning Electron Microscope.

Audience Take Away Notes

- Cytotoxicity and cell viability of two bioactive Root Canal Sealers (RCS), Mineral Trioxide Aggregate (MTA), and BioRoot-RCS
- Implementation of new sealers in day to day practice
- Further research is required for new formulations and safety of sealers
- The article provides cytotoxic effect and comparison between two sealers, which helps the practitioner to understand its post operative effect after extrusion beyond the apex
- Further research is required
- List all other benefits

o With reference to the conclusions in the present study further comparison and research on recent bioactive sealer can be done before their implementation in clinical practice

Biography

Dr. Emmanuel Samson studied Dentistry at Vasantdada Patil Dental College and Hospital Sangli India and graduated as Batchler in Dental science in 1999 and done Masters in Conservative Dentistry and Endodontics at KLES's institute of dental sciences Belgaum Karanataka India. Presently working as Professor and Head in department of Dentistry in Government Medical College and Hospital Miraj.

Dr. Fadwa Chtioui

Department of Endodontics & Restorative dentistry, Faculty of Dental Medicine of Monastir, Monastir, Tunisia
Dental Experts Studio of Tunisia (DEST),Tunis, Tunisia

Vital pulp therapy: The minimally invasive endodontic therapy for mature permanent teeth

This work will eventually provide a new understanding of pulp pathophysiology and defense mechanisms and will reform dental practitioners' decision-making in treating irreversible pulpitis from root canal therapy to vital pulp therapy by taking advantage of the biological effects of Tricalcium Silicate materials.

Vital Pulp Therapy is nowadays challenging the long-established dogma of root canal treatment being the only therapeutic option for permanent teeth diagnosed with irreversible pulpitis or carious pulp exposure.

Histologic and clinical research has shown that compromised dental pulp can be treated without the full removal or excavation of all healthy pulp, and the outcome of the partial or full pulpotomy followed by a Tricalcium-Silicate-based dressing seems to show promising results in maintaining pulp vitality and preserving affected teeth in the long term.

This work aims to change and reform dental practitioners' decision making in treating irreversible pulpits of permanent teeth through evidence-based practice by providing a review of scientific concepts combining advanced material science and cell biology research and their interaction with the underlying tissue.

Biography

Dr. Fadwa Chtioui, DDS, graduated with honors from the Faculty of Dental Medicine in Monastir, Tunisia, then earned her MSc in Endodontics and Aesthetic Restorative Dentistry. She runs her specialized practice in Tunis, Tunisia, bringing 7 years of comprehensive experience in treating dental pulp-related diseases and injuries under an operating microscope. Dr. Fadwa Chtioui's numerous publications demonstrate her passion for addressing challenging cases in composite layering and enamel Hypo-mineralization

Jabborova Feruza
Bukhara State Medical Institute, Bukhara, Uzbekistan

Features of local mucosal immunity of the oral cavity and systemic immunity in persons with severe COVID-19

With the latest developments in the COVID-19 pandemic, current research shows that coronavirus infection enters human cells through the angiotensin-converting enzyme receptor 2 (ACE2) through scRNA-seq data analysis. In the course of large-scale studies, organs at risk and vulnerable to infection with the coronavirus (SARS-CoV-2) of severe acute respiratory syndrome have been identified. Therefore, cells with distribution of ACE2 receptors can become host cells for the virus and cause an inflammatory response in related organs and tissues, such as the mucous membrane of the tongue and salivary glands. The interaction of SARS-CoV-2 with ACE2 receptors can also impair the sensitivity of taste buds, which can cause dysfunctional taste reactions.

The available data have not yet identified an effective and safe pharmacological therapy against COVID-19, and the available potential antiviral drugs lead to adverse reactions. Therefore, acute COVID-19 infection and associated therapeutic interventions can contribute to adverse oral health outcomes. Oral signs and symptoms associated with COVID-19 are known to include taste disturbances, nonspecific mouth ulcers, desquamative gingivitis, petechiae, and coinfections such as candidiasis.

However, it is still not clear whether these manifestations can be a true clinical picture resulting from direct infection with SARS-CoV-2, or systemic consequences, given the possibility of coinfections, weakening of local immune reactivity and adverse reactions to therapy.

Since the prevalence of clinical manifestations is still not fully understood, the spectrum of manifestations of COVID-19 in the oral cavity is considered a subject of wide and current interest, therefore, a live systematic review approach is needed that will allow continuous monitoring of recently published studies through periodic searches to include new relevant information, especially on a topic that is constantly being updated in the context of COVID-19.

In recent years, much attention has been paid not to the study of cellular and humoral factors of systemic immunity, but most of all the emphasis is on the factors of local immunity, especially depending on the clinical features of the course of the disease, which gives a broader and more correct understanding of changes in local immunity, especially against the background of the course of infectious pathology. This paper will present the main immunological parameters of local immunity and blood, which are important in the immunopathogenesis and course of respiratory infectious pathology associated with the course of COVID-19. The factors of innate immunity will be investigated. These factors include such values as humoral factors: cytokines, interferons, immunoglobulins and circulating immune complexes of various sizes.

It should be noted that the listed parameters of immunity are nonspecific, i.e. universal factors, the study of which against the background of a specific nosology and comparison of the results obtained with the clinical manifestations of the disease makes these factors specific and unique, revealing the mechanisms of

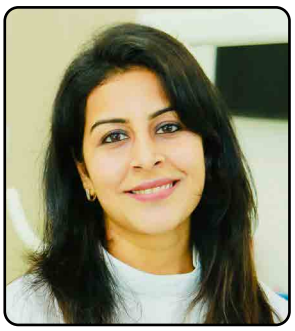
immunopathogenesis of the course of an acute infectious disease, since it is the above parameters of the immune system that accompany all processes of immunopathogenesis, the development of the disease, its progression and the outcome.

Audience Take Away Notes

- This diagnostic method makes it possible to use COVID-19 to determine the severity of the infection
- It allows for the evaluation of humoral immunity status in patients
- The establishment of reliable suppression of the main interferons responsible for the formation of antiviral protection in persons with a severe current COVID-19 serves as a marker of adverse prediction of the outcome of mucous membrane damage in this category of patients

Biography

Dr. Feruza studied Dentistry at the Bukhara State Medical Institute, Uzbekistan and graduated as a therapeutic dentist in 2006. She did the research with Prof. Ismailova A.A Head of the Laboratory of Fundamental Immunology, Institute of Immunology and Human Genomics of the Academy of Sciences of the Republic of Uzbekistan, Tashkent, Uzbekistan. And she received her PhD degree in 2022 at the same institution. She has published more than 15 research articles in international journals. She has also participated in International Conferences in South Korea, Austria and Turkey.



Dr. Shveta Setia Thareja[1]*, Dr. Preetinder Singh[2]

[1]Department of Prosthodontics, Crown& Bridge and Implantology, India
[2]Department of Periodontology, India

Tips and tricks of ceramic veneers

The success and aesthetic outcome of indirect veneers hinge on the skills of a dental professional and efficient collaboration with the laboratory technicians. This symbiotic relationship is pivotal for achieving outstanding results. Aesthetic success begins with the mindful approach, ranging from minimally invasive to aggressive preparations, aligning with contemporary philosophy of less is more in dentistry.

Embracing a conservative strategy with minimal tooth reduction not only promotes adhesion but also enhances clinical longevity. Advances in ceramic materials, adhesive cements and preparation techniques provide clinicians with a diverse range of restorative options.

This presentation aims to guide practitioners in adjunctive treatments, emphasizing clinically driven approaches, modern classification, and bonding protocols that ensures aesthetics, precision and longevity for optimal outcome.

Audience Take Away Notes

- In this engaging presentation, I will delve into the intricate world of indirect veneers offering a comprehensive guide on effective tips and tricks
- Attendees will gain valuable insights into enhancing design and treatment planning processes, revolutionising their approach to cosmetic dentistry
- **Exclusive insights:** Gain exclusive insights into the intricate world of indirect veneers, unlocking trade secrets and proven strategies for unparalleled success in cosmetic dentistry
- **Aesthetic brilliance:** Master the art of achieving stunning aesthetics with insider techniques, revolutionizing your approach to color, shape, and translucency in indirect veneer design
- **Efficiency in practice:** Streamline your treatment planning with cutting-edge strategies, ensuring a patient-centric approach that not only meets but exceeds unique expectations in cosmetic dentistry
- **Digital Advancements:** Embrace the future of dentistry by integrating state-of-the-art digital tools, enhancing precision in design and treatment planning, and positioning your practice as a leader in modern techniques
- **Case studies and practical examples:** Benefit from real-world case studies and practical examples, allowing for a tangible and applicable understanding of the presented tips and tricks
- This session is your gateway to a transformative experience, providing actionable insights that empower you to elevate your skills, deliver exceptional results, and elevate the overall patient experience

Biography

Dr. Shveta, a distinguished Prosthodontist, graduated from Kurukshetra University, Haryana, India in 2013 and earned her postgraduate degree from SGT University in 2017. Renowned as a mentor for fixed prosthodontics at VATECH INDIA and the visionary owner of Artistree Dentals and Cosmetic Clinic, she seamlessly combines clinical mastery with unwavering passion. Beyond the dental chair, Dr. Shveta is a dynamic force in social impact, actively contributing to awareness platforms such as Times Now and Hindustan Times. An esteemed member of the Indian Dental Association and Indian Prosthodontic Society, her commitment to dentistry shines through her diverse contributions to clinical excellence, education, and advancing societal oral health awareness.

Asst. Prof, Dr. Karan Kumar

Transfusion Medicine and Blood Centre, All India Institute of Medical Sciences,
Kalyani, West Bengal, India

Role of stem cell and regenerative medicine in whole tooth regeneration and other aspects of dentistry

Modern medicine has moved leaps and bounds in the field of regenerative medicine, and stem cell therapies. I would like to discuss and put the perspective of a specialist in the field towards the use of stem cells in various specialties and super specialties of Dentistry. As we know stem cells are being proven to be useful in treating various medical conditions and one step further new tissue regeneration has been achieved like bones, cardiac tissue, neural tissue, connective tissue, etc. My talk will be related to the use of different kinds of stem cells, scaffolds, signalling molecules for whole tooth regeneration, and more.

Audience Take Away Notes

- The audience shall have a new perspective on the utilization of Stem cell regenerative technology towards the development of Dental tissue and may evoke new research ideas toward developing cutting-edge technology

Biography

Dr. Karan Kumar, graduated with a Bachelor of Medicine in Bachelor of Surgery from GMCH Amritsar. MD in Transfusion Medicine from PGIMER, Chandigarh. Senior residency/researcher from All India Institute of Medical Science, New Delhi. Then he joined as an Assistant professor at All India Institute of Medical Science, Kalyani, West Bengal. He have immense experience in stem cell therapies, and regenerative medicine as a part of my training. He have more than 10 publications in renowned national and international journals.

Dr. Ajay Chhabra[1]*, Dr. Priyanka Yadav[2], Dr. Bhupendra Babaria[2]

[1]Professor & Head of Department, Department of Dentistry AIIMS Kalyani, West Bengal, India

[2]Department of Dentistry AIIMS Kalyani, West Bengal, India

Extrusion of sealer in periapical area- good, bad or ugly: An evidence based study

This study includes three different kind of sealers: Grossman (ZOE based) Sealpex (resin based) & Sealapex (calcium hydroxide based) which were intentionally extruded in the periapical area using pumping action of Gutta Percha and observed for a period of 6 months for their rate of resorption and periapical healing.

Zinc-oxide-eugenol based sealers were removed significantly faster than resin based and calcium hydroxide based sealers due to its high-solubility caused by the continuous release of free eugenol, which is hydrosoluble. This continuous leaching out of eugenol by water can result in the progressive decomposition of zinc eugenolate and disintegration of sealer. Resin sealers are known for their low solubility and adherence to other materials. They are favoured because they can establish monoblocks between the intra-canal filling and the intra-radicular dentine, and also because of their ability to infiltrate into dentinal tubules. Resin sealers has shown lowest rate of resorption compared to other sealers which can be attributed to epoxy resin, the major component of resin based sealers. Calcium-hydroxide-based-sealers showed faster periapical healing as compared to the other two, as they maintain a high pH (≥12.5). It showed maximum mineralized tissue deposition by inducing a pronounced differentiation of macrophages and giant cells. Along with this, significant bone formation, cemental deposition, periodontal fibre organization and apical closure have been noticed.

The results of this study concludes that calcium hydroxide based sealers are better agents in healing periapical lesions. In cases of mobility of tooth, root canal treatment using calcium hydroxide based sealers can result in faster bone formation hence reduce mobility thereby returning the functional status of the teeth. This has been a controversial topic in the past discouraging the extrusion of sealer in periapical areas and suggesting the confinement of sealers within the root canal system. This paper contrast to the existing literature suggesting the extruding of sealer to seal the apical intricacies, accessory canals and apical deltas hence preventing failure. Various calcium-hydroxide based sealers can be included as part of practise by faculties, researchers & students in their dental practice.

Biography

Dr. Ajay Chhabra completed his BDS from PGIDS, Rohtak (1994) & MDS (Conservative Dentistry and Endodontics) from Punjab Government Dental College & Hospital, Amritsar. Guru Nanak Dev University, Amritsar in 1998. He was former principal at Bhojia Dental College and Hospital, Baddi, Himachal Pradesh till 2008, Rayat Bahra dental college, Mohali, Chandigarh till March 2021, Shaheed Kartar Singh Sarabha Dental College & Hospital, Ludhiana, Punjab till December 2021. Currently he is Professor & HOD, Dentistry, AIIMS Kalyani. He is pursuing PhD in Nanosciences (Nanotechnology), IIT Roorkee. He is a Member of various Dental Associations & Chief Editor in International journals.

DR. Krishna Prasad Biswas
Department of Dentistry, AIIMS Guwahati, ASSAM, India

Comparative evaluation of sealing ability and cytotoxicity of bone cement, MTA and biodentin as retro filling material: An in-vitro study

The objective of the present study was to compare the sealing ability and cytotoxicity of three different cements namely Mineral Trioxide Aggregate (MTA), Biodentin, and Bone cement as retrograde filling materials in single rooted teeth. Fifty sound human maxillary central incisors were extracted for periodontal reasons. The teeth were randomly divided into five groups of 10 teeth each; Groups A, B, C were the experimental groups and D,E were the control groups. The root apex sealing ability of MTA was superior to Portland cement, Intermediate Restorative Material (IRM), and LC GIC; both root end filling material showed a comparable cytotoxic effect on fibroblast cells with MTA. The dye penetration values were found to be significantly higher for MTA i.e., Group B (429.80± 21.72) followed by Bone Cement (Group A (391.40 ± 37.16) and Biodentin (Group C (361.80± 86.99). All the positive controls showed dye penetrations throughout the cavities thus confirming that root end filling material was necessary to prevent micro leakage. All the negative controls showed no dye penetration. Cytotoxicity was evaluated by using L929 mouse fibroblast cells and it was found that the comparison of optical density values between three different materials (Bone cement, MTA, Biodentin) was carried out and it was observed that the Group C (Biodentin) is more biocompatible or less cytotoxic when compared to Group A (Bone cement) and Group B (MTA) when the experimental groups are not diluted. The purpose of this study was to evaluate the newer cement Bone cement with MTA and Biodentin and the results indicated that Bone cement performed well in comparison to MTA and Biodentin and act as a promising retrograde filling material in case of sealing ability and cytotoxicity.

Audience Take Away Notes

- Periapical surgery needs sectioning of root up to 3 mm and in-depth root end penetration to 2mm. Selecting a retrograde material to obtain a hermetic seal along with biocompatibility is utmost necessary for periapical surgery
- This study gives an insight the advantage of Bone cement which is comparatively a newer cement in field of endodontics however its use in discipline of oral surgery and Orthopedics is well known
- Bone cement has several advantages like it has lower setting time (10-12 mins), Putty like consistency, forms a layer of hydroxyapatite crystals when comes in contact with physiologic fluid and comparable cytotoxicity with MTA and Biodentin
- More of research is necessary of Bone cement in terms of tensile strength and solubility with other cements and this study gives an insight and openings for other research ideas

Biography

Dr. Krishna Prasad Biswas studied B.D.S from I.T.S Dental college and Hospital, Greater Noida in 2012 and did his post graduate from Prestigious Government Dental College, Chennai in 2017. Has worked 1 year as junior resident in Saf-darjung Hospital, Delhi in Burns, Plastic and Maxillofacial Unit. His Senior resident was obtained from Prestigious Lady Hardinge Medical college and AIIMS Patna during 2017 to 2021. He also worked as Assistant Professor in ESIC Medical

college, Patna which comes under Ministry of Labour and Employment. In year 2022 he joined AIIMS Guwahati as Assistant Professor and Head of Department of Dentistry, Assam, INDIA till present. He has published more than 40 Research articles in both National and International journals with citation more than 90.

Rosa Maria Diaz Romero[1]*, Saribeh Hernandez Lomeli[2], Joel Rodriguez Saldaña[3]

[1]Faculty de Odontology, Universidad Tecnólogica de México, Research Coordinator
[2]Faculty de Odontology, Universidad Tecnólogica de México, Professor
[3]Director of the Multidisciplinary Diabetes Center

The Role of Dentists in Promoting the Health of Diabetics

Globally, diabetes is a public health problem. Diabetes is a complex disease that requires multidisciplinary management. The dentist should be familiar with the different manifestations of the disease. A multidisciplinary community program is presented, which was implemented in the Faculty of Dentistry at a Private University in Mexico City, with the objective that the members of the health team and people living with diabetes, become aware of all the aspects to consider having a full life, minimizing complications and achieving better glycemic control.

Biography

Dr. Rosa María Díaz-Romero, Dentist, graduated from UNAM, with HM. Promote educational programs to raise awareness of the different types of care that must be taken to have a full life. The programs carried out in the Faculty of Dentistry to promote these prevention actions are presented. PhD in Health Sciences, with a focus on Clinical Epidemiology. Research Coordinator at UNITEC.

MARCH

25-27

8th Edition of International Conference on

Dentistry and Oral Health

DAY 02

KEYNOTE FORUM

Bone gain with extra-SHORT® implants due to functional load

We report 13 years of experience with SHORT® and extra SHORT® Bicon implants in the extremely atrophic maxilla, mandible and in Fibula grafts. All patients have been treated with CAD/CAM produced metal free hybrid fiberglass-resin TRINIA® prostheses. Our cohort includes by now 67 patients, mostly treated with 5.0 mm extra SHORT® implants. Only 4 have been not osseointegrated or lost. In accordance with Wolff's law, we observed bone gain even in the implants that were splinted. Due to these successful results, we changed our restorative method of supporting prostheses from four implants to three implants. In the maxilla, we place the middle implant in the incisive foramen and the nasopalatinal canal. In very atrophic maxilla cases we also insert sometimes extra SHORT® implants into the Tuberosity of the maxilla. In conclusion we can state that the SHORT® and extra SHORT® implants we have used, should be functional loaded. Some implants even show crestal bone gain under functional load. In the fibula grafts we observe distinct bone remodeling around the implants and of the whole transplanted fibula cortex due to functional load.

Rolf Ewers, MD, DMD, PhD*, Vincent J Morgan, Mauro Marincola, Paolo Perpetuini

*Chairman Emeritus of the University Hospital for Cranio Maxillofacial and Oral Surgery, Medical University of Vienna Waehringer Guertel 18 – 20 1090 Vienna, Austria

Biography

Professor Rolf Ewers is currently Chairman of the CMF Implant Institute Vienna, Austria. Raised in Germany, he studied Medicine and Dentistry in Freiburg, Germany. His Residency was started as a first year Surgery Resident at the Downstate University in Brooklyn, USA, continuing his training as a Cranio-Maxillo-facial and Oral Surgeon and finishing with his PhD in Freiburg, Germany. Since 1980, he was for 9 years Deputy Chairman of the University Hospital for Oral-Maxillofacial Surgery in Kiel, Germany. Until October 2012, for 23 years he was the Chairman of the University Hospital of Cranio-Maxillofacial and Oral Surgery in Vienna, Austria.

Prevention in health care and dentistry

In the Netherlands, Prevention in Medicare is important. In the presentation is shown how it is done in Health care in General Medicine. Specially in Dentistry, the Dental Profession succeeded to get for the Youth till 18 Years, "nearly no Decay." How did they do that ? What is the Role of the Government and Insurance companies ? Also the Public Health organisations worked with the Dentists. The Lecture gives Idee, what the Dental profession can do in this Field !

Dr. Jaap Boehmer DMD

Rijnstate Hospital, Arnhem the Netherlands

Biography

Dr. J. Boehmer Studied Dentistry in Utrecht N.L. and graduated as MS in 1964. He worked in the Rijstate Hospital Arnhem as special Dentist and treated 3000 Children, under 6 years, handicapped persons and drugaddict Patients, with rampant caries under General Anaesthesia.He gave presentations about Prevention in Dentistry on T.V. and at political Parties in the Netherlands.and on Congresses. From 1970 till 1980, he was a Member of the Board of the Dutch Dental Association.The Dental Hygienist was then introduced in the Netherlands.

The use of new techniques to reconstruct the middle third of the face with a microvascularized fibular flap

Introduction: The anatomical defects left by the tumors that affect the face make us more sensitive to their destruction. The difficulties faced in facial reconstructions and rehabilitations are different for each case. Each surgical process is a challenge, especially when there is a great reconstruction to be carried out due to the anatomical defect created by the resection of cancer in the region of the head and neck, which motivates the development of new reconstruction techniques. Reconstructions with microvascularized fibula retail are a routine in our institution, so this makes us seek alternatives to give better comfort to patients covering functionality and aesthetic issues. The use of new techniques for reconstructing the middle third of the face using a microvascular fibular flap has answered our questions.

Objective: To show reconstructions with microvascularized fibula retail in large defects in mandible and new technique for the zygomatic–maxilla complex reconstruction and orbital floor, due to the difficulty in rotating the soft tissues, pedicle.

METHOD: 1. For patients whom require complementary therapy with radiotherapy, there is a security time to exercise or indicate radiation treatment. With the variables of more contact surface area between the segments, which facilitates bone neoformation and retail stability, thus decreasing the chance of losses of osseous segments or necrosis.

2. (New technique) After harvesting The fibula free flap in the standard fashion, differentiated osteotomies, modeling and arrangement of the fibular bone segments are performed in the receptor site of the middle third of the face.

RESULT: These variables in the reconstruction technique of the microvascularized fibular retail have raised a satisfactory result in aesthetics and function.

CONCLUSION: The new technique presented has the advantage in reconstruction of requiring only one flap, promoting the resolution of the technical difficulties of the middle third of the face.

Prof. Dr. Laurindo Moacir Sassi PhD, MSc, DDS

Cancer Center Erasto Gaertner and Evangelical Mackenzie University Hospital, Brazil

Biography

Prof. Dr. Laurindo Moacir Sassi-PhD; MSc; DDS Oral & Maxillofacial Surgery; PhD; MSc; DDS; Department's Chief Oral and Maxillofacial Surgery (Chief in Chair Oral and Maxillofacial Surgery). Erasto Gaertner Cancer Center - Curitiba – PR-Brazil; Residence Coordinator of (CTBMF) - Erasto Gaertner Cancer Center; Hospital Universitario Evangelico Mackenzie; Member of the Brazilian College of Oral and Maxillofacial Surgery and Traumatology; Member of the Brazilian Society of Stomatology and Oral Pathology - SOBEP; Member International Journal of Oral & Maxillofacial Surgery; Book Author: "Manual Pratico para Desenvolvimento de Projetos de Pesquisa e Teses". Publishing company: Santos. 2011; Book Author: "25 anos de prevencao de cancer bucal no Parana: Hospital Erasto Gaertner (1989 a 2013)" Publishing company: Appris. 2013.

The indispensable benefits of compassion in a dental setting

Course Description: It's always been assumed that compassion dispensed by health care provider is healing for a patient. And, yes, it has been shown to, among others, reduce anxiety and increase treatment compliance. This happens as a result of connection and communication within that relationship. Face to face interactions improve neuron mirroring, a phenomenon where we become capable of feeling what another is experiencing simply by watching them. As important as patient-provider relationships are, general findings show that communication between dentist and patient is the weakest aspect in modern dentistry. Many studies have found a significant decline in empathy among dental students and residents as they gain knowledge and experience in the field. Armored with this information, we must act now to reconnect with those in our care and bring compassion as part of our every day armamentarium. As we do, we will discover, according to literature, that practicing compassion is life changing not just to those who receive it but especially to those who dispense it. The beauty of compassion and empathy truly comes full circle. As providers engage deeper with patients, as they carry them thru their struggles, as they listen to them and heal them, as they take that extra 40 seconds to show concern, they, also heal, they also thrive.

Audience Take Away Notes

- Review an outdated, yet still practiced, role of a provider lacking compassion
- Examine an inverse relationship between length of education and compassion
- Explain the phenomenon of neuron mirroring as it applies to patient relationships
- Present scientific research in support of a changed dynamic within and its benefits for both the patient and provider
- Discuss how mental exhaustion can be prevented in providers with human to human connection

Maggie Augustyn

Untangle Me, LLC, United States

Biography

Dr. Maggie Augustyn, FAAIP, FICOI is a Dawson trained practicing general dentist, owner of Happy Tooth, author and inspirational speaker. She also holds a faculty position with Productive Dentist Academy. Augustyn reads, researches, writes, and speaks on the things that make us human, that make us hurt, and that make us come alive. Her personal mission is to ignite people towards a journey of a less tainted self-actualization. Though she has no intention of stepping away from holding a handpiece, she is joining a movement of promoting a paradigm shift in dentistry: a much-needed transition uniting what we experience inside the operatory and that which lies outside of it. She eloquently speaks on giving attention to the things that we suppress in the hopes of making us feel less alone and more connected. She evokes emotion in her audiences, awakening all to the beauty of our chosen paths. She has spoken for study club audiences and has also been a keynote to 300+ group of dental professionals. Dr. Augustyn is one of dentistry's most prolific writers and a frequent contributor to AGD's Dental Impact, Dentist Entrepreneur Woman, Dental Entrepreneur, and Dental Economics, DentistryIQ. She takes most pride in her role as a columnist of "Mindful Moments" at Dentistry. Maggie Augustyn has been nominated as Author of The Year at the Dental Festival. She has also been featured on various podcasts and lectures nationally teaching how to create a well-balanced initiative toward leading a fulfilling life as multidimensional humans.

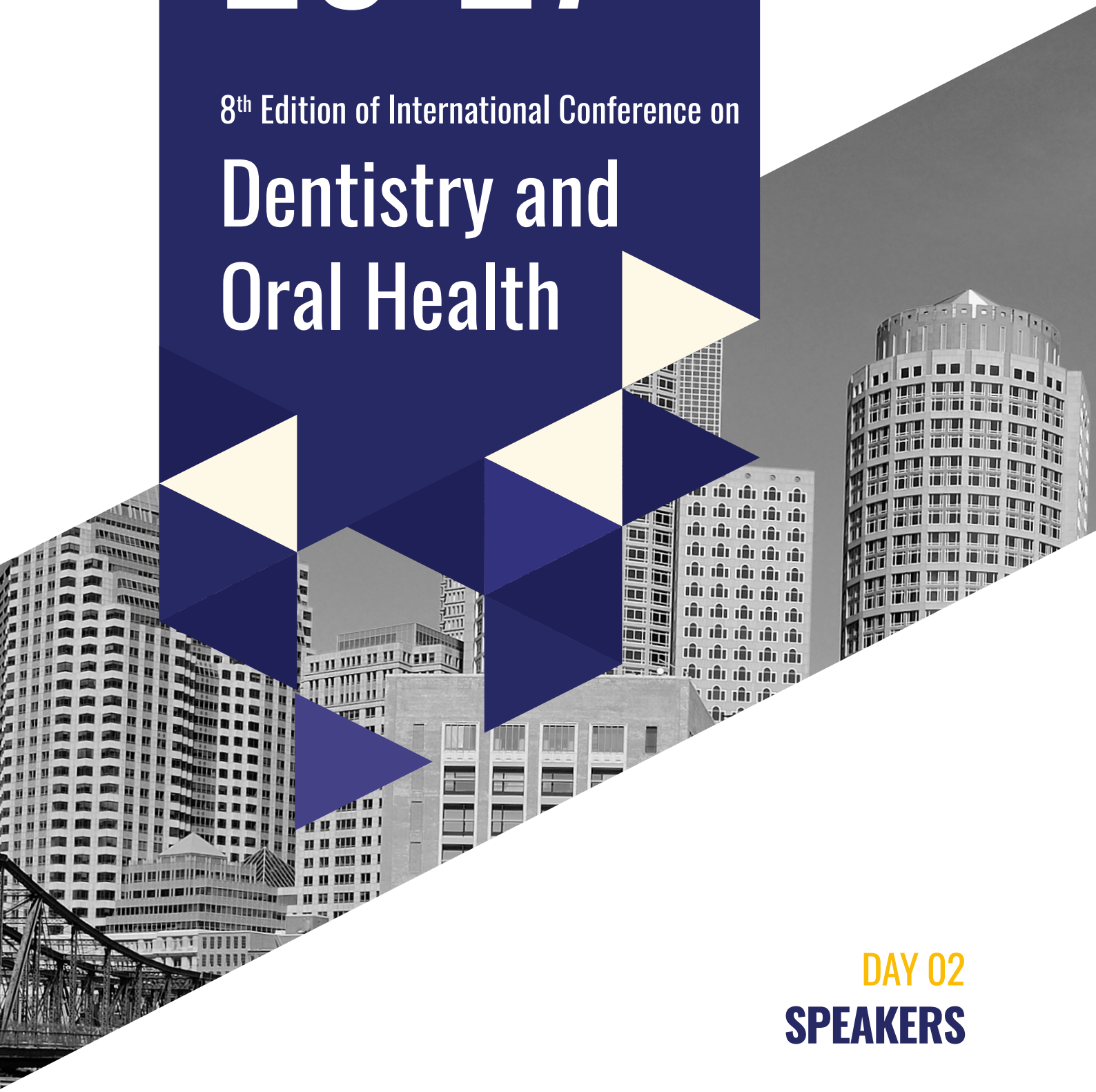
BOOK OF ABSTRACTS

MARCH

25-27

8th Edition of International Conference on

Dentistry and Oral Health



DAY 02

SPEAKERS

Khoa Le[1]*, Dr. Sen Le[2]
[1]Eyes of AI, Chief Executive Officer, Australia
[2]Eyes of AI, Chief Clinical Officer, Australia

Pioneering the world's most comprehensive detection technology for the craniomaxillofacial region with the use of artificial intelligence

The dental industry is faced with a growing number of challenges such as a lack of skilled labour (particularly in rural and remote regions), increasing caseloads and lack of time to analyse and diagnose x-rays accurately and comprehensively.

Existing software provides very little to no assistance to dental clinicians with the industry facing growing pressure to address the increasing health costs and increasing burden of diseases related to dental health problems.

The presentation will address the pain points clinicians currently face and show how leveraging the power of Artificial Intelligence (AI) can help meet the diagnostic and treatment planning needs that are currently unmet in the dental industry.

We will discuss how next generation technology provides automated identification of anatomical structures and pathological lesions on x-rays which is highly effective in reducing the time needed to reach a comprehensive diagnosis, while minimising the chances of errors and medico-legal repercussions. These benefits extend to radiologists, dentists, periodontists, surgeons, and other dental professionals.

According to research, dental professionals can fail to detect as much as 49% of diseases in panoramic x-rays with detection rates lower in Cone Beam CT (CBCT) images. By generating 3D segmented objects, the jointly developed technology can now assist clinicians and radiologists in making more accurate diagnoses by visualising anatomical structures and identifying pathologies.

We will showcase in an exclusive presentation the world's most comprehensive detection technology for the craniomaxillofacial region, detecting and segmenting over 135 delineations on the CBCT, compared to the industry standard of fewer than 40.

Audience Take Away Notes

- The presentation will show how AI can have a significant impact on the dental industry by providing dental professionals with a more detailed and meaningful way of visualising anatomy and pathology on x-rays
- The audience will be able to see how AI can provide automatic measurements to aid in treatment planning which reduces the time required to reach a diagnosis and plan treatment appropriately. The automation of manual processes and the ability to analyse a large amount of data using AI can lead to improved diagnostic decisions, patient care and increased productivity
- The following are just some examples of how AI technology can impact the dental industry
    - Root canal treatment is a highly technical procedure that involves treating the internal chamber of a tooth that is normally covered by the hard tissue of the teeth, i.e., enamel and dentine. AI technology enables clinicians to visualise this internal chamber where the pulp of the tooth resides

in three dimensions, allowing for a new level of precision as well as reducing treatment times

- The technology also addresses the challenges dental surgeons encounter in visualising the surgical site caused by overlying tissue. This is made possible by enabling the manipulation and the removal of these structures. Surgeons will now have complete oversight of all surgical structures and their relativeness to each other, thus enabling safer and more efficient surgical procedures
- Early detection of pathology allows for early treatment, leading to a significant impact on reducing morbidity and mortality rates. Using AI, automatic detection of pathology will assist clinicians to provide optimal patient care by reducing missed and misdiagnosis
- In addition to dental clinicians, the technology will also have use in other related industries such as radiology centres, Original Equipment Manufacturers (OEMs), dental corporations, public health organisations, dental education institutions and in patient education

Biography

Khoa Le is a seasoned Machine Learning Specialist, with over two decades of experience in quantitative analysis, advanced computational analytics, Artificial Intelligence (AI), and Machine Learning (ML). His expertise spans a wide range of domains such as supervised and unsupervised machine learning, reinforcement learning, computer vision, natural language processing, and deep learning. Backed by a solid academic background, Khoa holds a Bachelor's degree in Actuarial Studies and Commerce, as well as a Masters in Finance from the prestigious Australian National. Commencing his journey in 2007, Khoa has excelled in creating state-of-the-art machine learning algorithms, specially tailored for various sectors including finance and healthcare, with a particular emphasis on enhancing the accuracy and efficiency of computer vision systems for X-ray analysis.

Bashar Muselmani
Tishreen University, Germany

Orthodontic treatment with damon ultima system, is it a new treatment method?

Aim: Objectives to investigate the skeletal and dental alveolar changes of patients with deferent malocclusion treated with Damon Ultima Brackets.

Material and methods: This retrospective cephalometric and clinical study was performed on a sample of 8 patients with aged 12-16 years with different malocclusion. 4 patients would be treated with the Damon Ultima, and 4 with the Damon Q.

Results: The groups of patients treated with Damon Ultima showed significantly better results compared to the other groups treated with Damon Q Brackets. Especially it was the angulation, rotation in / out, and the vertical torque.

Conclusions: Achieve high quality finishes with 1st, 2nd, and 3rd order tooth control with proper functional occlusion and archform (4th order) without bending archwires.

1. Dramatically simplifies treatment mechanics that are so easy to use for clinicians and staff.

2. Utilizing low treatment forces in all phases including Finishing with CuNiTi & TMA Archwires that are more biologic and comfortable for patients.

Biography

Bashar Muselmani completed his PhD in Orthodontics at FSU, Germany, in 1989. He is a member of the German Orthodontic Society (1991 – present) and has professional experience as a staff member in the Orthodontics Departments at Tishreen University in Latakia, Syria, from 1990 to 1995. He holds the position of Tenured Professor of Orthodontics at Tishreen University in Latakia, Syria, since 2001. Currently, he is running a private practice in Kaiserslautern, Germany, since 2010. He is skilled in using the Self-ligation Damon system. Furthermore, he has authored 5 books in the field of dentistry and orthodontics and has delivered national and international lectures on various aspects of orthodontics as a speaker.

Shuchen Yu[1], Jin Liu[2], Ang Li[1,2], Dandan Pei[1]*

[1]Key Laboratory of Shaanxi Province for Craniofacial Precision Medicine Research, College of Stomatology, Xi'an Jiaotong University, Xi'an, China
[2]Department of Periodontology, College of Stomatology, Xi'an Jiaotong University, Xi'an, China

Adjunctive probiotic lactobacillus therapy in the treatment of peri-implant disease

Background: Peri-implant diseases are biofilm induced inflammation that jeopardise peri-implant mucosa (peri-implant mucositis) or surrounding bone (peri-implantitis). Non-surgical mechanical debridement shows limited effects in cases with more advanced pathology or complex peri-implant defect configuration. Probiotic Lactobacillus has been considered to be potentially beneficial in the management of peri-implant diseases. However, existing studies show obvious clinical diversity, an optimal protocol for probiotic application remains inconclusive.

Perpose: 1) To identify a modified probiotic therapy based on existing studies. 2) To evaluate the clinical outcomes following non-surgical mechanical debridement and the modified probiotic therapy in the management of peri-implant diseases.

Material and Methods: Patients with peri-implant mucositis were included. After non-surgical debridement, probiotic Lactobacillus solution was topically applied to the peri-implant sulcus and the patients were instructed to take oral probiotic tablets regularly during the follow-up period. Clinical outcomes such as Probing Depth (PD), Bleeding on Probing (BOP) and Plaque Index (PI) were measured after a follow-up period of 1 month.

Results: Compared to pre-operation, probiotic therapy led to the disappearance of swelling of the peri-implant mucosa, reduced BOP, and an obvious reduction and excellent control of plaque and pigmentation; however, there was no significant change in PD.

Conclusion: We suggested a modified probiotic protocol including the combination of professional topical use and home administration of probiotic *Lactobacillus*. This protocol demonstrated the effectiveness of probiotic *Lactobacillus* in controlling peri-implant mucosal inflammation.

Clinical Relevance: As a modified protocol based on our systematic review of relative studies, this probiotic therapy helps to facilitate a consistent and evidence-based approach of probiotics in the treatment of peri-implant diseases.

Audience Take Away Notes

- During the treatment of peri-implant disease, dental clinicians can use commercially available probiotics for topical application in peri-implant sulcus and instruct patients to take them orally, following our published protocol
- This is an open protocol that can be used by other faculty to extend their research and teaching
- This study provides a modified probiotic management that can improve clinical indicators of peri-implant disease
- This modified probiotic protocol improved the accuracy of study design, helped to reduce clinical heterogeneity and facilitate a consistent and evidence-based management of probiotics in the treatment of peri-implant diseases

Dr. Lujain Alsahman
Colleage of dentistry, King Saud University/PhD student, Riyadh, Saudi Arabia

Proliferative verrucous/multifocal leukoplakia: Updates and literature review "case report"

Rationale: Proliferative Verrucous Leukoplakia (PVL) is a multifocal, slowly evolving lesion that resists all types of treatment and has a high propensity for malignant transformation into oral squamous cell carcinoma. Lack of awareness and acquaintance with white lesions of the oral cavity makes it difficult to diagnose. Besides being rare, PVL significantly aggressive, so clinicians need to be aware of it carefully. Therefore, it is recommended to have the earliest possible diagnosis and total excision of this lesion. We report this case to present typical clinical and histologic features of PVL so a For the purpose of sensitizing clinician.

Patient concern: A 61-year-old female came to the clinic concerning of recurring painless, white patch on the tongue 2 months ago, associated with oropharyngeal dryness.

Diagnoses: This case satisfies these major and minor criteria to diagnosed PVL.

Intervention: An excisional biopsy of the lesion was done to check for the presence of dysplasia, as lesions were persisting. Hemostasis was achieved with single interrupted sutures.

Outcome: No recurrence has been observed since excisional 1 year follow-up.

Lesson: The key feature is early detection, precisely in cases of PVL it is critical for better treatment outcomes, lifesaving, quality-of-life enhancement. To detect and treat any potential pathologies, clinicians should meticulously examine the oral cavity and patients have to be aware and informed of the importance of regular screenings. This lesion is resistant to the presently available treatment modalities; therefore, total excision with free surgical margins is critical combined with a lifelong follow-up.

Audience Take Away Notes

The provided abstract discusses the case of a 61-year-old female with proliferative verrucous leukoplakia (PVL), a rare and aggressive oral lesion with a high risk of malignant transformation. The abstract emphasizes the importance of early detection and total excision of the lesion for better treatment outcomes, life-saving, and quality-of-life enhancement. The audience can use this information to:

- Improve their awareness and knowledge of PVL, a rare but aggressive oral lesion that can be difficult to diagnose
- Understand the typical clinical and histologic features of PVL, which can aid in early detection and diagnosis of the condition
- Appreciate the significance of total excision with free surgical margins and lifelong follow-up in the management of PVL, which can improve treatment outcomes and quality of life for patients
- This research provides practical solutions to the problem of diagnosing and managing PVL, which can simplify and improve the accuracy of clinical practice in the field of oral pathology. Clinicians can use this information to improve their diagnostic skills and provide better care for patients with PVL

Biography

Dr. Lujain studied Dentistry at the King Khalid University, Saudi Arabia, and graduated with a bachelor's degree with excellence in 2020. Qualified as an employee in the ministry of health. She then joined the Doctor of Science in Dentistry (DScD) in Oral medicine & diagnostic science at King Saud University, Riyadh. She received her The Diploma of Primary Care Dentistry (Dip PCD RCSI) degree in 2021 at the royal college of surgeons in ireland. She has published more than 7 research articles in (E) journals.

Prof Dr. Hariharan Ramakrishnan

Department of Prosthodontics and Implantology, Ragas Dental college and Hospital, Affliated to The Tamilnadu Dr. MGR Medical University, Chennai, State of Tamilnadu, India

Future of dental implant therapy is here: No teeth to teeth in 72 hours utilising corticobasal[R] implants

Strategic[R] corticobasal[R] implants helps in restoration of missing dentition through immediate functional loading using definitive crowns or definitive Fixed dental prosthesis. Unlike conventional implants these implants are specifically engaged and anchored in second or sometimes even in third corticals resulting in osseo fixation. These implants are basically one piece implants, and are available both as Smooth surface implants and as rough surface implants. Smooth surface implants include BECES[R] and BECES EX[R]. Rough surface implants include KOC Micro[R], KOC plus[R].

Prof Dr. Stefan Ihde, is the father of modern cortico basal implantology.

BECES[R] implants are universal implants and can be used in any area of residual ridge. EX implants are indicated in extraction sockets for additional anchorage as these are wide threaded implants. The threads are specifically positioned in apical third of implants to enable second cortical anchorage.

KOC Micro[R] implants are indicated in healed ridges and has a short neck which is positioned in transmucosal area above ridge. This neck connects the rough implant surface with abutment head above.

Although the concept of immediate functional loading is available in conventional implants therapy, still only a provisional prosthesis is possible. But in corticobasal implant therapy immediate functional loading with permanent prosthesis is always possible.

This presentation will introduce the revolutionary concepts of corticobasal implants.

Audience Take Away Notes

- The introduction aspect and the principles of osseofixation
- The applications of corticobasal[R] implants
- Patient report on corticobasal implant

Biography

Dr. Hariharan Ramakrishnan is a distinguished dental professional with a wealth of qualifications and accolades. He completed his M.D.S (Master of Dental Surgery) with a specialization in Prosthodontics and Implantology at Saveetha Dental College & Hospital, Chennai. Complementing his dental expertise, he earned a Post Graduate Diploma in Hospital Management from Madurai Kamaraj University, India. Dr. Ramakrishnan is a recognized authority in laser dentistry, having received a Fellowship from the World Clinical Laser Institute in the USA. He is also a certified specialist in Biofunctional Prosthetic System (BPS) and has extensive training in Cortico Basal Implantology, including immediate functional loading. Throughout his illustrious career, Dr. Ramakrishnan has garnered numerous prestigious awards, including the AKS Global Faculty Award in 2020, the KTK Bharat Shiksha Gaurav Purushkar Award in 2021, and the Best Educationist Award in 2022 from the KTK Outstanding Achievers and Education Foundation. He was also honored with the Best Researcher Award in 2022 by INSO Awards and the Eminent Educationist of India Award in the same year. His exceptional contributions to the American Journal Cureus earned him the Cureus Laureate Title. Dr. Ramakrishnan is set to receive the Pride of India International Award in 2023. In addition to his clinical and academic pursuits, Dr. Ra-

makrishnan holds esteemed positions on the editorial boards of several national and international dental journals. Dr. Ramakrishnan's scholarly contributions extend to his publications, with a substantial number 17 and 21 numbers of articles published in both national and international indexed journals respectively, in addition to a notable book chapter.

Prof, Dr. Ramesh Nagarajappa[1]*, Dr. Gayathri Ramesh[2]

[1]Department of Public Health Dentistry, The Oxford Dental College, Bangalore, India

[2]Department of Dentistry, Chamarajanagar Institute of Medical Sciences, Chamarajanagar, Karnataka, India

Significance of oral health literacy in dentistry

Literacy skills are needed for virtually every aspect of daily life; this includes the ability to access health information and allow an individual to remain in good health. Individuals must be able to understand, process, and act upon information to manage disease and remain healthy. Literacy does not solely mean one's ability to read information but also encompasses writing, numeracy, speaking, and listening. Patients can obtain information relating to both general and oral health from a vast array of sources. This includes written and pictorial material, the internet, television, and conversations with healthcare professionals and laypeople.

Oral Health Literacy (OHL) with its five important key dimensions assesses the degree to which individuals can obtain, process, and understand basic oral health information and services needed to make appropriate health decisions. Many recent researches have shown that there is strong evidence linking oral health status with OHL.

The most widely used oral health literacy measurement tools are based on either the Rapid Estimate of Adult Literacy in Medicine (REALM) or the Test of Functional Health Literacy in Adults (ToFHLA). OHL levels significantly predicted dental visits, their frequency, and toothbrushing frequency among university students.

A person's oral health literacy results from a complex interaction of his/her education, ethnic background, culture, and language ability. These factors interact with external forces such as healthcare organizations and policies, available patient information, healthcare professionals, and their communication skills, in addition to others.

Dental care professionals have a direct effect on a person's oral health literacy. Given the importance of patient care in the prevention and management of oral diseases.

Key Words: Health literacy, Oral Health, Literacy.

Biography

Prof, Dr. Ramesh Nagarajappa, graduated from the prestigious Bapuji Dental College and Hospital, Davangere, India in 1999. I am presently working as a Professor and Head, in the Department of Public Health Dentistry at the Oxford Dental College, Bangalore in India. I have a post-graduation teaching experience of over 24 years and guiding both PhD and MDS students. I have also authored 130 publications in various international and national reputed journals. Been a regular reviewer too in many journals. I do have an experience of delivering scientific presentations and chairing scientific sessions in various conferences.

Dr. Isha Rastogi
Dental Department, Dr. KNS Mims Barabanki Uttar Pradesh, India

A study of role of flexible dentures in prosthodontics, partial edentulism, smile and esthetics: Original research

Introduction: Replacing missing teeth is vital and mandatory for various daily functions of mouth. Conventional acrylic dentures have been used but now flexible dentures are the latest trends.

Aim: This study is done to evaluate knowledge and awareness of flexible dentures in dental professionals.

Material and Methods: A questionnaire method was used to evaluate dental professionals' knowledge and awareness of flexible dentures in patients.

Results: Few dentists showed positive response and major were not aware of it. Few knew of advantages, disadvantages, uses and materials.

Conclusion: More research should be done in this field so as to utilise this recent option at the maximum for benefit of patients clinically.

Keywords: Esthetics, Flexible Dentures, Smile.

Audience Take Away Notes

- They will know benefits about flexible rpds and will learn recent trends

Biography

Dr. Isha Rastogi completed her Bds Mds (Prosthodontics) from Career Dental College and Hospital, Lucknow, Uttar Pradesh, India. She did schooling from La Martiniere Girls' College, Lucknow. She is an avid reader, sports cum music lover and enthusiastic writer. Her hobbies are doing original innovative work in my profession. She attend conferences and do try to present posters or oral presentation. She have some publication and articles as she believe that sharing our knowledge is learning. Presently she working as faculty in a medical college in India- Dr. KNS Mims Barabanki Uttar Pradesh. Her view is to upgrade academics and also give best dental services to needy dental public.

Dr. Sachin Shashikant Metkari, B.D.S., M.D.S., Ph.D

Associate Professor (Additional), Department of Conservative Dentistry and Endodontics, Nair Hospital Dental College, Mumbai, Maharashtra, India
Maharashtra University of Health Sciences, Nashik, Maharashtra, India.
Life time member: Indian Endodontic Society

Quantitative and comparative evaluation of apical extrusion of debris, irrigating solution and microorganism using manual and various rotary instrumentations with two different irrigation techniques: An ex-vivo study

Background: The root canal procedure is an extremely common endodontic procedure rendered in dental practice. Many times, patients may complain of pain, swelling, or both during or after root canal treatment. Endodontic flare-up (1.4–16%) has always been a major concern for the operator. Common causes of flare-ups in endodontics were the extrusion of debris, irrigating solutions, and microorganisms beyond the periapex. Several instrumentations and irrigation methods have been practiced for years, but concern about apical expulsion is unresolved. This preliminary study assessed the efficacy of the recently introduced, heat-treated FlexiCON Ni-Ti rotary instrumentation system with two different irrigation techniques and compared it with existing instrumentation systems.

Aim and Objectives: To quantitatively and comparatively evaluate apical extrusion of 1) Debris, 2) Irrigating solution, and 3) Microorganism using conventional and endoVac irrigation systems in conjugation with four different instrumentation techniques like Group I Manual (Hand), Group II Protaper, Group III WaveOne, and Group IV FlexiCON.

Materials and Method: Four hundred and ten single-rooted, human permanent anterior teeth were selected for this analysis. Enterococcus faecalis strain ATCC 29212 was selected for microbial inoculation in each tooth. Four hundred teeth were equally divided into four groups of hundred teeth each. Group I for manual, Group II for protaper rotary, Group III for waveone reciprocating, and Group IV for FlexiCON rotary instrumentation system. Ten teeth were kept as control without instrumentation. Canals were irrigated with conventional needle or endoVac irrigation in each group equally. Extruded debris, irrigating solution, and E. faecalis were quantified and statistically analyzed. Student t test and analysis of variance (ANOVA) were used in this research protocol. (P=0.05)

Results: Group IV exhibited the least amount of debris, irrigating solution, and microorganisms compared to others, irrespective of the irrigation techniques used, while Group I presented the most.

Conclusion: FlexiCON Ni-Ti rotary instrumentation showed the least debris, irrigating solution, and bacterial extrusion compared with manual (hand), Protaper universal rotary, and WaveOne reciprocating instrumentation systems when conventional needle and endoVac irrigation methods were used. EndoVac irrigation method was better than conventional needle irrigation as it caused less expulsion.

Biography

Dr. Sachin Shashikant Metkari studied bachelor of Dentistry at Nair hospital dental college, Mumbai from Maharashtra university of health sciences Nashik, Maharashtra, India. He had done his post-graduation from Government dental college, and his Ph.D. from Pacific Dental college, Rajasthan, India in 2022. He is now working at Nair hospital Dental college, Mumbai, India as Associate Professor (Additional).

Simran Mann*, Laura Stacey, Julian Page
Oral and Maxillofacial Surgery, Musgrove Park Hospital, Taunton, United Kingdom

A complex odontoma in a paediatric patient with hypodontia

Background: A complex odontoma is a benign odontogenic tumor of the jaw, consisting of a disorganised mass of dental tissue. Aetiology remains unclear and there have been reports of a potential association with trauma or infection, as well as a genetic component. They are often asymptomatic and usually identified incidentally upon radiographic investigation of an unerupted tooth or retained deciduous tooth.

Patient Information: We report a case of a 12 year old male who was referred to our department regarding an infra-occluded LRE with no permanent successor. Radiographic investigations showed a lobulated sclerotic mixed lesion with some areas resembling dental enamel, distal to the developing LR7, in addition to mild expansion of the mandibular ramus. Clinically, there was no evidence of swelling or bony expansion and normal sensation was reported.

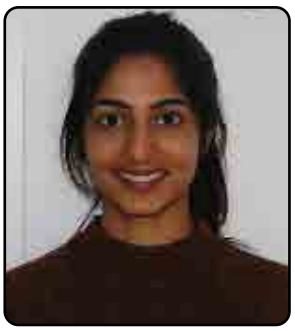
Management and Outcome: The lesion was subsequently surgically excised under general anaesthetic and histological findings reported fibrofatty connective tissue together with a small amount of likely tooth matrix material. 6 months post-operatively, a repeat OPG showed bony infill in this region with no evidence of recurrence.

Audience Take Away Notes

- This presentation will highlight important aspects of the clinical and radiographical signs of a complex odontoma to facilitate prompt management
- Complex odontomas have the potential to affect the eruption of teeth; cause displacement as well as resorption of adjacent teeth, in addition to bony expansion. To avoid such complications, early detection and diagnosis is key to allow appropriate management, usually through surgical excision
- As the likelihood of recurrence is rare due to the well-capsulated nature of these masses, conservative surgical excision is the preferred approach

Biography

Dr. Simran Mann studied Dentistry at the University of Bristol, United Kingdom and graduated with a BDS in 2019. She then joined the Royal College of Surgeons of Edinburgh in 2021 and is currently doing a PG Certificate in Dental Education with the University of Bedford. She has been working as a Dental Core Trainee in Oral and Maxillofacial Surgery for the past 3 years and shows a keen interest in the Oral Surgery Specialty.



Alisha Paul*, Laura Stacey
Department of Oral and Maxillofacial Surgery, Musgrove Park Hospital, Taunton, United Kingdom

Oral surgery referral and complexity service evaluation in a district general hospital in South West England

The NHS have created a guide for commissioning of Oral Surgery in England which outlines the roles of primary care and secondary care in service provision. It outlines primary care GDP's to incorporate routine oral surgery care into their contracts while also recognizing the flexibility of specialists, Dentists with Special Interests (DwSI), Oral and Maxillofacial consultants or Staff Associate Specialists to handle more complex procedures in both primary and secondary care settings.

As a response to rising NHS demands, our evaluation delves into the intricacies of oral surgery referral forms received by the Maxillofacial Department at Musgrove Park Hospital in Taunton. By assessing the quality of referrals, the types of presentations and complexities we aim to shed light on the significant proportion of dentoalveolar surgery referrals – less complex yet contributing to the mounting pressure on hospital waiting lists.

We aim to use the data as a persuasive tool to increase awareness and advocate for more provision of primary oral surgery services in South West England and decrease the load on secondary care services.

Audience Take Away Notes

- Gain insight into the NHS commissioning guide for Oral Surgery in England looking into expectations for primary care GDPs and role of specialists in both primary and secondary care
- Insight into the oral surgery referral forms received including types of presentations, complexity and quality of referrals
- Grasp into the pressure on hospital waiting lists highlighting the need for strategic interventions to address the surge in demand
- See how data gathered supports the need for expanding primary care oral surgery services in Somerset, based on complexity and demand

Biography

Dr. Alisha Paul studied Dentistry at Queens University Belfast and graduated with BDS in 2021. She has since joined the Royal College of Surgeons Edinburgh and is currently an Oral and Maxillofacial Dental Core Trainee at a district hospital in Southwest England.

Dr. Brynn L. Leroux, DDS, D-ABPD D-ABLS
Associates in Pediatric Dentistry, Baton Rouge, LA, United States

TOTS, lasers, airway and pediatric dentistry

This presentation reviews the background and significance of tethered oral tissues and shows numerous case studies of pediatric patients treated with a combination of frenectomies, therapy, and bodywork to help with feeding, speech, sleep, breathing, growth and development, dental health and more. Cases include infants, children, adolescents and teenagers and were performed using various levels of sedation specific to what was required to safely and successfully accomplish the procedure in each individual patient. Pre-op and post-op histories are reviewed, including collaboration with therapists as needed based on each patient's individual needs.

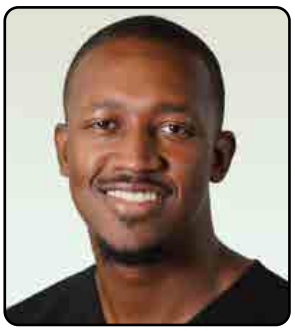
Keywords: Pediatric Dentistry, Laser, Frenectomy, Infant Frenectomy, Sedation, CO2 Laser, Tongue Tie, Lip Tie, Buccal Tie, Airway.

Audience Take Away Notes

- Identify tethered oral tissues, including lip ties, buccal ties, tongue ties, and Eiffel Tower ties in infant, toddler, and adolescent patients
- Correlate the relationship between soft tissue and their effects on feeding, speech, breathing, sleep, growth and development, dental health and more
- Differentiate between normal versus restrictive frenums and understand the indications for and ideal timing to release
- Highlight the importance of collaboration with a multidisciplinary team to ensure the best surgical outcomes and improvement of preoperative symptoms
- Raise awareness of the need for more education and research on this subject both locally, nationally and internationally

Biography

Dr. Brynn Leroux is a graduate of Louisiana State University School of Dentistry and the Pediatric Dental Residency Program at the Medical University of South Carolina. Dr. Leroux is a partner in Associates in Pediatric Dentistry, a group practice in Louisiana, USA with 4 locations serving the Greater Baton Rouge area. She is a Diplomate of the American Board of Pediatric Dentistry and the American Board of Laser Surgery. After being personally affected by tongue tie and sleep disordered breathing, Dr. Leroux has taken a special interest in tethered oral tissues, airway centered dentistry, sleep medicine, and interceptive orthodontics. She is a TOTS trained professional, an active member and speaker of the American Laser Study Club, and a founding member of the International Consortium of Oral Ankylofrenula Professionals (ICAP), in which she currently serves on the Board of Directors. She evaluates her patients for signs and symptoms of tethered oral tissues and sleep disordered breathing and provides laser lip, buccal, and tongue tie revisions from birth through adulthood using the Light Scalpel CO2 laser.



Marcus Cowan
Dentistry101, Lithonia, GA

Digital dentistry & dental implant placement for the GP

We are in an era of dentistry filled with technology & innovation unlike anything we've ever seen up to this point. With general dentists doing more of their own surgical procedures, we should use all of this technology to our advantage. Digital implant planning is a predictable & precise method of planning implant cases, from single tooth replacement to full arch rehabilitation. This lecture intends to introduce users to the digital workflow for implant placement, using a prosthetically driven approach to ensure ease in both the surgical & restorative aspects of implant dentistry. Using the technology at hand, we are able to decrease surgical times, increase surgical outcomes, & increase case predictability. The days of hoping a case can be screw retained or wondering if you will need to do grafting at the time of placement are no more. We can now walk into a case & know exactly what will be required for an ideal result, & you can plan accordingly before the patient is even in the chair. Utilizing digital dentistry can be done even if practitioners don't have a CBCT or a digital scanner in office. Techniques will be discussed to show practitioners different options they have for accomplishing predictable & repeatable surgical & prosthetic outcomes for their implant cases.

Audience Take Away Notes

- Explain the implant process from placement to restoration
- Explain the benefit of utilizing digital dentistry to guide your implant planning, the surgical case, and the restorative aspect
- Show the accuracy of the digital process
- Discuss practical ways that practitioners that do not have access to a CBCT or an intraoral scanner can still execute cases with a high degree of accuracy. This will save time clinically & reduce clinician stress & margin of error

Biography

Marcus Cowan is a general dentist from Lithonia, GA. He attended dental school at the Dental College of GA (formerly known as the Medical College of GA) in Augusta, GA. After dental school, Dr. Cowan completed a 2 year GPR at the same institution. The GPR program taught comprehensive dentistry, with an emphasis on surgical, implant, & sedation dentistry. Dr. Cowan has been published in the Journal of Cosmetic Dentistry & has attained his fellowship in the International College of Oral Implantologists. He currently practices in Newton, MA.

Joy Lantz, RDH, PHDH, COM, IBCLC
Oak Forest, IL, United States

Silent struggles: Shedding light on oral myofunctional challenges in little ones

In recent years, dentistry's focus has been on sleep, airway and myofunctional therapy. There is one group that has been left to the wayside; the infant and toddler population. Dental professionals were not fully trained on caring for this age group. We are missing a big link to future problems by waiting on seeing these children. The future of the dental field and oral health is early disease prevention without picking up a scaler.

Audience Take Away Notes

- Examine the ADA recommendations that the first dental visit should occur within six months after the baby's first tooth appears, but no later than the child's first birthday
- Define the RDH's role in seeing patients starting as infants and what to look for
- Describe what early intervention in a dental office could look like

Biography

Joy Lantz, RDH, PHDH, COM, IBCLC has over 25 years of experience in the dental field with a background in dental hygiene. She is a myofunctional therapist and lactation consultant in a local dental office. She is a national speaker presenting courses on anticipatory guidance, collaboration for patient care and myofunctional therapy. Her passion is to assist dental and medical professionals to work together in screening and treating for oral myofunctional disorders and overall health.

Dr. Maya Agarwala
Restorative Department, Leeds Dental Institute, Leeds, United Kingdom

Assessing the accuracy and quality of activity coding in the orthodontic department

Aims and objectives: To assess the department's accuracy and quality of clinical coding. Identify common coding errors, areas requiring improvement and implement changes to improve orthodontic activity coding. Raise awareness of the importance of coding.

Methods: A sample of 30 patient's appointments were randomly selected between January 2023- March 2023 (Cycle 1) and June 2023-August 2023 (Cycle 2) and were reviewed to check accuracy of activity coding.

Data collected included: Codes Selected, Actual Procedure Carried Out and Codes Missing.

Data was recorded and analysed on Microsoft Excel.

Results:

Cycle 1: 5 appointments were incorrectly coded (16.7%). Of these, 2 (40%) had been incorrectly coded for and 3 (60%) of them failed to include all the procedure codes. For patients whereby all the relevant codes weren't included, the coder failed to add codes for x-rays (66.7%) as well as clinical photos (33.3%). The incorrect codes were for the procedures of impressions (F14.3 coded but correct code is F15.1) and insertion of orthodontic appliances (F15.5 coded, but F14.3 is correct).

Cycle 2: 3 appointments were incorrectly coded (10%). Of these, 2 of them, failed to include all procedure codes. For both appointments X-rays were not coded for. For the other appointment, the incorrect code was inputted (F15.5 coded for a bond up as opposed to F14.1).

Accuracy of coding improved overall by 6.7%: 6.7% incorrectly coded and 10% failure to include all codes in cycle 1 vs 3.3%% incorrectly coded and 6.7% failure to include all codes in cycle 2.

Conclusions: Orthodontic activity coding meets the 90% target after cycle 2. Errors in clinical coding are multifactorial and have significant impacts on healthcare resource allocation. It's important to ensure there is training for all staff, as it impacts not only financial reimbursement rates but also public health planning.

Audience Take Away Notes

- The importance of clinical coding within the NHS and specifically within the orthodontic department
- Allows for improvements to be made within the service and better patient outcomes

Biography

Dr. Maya Agarwala completed her Bachelor of Dental Surgery degree from King's College London. She has worked as a dental core trainee in Oral and Maxillofacial Surgery, Oral surgery and restorative departments in London and Leeds. She has a passion for orthodontics and is focused on furthering this through postgraduate training.

Benjamin Trill[1]*, Bal Panesar[2], Hanieh Javidi[3]

[1]Clinical Lecturer in Adult Oral Health, Division of Dentistry, School of Medical Sciences, University of Manchester, United kingdom
[2]Clinical Lecturer, Division of Dentistry, School of Medical Sciences, University of Manchester, United Kingdom
[3]Senior Clinical Lecturer/ Honorary Consultant in Orthodontics, Division of Dentistry, School of Medical Sciences, University of Manchester, United kingdom

Is Team-Based Learning (TBL) an alternative for dental education?

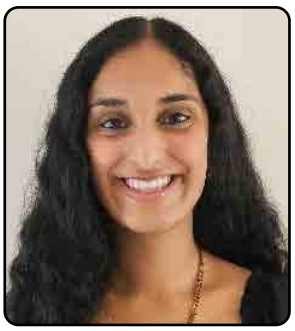
Historically dental education has been administered either through traditional didactic methods (such as lectures) or dialectic approaches (such as problem-based learning). Didactic methods focussed on the transfer of information from teacher to student, yet arguably this can result in a passive education, which may lack the development of problem-solving skills that are a cornerstone of healthcare professions. Dialectic methods were introduced to healthcare education institutions throughout the world which places the onus of education onto the student and promotes the development of problem- solving skills. These skills are integral for core dental practice. Nevertheless, pedagogies such as problem-based learning and enquiry-based learning are facilitator heavy, and educational institutions often rely on individuals who aren't clinicians to deliver their curricula. This is compounded by issues of staff recruitment, particularly in the United Kingdom (UK). Team- Based Learning (TBL), developed in business schools, and utilised in other healthcare professions to great success (higher student satisfaction and student examination performance), may offer a solution to these issues in dental education institutions. Team-based learning channels the benefits of dialectic methods, notably the development of problem-solving skills, but also allows institutions to utilise fewer, but expert facilitators, which will be of benefits to education institutions struggling with appropriate staff recruitment. In equal light, the use of team-based learning approaches may be effective in Continuing Education (CE) programmes, providing a more active method of learning for delegates. The aim of this presentation will be to introduce dental clinicians who may be involved in educational institutions and those who provide CE, to the concept of team-based learning, its current evidence base in dentistry and to encourage further primary research into this approach.

Audience Take Away Notes

- The audience will learn what Team-Based Learning (TBL) is, how it differs from didactic and other dialectic pedagogies and the current evidence-base that underpins it
- This presentation will help other academic dentists and those who deliver CE courses to design programmes that use team-based learning to deliver education to students and delegates
- It will also highlight the need for further research and inspire other academic dentists to explore and coordinate further research into team-based learning

Biography

Dr. Benjamin Trill studied Dentistry at the University of Manchester, graduating with a BDS in 2017. He has since completed postgraduate studies in prosthodontics, orthodontics and dentofacial orthopaedics. He joined the University of Manchester, initially as clinical teaching fellow in 2020, before progressing to a Clinical Lecturer in Adult Oral Health role. In this role he is the Undergraduate Programmes Curriculum Development Lead, responsible for curriculum design, curriculum leadership and overall programmes development. He has recently published a scoping review on Team-Based Learning in the British Dental Journal and is an advocate for exploring this dialectic method of teaching in dentistry.



Anushri Pindoria*, Mili Doshi

East Surrey Hospital, Surrey and Sussex NHS Trust, Redhill, Surrey, United Kingdom

The importance of mouth care for inpatients – A service evaluation of mouth care referrals at East Surrey hospital

Background: People aged 65 and over account for over 40% of hospital admissions and occupy around two-thirds of hospital inpatient beds. Hence in all hospitals, there is likely to be a high proportion of older adults often experiencing symptoms related to their oral health. Poor oral health can impact eating and drinking, communication, and general well-being and lead to increased frailty.

Training in oral health can be challenging due to a high staff turnover. Mouth Care Matters (MCM) was a Health Education initiative to improve mouth care standards in hospitals and empower staff through training and education to identify people needing help with mouth care and ensure it is delivered safely and compassionately. The initiative was developed at Surrey and Sussex Health Care NHS Trust and then rolled out nationally across 46 trusts in England. MCM advocates the role of a mouth care lead nurse, who is a dental nurse, to work across a trust to ensure the infrastructure is present to provide effective mouth care. This includes implementing policies, hands-on staff training and ensuring access to suitable mouth care products in all wards. In addition to providing training, there is a pathway for Health Care Professionals (HCP) to contact the MCM lead for oral health advice or to signpost to the dental team when needed.

Aim: To raise awareness on the importance of providing good mouth care for inpatients and through the evaluation, examine the main reasons HCPs refer for mouth care advice and the outcomes.

Method: The evaluation looked at 200 patients seen in the last two years, and data was collected on; age, primary diagnosis, the reason for referral, outcome, and if the patient was on an end-of-life pathway or is now deceased.

Results: 91% of patients were aged over 65, and all were referred for mouth care reasons. The most common reasons for advice were managing dry mouth, loose dentures and poor oral hygiene. 19% were signposted to their medical team, who diagnosed ulcers or candida infection. 15% were referred to the onsite dental department. 42% of patients seen are now deceased.

Discussion: Nearly half the patients seen by the MCM lead in the last year are now deceased, suggesting that oral health symptoms, especially dry mouth, are common at the end of life. Oral health can change and deteriorate rapidly at the end of life with changes in self-care, comorbidities, and an increase in polypharmacy. The MCM lead serves as a point of contact who can offer guidance and direct individuals to medical or dental teams when necessary. This not only enhances the quality of life for patients but also facilitates specialised training for HCPs.

Action and Recommendations: The evaluation highlights the value of having a dedicated MCM lead, as they can be an integral part of the hospital team caring for patients and contributing to educating staff, which should be encouraged in every hospital trust.

Audience Take Away Notes

- Professionals in healthcare settings, especially those involved in patient care and management, can apply the insights from this research to enhance the oral health care provided to older adults
- The information can be used to raise awareness about the importance of good mouth care for inpatients, and the specific reasons for referrals outlined in the study can guide healthcare practitioners in identifying and addressing oral health issues effectively, leading to shorter recovery times and therefore shorter hospital stays. This would lead to a more efficient service in hospitals with a higher volume of patients being seen
- Healthcare professionals, including nurses and dentists, and other staff involved in patient care, can benefit by gaining a deeper understanding of the common oral health issues experienced by older patients.
- The research highlights the importance of specialised training, the role of a dedicated MCM lead, and the impact on end-of-life care. This knowledge can contribute to improving patient outcomes, streamlining oral health care procedures, and enhancing overall patient well-being
- Other faculty, especially those involved in healthcare education and research, can use this study to expand their understanding of oral health in older adults. The methodology and outcomes can serve as a basis for further research, and the emphasis on the role of a dedicated MCM lead provides a potential model for improving oral health care standards in different healthcare settings
- While the primary focus is on healthcare practices, the research indirectly suggests a practical solution for healthcare system designers. The implementation of a Mouth Care Matters initiative, with a dedicated MCM lead, can be considered a model for designing effective structures within hospitals to ensure the provision of quality oral health care for inpatients. This could simplify the coordination of resources, policies, and training efforts
- The research contributes valuable information for healthcare designers by emphasising the need for a structured approach to oral health care, especially for older patients. Implementing similar initiatives can lead to more accurate and efficient designs within healthcare systems, ensuring that oral health is appropriately addressed in patient care protocols
- List all other benefits
    - **Enhanced Patient Quality of Life:** The research suggests that improved oral health care contributes to an enhanced quality of life for patients
    - **Efficient Referral Systems:** The study highlights a pathway for healthcare professionals to seek advice or refer patients to dental teams, streamlining the referral process
    - **End-of-Life Care Considerations:** The findings shed light on oral health symptoms at the end of life, providing insights for designing and implementing specialised care for patients in this stage
    - **Educational Contributions:** The research underscores the role of education and training, benefiting not only patient care but also contributing to the ongoing education of healthcare professionals

Biography

Anushri Pindoria earned her degree in Dentistry from King's College London, graduating in 2021. Following her graduation, she gained valuable experience working in general practice for a year. She then pursued additional training at East Surrey Hospital, collaborating with Dr. Mili Doshi, Consultant in Special Care Dentistry, who is credited with initiating the impactful Mouth Care Matters project, implemented across various hospitals in the UK. Their collaboration resulted in the development of a comprehensive service evaluation, shedding light on the critical importance of mouth care in hospital settings, the findings of which have been published in the British Dental Journal.

Sana Bekri*, Amel Labidi
University of Monastir, Tunisia

Panorama on the use of attachments in combined prosthesis and complete supra-radicular prosthesis

The awareness and demand for quality of dental treatment is relatively increasing in recent generation. Various options available for the replacement of partially missing teeth are over dentures, clasp retained removable partial dentures, removable partial dentures with precision attachments and implants. A denture with a retained attachment system is one of the treatment modalities which may assist prosthodontist to achieve better functions and aesthetics in substituting missing teeth and oral structures. An attachment is a connector consisting of two or more components. One component is connected to a tooth, tooth root, or an implant and the other component is connected to a prosthesis. Precision attachments, allow prosthesis to combine the advantages of fixed and removable restorations. In this work, we will present a series of clinical cases treated by combined prosthesis and complete supra-radicular prosthesis, which emphasizes the contribution of attachments, the criteria of choice and the imperatives of use.

Biography

Sana Bekri is an Associate Professor of Hospital-University Medicine in Dentistry with a diverse academic background and expertise. Holding a Research Master's degree in Medical Biology and Health Technologies, she has furthered her qualifications with certificates in University teaching, digital teaching, Educational Simulation in Health Sciences, and Digital Learning Management. With a strong foundation in research methodologies, Bekri actively contributes to the field as a member of the Tunisian section of the International Association For Dental Research (IADR) and the scientific association "Tunisian Association of Dental Research." Her commitment to advancing dental research and education is evident through her multifaceted skill set and dedication to academic excellence.

Amel Labidi
University of Monastir, Tunisia

Rehabilitation of total maxillary edentulism by the fixed supra-implant prosthesis

The rehabilitation of total maxillary edentulism has always been a challenge for the practitioner. Different therapeutic alternatives are available to the dentist: from the conventional total prosthesis to the total supra-implant fixed rehabilitation. This last alternative remains by far the best aesthetically and functionally.

The choice of the location of the implants is important. After osteointegration of the implants, the prosthetic steps must be respected starting from the choice of the mode of connection between implant and prosthesis which can be sealed or screwed to the adjustment of the occlusion according to the occlusal concept which depends on the antagonistic arch.

All these points are to be presented in this work through clinical cases.

Biography

Dr Amel LABIDI studied Dentistry at the Faculty of dental medicine Monastir, Tunisia. She was than specialized in prosthodontics. She is an Associate professor in the same faculty since 2018. Her clinical practice focuses on modern implantology. She has presented several lectures at national and international scientific conferences. She has published several scientific articles in indexed and impacted scientific journals, as well as published abstracts.

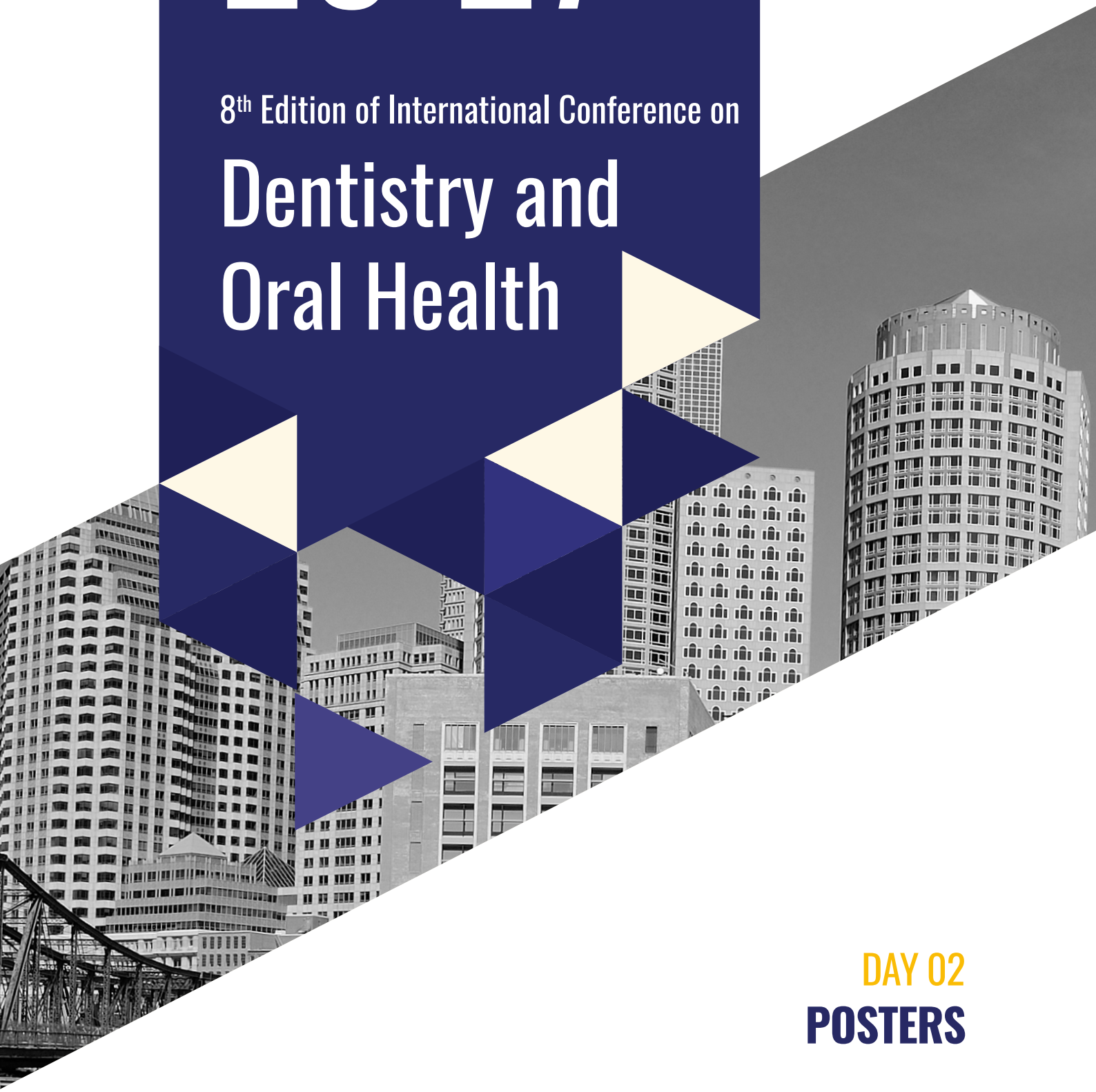
BOOK OF ABSTRACTS

MARCH

25-27

8th Edition of International Conference on

Dentistry and Oral Health



DAY 02

POSTERS

Alisha Paul*, Adenike Bawor Omatseye, Julian Page

Oral and Maxillofacial Surgery, Musgrove Park Hospital, Taunton, United Kingdom

Odontogenic infection of the infratemporal fossa: A rarity and diagnostic challenge

The Infratemporal Fossa (IF) is an important anatomical space that carries vital neurovascular structures within it. The formation of an abscess in the IF, particularly of odontogenic aetiology, is rare. It can pose a diagnostic challenge due its uncommon presentation and can be life-threatening with delayed treatment.

The IF is a wedge-shaped space bounded laterally by the ramus of mandible, medially by lateral pterygoid plate and superiorly by the greater wing of sphenoid bone. Its contents include the muscles of mastication, the pterygoid venous plexus and several nerves including the mandibular and lingual nerves.

IF abscesses can develop from odontogenic or sino-nasal infections. Odontogenic source of IF abscesses are rare as they usually spread through buccal, submandibular or sublingual spaces (or a combination of these). The pathological implications related to spreading infection into IF is closely related to the anatomy involved. It is therefore essential clinicians have good knowledge of the anatomy of the facial spaces to be able to promptly recognise the presentation and manage them urgently.

We present a report of an unusual case of IF abscess of odontogenic source in an otherwise healthy female patient which was initially misdiagnosed. With the rising difficulty accessing emergency NHS dental services in the UK, the untimely delayed diagnosis and management of odontogenic infections may lead to similar scenarios such as this.

Audience Take Away Notes

- It is important that clinicians have an understanding of the presentation and spread of odontogenic infections and the sequelae of such
- Be aware of the clinical significance of the infratemporal fossa in that odontogenic infection can spread to it, spreading posteriorly due to bony barriers present anterior, medial and posterior in the fossa
- The presentation discusses the anatomy of spread of infections
- Clinicians can develop confidence referring or managing similar cases in a timely and appropriate manner

Biography

Dr. Alisha Paul studied Dentistry at Queens University Belfast and graduated with BDS in 2021. She has since joined the Royal College of Surgeons Edinburgh and is currently an Oral and Maxillofacial Dental Core Trainee at a district hospital in Southwest England.

Simran Mann*, Adenike Bawor Omatseye, Marta Cabral

Oral and Maxillofacial Surgery, Musgrove Park Hospital, Taunton, United Kingdom

Trigeminal nerve injury post lower third molar extraction

Inferior Alveolar Nerve (IAN) and/or lingual nerve damage is a known complication of oral surgery procedures, particularly associated with lower third molar extractions.1 This can have an effect on quality of life and orofacial function.2,3 Currently, no formal universal guidelines regarding the management of iatrogenic Trigeminal Nerve Injury (TNI), exists.3 Based on the available evidence, a local protocol was implemented in our Oral and Maxillofacial Surgery (OMFS) department at Musgrove Park Hospital (MPH) in May 2021, regarding management of iatrogenic TNI (Appendix 1, 2).

The aim of this audit was to assess the incidence of TNI following lower third molar extraction in the OMFS Department at MPH and to assess compliance with our local TNI management protocol and completion of our assessment proforma prior to initiating protocol. Data was assessed across an 18-month period from June 2021 until January 2023 and was obtained from our online Morbidity and Mortality reporting system, including detailed insight into pre-operative, intra-operative and post-operative assessment. All lower wisdom teeth extractions carried out at MPH under local anaesthetic and general anaesthetic, were included.

Twelve cases of TNI were reported within this timeframe, of which five involved injury to the lingual nerve, three involved injury to the IAN and four had both IAN and lingual nerve injury. Two of the twelve cases had TNI bilaterally. In addition to dysaesthesia, one patient also had loss of taste and three experienced intermittent pain. Surgical approach mainly involved raising a mucoperiosteal flap, bone removal and sectioning of the teeth. Of the twelve cases, two had only a relieving incision and simple elevation of tooth. There was no documentation of lingual nerve protection in eight cases. Most patients improved within 2-months post-operatively, however, little or no improvement was shown in one case, which ultimately required microscopic decompression of the right lingual and IAN and steroid injection.

There was generally very good compliance with the local treatment protocol and pharmacological management documented. However, in three cases, omeprazole was not prescribed alongside ibuprofen and one was not advised vitamin B complex. Only in three cases was the nerve injury assessment proforma completed prior to initiating treatment protocol. Unfortunately, we could not calculate our own departmental incidence of TNI due to our coding system not being able to filter out specifically the number of lower wisdom teeth extractions we had done.

In conclusion, good record keeping and the use of departmental proformas when assessing TNI will be monitored. In addition, we are standardising consent forms to ensure that all clinicians are consenting patients to the same standards and that patients are informed about all the potential risks involved regarding oral surgery procedures.

Appendix 1:

Trigeminal Nerve Injury Department Protocol

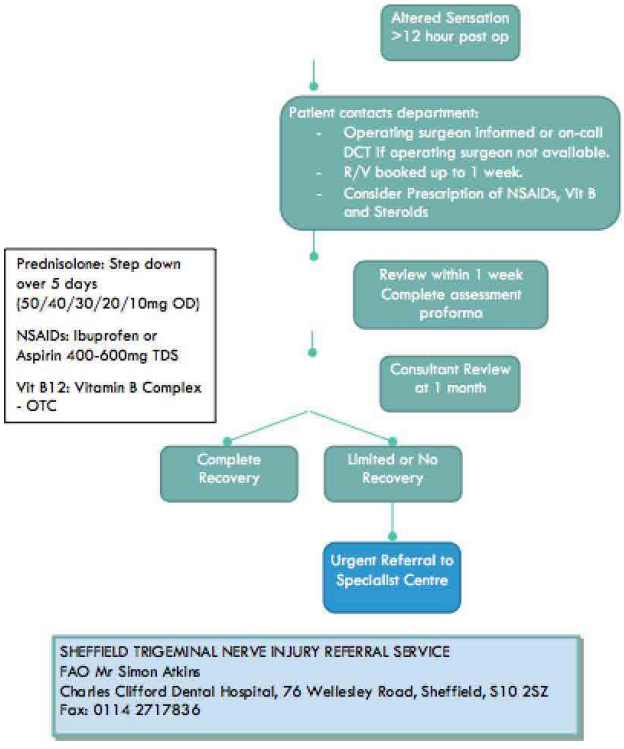
Pre-Operatively

- Where appropriate the consent process to include clear documentation of discussion of risk of temporary or permanent numbness or altered sensation.
- For lower third molars an assessment of risk taking into consideration the current NICE guidelines and RCS "Parameters of care for patients undergoing mandibular third molar surgery".
- Careful consideration of the use of CBCT in high risk M3M cases.

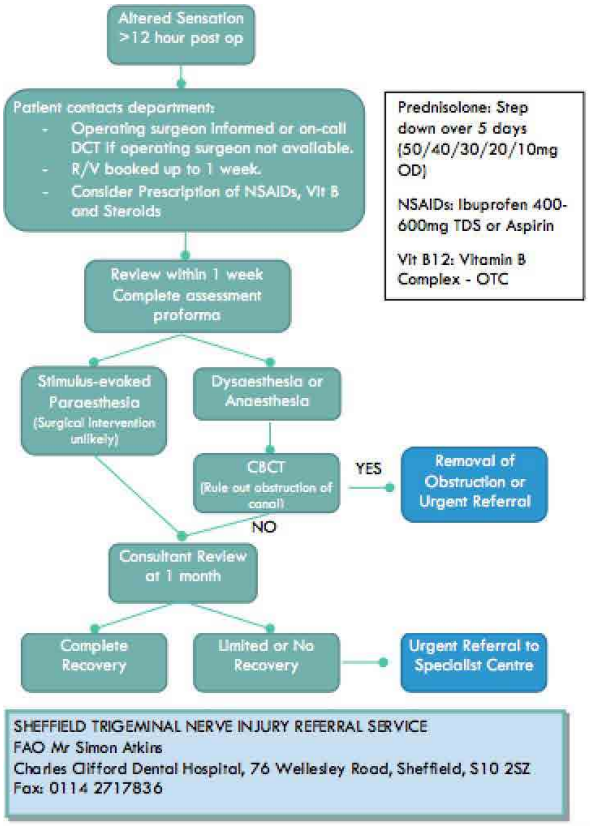
Intra-Operatively

- Avoid multiple IAN blocks and blocks with high concentration anaesthetic agents (Articaine, Prilocaine, Mepivicaine).
- Document if lingual nerve protection is used.
- Clear documentation of adverse events including but not limited to pain on injection, retained roots, exposure of the inferior dental nerve, perforation of lingual plate.
- Patients with risk of iatrogenic damage to IDN/lingual nerve to be advised to contact the department if they have numbness or altered sensation that lasts longer than 24 hours post operatively.

Lingual Nerve Injury Management Pathway

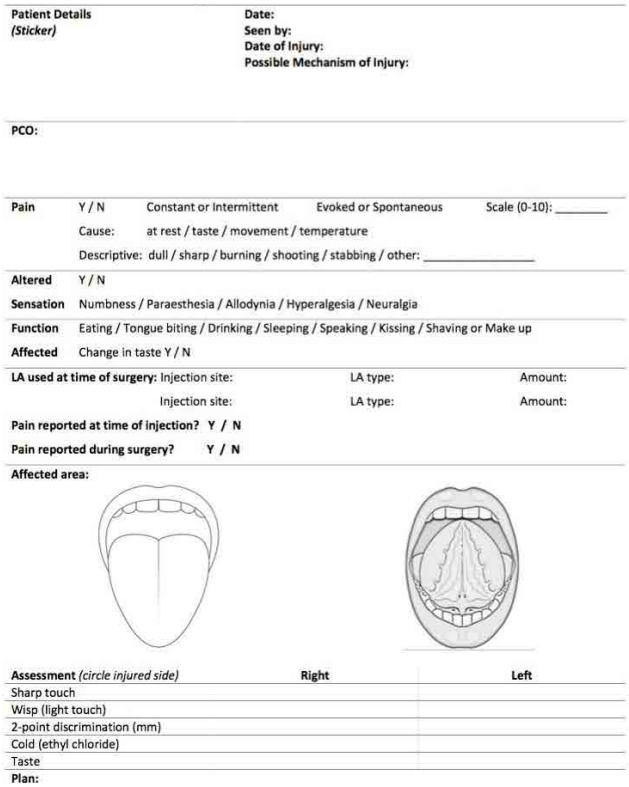


Inferior Alveolar Nerve Injury Management Pathway



Appendix 2:

Lingual Nerve Injury Examination Proforma Inferior Alveolar Nerve Injury Examination Proforma



Patient Details (Sticker)
Date:
Seen by:
Date of Injury:
Possible Mechanism of Injury:

PCO:

Pain Y / N Constant or Intermittent Evoked or Spontaneous Scale (0-10): _____
Cause: at rest / taste / movement / temperature
Descriptive: dull / sharp / burning / shooting / stabbing / other: _____

Altered Sensation Y / N
Numbness / Paraesthesia / Allodynia / Hyperalgesia / Neuralgia

Function Affected Eating / Tongue biting / Drinking / Sleeping / Speaking / Kissing / Shaving or Make up

Affected Change in taste Y / N

LA used at time of surgery: Injection site: LA type: Amount:
Injection site: LA type: Amount:

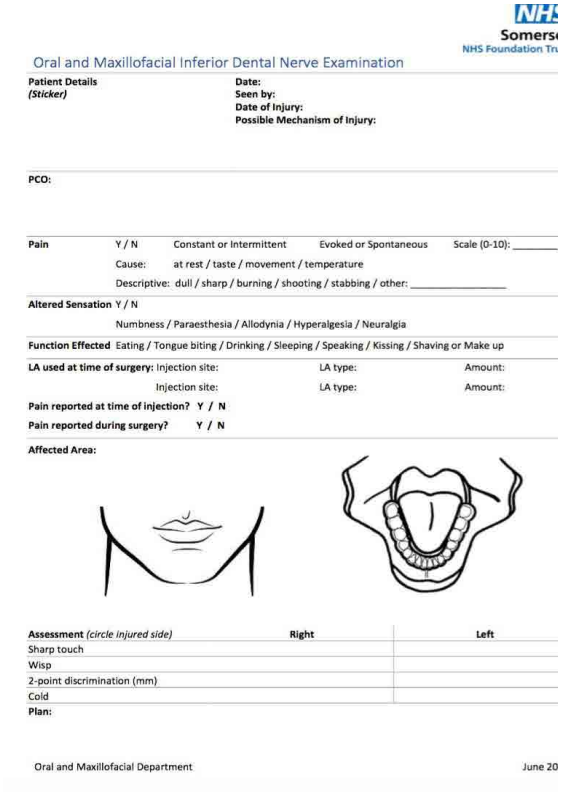
Pain reported at time of injection? Y / N

Pain reported during surgery? Y / N

Affected area:

Assessment (circle injured side)	Right	Left
Sharp touch		
Wisp (light touch)		
2-point discrimination (mm)		
Cold (ethyl chloride)		
Taste		

Plan:



NHS Somerset NHS Foundation Trust

Oral and Maxillofacial Inferior Dental Nerve Examination

Patient Details (Sticker)
Date:
Seen by:
Date of Injury:
Possible Mechanism of Injury:

PCO:

Pain Y / N Constant or Intermittent Evoked or Spontaneous Scale (0-10): _____
Cause: at rest / taste / movement / temperature
Descriptive: dull / sharp / burning / shooting / stabbing / other: _____

Altered Sensation Y / N
Numbness / Paraesthesia / Allodynia / Hyperalgesia / Neuralgia

Function Effected Eating / Tongue biting / Drinking / Sleeping / Speaking / Kissing / Shaving or Make up

LA used at time of surgery: Injection site: LA type: Amount:
Injection site: LA type: Amount:

Pain reported at time of injection? Y / N

Pain reported during surgery? Y / N

Affected Area:

Assessment (circle injured side)	Right	Left
Sharp touch		
Wisp		
2-point discrimination (mm)		
Cold		

Plan:

Oral and Maxillofacial Department June 20

Audience Take Away Notes

- This presentation highlights important aspects of the assessment, treatment and post-operative management of iatrogenic trigeminal nerve injury cases. As this complication can affect the quality of life of patients, adequate care must be taken to minimise risk of TNI during surgery and instituting prompt management in the event of nerve injury
- We discuss the current evidence regarding the management of iatrogenic nerve injury and hope other institutions can implement a similar assessment proforma and management protocol for TNI (Appendix 1, 2)
- Contemporaneous record keeping is essential to ensure guidelines have been followed and also for medicolegal implications
- We encourage standardising consent forms to ensure that all clinicians are consenting patients to the same standards and that patients are informed about all of the potential risks involved regarding oral surgery procedures
- Finally, audit practice as part of clinical governance, in providing high quality patient case based on the best available evidence, is reinforced in this project, as well as ensuring wider team involvement

Biography

Dr. Simran Mann studied Dentistry at the University of Bristol, United Kingdom and graduated with a BDS in 2019. She then joined the Royal College of Surgeons of Edinburgh in 2021 and is currently doing a PG Certificate in Dental Education with the University of Bedford. She has been working as a Dental Core Trainee in Oral and Maxillofacial Surgery for the past 3 years and shows a keen interest in the Oral Surgery Specialty.

Naz Jumaa*, Despoina Chatzistavrianou
Department of Restorative Dentistry, King's College Hospital, London, United Kingdom

From paper to pixels: Understanding staff attitudes in dental digitalisation

This comprehensive project delves deeply into the intricate process of transitioning a Restorative Dentistry Department from traditional paper-based systems to advanced digital platforms within an NHS Trust. The pervasive trend towards digitalization in healthcare necessitates a thorough exploration of its implications on operational efficiency, accessibility, and the overall workflow within the unit. At the heart of this study lies a dedicated effort to understand the attitudes and perceptions of the department's staff members amid this significant paradigm shift.

Employing a mixed-methods approach, the project integrates surveys, interviews, and observational analyses to holistically capture the multifaceted dimensions of staff engagement with the digital transition. The quantitative facet involves the administration of structured surveys among various department personnel, including receptionists, nurses, staff grades, registrars, consultants, and dental core trainees. This approach aims to quantify essential elements such as perceived ease of use, system satisfaction, and the perceived impact on daily workflows including identification of issues. Simultaneously, qualitative insights will be meticulously derived from in-depth interviews and observations, fostering a nuanced understanding of staff sentiments, encountered challenges, and potential opportunities perceived throughout the entire process.

The key objectives of this endeavour encompass the assessment of overall acceptance of digital tools, the identification of factors influencing staff attitudes, and the pinpointing of potential barriers to successful implementation. The study is strategically designed to provide actionable insights for optimising the digital transition strategy, tailoring interventions to address specific concerns, and cultivating a positive reception among staff members.

The findings hold potential to inform best practices for seamless integration, ensuring that the transition not only enhances operational efficiency but also positively shapes the overall work environment. Ultimately, this exploration into staff attitudes stands as a valuable and practical resource for dental practitioners, administrators, and policymakers navigating the constantly evolving landscape of digital dentistry in the context of an NHS Trust.

Audience Take Away Notes

- Gain insights into the processes, challenges, and opportunities in transitioning from paper to digital systems in dental settings
- Understand the day-to-day operational implications of this transition
- Recognise the importance of understanding varied perspectives for successful implementation and team morale
- Gain knowledge to anticipate challenges and strategically implement solutions for a smoother integration process

Biography

Dr. Naz Jumaa graduated with a degree in Biomedical Science from Oxford Brookes University in 2017. Following this, she pursued Dentistry at the University of Central Lancashire, graduating in 2021 with Honours. After a year in general dental practice, she began Dental Core Training gaining experience in Oral and Maxillofacial Surgery, Oral Surgery, Oral Medicine, Restorative Dentistry and Orthodontics at Oxford University Hospital. Currently, she is a DCT2 in Restorative Dentistry at King's College Hospital.

Dr. Maya Agarwala
Restorative Department, Leeds Dental Institute, Leeds, United Kingdom

A service evaluation to assess the compliance of retainer review appointments at Leeds Dental Institute

Aims and objectives: Assess the level of compliance among orthodontic patients at Leeds Dental Institute in bringing their retainers to their retainer review appointments. Identify any common reasons for non-compliance. Implement a quality improvement initiative to enhance patient compliance.

Method: A data collection form was created and the following data was collected from a sample of 25 consecutive retainer review appointments:

1. Type of retainer and if wearing upper and lower.

2. Did the patient bring their retainer to the appointment today (Y/N).

3. Reason given for not bringing retainer if applicable.

4. Wear regime for the patient: Does the patient wear their retainer full time or part time, or alternate night wear.

Results: Cycle 1 (September 2023)

- Of the 25 patients with retainer review appointments sampled, 11 patients (44%) failed to bring their retainers to their appointment, which fell below the standard.
- Of these 25 patients, 4 had both Hawley and Essix retainers, of which 3 patients (75%) forgot one type of their retainer.
- Common reasons for not bringing retainers included not being aware to bring and forgot.

Cycle 2 (November 2023)

- Of the 25 patients with retainer review appointments sampled, 3 patients (12%) failed to bring their retainers to their appointment, falling below the standard, however is compared favourably to cycle 1.
- Of these appointments where the retainers were not brought, the retainers were more likely to be brought if being worn full time and forgetting them was the most common reason for not having them at the appointment.

Conclusion: Although the gold standard was not reached there was significant improvement in patient compliance for bringing their retainers from 56% to 88%. This represents an improvement in patient care as retainer problems can be detected and resolved and helps to reduce the need for further appointments.

Audience Take Away Notes

- The importance for patients to attend such appointments
- Potential risks for patients if they don't attend
- Ways to ensure patients do attend their appointments
- Allows for improvements to be made within the service and better patient outcomes which can be replicated elsewhere in other hospitals/practices to ensure the best outcome for patients

Biography

Dr. Maya Agarwala completed her Bachelor of Dental Surgery degree from King's College London. She has worked as a dental core trainee in Oral and Maxillofacial Surgery, Oral surgery and restorative departments in London and Leeds. She has a passion for orthodontics and is focused on furthering this through postgraduate training.

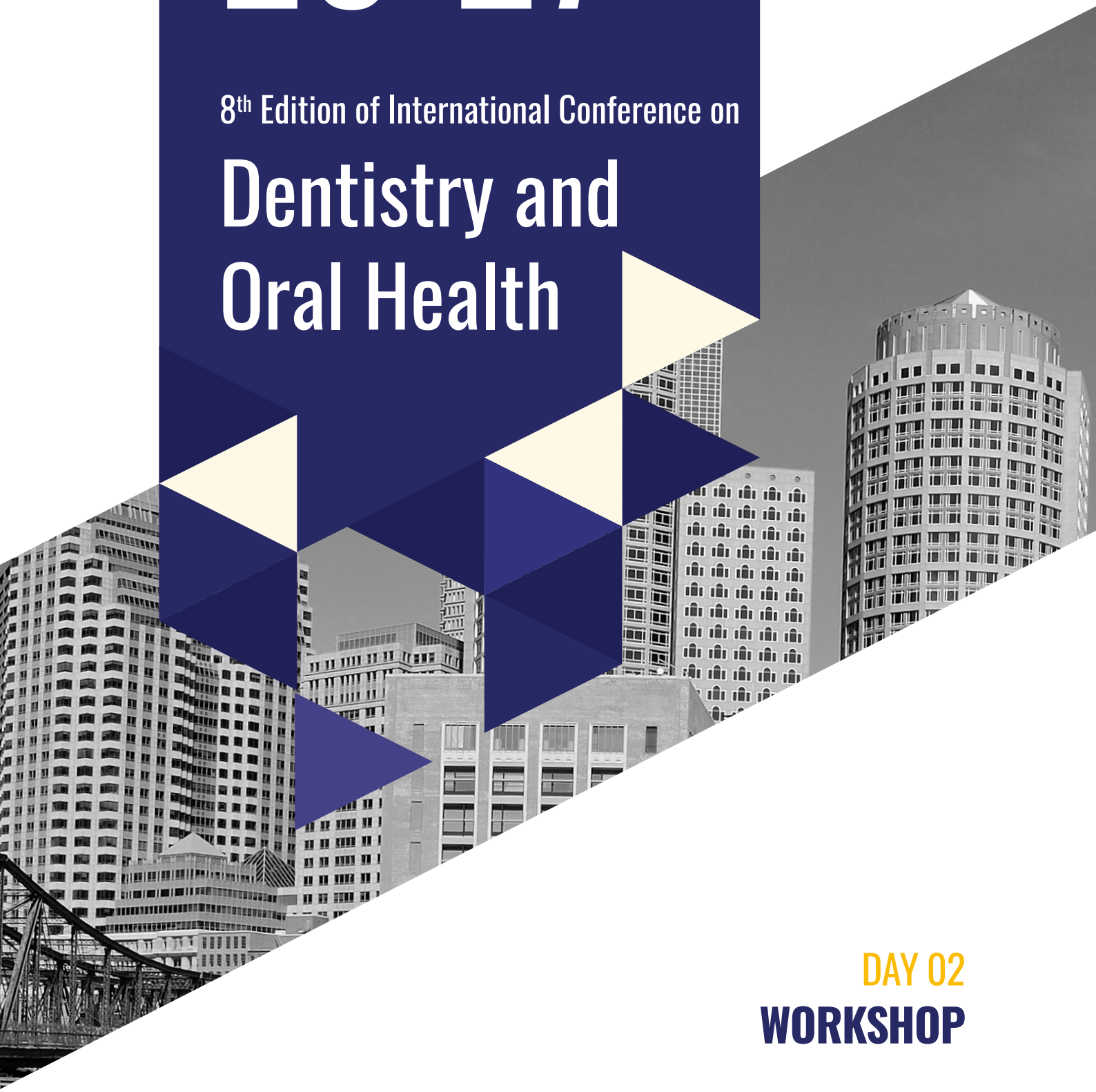
BOOK OF ABSTRACTS

MARCH

25-27

8th Edition of International Conference on

Dentistry and Oral Health



DAY 02

WORKSHOP

Zero information loss: Cloud computing and dentistry's next information revolution

Dentistry is no longer just the "tooth business". In 2024, Dentistry is the INFORMATION BUSINESS. As practice owners, we control vast amounts of data about our patients, their health and their finances. Not only progress notes, treatment plans, medical histories and prescriptions, but also radiographs, CT studies, photographs and more. Information pours over us constantly, like a waterfall. Can we really capture it all, use it wisely, and protect it?

Information Loss is a serious threat to the success of your practice because our patients' data is precious, and valuable. Computerization relieved us of some of the previous generation's information burdens, but now our increasingly vulnerable servers and networks face serious threats themselves. Protecting them can seem like a full time job. Ransomware attacks and natural disasters have cost some practices hundreds of thousands, even millions of dollars. Others have never recovered.

More and more dentists are turning to Cloud Computing options to alleviate this burden. Rather than keeping information on servers in our closets or under our desks, cloud computing makes it possible to shield it in a remote database accessed through the internet, managed and protected for us. As long as we have an internet connection, we can access our data and the software needed to use it.

This fun, informative lecture will give you the tools you need to decide if the cloud might be an option for your practice or your organization.

Audience Take Away Notes

- Understand the decisions that practice owners and organization leaders need to manage and protect information
- Apply the principles of Zero Information Loss to your own practice
- Identify the kinds of information you should (and shouldn't) be collecting and using from your patients
- Dispel some of the myths and misconceptions about cloud computing and software as a service

Dr. Mitchell Rubinstein D.M.D

New York State Dental Association, United States

Biography

Dr. Mitchell Rubinstein D.M.D. serves as Chair of the Technology Committee for the New York State Dental Association, and is also a member the Standards Committee for Informatics for the American Dental Association. He served as Education Director for the New York County Dental Society from 2018-2023. He graduated from the University of Pennsylvania School of Dental Medicine in 1992, and completed his residency at Montefiore Medical Center. He practices esthetic and restorative dentistry in New York City. Dr. Rubinstein is also a Fellow of the American College of Dentists, and serves on the research faculty of the University of Rochester Medical Center's Eastman Institute for Oral Health, as well as the National Dental Practice Based Research Network.

MARCH

25-27

8th Edition of International Conference on

Dentistry and Oral Health

DAY 03

KEYNOTE FORUM

Integrating the p4 model in prevention - iTOP revisited

Dentistry has traditionally been built on the surgical model of disease management. However, that model is rapidly changing too. With the overdue recognition that the mouth is connected to the rest of the body, healthcare is starting to recognize that oral diseases have an impact on systemic health. Long gone are the days of only scraping roots to treat periodontal disease, or just drilling holes in teeth to treat dental caries. P4 is relevant at each stage of caries management. It refers to all preventive, non-invasive and ultra-conservative treatments that are not properly indicated according to individual caries risk level (e.g. preventive sealants for low caries risk patients). P4 also refers to unnecessary invasive/surgical interventions when non-invasive (fluoride and therapeutic sealants) and micro-invasive techniques (resin infiltrations) can be indicated.

iTOP is the main pillar of maintenance of oral health and has been implemented in dental practices worldwide. Effective regular mechanical plaque control, as the principal component of iTOP concept, is a gold standard that can be achieved only in well informed and trained individuals. It is of a paramount importance for prevention and successful treatment as well as maintenance of results achieved following the therapy. As one size does not fit us all, iTOP advocates individual approach that is tailored to individual needs of our patients. As such, it is highly effective in promoting positive behaviour and habits towards prevention of the most common oral diseases such as dental caries and periodontitis. iTOP – individually trained oral prophylaxis – is a method to learn the optimal oral health management through hands-on training (T2T) on the use of selected tools and techniques. Considering the impact of dental caries and periodontal disease on systemic health and benefits of good oral health practices to minimise their risk, it is important to ensure that people are motivated to engage in good oral hygiene behaviours and are provided risk assessment as a part of routine care. This presentation will highlight the P4 model approach, and also throw some light on iTOP strategies for prevention

Dr. Bennete Fernandes

Faculty of Dentistry, SEGi University, Malaysia

Biography

Dr. Bennete Fernandes graduated in 1999 and completed his Masters in Periodontics from the prestigious JSS Dental College, Mysuru, Karnataka, India in 2004. He was also awarded an honorary Ph.D (*h.c*) in Medical & Health Professions from International Internship University (IIU) in Nov. 2021 and another honorary Ph.D (*h.c*) in Eductaion -Oral Health from Wisdom University, Nigeria in 2003. He has more than 19 years of teaching experience following his masters. He has won numerous dental awards and has published nearly 40 papers in various indexed and peer reviewed journals. He has been an invited guest speaker at various international conferences and webinars. He is a Full Member of the British Society of Periodontology & Implantology (BSP) and many other Periodontal and Interdiscplinary Societies worldwide.

Ethical and legal considerations in the decision-making process for dental treatment professional and market-born challenges

Dentistry is a profession based on a social contract that includes social, moral, and political aspects in addition to the duty to provide care for vulnerable individuals and meet their needs through ethical practices. The healthcare industry, including dental care, is constantly evolving with new products, techniques, technologies, and services. Dental treatments are now more preventive and less invasive, with the use of smart technology. This makes the occupation of dentistry easier, faster, better, and more enjoyable for patients. However, today the active participation of patients from the beginning of the treatment planning process to its successful completion is a “condition sine qua non”. This partnership requires consent based on the patient's understanding of the proposed treatment procedures and the dentist's knowledge of the market and moral limitations. Shared decision-making is an important factor that influences the choice of dental treatment by private general practitioners and prevents risks of litigation. The integration of evidence-based and ethical decision-making into dental education acquiring critical thinking and decision-making skills is also important. A comprehensive appraisal of the preference-match strategy in dentist-patient communication, which addresses the conflict between patients' interests and patients' rights could assist in avoiding overtreatment or neglect of a patient's need and thus adequately answer the professional and market-born challenges.

Keywords: Dental Treatment Plan, Decision-Making Process, Patient/Doctor Relationship, Informed Consent.

Prof. Dr. Lydia Katrova, MPH, PhD

Free-lance public health expert, Sofia, Bulgaria

Biography

Dr. Lydia Katrova is an experienced teacher and researcher, skilled in curricula design and institutional assessment, lecturing, and international relations, contributing to the elaboration of legal regulations relevant to healthcare and education reforms and harmonization of dental education. She teaches courses in Social Medicine, Medical Ethics, Public Health, Community Dentistry, and Dental Practice Management, Ethics, and Deontology, Dental ergonomics, Research methods; publishes academic research papers, textbooks, manuals, and guidelines (a total of about 300 works including 3 monographs, 7 textbooks, 100 articles in Bulgarian, English, French, reviews, and presentations), contributes to workshops, experts’ groups (national and international institutional and program accreditation), editorial boards; Ph.D. students mentoring. Her work is recognized with: The GSK/ADEE AWARD Sociology in Dentistry for 2020; the Sign of Merit “SIGNUM LAUDIS” of the MU of Sofia for 2012, the Award for mature educators ”Excellence in Dental Education” of the ADEE for 2011.

The oral/systemic link demystified: Tell your mom you are a real doctor!

Periodontal disease is chronic inflammation unchecked. Why does this occur? What is the sequence? This program will explain and simplify the downward spiral of periodontal disease—from beneficial acute inflammatory response to chronic unresolved inflammation with its direct impact on systemic health.

Audience Take Away Notes

- Achieve a clear and simple understanding of the progression of periodontal disease from a clinical, cellular, and biochemical level
- Discover the local/systemic link pathway of action between periodontal disease and systemic disease
- Learn about the relationship of periodontal disease to other chronic inflammatory diseases of aging
- Learn about a simple new chairside test to measure oral inflammation and evaluate treatment success

Fay Goldstep

Dental Clinician and
International Speaker, Canada

Biography

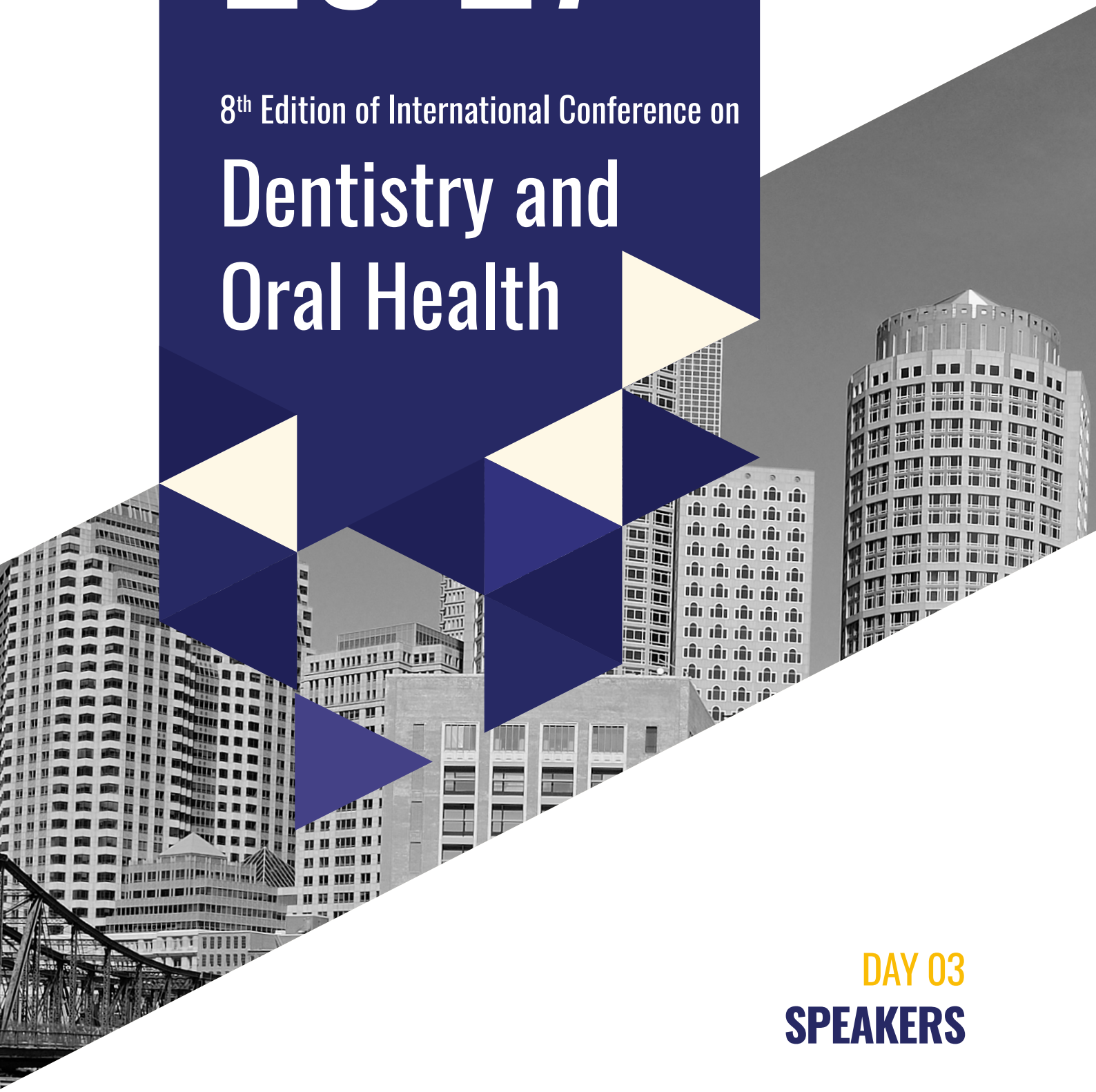
Dr. Fay Goldstep has served on the teaching faculties of the Post-graduate Programs in Esthetic Dentistry at SUNY Buffalo, the Universities of Florida (Gainesville), Minnesota (Minneapolis), and has been an ADA Seminar Series speaker. She has written and lectured nationally and internationally on Proactive/Minimal Intervention Dentistry, Oral Inflammation, Soft-Tissue Lasers, Electronic Caries Detection, Bioactive Dental Materials and Innovations in Hygiene. Dr. Goldstep has been a contributing author to four textbooks and has published more than 100 articles. She is a Fellow of the American College of Dentists, International Academy for Dental-Facial Esthetics, American Society for Dental Aesthetics and the Academy of Dentistry International. She sits on the editorial boards of Oral Health Journal (healing/preventive dentistry), Dental Tribune US Edition, Dental Asia and REALITY. She has been listed as one of the leaders in continuing education by Dentistry Today since 2002.

MARCH

25-27

8th Edition of International Conference on

Dentistry and Oral Health



DAY 03

SPEAKERS

Afraa Talal Barzanji
Department of Public Health, Ministry of Health, Madinah, Saudi Arabia

Nutrition, body weight and oral health

Nutrition is a factor affecting the health by two means; balanced diet is protective, while food that has no nutritional value and high calories is a risk factor for many diseases, and the effect can last for long time. Among the impact of risky diet is the occurrence of dental caries, and the deterioration of oral health. One of the most common food groups that can be risky is sweets. Sugar consumption positively correlated with the occurrence of dental caries. The frequency and amount of daily sugar intake should be according to the published recommended levels. High consumption of added sugars increased the probability of being overweight. Furthermore, extra sugars can lead to energy deficit among obese individuals. Energy level is related to personal hygiene.

On the other hand, In a developing country: Mean number of Decayed, Missing, and Filled Permanent Teeth (mean DMFT) was negatively associated with body weight, and higher frequency of dental caries was noticed among severely malnourished; although these findings were not statistically significant, but this could be a beta error. A Review of cross-sectional studies which was published in the same year, concluded no relationship between Body Mass Index (BMI) for age, and dental caries. In United kingdom, the relation between dental caries and better diet was found to be statistically insignificant after adjustment for oral hygiene practices, which could mean that oral hygiene is a confounder and it is the more factor affecting dental caries development. The Oral Health Impact Profile (OHIP) has been used to assess the impact that oral health problems can have on a person's life. It was found that BMI was negatively correlated with OHIP.

Audience Take Away Notes

- The correlation between non-healthy food intake and declined oral health
- The relation between Body mass index and dental caries
- Exploring the ways that has the potential to improve oral health among affected individuals who have abnormal body mass index or non-healthy diet

Biography

Dr. Afraa is a community consultant doctor. She is a holder of bachelor degree of medicine and surgery from Taibah University, Madinah, Saudi Arabia. Then she had her specialization through Saudi Board in community medicine in Riyadh and she was recognized as the best resident among her batch. In 2016, she became a certified professional in healthcare quality which is earned from the National association for Healthcare quality in United States. Many researches and reviews were done by her; and among the domains she is focusing on is prevention and risk factors. She is a certified publon's academy peer reviewer.

Dr. Enass Shamssy
Lecturer and Endodontist, Lincoln, United Kingdom

Digital applications in endodontics

Digital technology has become an integral component of modern endodontic practice, revolutionizing various aspects of diagnosis, treatment planning, and patient care. This presentation explores the multifaceted role of digital technology in endodontics, encompassing imaging techniques, software applications, and emerging innovations. Digital imaging modalities, such as intraoral radiography and Cone Beam Computed Tomography (CBCT), offer unparalleled advantages in visualizing intricate root canal anatomy, facilitating precise diagnosis, and guiding minimally invasive treatment strategies. Advanced software tools augment diagnostic accuracy through image enhancement, 3D reconstruction, and virtual treatment planning, enabling clinicians to tailor individualized treatment approaches effectively. Moreover, digital impression systems and Computer-Aided Design/Computer-Aided Manufacturing (CAD/CAM) technology streamline restorative workflows, ensuring the fabrication of precise and aesthetically pleasing dental prostheses. Emerging trends like Virtual Reality (VR) and Augmented Reality (AR) simulations hold promise in enhancing endodontic education, training, and procedural planning, while Artificial Intelligence (AI) algorithms and tele-endodontics pave the way for automated diagnosis and remote consultation. By harnessing digital workflows, modern endodontic practitioners can optimize clinical outcomes, enhance patient satisfaction, and propel the field toward a future characterized by precision, efficiency, and innovation.

Audience Take Away Notes

- Understand the use of digital technologies in the field of endodontics
- Identify the advantages and limitations of digital technologies in endodontic diagnosis and treatment planning
- Discuss emerging trends and future directions in digital endodontics, including Artificial Intelligence (AI) algorithms for automated diagnosis, robotic-assisted endodontic surgery, and tele-endodontics for remote consultation and treatment delivery
- Formulate strategies for implementing digital workflows and integrating digital technologies effectively to enhance clinical outcomes, patient experience, and overall practice efficiency in endodontics

Biography

Dr. Enass Shamssy studied Dentistry at the University of Aleppo, Syria, and graduated in 2008. She received her Master's degree in Endodontics and Conservative Dentistry in 2013 at the same institution. She worked as a dental lecturer in several higher education institutions and completed her Master's in Medical education in 2022. She has published many publications in reputable journals.

Naz Jumaa*, Despoina Chatzistavrianou
Department of Restorative Dentistry, King's College Hospital, London, United Kingdom

Breaking boundaries: Strengths and aesthetics of fibre-reinforced bridges in pragmatic tooth replacement

In the ever-evolving field of restorative dentistry, fibre-reinforced bridges have emerged as a transformative alternative to traditional resin-bonded bridges, particularly in the realm of single-tooth management. The evolution of prosthodontics has witnessed an escalating demand for solutions that prioritize biomechanical resilience, patient comfort, aesthetic excellence and most importantly, preservation of tooth structure. This surge has given rise to fibre-reinforced bridges, achieved by integrating cutting-edge materials like glass or carbon fibers, coupled with the refinement of contemporary composites to elevate aesthetic finesse.

The paradigm shift towards minimally invasive dentistry and a concerted effort towards tooth preservation have fostered the preference for approaches such as fibre-reinforced bridges in addressing single-tooth situations. Preserving a greater extent of tooth tissue becomes crucial, especially considering the increasing lifespan of patients and the imperative to mitigate future complications, as underscored by the challenges faced by today's dentists managing the aging population.

Noteworthy materials have emerged becoming instrumental in chair-side fibre-reinforced bridge construction. These materials boast ultra-strength fibers with remarkable fracture toughness, drawing parallels with their applications in crafting bulletproof vests and lightweight armour for military aircraft. Their user-friendly nature, translucency facilitating the use of light-cure composites, and exceptional strength add to their appeal. The flexibility of the material allows its utilisation as periodontal splints, enabling movement within the periodontal ligament and providing a degree of adaptability.

A critical aesthetic advantage of fibre-reinforced bridges lies in the translucency of the connector to the wing, surpassing conventional resin-bonded bridges where metal visibility through the incisal edge is a common issue. This feature is particularly valuable in cases of trauma for immediate restorative interventions or instances of hypodontia. Success estimates after three years indicate a noteworthy improvement for fibre-reinforced bridges compared to metal-framed, resin-bonded counterparts, emphasizing their viability and durability.

This presentation delves into the comprehensive considerations of incorporating fibre-reinforced bridges into dental care. Factors such as cost-effectiveness, ease of fabrication, and long-term maintenance are thoughtfully examined. By offering a pragmatic view of the strengths and potential challenges associated with this innovative approach, the presentation serves as a guiding resource for practitioners, aiding them in making informed decisions about integrating fibre-reinforced bridges into their clinical practices.

Audience Take Away Notes

- Comprehensive understanding of the advantages of fibre-reinforced bridges over conventional resin-bonded bridges in single-tooth management

- Informs clinical decision-making, enabling practitioners to provide more effective and patient-centric treatments for single missing tooth cases
- Gain knowledge about a practical solution to a common clinical problem
- Offering a contemporary alternative that addresses the challenges associated with single-tooth replacements

Biography

Dr. Naz Jumaa graduated with a degree in Biomedical Science from Oxford Brookes University in 2017. Following this, she pursued Dentistry at the University of Central Lancashire, graduating in 2021 with Honours. After a year in general dental practice, she began Dental Core Training gaining experience in Oral and Maxillofacial Surgery, Oral Surgery, Oral Medicine, Restorative Dentistry and Orthodontics at Oxford University Hospital. Currently, she is a DCT2 in Restorative Dentistry at King's College Hospital.

Joana Paiva Alves[1]* , Manuel Francisco[2]
[1]Catholic University of Portugal, Viseu, Portugal
[2]CESPU, Gandra, Porto

Digitally full-arch implant rehabilitation

The world is becoming increasingly digital, and as such, dentistry has kept pace with technological advances. Total oral rehabilitation has always been a challenge for dentists and prosthetists who accompany them, due to the complexity of multiple factors: occlusion, position of implants, aesthetic demand of the patient, final expectation of the team and, above all, increased ability to return the function of the stomatognathic apparatus. Fingerprints have helped improve all these aspects, making tooth testing more predictable and eliminating wax bite registrations. With a scanner and all the data from the provisional prostheses, it is much easier for us to plan a final smile with less failures and waiting times, as we can provide the prosthetic with much more relevant data. On the other hand, scanners still have some limitations and do not always allow us to make a reliable reading of scanbodies, and this indeed has been a major limitation in our clinical practice, but one that we always try to address in the best way, and to remain faithful to digital, when this phase goes less well, we always have the option of making a conventional print and later making it digital, and in this way all subsequent phases are processed equally.

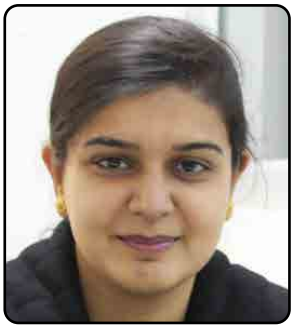
In recent times, comparative studies have appeared between the conventional and digital methods, and the digital method has shown to be a reliable method for fabricating structures on full-arch implants (even when tilted implants are present) with a good passive fit. We believe that many of the failures may also have to do with the scanner and our own learning curve.

Audience Take Away Notes

- Through this presentation and sharing of clinical cases, we believe that we will be able to encourage the public that is not yet receptive to digital, and help in the exchange and sharing of information with professionals who already do it in their daily lives. Being a very popular topic, it is possible for any faculty to expand it and even share it with their students, making our work more efficient and with more quality in the future. It is necessary for professionals to use digital more so that scanners can improve the quality our work, mainly the patient's chair time and his expectations regarding the final work

Biography

Dr. Joana Paiva Alves, studied Integrated Masters in Dental Medicine at the Catholic University of Portugal in Viseu from 2013 to 2018. Later, he post-graduated in Biomimetic Oral Rehabilitation at CESPU between 2019 and 2020. He completed the 1st year of his PhD at the Faculty of Dental Medicine at the University of Porto in 2020. He currently works in area of oral rehabilitation on implants and generalist.



Dr. Kanika Gupta Verma
Professor, Department of Pediatric and Preventive Dentistry, Teerthankar Mahaveer University, Moradabad, Uttar Pradesh

Taking a bite out of crime-pediatric forensic odontlogy

Forensic odontology is the branch involved in a wide variety of applications that cannot be ignored for in the field of dentistry. Pedodontists have a major role in forensic odontology by assessing child abuse and neglect, trauma in children, determining age, evaluating dental records, and investigating mass disasters. Individuals are identified by clinical, visual, and radiographic examination. Investigations are based on thorough evaluation of eruption and shedding of teeth, carious teeth, pit and fissure sealants, restorations, presence of oral and maxillofacial pathologies, calcification and maturation of tooth, dental crowns and bridges, fractures of tooth etc. Age estimation is carried using different methods like Schour and Massler chart, Nolla's stages of calcification, and Demirjian's method using dental maturation chart. Gender is determined from skeletonized remains with dental DNA. Forensic odontology assesses the dental proof for legal purpose. This specialty also plays a significant role in identifying child abuse and neglect. The American Academy of Pediatric Dentistry has given guidelines for maintaining the patient records providing required information to the pedodontist for accumulating the records properly that will further assist the forensic odontologists.

Audience Take Away Notes

- The concept of forensics in dentistry helps in identifying incidence of crime among children
- The use of this concept in practice provides maximum benefit to pediatric population in term of saving children from any kind of mis-happening in future

Biography

Dr. Kanika Gupta Verma received her Bachelor's in Dentistry from Govt Dental College & Hospital, Amritsar, Punjab in 2005; and Masters in Paediatric & Preventive Dentistry from Guru Nanak Dev Dental College, Sunam, Punjab in 2009. She is fellow in Scientific writing and Clinical trials. She has been working as an active academician since 13 years, with a keen interest in aesthetic and surgical management of children and adolescents. She is teaching both graduates and post graduates in the field of child oral health care. She is presently working as Professor in Deptt of Paediatric & Preventive Dentistry, Teerthankar Mahaveer Dental College and Research Centre, Moradabad. She is also a life member of Indian Society of Paediatric & Preventive Dentistry; and Indian Dental Association. She has around 68 national and international publications on her name. She is author and contributor to various books. She has delivered various lectures in National and International Conferences. She is reviewer and editorial board member of various national and international journals.

Dr. Yesh Sharma

Department of conservative dentistry and Endodontics, pacific dental college and Hospital, Udaipur, India

Dental mobile photography

Today, Dental photography is no longer an option, but rather an essential tool for practicing dentistry at every level. Intraoral and Oro-facial conditions during which dental treatment are prone to change can be recorded in detail by means of photographs.

Audience Take Away Notes

- It will help dentists to document cases with short span of time
- Help in explaining about dental treatment
- It will help dental students to guide as diagnostic tool and help in treatment planning

Biography

Dr. Yesh Sharma, working as assistant professor in pacific dental college and hospital Udaipur India. Third Place in National Level Essay competition organized by Indian Association of Public Health Dentistry at Manipal University, Manipal, November 2015. Winner as " BEST PG STUDENT OF THE YEAR 2017" in Conservative and endodontics in INDIAN HEALTH PROFESSIONAL AWARDS 2017 on 23rd December 2017. Have secured the consolation prize in the national level essay competition "Burgeoning of CDE programs in India - Boon or Bane" in IDJSR and Dentssay2017. Winner as "YOUNG DENTAL ACHIEVER OF THE YEAR 2018" in IERP AWARDS 2018 held at New Delhi.

Dr. Gulnar Dara Sethna, Associate Professor (Academic)
Dept of Periodontology, Government Dental college &Hospital, Mumbai, India

Decoding gingival recession: Unveiling etiological factors and evidence-based management strategies

One of the most prevalent aesthetic concerns associated with the periodontal tissues is gingival recession. There has always been speculation, controversy and confusion about the management of Gingival recession. The goal of this presentation is to embark on a comprehensive exploration of gingival recession, delving into its intricate etiological factors and introducing evidence-based management strategies for optimal patient care. The presentation will decode the multi-factorial aetiology of Marginal tissue recession and gradually transition into evidence-based management strategies. The latest research findings and clinical insights will be briefly discussed with effective approaches for preventing and managing gingival recession. Attendees can expect a detailed examination of both non-surgical and surgical interventions, encompassing a range of therapeutic options to manage gingival recession. Case studies and clinical examples will be woven into the presentation, offering practical insights into the successful implementation of these management strategies. An attempt is made in my presentation to understand the periodontal phenotype and its crucial role for tailoring treatment plan for gingival recession. It is imperative that as clinicians we should consider the periodontal phenotype as part of a comprehensive assessment when planning treatments or interventions related to gingival recession.

Biography

Dr. Gulnar Sethna is an alumnus of the prestigious Government Dental College Mumbai, which she joined in 1989. Following her BDS she went on to do her MDS in Periodontology from KCDS, Bangalore and trained in Implantology from SDM, Dharwad. With a vast experience of more than 25 years of dental practice behind her, she has had a decade long stint in the Indian Army & has served in various corners of the country. Currently appointed as faculty in her alma mater, GDC, Mumbai; Dr. Gulnar has several publications in national & international journals. Her areas of special interest include periodontal plastic surgery, aesthetic dentistry & dental implants.

Dr. Shivani Singh

Department of Orthodontics & Dentofacial Orthopaedics, Manipal College of Dental Sciences Mangalore, Manipal Academy of Higher Education, Manipal, India

Incisive canal invasion during orthodontic tooth movement: New insights

The incisive canal is located in the median plane of the premaxilla, posterior to the roots of the maxillary central incisors. It is surrounded by a thick labial and palatal cortical plate, which fuses with the palatal bone of the premaxilla, and the palatal alveolar cortical plate of the maxillary incisors, at the level of the apical one third of the root. Since the alveolar cortical plate is modifiable with orthodontic tooth movement, the region of the incisive canal lying against and up to the apical third of the maxillary incisors too is modifiable with orthodontic tooth movement. With the increasing use of temporary anchorage devices in orthodontics, large amounts of incisor retraction (>8 mm) has become common. Increased incisor retraction has led to higher incidences of canal approximation, contact, or invasion. This presentation will cover the various modeling as well as remodelling changes associated with canal invasion, & try to establish or refute if incisive canal acts as a limitation to tooth movement.

Audience Take Away Notes

- To list the various clinical scenarios which may predispose to incisive canal encroachment
- To understand the various clinical as well as radiographic changes that may accompany incisive canal approximation and invasion
- To assess how these changes would affect the orthodontic treatment and its outcomes

Biography

Dr. Shivani Singh studied dentistry at MAHE university, and graduated in Orthodontics & Dentofacial Orthopedics. She is engaged in teaching pre graduate as well as post graduate dental students at the same university. She is a member of the Indian Orthodontic Society. She has published high impact papers in national as well as international orthodontic journals.

Gaurav Vishal
Bareilly International University, India

Evaluation of oral cancer awareness in dental OPD patients: A survey

Background: Squamous cell carcinoma is the most common oral cancer, representing up to 84-97% of all malignant neoplasms of the oral cavity. Oral cancer is a global health problem. Oral cavity and lip cancers account for 377,713 new cancer cases and 177,757 deaths per year around the world (Globocan 2020). As compared to the developed countries, the load of oral cancer in low and middle-income countries is large and growing mainly due to chewing and tobacco smoking, betel-quid chewing, excessive alcohol consumption, and unhygienic oral condition. Oral squamous cell carcinoma mortalities are influenced by their incidence, access to treatment, lack of education and awareness, so this study was planned with the aim of assessing the awareness of oral squamous cell carcinoma among dental patients.

Material and Methods: A total of 2600 patients were participated in the study during 4 months periods, demographic and clinical details of all patients were recorded. A questionnaire was prepared for evaluation of dental patient's knowledge and awareness about oral carcinoma. Results were recorded and subjected to statistical analysis using SPSS software.

Result: 2188 patients answered positively that oral carcinoma is main, cause of mortality in India, 2356 patients were willing to quit tobacco habit in any form such as chewing and tobacco smoking, 1565 patients were smokers due to pleasure factor, 1043 patients included in the study exhibited anticipation in smoking habit cessation around them, knowledge and awareness was good among patients which reflects the better understanding of disease.

Conclusion: The survey results exhibited that patients are generally aware of the risk of tobacco related oral carcinoma. This type of survey will help in evaluation of dental patient's knowledge and awareness for further organizing awareness - based education program with the aim of quitting tobacco habits and motivate them for frequent and well organized oral screening.

Audience Take Away Notes

- This study will gives information about the knowledge in dental patients about oral cancer so that further educational events can be arranged
- This study will help the awareness levels and knowledge about risk factors and early signs of oral cancer
- Such structured questionnaire-based survey will help in assessment of dental patient's knowledge and for further organizing education- based awareness program with the aim of quitting smoke and smokeless tobacco habits and motivate them for regular oral screening

Biography

Dr. Gaurav Vishal is an Oral and Maxillofacial Surgeon (M.D.S), Fellowship in Oral Oncology and Reconstructive Surgery. He completed M.D.S- Oral and Maxillofacial Surgery from Institute of Dental Sciences, Bareilly, India in 2020 and Fellowship in Oral Oncology and Reconstructive Surgery from Rohilkhand Medical College and hospital, Bareilly, India in 2021. He has received the Emerging Oral Onco Surgeon Award by HPP Cancer Hospital & Research Institute, with collaboration of Indian Medical Association, Lucknow, India. He has participated in various International conferences as a Speaker and Moderator. He is an expert in the field of Facial Trauma, Surgical Pathology, Basal Implantology, Oral Oncology and Reconstructive Surgery. He has several International and National Publications to his credit.

Kinda Awad
Liverpool University Dental Hospital, Liverpool, United Kingdom

Oral lichen planus in children

Lichen Planus is an autoimmune inflammatory condition, predominantly affects mucous membranes and skin. Oral Lichen Planus can manifest in the oral mucosa, skin, genital mucosa, nails, and scalp. It occurs more frequently in adults than in children. This presentation will explore ten cases of Oral Lichen Planus in children reported at the Liverpool Dental Hospital in the UK. It is important to highlight rare paediatric cases due to Lichen Planus's potential for malignant transformation. A patient with moderate dysplasia presented to our department, emphasising the necessity for dentists to diagnose and manage Oral Lichen Planus in children. In this study, the most prevalent finding was the reticular form of OLP, primarily affecting the buccal mucosa in 8 out of 10 patients. Nine patients of Caucasian origin were observed, a rare occurrence in the literature. Therefore, this presentation will cover the signs and symptoms of OLP in children, the required investigations, and the treatment options available.

Audience Take Away Notes

- What is Oral Lichen Planus and what is its prevalence in children?
- What signs and symptoms are associated with Oral Lichen Planus in children?
- Is a biopsy necessary for diagnosing Oral Lichen Planus in children?
- What treatment options are available for managing Oral Lichen Planus in children?

Biography

Kinda qualified from the University of Manchester and completed her foundation year in Manchester. She was part of the Manchester Dental Awareness Society at University which enabled her to raise public awareness about oral health. During the week she is working as a Dental Core Trainee at the University of Liverpool Dental Hospital, treating patients in the Restorative, Oral surgery, Oral Medicine and Paediatric Department. Kinda plans to continue working in a hospital setting, as she considers undertaking speciality training in the future.

Miss Sadia Butt*, Miss Banoo Sood

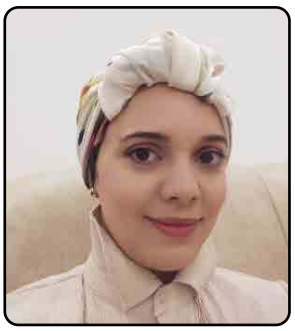
Restorative Department, Liverpool University Dental Hospital, Liverpool, United Kingdom

Oral Manifestation of Gardeners Syndrome

Gardener syndrome is a subtype of familial adenomatous polyposis. It is inherited in an autosomal dominant manner, caused by a mutation in the APC gene and characterised by adenomatous polyps of the gastrointestinal tract, desmoid tumours, multiple osteomas, epidermoid cysts, lipomas, periampullary carcinomas and dental abnormalities such as odontomas and supernumerary teeth. These growths, called polyps are noncancerous at first, but some have a 100% chance of becoming cancerous. This patient presented at a University Dental Hospital, following referral from her GDP as she struggling to eat with her current dentures. Due to the inability to chew her food effectively, she is having resultant bowel blockages. After performing an examination a treatment plan was formed, involving the need for endodontic treatment, replacement of leaking restorations and provision of upper and lower partial dentures. This presentation will discuss the oral manifestations of Gardeners Syndrome and how this can affect our treatment planning options when restoring a patient's dentition and considering space replacement.

Biography

Sadia qualified from the University of Bristol and completed her foundation year in Stroud, South Cotswolds. During this time, she was also the President of the Refugee Crisis Foundation Bristol Society and has volunteered for Dentaid, a charity providing urgent dental care in a mobile dental unit for those in need. During the week she is working as a Dental Core Trainee at the University of Liverpool Dental Hospital, treating patients in the Oral Surgery, Restorative, Oral Medicine and Special Care Department. Sadia plans to implement these high quality skills in her work at the practice. Sadia expects to continue working in a hospital setting, as she considers undertaking speciality training.



Meriem Fejjeri[1]*, Hajer Chtioui[2]

[1]Assistant Professor, Department of Conservative Dentistry and Endodontics, Dental Medicine Faculty, University of Monastir, Tunisia
[2]Assistant Professor, Department of Removable Partial Denture, Dental Medicine Faculty, University of Monastir, Tunisia

Surgical and nonsurgical management of complex endodontic cases

Factors such as complexity of root canal anatomy, the presence of periapical lesions, perforation, radicular resorption can complicate endodontic treatment. The modern technologies as operative microscope, cone beam computed tomography, ultrasonic tips, devices to activate irrigation and bioactive material can be very helpful when practician is faced with difficult cases. The option of surgical management is considered when unsuccessful outcome of nonsurgical treatment or retreatment occurs. It is essential to evaluate surgical cases on the basis of preoperative clinical and radiographic findings to obtain a predictably high success rate. In this work, we will present successful management of very challenging cases with long-term follow-up.

Biography

Dr. Meriem Fejjeri was graduated from the Faculty of Dental Medicine of Monastir, Tunisia, in 2013. She earned her Postgraduate diploma in Endodontics and conservative Dentistry from the same Faculty in 2018. She obtained a master's degree in radioprotection in 2018 and in statistical methodology, epidemiology and clinical research in 2022 from medicine faculty of Tunis (University of Tunis El Manar). She is an assistant professor at the University of Monastir teaching conservative dentistry and endodontics since 2020. She is the head of the dental medicine department in Habib Thameur hospital, Tunis. She is a member of "Biological and Clinical Dento-Facial Approach" research laboratory (LR12ES10), since 2015. She presented conferences and workshops nationally and internationally and published scientific articles in several journals.

Hajer Chtioui*, Mariem Fejjari, Amel Abidi, Lamia Mansour
University of Monastir, Tunisia

Managing resorbed mandibular ridge for enhanced prosthetic retention

Managing severe atrophy of the alveolar crest is indeed challenging. The insufficient bone support not only results in prosthetic instability but also compromises the overall quality of life for those affected. In this exploration of real clinical cases, we examine how to apply various prosthetic solutions, including Piezo Impression, Overdentures with attachments and bars, and strategic implants. This provides insights into their effectiveness in addressing the complexities of alveolar ridge atrophy.

Biography

Dr. Chtioui Hajer is a doctor of Dental Medicine and an Assistant Professor of Prosthodontics. She obtained her National Diploma of Doctor of Dental Medicine from the Faculty of Dental Medicine in Monastir, Tunisia, in 2016. Dr. Hajer furthered her expertise by earning a Dentist Specialist certification in Removable Partial Prosthodontics in 2019, also from the same institution. Committed to continuous learning, she pursued additional certifications including a Certificate of Complementary Study in Implantology in 2018, a Certificate in Medical English in 2023 from the Faculty of Medicine in Sousse, Tunisia, and Certificates in Prevention and Interception of Malocclusions and Orofacial Dysfunctions, as well as Health Law and Ethics from the Faculty of Dental Medicine and Faculty of Medicine in Monastir, Tunisia, respectively. Alongside her academic pursuits, Dr. Hajer serves as an Assistant Professor, contributing her knowledge and expertise to the field while maintaining a dedication to excellence in patient care and education.

Parul Dua Makkar BSc, DDS, FACD
PDM Family Dental, United States

When a dentist dies of oral cancer: The importance of early diagnosis

Early detection and early treatment are the key to surviving an oral cancer diagnosis. As dental professionals on the front line, diligence in screening during examination is crucial for early detection and diagnosis.

In this essential course, we will identify patient risk factors, explore the statistics, and discuss the importance and effectiveness of HPV vaccinations. Together we will delve into the basic screening examination and documentation protocols, as well as illuminate signs, symptoms, and enhanced early detection tools. Together we will explore staging and treatment options. We will also give emphasis to skills for communicating results and referral protocols.

Audience Take Away Notes

- What is Oral cancer vs oropharyngeal cancers and why rates are increasing
- What are risk factors
- How to document lesions, soft tissue, hard tissue
- When and whom to refer
- How to screen patients and its importance
- How to help patients undergoing cancer treatments
- Sharing a personal aspect of Cancer

Biography

Dr. Parul Dua Makkar completed her Bachelor of Science from University of Central Oklahoma 1999, Magna Cum Laude and then DDS from University of Oklahoma College of Dentistry, in 2003. She practiced in Alberta, CA before moving to NY. Here she completed a GPR training at Staten Island University Hospital, 2007 and has been in private practice since. Currently she is the owner of PDM Family Dental in Long Island, NY, a place she resides in with her husband and 2 boys. Dr. Makkar's life took a different trajectory when she lost her only and younger sibling, Dr. Manu Dua, to Oral Cancer last year. He was a Dentist as well. Since his death, she devotes her time educating doctors and patients alike about risk factors, prevention and advocating for early diagnosis of Oral cancer. She has co-authored several Dental journals, has been presenting lectures to Dentists and has been a guest at several podcasts, besides her own podcast. She believes oral care is the gateway to overall well-being and aims to have open conversations with her patients. Dr. Parul Dua Makkar has been featured in the American, Canadian and British Dental Journals. She is the recipient of the Denobi Awards 2022 as well as Long Island Excellence in Healthcare 2022, Power Woman of Long Island 2022 and has been awarded Outstanding Women's Achievement Award by Indian American Forum 2023 and named Healthcare Hero in May 2023. She has also co-authored of the book 'Life Interrupted, Dr. Dua's Survival Guide' which is a winner of CIPA EVVY Award for Motivational/Inspirational books and Distinguised Favorite by the NYC Big Book Award. Currently she is serving as a Wellness Ambassador to the American Dental Association and is a Fellow of the American College of Dentists.

Mohamed Attia DDS, MAGD, DABOI, FAAID, DICOI
Alexandria Center of Dentistry, United States

Avoiding clinical and legal complications in implant dentistry

Dental implantology demands a comprehensive understanding of both clinical expertise and legal considerations to navigate potential pitfalls and complications. We'll cover how to avoid both legal and clinical complications for various cases ranging from simple one implant cases to full mouth dental implants cases with complications and illustrate how to avoid and how to resolve them.

We begin by emphasizing informed consent, documentation, and risk management strategies vital for mitigating legal complications. Moving into clinical aspects, the lecture highlights preoperative assessments, patient screening, meticulous treatment planning, and advanced techniques aimed at averting surgical and prosthetic complications. This lecture aims to equip dental professionals with proactive strategies to prevent complications, promoting patient trust and safeguarding against legal challenges in the dynamic field of dental implantology.

Audience Take Away Notes

- Avoiding potential legal complications
- Endo or Implant
- Dealing with stripped screw inside Implants
- Implant fracture while placement and after. How to avoid and a how to treat
- Informed consent
- CBCT is it standard of care? value, need and use
- Restoratively driven implant placement. start with the restorative end in mind
- How to restore challenging cases
- know what you are working with
- Immediate Implant placement
- In-office 3D printed surgical guide
- Implant placement preference
- Ecchymosis and hematomas
- Implant restoration cosmetic night mares
- Combining orthodontic and implant treatment
- Immediate vs delayed loading
- Complications during placement
- Spongy bone
- Implant restorative options
- Implants and bruxism
- Implants and sleep apnea

- Emphysema
- Short Implants
- Patient current medications and medical history and implant healing

Biography

Dr. Attia is a Master of the Academy of General Dentistry (MAGD) and Diplomate of the American Board of Oral Implantology (ABOI Diplomate), A Fellow of the American Academy of Implant Dentistry (AAID) and also a Diplomate of the international congress of Oral Implantology (ICOI). He graduated 2002 and upon graduation he completed three years of post-graduate general practice residency programs GPR which honed his skills and experience. Dr Attia is dedicated to continuing education and always seeks excellence in dentistry. He enjoys providing his patients with the utmost treatment using the latest dental technology available like same day crowns through the CEREC machine and precise planed surgery through the CT scan/ CBCT and 3D printer technology and many more.

Eduardo D Rubio
Chairman of Oral and Maxillofacial Post Graduated Program, Catholic University of Argentina, Argentina

Workflow in orthognathic surgery

During the presentation we'll be showing a very practical approach to the digital manage of images, CT Scans, plaster models, etc. All the clinical needs, will be cover by this talk. The idea is to give a brief and clear information about all the process.

Audience Take Away Notes

- Soft and hard needs
- You'll have the possibility of known about the accuracy of the process
- You'll be able to find the differences between the digital and manual process in order to use them

Biography

Dr. Eduardo Rubio is graduated in the facultad de Odontologia. University of Buenos Aires in 1980. He obtained the PhD at the same University on 1983 Completed the residency on Oral and maxillofacial Surgery at the French Hospital in Buenos Aires, he devoted exclusively to the spetiality. Dr. Rubio is Chair of Oral and Maxillofacial Surgery post graduated program at the Universidad Católica Argentina, as well as Chair of Orla and Maxillofacial Surgery in the Dentistry School at the same University. Dr. Eduardo Rubio and Dr. Mariano Mombru have a private practice dedicated to Orthognathic and reconstructive Surgery in Buenos Aires, Argentina.

Suhavi Singh
Bristol Royal Infirmary, United Kingdom

Does the use of perioperative antibiotics at the time of cleft palate repair affect the rate of postoperative fistula?

Objectives: Assess whether post-operative antibiotic prophylaxis affected the incidence of oronasal fistula formation in cleft palate patients.

Materials and Methods: In the first cycle, there were two groups (A and B). In group A, the patients had antibiotics on induction and 24 hours after, in group B, the patients had further antibiotics for a week. Our work from the cleft collective showed no evidence of change in fistula rates in relation to the antibiotic regime. Therefore, group A surgeon changed practice had antibiotics only on induction and group B remained the same from the first cycle.

Results: In cycle 1, we found little evidence to suggest a difference in fistula rate between the use of an antibiotic regimen as binary variables: Grp A (P=0.171) and Grp B (P=0.69). Cycle 2 also demonstrated the following: Grp A (P=0.557) and Grp B (P=0.443).

Conclusion: The use of antibiotics and differing regimes, postoperatively do not influence the incidence of postoperative fistulae in cleft palate.

Biography

Dr. Suhavi Singh completed her Bachelor of Dental Surgery degree from King's College London. She worked as a dental core trainee in Orthodontics, Paediatrics, Restorative, Oral Surgery and Oral and Maxillofacial Surgery department in St George's Hospital and Bristol Royal Infirmary. Her interest lies in orthodontics and is currently keen to further this through postgraduate training.

Fiona Lourenco*, William Allen

Oral and Maxillofacial Department, Shrewsbury and Telford Hospital Trust, Telford, West Midlands, United Kingdom

A service evaluation to assess the impact of orthognathic surgery on the quality of life of patients pre-operatively versus post operatively

Background: Dentofacial deformities are primarily surgically treated via orthognathic surgery. It is important to assess the impact of this surgery on a patient's quality of life. Assessment of quality of life is becoming increasingly important in clinical research. Health-related quality of life is concerned with aspects of quality of life that relate specifically to an individual's health. Our objective was to assess patient perceptions pre-operative and post-operatively in four domains: social aspect of deformity, facial aesthetics, function and awareness of facial deformity. Furthermore, we wanted to compare the pre-operative and post-operative perceptions following Orthognathic Surgery. Lastly, we aimed to assess which domain saw the largest change in perception

Method: We carried out a retrospective analysis of all patients who finished undergoing Orthognathic surgery at the trust from January 2018 – December 2022 (n=55). This was carried out via telephone survey using an adaptation of a pre-formed questionnaire with the same 22 questions on the pre-operative and post-operative sections.

Results: Data was collected via a paper questionnaire via telephone survey. We obtained 32 responses (a 58% response rate) with a 9:23 male-to-female ratio. We also analyzed the data for skeletal pattern which demonstrated a 19:13 class II versus Class III ratio. The results had a median age of 21 and a mode age of 20. Overall, we saw a 67% Improvement in patient's perceptions. 71% of the patients felt less bothered post-operatively in the social aspects of the deformity domain. 76% of the patients felt less facial aesthetic concerns. 60% felt an improvement in function. 57% of the patients were less aware of their facial deformity. Data analysis (via the paired t-test (Pearson correlation) and Wilcoxon Analysis) demonstrated a p-value and t-value <0.05, therefore showing a significant difference i.e., improvement in patient perception post-surgery.

Conclusion: The quality of service and the care it provides is adequately assessed using patient-related experience measures (PREMS) and Patient-Related Outcome Measures (PROMS). The above data shows Orthognathic surgery has an overall significant improvement in the QoL of patients post-operatively with perceptions in facial aesthetics seeing the highest change post-operatively.

Audience Take Away Notes

- The audience will also be exposed to a literature review of the current Orthognathic quality of life research similar to this project
- The above research highlights the importance of assessment of quality of life using a current pre-validated questionnaire. These questionnaires form a vital part of obtaining patient-reported outcome measures
- This research that other faculty could use to expand their research or teaching
- This provide a practical solution to a problem that could simplify or make a designer's job more efficient

- The adapted questionnaire was well received by all participants and members of staff

Biography

Fiona Lourenco was graduated in 2019, She completed her Dental Foundation training in Norwich. She has since worked as a Dental Core Trainee in Oral Surgery, Paediatric Dentistry, Orthodontics, and Special Care Dentistry as well as Oral and Maxillofacial Surgery in East Surrey Hospital and Princess Royal Hospital. She is currently a Dental Core trainee in Restorative Dentistry at the Leeds Dental Institute. Her interest lies in orthodontics and she is keen to further this through postgraduate training.

Zeineb Riahi*, Imen Kalghoum, Dalenda Hadyaoui, Zohra Nouira, Beelhassen Harzallah

Fixed prosthodontics department, Dental clinic of Monastir, Monastir University, Tunisia

Dental ceramic evolution in the aesthetic zone

Background: Dental ceramics have undergone a significant evolution in the last 20 years, especially for the aesthetic zone, where both aesthetics and mechanical performances are important.

Objective: The aim of this presentation is to show the historical evolution and the current status of the dental ceramics used to restore anterior teeth, based on various clinical cases.

Case description: clinical cases of patients that consulted our fixed prosthodontics department in the dental clinic of Monastir to enhance their smile aesthetics with various ceramic restorations.

Discussion: Various types of dental ceramics exist. The main difference is aesthetic outcome and toughness. To guarantee an optimal longevity of a ceramic restoration, the indication must be well considered. Practitioners should also be aware of the advantages and disadvantages of each type, as well as the fabrication methods, the optical characteristics, the mechanical properties and the clinical outcome of every ceramic type. Dental ceramic evolution associated with bonding materials development enlarged the indication range of dental ceramics.

Conclusion: The dental ceramics are the best materials that allow to combine aesthetics to mechanical performances. There are no strict recommendations for one dental ceramic, every clinical situation has particularities that may guide the practitioner to indicate the more suitable ceramic type.

Audience Take Away Notes

- My presentation will help dental practitioners to choose the suitable ceramic type or system, for his patients, especially for anterior restorations. This may offer practical solutions by enhancing clinical problem solving according to explained information

Biography

Dr. Riahi studied dentistry at the faculty of dental medicine of Monastir, in Tunisia, and graduated as dentist in 2017. After 4 years in the fixed prosthodontics department, she obtained her fixed prosthodontics speciality diploma in 2018. Since 2020, she is an assistant professor in thhe same department, and she is an active member of the research laboratory of Occlusodontics and Ceramic Prostheses LR16ES15.

Afrah A. Aldelaimi[1], Hamid H. Enezei[2], Tahrir N. Aldelaimi[3]*, Khalil A. Mohammed[4], Raid M. Al Ani[5]

[1]Department of Oral Diagnosis, University of Anbar, College of Dentistry, Ramadi, Iraq
[2]Department of Oral and Maxillofacial Surgery, University of Anbar, College of Dentistry, Ramadi, Iraq
[3]Department of Oral and Maxillofacial Surgery, University of Anbar, College of Dentistry, Ramadi Teaching Hospital, Ramadi, Iraq
[4]Department of Pathology, Ministry of Health, Anbar Health Directorate, Ramadi Teaching Hospital, Ramadi, Iraq
[5]Department of Otolaryngology, University of Anbar, College of Medicine, Ramadi, Iraq

Salivary gland diseases: A retrospective clinicopathological study of 159 cases

Salivary gland diseases include a variety of conditions (inflammatory, immunological, infectious, or neoplastic pathologies). Salivary gland diseases hold the interest of clinicians and pathologists due to their varied clinical presentation and histological diversity. In this study, we aimed to assess the various aspects of clinical and pathological characteristics of salivary gland diseases. We reviewed the records of patients with various salivary gland diseases at Ramadi Teaching Hospital, Rashid Hospital, Razi Hospital, and Zuhur Hospital in Iraq. The study covered the years 2010 to 2021. Of 159 patients, there were 61.64% female patients. The age group most affected was 51-60 years (26.4%). The most involved salivary gland was the parotid (44.65%). Swelling was seen in 74% of the patients. Obstructive lesions were seen in 52.2% of patients. Obstructive pathologies occurred exclusively in the age group 51-60 years, infective cases involved the age group 71-80 years (64.3%), and tumors affected the age group 41-50 years (77.4%). Women were affected more than men by all pathologies. The parotid gland was mostly affected by tumors (32/71), while other glands were mostly affected by obstructive lesions (17/18). A significant association was found between salivary gland pathologies with age and the affected gland. The most common clinical entity of the obstructive lesions was xerostomia (20.1%). While pleomorphic adenoma was the most common tumor (n = 40/50). The most common cause of xerostomia was smoking (31.3%) and the least cause was antidepressants (9.4%). Salivary gland diseases were mostly seen in women and in the age group 51-60 years. Parotid was the most involved gland. A three-quarter of the cases presented with swelling and obstructive pathologies comprise above 50% of causes. The age and the involved gland can determine the type of salivary gland diseases. Xerostomia was the common clinical entity of obstructive pathologies. The most common tumor was pleomorphic adenoma and the most common cause for xerostomia was smoking.

Audience Take Away Notes

- The audience will get benefit by expanding their knowledge in the field of oral and maxillofacial surgery
- This research will provide a good data that other faculty could use to expand their research or teaching
- It will provide a practical solution to a problem and diseases of salivary gland that is important to clinician as well as patients

Biography

Prof. Dr. Tahrir N. Aldelaimi, a professor & consultant of maxillofacial surgery and laser surgery, department of maxillofacial surgery and laser surgery, College of Dentistry, University of Anbar, Ramadi Teaching Hospital, Anbar Province. A valued reviewer for many loco-regional and international peer reviewed journals. A total of 19 manuscripts published at peer reviewed Iraqi journals, 29 manuscripts published at peer reviewed international journals, 27 oral and poster presentation at Iraqi scientific medical conferences and symposiums and 18 oral and poster presentation at International scientific medical conferences and symposiums. A total of 4 postgraduate candidate supervision and 22 post graduate examining committee memberships.

Haleema Rashid[1]*, Jonathan Jones[2]

[1]Royal Derby Hospital, Derby, United Kingdom
[2]Oxford University Hospitals, Oxford, United Kingdom

Improving the quality of operation notes in Oral and Maxillofacial Surgery by introducing an electronic operative note proforma

Introduction: The operation note is a key component of clinical documentation for patients undergoing a surgical procedure it provides information for continuity of care, and is important medico-legally and for audit purposes. Handwritten notes can be difficult to read, illegible and lead to delay in patient care.

The aim of this study was to evaluate the quality of operation notes in Oral and Maxillofacial Surgery before and after the introduction of an electronic operative note proforma concordant with the Royal College of Surgeons of England (RCS) guidelines, 2014.

Materials and Methods: A baseline audit of sixty operation notes were analysed retrospectively against the RCS criteria. We then designed and developed a bespoke electronic operative note proforma with inclusion of clinical coding into the existing hospital software. A prospective audit of sixty operation notes was undertaken post intervention.

Results: A hundred and twenty operation notes were included for analysis. The first cycle showed a mean 60.3% compliance to the RCS guidance. The lowest documentation was for anticipated blood loss (0%), time (32%), DVT prophylaxis (21%) and the urgency of the procedure (45%). The re-audit post intervention showed 100% compliance in all parameters.

Conclusion: Introduction of the electronic operative note proforma shows a 100% compliance to the RCS gold standard. This has significantly improved the quality of the operation note, legibility and ultimately patient care.

Audience Take Away Notes

- The audience will learn about the use of digital record keeping, how this has significantly improved the quality of operative notes and meets the criteria set by the Royal College of Surgeons England.
- The value of accurate documentation and its importance medico-legally.
- This presentation will help other Dentists to design and develop bespoke proformas to aid in documentation and record keeping.
- It will highlight the benefits of digitalisation in healthcare which helps to deliver a high standard of care to patients.

Biography

Dr Haleema Rashid studied Dentistry at the University of Manchester and graduated in 2019. Following this she completed postgraduate training in General Dental Practice and Dental Core Training in Oral and Maxillofacial Surgery. In 2023, she began studying Medicine at the University of Manchester which upon completion will enable her to embark on the training pathway of an Oral and Maxillofacial Surgeon.

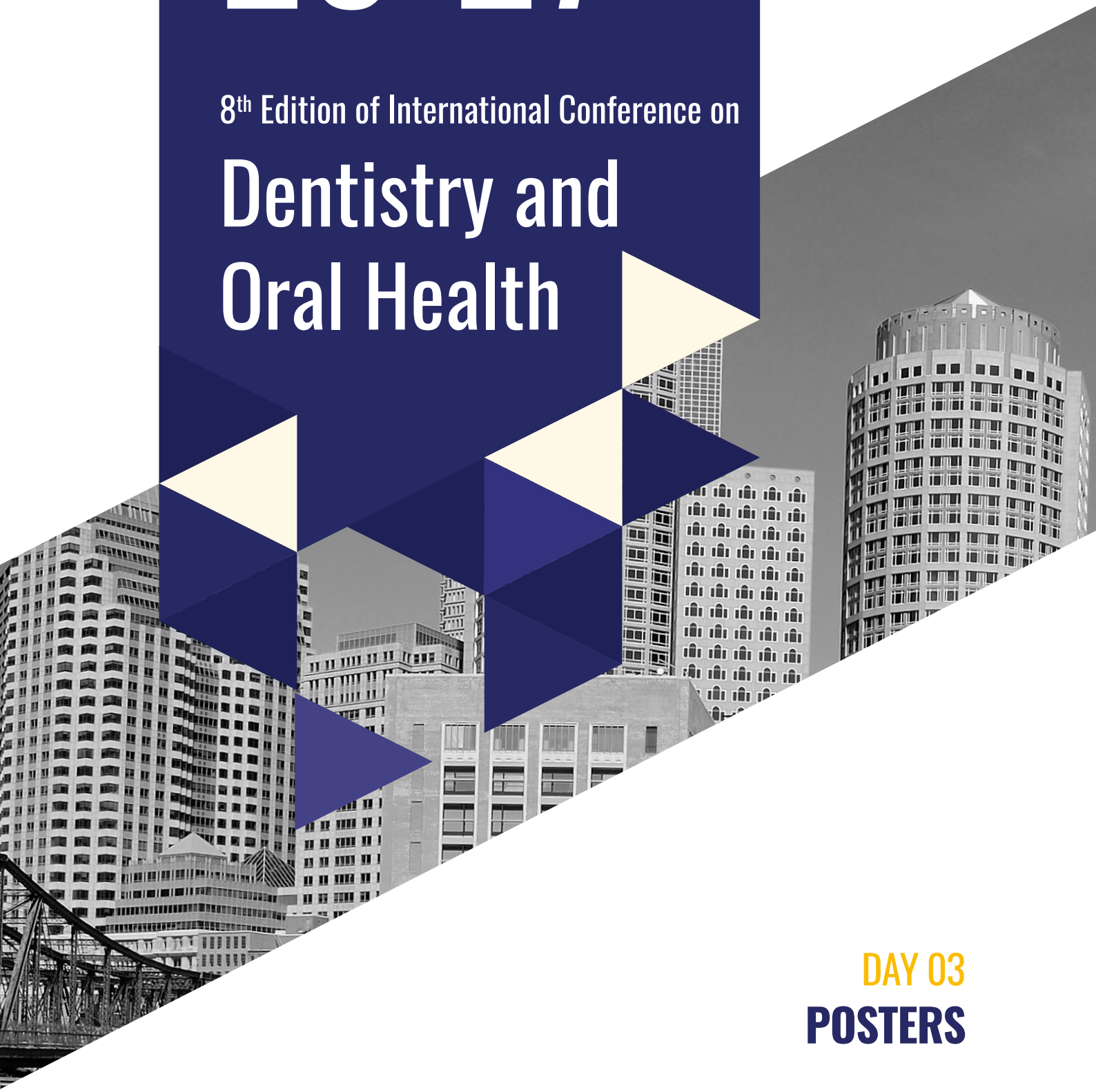
BOOK OF ABSTRACTS

MARCH

25-27

8th Edition of International Conference on

Dentistry and Oral Health



DAY 03

POSTERS

Dr. Benjamin Trill[1]*, Bal Panesar[2], Manas Dave[3], Reza Vahid Roudsari[4], Hanieh Javidi[5]

[1]Clinical Lecturer in Adult Oral Health, Division of Dentistry, School of Medical Sciences, University of Manchester, United Kingdom
[2]Clinical Lecturer, Division of Dentistry, School of Medical Sciences, University of Manchester, United Kingdom
[3]Lecturer in Dental Education/ Honorary StR in Oral and Maxillofacial Pathology, Division of Dentistry, School of Medical Sciences, University of Manchester, United Kingdom
[4]Professor of Dental Education/ Honorary Consultant in Restorative Dentistry, Division of Dentistry, School of Medical Sciences, University of Manchester, United Kingdom
[5]Senior Clinical Lecturer/ Honorary Consultant in Orthodontics, Division of Dentistry, School of Medical Sciences, University of Manchester, United kingdom

A service evaluation for a new pilot course using hybridised teaching pedagogies to teach tooth morphology

Tooth morphology has historically been taught using didactic (notably lectures) or practical methods such as wax carving. In recent years the University of Manchester has relied on a didactic, lecture-driven approach to tooth morphology. However, staff had noted the passive nature of this approach meant students were struggling to retain information, lacked confidence and the ability to replicate this in restorative dentistry. At the University of Manchester, we designed a blended or hybridised course using didactic, dialectic, and practical methods. The aim was to assess student satisfaction and confidence using this hybridised method of teaching and to direct further exploration into different strategies of teaching in dentistry. We present the format and survey results of this innovative approach for teaching tooth morphology.

Audience Take Away Notes

- The audience will learn about an innovative blended approach to teaching tooth morphology
- Provide inspiration for CE providers to use blended approaches for course delivery

Biography

Dr. Benjamin Trill studied Dentistry at the University of Manchester, graduating with a BDS in 2017. He has since completed postgraduate studies in prosthodontics, orthodontics and dentofacial orthopaedics. He joined the University of Manchester, initially as clinical teaching fellow in 2020, before progressing to a Clinical Lecturer in Adult Oral Health role. In this role he is the Undergraduate Programmes Curriculum Development Lead, responsible for curriculum design, curriculum leadership and overall programmes development. He has recently published a scoping review on Team-Based Learning in the British Dental Journal and is an advocate for exploring this dialectic method of teaching in dentistry.

Anushri Pindoria*, Emma Hayes
King's College Hospital, London, United Kingdom

A service evaluation of the first joint oral surgery – Oral medicine tele-clinic in the United Kingdom

Background: Many patients referred by General Dental Practitioners (GDPs) to hospitals for various intra-oral lesions often necessitate input from both the Oral Surgery and Oral Medicine teams. In the UK, there are 75 Oral Medicine specialists/consultants spread across 18 Oral Medicine departments. Typically, patients have to travel significant distances to be seen by both an Oral Surgeon and an Oral Medicine consultant, usually at different hospitals. This results in prolonged delays and extended waiting times for the initial assessments and the necessary treatments.

Salisbury Hospital and Kings College Hospital have introduced a new Joint Clinic where patients attend face-to-face appointments with an Oral Surgery consultant in Salisbury Hospital, while an Oral Medicine consultant from Kings College Hospital participates virtually to provide advice and assist in treatment planning. This service operates approximately every 4 weeks, and patients have expressed great satisfaction with the Joint Oral Surgery-Oral Medicine consultations. This approach eliminates the need for patients to travel to multiple distant hospitals, streamlining the process and improving accessibility.

Aims: To assess the effectiveness of the service from the perspective of patients and determine whether they have experienced any benefits. As well this, to assess if more Joint Oral Surgery-Oral Medicine tele-clinics should be implemented across the UK/worldwide.

Method: Patients visiting the Joint Oral Surgery-Oral Medicine clinic will receive patient satisfaction questionnaires after their initial consultations. These questionnaires will be gathered over a span of 8 months, and the findings will be entered into a dedicated data collection sheet which will serve as the platform for aggregating the data and the satisfaction ratings for each question will be recorded and subsequently evaluated.

Results: A total of 86 patients participated in the patient satisfaction questionnaires. 100% of the patients expressed that they found the Joint Oral Surgery-Oral Medicine Tele-clinic to be advantageous and preferable over the alternative of two separate appointments at Salisbury and Kings College Hospital. Among the participants, 81% reported a time-saving benefit of at least 2-3 hours, compared to the scenario of separate face-to-face consultations at the two distinct hospitals. Furthermore, 91% of patients reported ease in scheduling appointments and appreciated receiving clear, concise treatment plans after their initial consultations.

The service received high praise, with 91% of patients rating it as excellent, and an impressive 96% expressing their willingness to recommend the service to others. Notably, the introduction of this service resulted in an additional 75 patients being seen within an 8-month period, a substantial increase compared to previous years when patients had to attend separate Oral Surgery and Oral Medicine consultations before receiving a treatment plan.

Discussion: The Joint Oral Surgery-Oral Medicine Tele-clinic has significantly reduced patient waiting times, eliminated the need for extensive travel between two hospitals, and optimised the utilisation of healthcare resources. This innovative model has led to a higher volume of patients being seen over an 8-month period, underscoring its efficiency and effectiveness in Oral Surgery and Oral Medicine. Overall, the tele-clinic represents a transformative approach, improving accessibility and enhancing patient outcomes.

Audience Take Away Notes

- The audience will learn about the successful implementation of Joint Oral Surgery-Oral Medicine Tele-clinics, presenting a novel approach to enhance patient care by reducing waiting times, eliminating travel burdens, and optimising healthcare resources
- Healthcare professionals and administrators can leverage this information to improve patient experiences, enhance resource utilisation, and potentially implement similar joint clinics in their respective healthcare facilities
- It offers a practical solution to challenges commonly faced in oral healthcare delivery

Biography

Anushri Pindoria graduated with a BDS (Honours) from King's College London in 2021. Following her graduation, she gained valuable experience working in general practice for a year. She then pursued additional training at East Surrey Hospital in a multi-specialty post. She is currently a Dental Core Trainee in Oral Surgery at King's College Hospital, collaborating with Dr. Emma Hayes, a Consultant in Oral Medicine to form the first Joint Oral Surgery-Oral Medicine tele-clinic in the UK.

Sadia Butt
Liverpool University Dental Hospital, Liverpool, United Kingdom

A multidisciplinary staged approach to stabilising a high risk patient: A case report

A 41 year old female patient presented at an emergency appointment with pain and swelling from the LLQ. This case combines two courses of treatment, carried out in an NHS primary care setting, including periodontal therapy, molar root canal treatment, the provision of indirect restorations and planning for space replacement with a partial upper cobalt chrome denture.

Audience Take Away Notes

- Managing unclear symptoms and making a diagnosis
- Phased approach to treatment
- Endodontic challenges faced during treatment and how to overcome them

Biography

Sadia qualified from the University of Bristol and completed her foundation year in Stroud, South Cotswolds. During this time, she was also the President of the Refugee Crisis Foundation Bristol Society and has volunteered for Dentaid, a charity providing urgent dental care in a mobile dental unit for those in need. During the week she is working as a Dental Core Trainee at the University of Liverpool Dental Hospital, treating patients in the Oral Surgery, Restorative, Oral Medicine and Special Care Department. Sadia plans to implement these high quality skills in her work at the practice. Sadia expects to continue working in a hospital setting, as she considers undertaking speciality training.

Kinda Awad
Liverpool University Dental Hospital, Liverpool, United Kingdom

The management of a high caries risk young patient

A 17-year-old female patient attended for a dental exam; she hasn't seen a dentist in years due to her dental anxiety. She presented with sharp pain from the lower right quadrant and multiple carious teeth. The aim was to stabilise the patient and ensure that she is dentally fit at the end of the appointments. The patient was booked seven appointments and the treatment plan was successfully completed by the end.

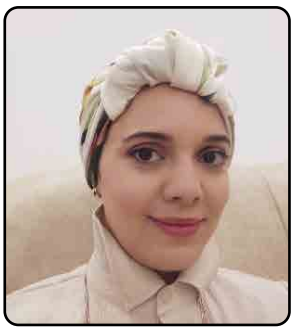
This case discusses the treatment plan carried out within an NHS dental practice which involved, restoring carious teeth, molar root canal treatment, extractions and providing an indirect restoration.

Audience Take Away Notes

- The treatment plan for a high caries risk patient
- The treatment options available under the NHS
- The management of dental anxiety

Biography

Kinda qualified from the University of Manchester and completed her foundation year in Manchester. She was part of the Manchester Dental Awareness Society at University which enabled her to raise public awareness about oral health. During the week she is working as a Dental Core Trainee at the University of Liverpool Dental Hospital, treating patients in the Restorative, Oral surgery, Oral Medicine and Paediatric Department. Kinda plans to continue working in a hospital setting, as she considers undertaking speciality training in the future.



Meriem Fejjeri[1]*, Hajer Chtioui[2]

[1]Assistant Professor, Department of Conservative Dentistry and Endodontics, Dental Medicine Faculty, University of Monastir, Tunisia
[2]Assistant Professor, Department of Removable Partial Denture, Dental Medicine Faculty, University of Monastir, Tunisia

Resolution of apical periodontitis through nonsurgical endodontic retreatment: A serial case report

Advanced technologies can increase the success rate of endodontic treatment through providing complete desinfection of root canal system. In this work, we will present nonsurgical management of previously treated teeth with long-term follow-up. In these cases, clinical and radiographic evaluation revealed persistent infection resulting in apical periodontitis. The option of surgical management is considered when unsuccessful outcome of nonsurgical treatment or retreatment occurs. It is essential to evaluate surgical cases on the basis of clinical and radiographic findings to obtain a predictably high success rate.

Biography

Dr. Meriem Fejjeri was graduated from the Faculty of Dental Medicine of Monastir, Tunisia, in 2013. She earned her Postgraduate diploma in Endodontics and conservative Dentistry from the same Faculty in 2018. She obtained a master's degree in radioprotection in 2018 and in statistical methodology, epidemiology and clinical research in 2022 from medicine faculty of Tunis (University of Tunis El Manar). She is an assistant professor at the University of Monastir teaching conservative dentistry and endodontics since 2020. She is the head of the dental medicine department in Habib Thameur hospital, Tunis. She is a member of “Biological and Clinical Dento-Facial Approach” research laboratory (LR12ES10), since 2015. She presented conferences and workshops nationally and internationally and published scientific articles in several journals.

Participants List

We wish to meet you again at our upcoming events

9th Edition of International Conference on

Dentistry and Oral Health

September 02-04, 2024 | Madrid, Spain | Hybrid Event

https://dental-conferences.magnusgroup.org/

10th Edition of International Conference on

Dentistry and Oral Health

March 13-15, 2025 | Rome, Italy| Hybrid Event

https://magnusconferences.com/dental/

Questions? Contact

+1 (702) 988-2320 or

dentistry@magnusconference.com