

Day 1 : January 23rd 2017

10.30 am -11.00 am - Registration

11.00 am -11.20 am - Inaugural session

11.20 am -11.30 am - Group photo



Keynote Forum

11.30 am -12.00 pm - Dr.Mostafa helmy

12.00 pm-12.30 pm - Dr.Ihab M Ibrahim

12.30 pm - 12.45 pm - **Coffee Break**

Session Introduction

12.45 pm - 01.15 pm --- Oral Presentation by **Natalia Elson**
Topic :- Minimally Invasive Dentistry Approach Benefits of using laser

01.15 pm - 02.15 pm --- **Lunch Break**

02.20 pm - 02.50 pm --- Oral Presentation by **Krishna Gauba**
Topic :- Oral health care of children with special health care needs: Burden, barriers and challenges

02.50 pm - 03.20 pm --- Oral Presentation by **Ahmed Haroon J. Adam**
Topic :- Level of Academic Stress Among Dental health Students at King Saud University, Riyadh

03.20 pm - 03.50 pm --- Oral Presentation by **Hai Ming Wong**
Topic :- Dental development: An aid to give identities and to inform general health

03.50 pm - 04.15 pm --- **Coffee Break**

DAY 1 END

Day 2 : January 24th 2017

- | | |
|---------------------|---|
| 11.00 am - 11.30 am | --- Oral Presentation by Ranjit Patil
Topic :- Estimation & co-relation of Salivary Amylase and Pain Levels In Myofascial Pain Syndrome |
| 11.30 am - 12.00 pm | --- Oral Presentation by Ihab M. Ibrahim
Topic :- The light curing unit; Rehabilitation of the underestimated hero |
| 12.00 pm - 12.15 pm | --- Coffee Break |
| 12.15 pm - 12.45 pm | --- Oral Presentation by Mohammed Hussein Al-Bodbaij
Topic :- Intra-lesional steroid treatment of Central Giant Cell Granuloma of mandible |
| 12.45 pm - 01.15 pm | --- Poster Presentation by Mostafa Helmy
Topic :- A combined Immediate Implant Placement with Immediate Functional Loading With the aid of Splinting in the Posterior Maxilla |
| 01.15 pm - 02.15 pm | --- Lunch Break |
| 02.15 pm - 02.45 pm | --- Oral Presentation by May Al-Khudhairi
Topic :- The many illusions of Temporomandibular Joint Disorders |
| 02.45 pm - 03.15 pm | --- Poster Presentation by Ahmed Saad Ajeel
Topic :- Success Protocol of direct posterior composite restoration |
| 03.15 pm - 03.45 pm | --- Poster Presentation by Masanobu Wakami
Topic :- Application of Mouthguard for the Neuromuscular Rehabilitation |
| 03.50 pm - 04.15 pm | --- Coffee Break |

DAY 2 END

DOHS - 2017

Dentistry and Oral Health Summit

at
Singapore on January 23rd-25th, 2017



KEYNOTE FORUM

Dentistry and Oral Health Summit

23rd – 25th January 2017, Singapore



Ihab Mohamed Ibrahim Elsayed

B.D.Sc. M.Sc.,

University/Organization: Advanced Microscope Dentistry Study Club AMDSC-
Egypt

The Dilemma of Bonding; A Clinical Comprehensive Guide

In this lecture, the speaker addresses the dilemma of bonding in restorative dentistry. Dr. Ihab discusses the different classes of adhesive systems & bonding strategies. Moreover, An elaborate clinical guide “which adhesive which case?” is formulated. clinical tips on how to attain successful bonds & take into account certain material incompatibilities is given. A glimpse on recent trends and future bonding perspectives is also highlighted.

Biography

Dr. Ihab M. Ibrahim started his dental career as a teacher and clinical demonstrator for dental students in a reputable dental school –Faculty of Oral and Dental Medicine, Cairo University_ serving hundreds of dental patients daily. This was undoubtedly a golden chance to master both worlds, teaching and clinical practice in an academic environment. He has established his private practice early after graduation and managed to continuously update it with the latest techniques and materials which served him to have very good clinical experience together with his restorative dentistry master degree. Later, he decided to concentrate on clinical practice more than research activities and left

his faculty position as an assistant lecturer. Spending considerable time each year for continuing education both nationally and internationally allowed him to learn new techniques and refine his clinical skills. He is now very enthusiastic about micro-dentistry especially its restorative, prosthodontic and endodontic applications working to teach dentists the concepts of micro-dentistry being the founder, director and chief speaker of the multi-disciplinary project: Advanced Microscope Dentistry Study Club–AMDSC; the first micro-dentistry study club in Egypt and one of a few in the Middle East and Africa.

Dentistry and Oral Health Summit

23rd – 25th January 2017, Singapore



Dr. Mostafa Helmy Mostafa Ahmed

Faculty of Oral & Dental Medicine-Cairo University

Osseointegration Between Fear and Hope; A Simplified Approach to Achieve Optimum Bone-Implant Contact Under Different Loading Conditions

Osseointegration has been & still a unique phenomenon subjected to different debates as well as research strategies. Therefore, in order to accurately define the process of osseointegration, it might be defined from various points of views; from the literature viewpoint, it is a direct structural & functional connection between living bone & a load-carrying implant. While, from the viewpoint of microscopic biology, it is defined as a close apposition of new and reformed bone in harmony with the implant fixture. Regarding the viewpoint of macroscopic biology, the implant fixture is said to be osseointegrated if there is no progressive relative motion between the fixture & surrounding living bone. Finally, from the viewpoint of the patient, the implant fixture is said to be osseointegrated if it provides a stable & apparently immobile support of a prosthesis under different functional loadings and different loading protocols without pain, inflammation or loosening.

Biography

Mostafa Helmy Mostafa Ahmed PhD (DOCTOR degree) in IMPLANT_ PROSTHETIC DENTISTRY – Kasr El Aini - Cairo University 2013. MSc (MASTER degree) in IMPLANT_ PROSTHETIC DENTISTRY – Kasr El Aini - Cairo University since 2010. Lecturer in PROSTHETIC DEPARTMENT –CAIRO UNIVERSITY. Assistant lecturer in PROSTHETIC DEPARTMENT –CAIRO UNIVERSITY since 2010 till 2013. Demonstrator in PROSTHETIC DEPARTMENT –CAIRO UNIVERSITY since 2007 till 2010. RESIDENT IN PROSTHETIC DEPARTMENT –CAIRO UNIVERSITY since 2004 till 2007. UNIVERSITY: BA degree from the Faculty of Dentistry year 2002, Kasr EL-Aini, Cairo University- Egypt with grade “EXCELLENT WITH HONOURS”. Professional Experience & Advanced training activities: DIPLOMAT IN DENTAL IMPLANTS 2003, Ain Shams University with 208 credit hours. Advanced courses in dental Implantology. Membership in ICOI, DGOI, ESOR, ESSDI. Fellowship of ICOI.2008 Mastership of ICOI.2012. DIPLOMAT OF ICOI.2016 Well familiar with all of dental implant systems. Performing up to 3000 cases of implants with different treatment modalities. Performing up to 100 cases of maxillofacial prosthesis with different treatment modalities. Attendance of most dental conferences held in Egypt since 1998. International speaker in many of worldwide conferences.

CONTENTS

SL.NO	TITLES AND AUTHORS	PAGE NO
1.	The Light Curing Unit; Rehabilitation of the Underestimated Hero ➤ <i>Ihab Mohamed Ibrahim Elsayed</i>	1
2.	Success Protocol of Direct Posterior Composite Restoration ➤ <i>Dr. Ahmed Saad Ajeel</i>	2
3.	A Combined Immediate Implant Placement with Immediate Functional Loading with the Aid of Splinting in the Posterior Maxilla - A Case Report ➤ <i>Mostafa Helmy Mostafa Ahmed</i>	3
4.	Minimally Invasive Dentistry Approach Benefits of Using Laser ➤ <i>Natalia Elson DDS</i>	4
5.	Intra-lesional steroid treatment of Central Giant Cell Granuloma of mandible ➤ <i>Dr. Mohammed Hussein Al-Bodbaij</i>	5
6.	Oral Health Care of Children with Special Health Care Needs: Burden, Barriers and Challenges ➤ <i>Dr. K. Gauba</i>	6
7.	Dental Development: an Aid to Give Identities and to Inform General Health ➤ <i>Dr.Hai Ming Wong</i>	7
8.	The many illusions of Tempromandibular Joint Disorders ➤ <i>May Wathiq Al-Khudhairi</i>	8 – 9
9.	Level of Academic Stress Among Dental Health Students at King Saud University, Riyadh. ➤ <i>Ahmed Haroon J. Adam</i>	10
10.	Estimation & Co-Relation of Salivary Amylase and Pain Levels in Myofascial Pain Syndrome ➤ <i>Dr Ranjithkumar Patil</i>	11
11.	Application of Mouthguard for the Neuromuscular Rehabilitation ➤ <i>Wakami M and Narita N</i>	12
12.	Light Weight Hollow Dental Prosthesis: An Innovative Approach in Maxillofacial Prosthodontics ➤ <i>Amar Bhochhibhoya</i>	13
13.	Managing Discolored Teeth-A Conservative Way ➤ <i>Dr.Chetana S.Makade</i>	14
14.	Moroccan Orthognathic Care Experience and Assessment of the Quality of Life in Patients Undergoing Orthognathic Surgery ➤ <i>Pr Lahcen Ousehal</i>	15

CONTENTS

SL.NO	TITLES AND AUTHORS	PAGE NO
15.	Negligence in Dental Practice- Incident and Prevention ➤ Dr. Rushik Raval	16
16.	Maxillary Sinus Floor Elevation as a Model For Stem Cell Research ➤ CV.Prof. T. Forouzanfar	17 – 18
17.	Chemistry of interface/interphase in Dental Materials ➤ Marc J.M. Abadie	19
18.	Push-Out Bond Strength of Different Root Canal Obturation Systems to Root Canal Dentin ➤ Hisham Mahmoud Hamdy Abada	20
19.	Enhancing Of Irrigation Solution Efficacy During Root Canal Treatment By Using The Power Of Bubbles: A New Era	21
20.	Midline Significance As guide in Orthodontic Diagnosis and Treatment ➤ Maen Mahfouz	22
21.	Chronobiologically Modulated Chemotherapy in Oral Cancer ➤ Dr.Akhilanand Chaurasia	23
22.	Congenitally Missing Lateral Incisors; Orthodontic, Restorative, and Implant Approaches ➤ Abu-Hussein Muhamad	24
23.	Team Care of the Patient with Cleft Lip and Palate ➤ Abu-Hussein Muhamad	25
24.	Congenital Missing Teeth: Prosthetic Rehabilitation following Orthodontic Treatment ➤ Abu-Hussein Muhamad	26
25.	Alveolar Bone Reconstruction for Dental Implant: from Minimal Invasive to Major Bone Grafts Following the Biologic Concept of Autogenous Bone Grafting ➤ Charles El Khoury	27
26.	White Spot Lesions in Orthodontic Treatment ➤ Dr. Amit Nagar	28
27.	Effect of Oral Health Educational Program About the Role of Nutrition on Health Belief Model Among Medical Staff Martyr Shahid Beheshti Dental School and Its Affiliated Centers ➤ Dr. Davoud Shojaeizadeh	29
28.	Clear Cell Carcinoma of Jaw Bones - A Research Study ➤ Dr.Sherin.A.Khalam	30

CONTENTS

SL.NO	TITLES AND AUTHORS	PAGE NO
29.	Establishment of Sexual Dimorphism in North Indian Population by Odontometric Study of Permanent Maxillary Canine ➤ <i>Shalini Gupta</i>	31
30.	Deciphering the Clinical Relevance of the Salivary Proteome for Therapeutic Use Against Dental Caries and Periodontal Diseases ➤ <i>Walter L. Siqueira</i>	32

DOHS - 2017

Dentistry and Oral Health Summit

at
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ACCEPTED ABSTRACTS

Dentistry and Oral Health Summit

23rd – 25th January 2017, Singapore

Ihab Mohamed Ibrahim Elsayed

University/Organization: Advanced Microscope Dentistry Study Club AMDSC-Egypt

The Light Curing Unit; Rehabilitation of the Underestimated Hero

In this lecture, the speaker tries to draw attention to a very decisive step for successful composite restorations; photo-polymerization. Many clinicians underestimate or even overlook the importance of the efficacy of the light curing unit. The lecture presents a solid background on the factors affecting the performance of light curing units and how to guarantee adequate photo-polymerization.

Biography

Dr. Ihab started his dental career as a clinical demonstrator in the reputable “Faculty of Dentistry, Cairo University” serving hundreds of dental patients daily. This was undoubtedly a golden chance to master both worlds, teaching and clinical practice in an academic environment. He has established his private practice early after graduation and managed to continuously update it with the latest techniques and materials which served him to have very good clinical experience together with his restorative dentistry master degree. He is now teaching the concepts of micro-dentistry being the founder, director and chief speaker of Advanced Microscope Dentistry Study Club.

Dentistry and Oral Health Summit

23rd – 25th January 2017, Singapore

Dr. Ahmed Saad Ajeel

Success Protocol of Direct Posterior Composite Restoration

The Most problem of direct posterior composite restoration is the post operative sensitivity (sensitive technique restoration) to mimic the natural appearance and create the anatomy of tooth. So, we can solve this problem by some tips and tricks to avoid this issue during the making of restoration and the technique play important role. We will presented in the lecture a clinical cases (step by step) from isolation to finished case of direct posterior composite restoration to explain the success protocol and technique of layering to get nice filling with durability of restoration post-operative with zero sensitivity.

Biography

Dr. Ahmed saad Ajeel B.D.S.P.D (cosmetic dentistry), He graduated in 2014 from university of Tikrit and received his professional diploma in cosmetic dentistry in 2016 from British Academy in restorative dentistry. During the two years 2014-2016 has attended a number of refresher courses and developed skills in esthetic restoration using direct and indirect technique in anterior and posterior teeth nationally and internationally. He maintains a private clinic in Baghdad and diyala (Zuha dental clinic).

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Mostafa Helmy Mostafa Ahmed

University/Organization: Faculty of Oral & Dental Medicine-Cairo University

A Combined Immediate Implant Placement with Immediate Functional Loading with the Aid of Splinting in the Posterior Maxilla - A Case Report

Replacement of posterior missing teeth in the maxillary molar-premolar region has been a challenging clinical situation. The management of these cases using osseointegrated implants is one of the best and predictable treatment modalities.

Following extraction of a molar tooth, the standard implant treatment protocol requires at least six months before placement of an implant in an extraction socket, which is referred to as the delayed implant placement protocol. However, this protocol results in a relatively long treatment periods. On the other hand, immediate implant placement protocols in post- extraction sites without waiting for the surgical site to heal have been proposed to achieve many advantages of reducing the treatment time and decreasing the patient's discomfort, in addition to the high predictability and aesthetic outcome.

In order to achieve the combined immediate implant placement and immediate loading protocols and to overcome problems that might be associated with such a combination, A splinted design have been proposed and tested for validity in such cases.

Biography

Mostafa Helmy Mostafa Ahmed PhD (DOCTOR degree)in IMPLANT_ PROSTHETIC DENTISTRY – Kasr El Aini - Cairo University 2013. MSc (MASTER degree) in IMPLANT_ PROSTHETIC DENTISTRY – Kasr El Aini - Cairo University since 2010. Lecturer in PROSTHETIC DEPARTMENT –CAIRO UNIVERSITY. Assistant lecturer in PROSTHETIC DEPARTMENT –CAIRO UNIVERSITY since 2010 till 2013. Demonstrator inPROSTHETIC DEPARTMENT –CAIRO UNIVERSITY since 2007 till 2010. RESIDENT IN PROSTHETIC DEPARTMENT –CAIRO UNIVERSITY since 2004 till 2007. UNIVERSITY: BA degree from the Faculty of Dentistry year 2002, Kasr EL-Aini, Cairo University- Egypt with grade “EXCELLENT WITH HONOURS”.

Professional Experience & Advanced training activities: DIPLOMAT IN DENTAL IMPLANTS 2003, Ain Shams University with 208 credit hours. Advanced courses in dental Implantology. Membership in ICOI, DGOI, ESOR, ESSDI. Fellowship of ICOI.2008 Mastership of ICOI.2012. DIPLOMAT OF ICOI.2016 Well familiar with all of dental implant systems. Performing up to 3000 cases of implants with different treatment modalities. Performing up to 100 cases of maxillofacial prosthesis with different treatment modalities. Attendance of most dental conferences held in Egypt since 1998. International speaker in many of worldwide conferences.

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Natalia Elson DDS

NYU College of Dentistry, NY, NY

Minimally Invasive Dentistry Approach Benefits of Using Laser

The preservation of healthy form and function of the human body for every patient should be the goal of all health practitioners. Dentistry is not an exception to this philosophy. The loss of human tooth structure should be regarded just as seriously as an injury anywhere else in the body and never taken lightly. Therefore, it is imperative that the future of dentistry provide the most comprehensive and conservative care to all teeth. In the past few decades, the improvements of the scientific method and technology have led to a better understanding of oral microflora and dental materials resulting in the shifting of caries management method from G.V. Blacks Extension for prevention to the modern minimally invasive approach in dentistry.

Using the laser technology in the aspect of minimal surgical intervention has many clinical advantages. Nowadays we can talk about minimally invasive endodontics, prosthodontics, periodontics and other surgical procedures. Some of the clinical benefits include its selectivity for carious tissue, reduction of needs for local anesthesia, decontamination effect of preparation surfaces, minimal thermal stimulus to the pulp chamber, increase surface adhesion for bonded resin materials, as well as many other soft tissue applications.

Usage of dental lasers does not substitute the basic education for a Dental Specialty, but it does require a level of education for their safe use in dentistry and should be integrated into the pre-doctoral dental school curriculum

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Dr. Mohammed Hussein Al-Bodbaij

BDS (KSU), MSC, OMFS (UCL), MFD RCSI OMFS DEPT., KING FAHAD HOSPITAL – HOFUF, KSA

Intra-lesional steroid treatment of Central Giant Cell Granuloma of mandible

Central giant cell granuloma (CGCG) is a benign lesion, CGCG occurs mainly in children and young adults with more than 60% of all cases occurring before the age of 30 years and female to male ratio of 2:1. The mandibular / maxillary ratio is from 2:1 to 3:1.

Surgery is the traditional treatment of CGCG. Calcitonin and intralesional steroid were used with good results.

In this case report, a 14 years old Saudi girl presented with a hard swelling of left side of the mandible with few months duration. Investigations including blood tests, radiographs and biopsy were done which confirmed the diagnosed of CGCG.

Lesion has been treated using six weekly intralesional injections of steroid which gave very good result.

Patient has been followed for more than 16 months with radiographic evidence of defect refill with bone and no sign of recurrence.

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Dr. K. Gauba

Professor & Head Oral Health Sciences Center PGIMER, Chandigarh

Oral Health Care of Children with Special Health Care Needs: Burden, Barriers and Challenges

Individuals with special health care needs comprise 10 Percent of the population in developed countries, while in developing countries it is marginally more (12 percent) constituting about 650 million people; of this 93 million are children with moderate to severe disability (WHO). India has 1.8 percent of individuals (26 million) with special health care needs of which 1.2 million are the children population. Individuals with special health care needs have been reported to have poorer oral hygiene and periodontal status, more untreated dental caries and fewer remaining teeth compared to the other children. Dental care remains the most frequently cited unmet health needs in these persons as reported by the National Health Integrated Survey (NHIS) in 1994 according to which 12 percent of CSHCN have at least 1 of the needed health care services unmet, with dental care and treatment being the most neglected at approximately 8 percent. Despite advances in knowledge about oral health care among CSHCN and an increasing emphasis on the integration of oral health with overall health, oral health still remains neglected due to some physical, psychological, educational and economic barriers. Many general dentists are reluctant to treat CSHCN due to the complexity of medical condition in such patients, behaviour and inadequate training and experience to manage them.

There is thus an urgent need to propose a system of oral health care, specifically designed for such children where parents/caregivers, general health care professionals, pediatricians and dental health care professionals specifically pediatric dentists work in unison.

This presentation aims to highlight the unmet oral health needs, the barriers in delivering oral health care to these special children, to put forth suggestions/views to overcome existing barriers.

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23rd – 25th January 2017, Singapore

Dr. Hai Ming Wong

Clinical Associate Professor The University of Hong Kong Hong Kong

Dental Development: an Aid to Give Identities and to Inform General Health

A Knowledge exchange project has been conducted by the project team. Knowledge gained by the Faculty of Dentistry, The University of Hong Kong regarding “dental development” and “dental age assessment” has applied to unregistered children in India and China, as well as less privileged teenagers in Hong Kong. With the help of NGOs in India, China and Hong Kong, the project has used multiple methods to achieve its intended aims, through age assessment, oral examinations/anthropometric assessments and follow-ups, in-depth consultations, and personalized oral and general health instructions. Educational campaigns for parents in rural areas and seminars to teachers of primary schools and orphanages have also been conducted to sustain the project’s efforts. To maximise the knowledge transfer, workshops on “Age Assessment in Dentistry” have been offered to train forensic practitioners and dentists. The method used to accurately estimate age has been contributed to an international population database that can be used by any researchers and related authorities in civil, legal, criminal and forensic applications. Furthermore, the world’s first charity to promote accurate birth records and its website has been established to extend the effects of the project.

Biography

Dr. Hai Ming Wong is a Clinical Associate Professor in Paediatric Dentistry of the University of Hong Kong. Dr. Wong obtained her MDS (Paediatric Dentistry) in The University of Liverpool, UK, and AdvDipPaediatrDent and PhD degree in The University of Hong Kong. Dr. Wong is a registered Clinical Specialist (Specialty of Paediatric Dentistry) in Hong Kong. She is also the Fellow of Hong Kong Academy of Medicine (Dental Surgery), Fellow of College of Dental Surgeons of Hong Kong (Paediatric Dentistry), Member Fellow of The Royal College of Surgeon Edinburgh (Paed), and Member of Royal Australasian College of Dental Surgeons (Paed). Dr Wong’s major research themes are social impact of child oral health, orofacial development and age assessment, and children with special health care needs.

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23rd – 25th January 2017, Singapore

May Wathiq Al-Khudhairi

University/Organization: Riyadh Colleges of Dentistry and Pharmacy

The many illusions of Tempromandibular Joint Disorders

Tempromandibular joint disorders (TMD) is an umbrella term encompassing multiple pathologies afflicting the Tempromandibular joint (TMJ), face, head, and neck causing acute as well as chronic painful conditions and/ or functional disturbances. Pain in the Musculoskeletal system, chronic headaches, myofascial pain (MFP), and TMJ pain and dysfunction, are amongst the presenting features of TMD.

The Primary headaches disorders, such as Migraine, cluster headache, and tension-type headache (TTHA) are the most common neurologic diseases and leading cause of work disability worldwide. TTHA are amongst the most prominent of all primary headaches afflicting mostly females and in the 20-40 year old age group. MFP is a regional muscle pain disorder characterized by localized muscle pain and tenderness. Could some cases of TTHA be undiagnosed MFP of the Temporalis Muscle that would respond to conservative TMD therapy?

A few cases from the Orofacial Pain Clinic at Riyadh Colleges of Dentistry and Pharmacy, Riyadh, Saudi Arabia will be presented from their initial first visit examination and diagnosis to their management.

Biography

May Wathiq Al-Khudhairi is PO BOX 213. RIYADH. SAUDI ARABIA 11411 109 Archelle Drive Carbondale Southern Illinois, 62901, United States, King Saud University, College of Dentistry Riyadh, Saudi Arabia upto Sept 1997 to August 2004 (Internship included) -Bachelor of Dental Surgery (BDS) and Harvard School of Dental Medicine Boston, United States of America June 2006 to May 2010 Doctor of Medical Sciences In Oral Biology (DMSc) -Certificate in Orofacial Pain and Tempromandibular Joint Disorders Sultan Bin AbdulAziz Humanitarian City Riyadh, Saudi Arabia Jan 2006 to May 26, 2006 General Dentist in a Hospital Setting Massachusetts General Hospital (MGH) Boston, Massachusetts, USA 2007 to 2009 Dr David Keith Pre and Post TMD surgery Pain Management Massachusetts Eye and Ear Infirmary (MEEI) Boston, Massachusetts, USA April 2008 Dr Hugh Curtin, MD Radiology Rotation Faulkner Hospital 1153 Centre Street Boston, Massachusetts 02130 Feb 2009 Catherine M Lavigne, MD Headache Rotation (Neurology Department) Massachusetts General Hospital Dental Group (MGH) 165 Cambridge Street, Suite 401, Boston, MA 02114 2006 Jeffry R Shaefer, DDS Orofacial Pain and Tempromandibular joint disorder clinic Management King Faisal Specialist Hospital and

Research Centre Riyadh 11211, PO Box 3354, KSA Jan 2014 Khlood Arab, BDS, MS Saud Al Mojaly BDS, MS Orofacial Pain Rotation for Saudi Licensure Eligibility Riyadh Colleges of Dentistry and Pharmacy Sept 2014 Present Assistant Professor in Oral Biology, Teaching Undergraduate and Postgraduate Dental Students. Orofacial Pain Clinic at the College. Research June 2008 March 2009 to 2010 March 2014

Publication And Research Activities The Efficacy of Massage Therapy in Managing Myofascial Pain International Academy of Dental Research Miami, Florida April 1-4 2009 Presentation Characteristics of a Cohort of Sleep Bruxer Subjects with a Family History of Sleep Bruxism International Association of the Study of Pain Milan, Italy August 28th 2012 Poster Al-Khudhairy MW.A Systematic Review of Therapeutic Modalities used in Sleep Bruxism. Saudi J Oral Sci 2015;2:55-62.

Professional Development Activities:

Diplomate of the American Board of Orofacial Pain (Since June 2015)

Associations, Societies & Organizations

Saudi Dental Society 2004 present, American Academy of Orofacial Pain 2007 present

Dentistry and Oral Health Summit

23rd – 25th January 2017, Singapore

Ahmed Haroon J. Adam

University/Organization: King Saud bin Abdulaziz University for Health Sciences,
college of medicine.

Level of Academic Stress Among Dental Health Students at King Saud University, Riyadh.

Perceived stress among medical and dental undergraduate students has been well documented in the literature. However, level of academic stress among dental technology and dental hygiene students has received little attention globally and was not reported in Saudi Arabia.

This study assessed the level of the academic stress among dental health students using the academic stress inventory (Lin & Chen, 2009). The sample size consisted of 99 students. The inventory consists of 34 items to measure the type and the level of the academic stress. Non-parametric Mann-Whitney & Kruskal-Wallis test were used to find the results of the study. The outcome shows that tests stress & teachers stress are the highest academic stressors amongst the seven factors, on the other hand, the results showed that studying in groups was found to be protective factor against the stress. Stress differences between dental technology and dental hygiene programs were significant. Second year students were found to have higher stress in a number of stress factors.

Keywords:-- Academic Stress, Dental Health, Students, Dental Technology, Dental Hygiene

Biography

Ahmed H. Adam, member of the Sub-committee of the Learning Resources and Research, at King Saud bin Abdulaziz University for Health Sciences, College of Dentistry, Riyadh. Received the Master Degree of Medical Education (MMedEd) from KSAU-HS. And before that, I have received a Bachelor degree in dental Technology (BDT) from King Saud University KSU. The research interests are in the aspect of academic stress among university students and its effect on teaching and learning. Currently I am in the process of publishing the recent study about the academic stress among dental health students at KSU, Riyadh.

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23rd – 25th January 2017, Singapore

Dr Ranjitkumar Patil

Prof & Head Department of Oral Medicine & Radiology Faculty of Dental Sciences
King George Medical University Lucknow

Estimation & Co-Relation of Salivary Amylase and Pain Levels in Myofascial Pain Syndrome

The present study was planned to evaluate the level of salivary alpha-amylase (sAA) in healthy individuals and Myofascial pain syndrome (MPS) patients and to find the reliability of salivary alpha amylase as a biomarker for pain.

Methods: After obtaining ethical approval, the salivary sample for estimation of amylase was taken using NAVAZESH method of clinically diagnosed MPS patients (criteria by RDC) (Group I) and age & sex matched control group (Group II). Visual Analog scale (VAS) score for each individual was recorded co-related with salivary amylase. Statistical analysis was done using SPSS software 16.0.

Results: The sAA was significantly higher amongst Group I (149.92 ± 21.1) compared to Group II (91.18 ± 5.4). There was significant difference in VAS among different age groups and sex. The salivary alpha amylase levels progressively reduced in patients as the age increased. Group I. However, mild negative correlation was found between VAS and sAA in Group II.

Conclusion: To our knowledge, this is the first known study to date, to highlight the sensitivity of sAA as an effective marker in assessment of pain severity in MPDS patients on the basis of VAS scale. The level of salivary alpha-amylase was significantly correlated with the pain severity assessed by VAS.

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23rd – 25th January 2017, Singapore

Wakami M

Nihon University School of Dentistry at Matsudo, Department of Prosthodontics

Narita N

Nihon University School of Dentistry at Matsudo, Department of Prosthodontics

Application of Mouthguard for the Neuromuscular Rehabilitation

Even if considered that the mouthguard (MG) improves the physical activities and prevents the awareness of tiredness and pain, still neurophysiological mechanisms is unclear. This study was conducted to define the neurophysiological efficacy of MG from the aspects of the jaw and neck muscles EMG activities and dental occlusion and the awareness of tiredness and pain, because we speculate MG is useful to rehabilitate the sensorimotor and cognitive functions in neurological disorders.

Six healthy volunteers were participated clenching task performance under maximal biting production for 30 seconds. Jaw and neck muscles EMG activities were measured preceding, during, and following jaw clenching task with MG and no-MG conditions. Occlusal area and force and VAS score in the awareness of tiredness and pain of jaw and neck muscles were also evaluated preceding and following jaw clenching task performance.

Total power value was not significantly, but the mean power frequency was significantly decreased by wearing MG. Occlusal force per unit of occlusal area and VAS scores were significantly decreased by MG.

The efficient force generation in jaw and neck muscles could be acquired by wearing MG, if MG disperse the occlusal force and alleviate the muscles tone and awareness in fatigue and pain.

Biography

I graduated from Nihon University School of Dentistry at Matsudo and acquired the dental medical license in 1987. I've acquired a PhD from Nihon University in 1997. My Professional is in the prosthetic dentistry. I am qualified Board Certified Member of Japan Prosthesis Society and Japanese Academy Sports Dental Society. My main research is the physiological study of the mouthguard and the adhesion of the composite resin. I already published many papers in several academic journals in Japan.

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Amar Bhochhibhoya

University/Organization: Peoples Dental College and Hospital

Light Weight Hollow Dental Prosthesis: An Innovative Approach in Maxillofacial Prosthodontics

Rehabilitating patients with maxillofacial defects is a challenging task as such surgical resections may result in discontinuity defects that pose functional, esthetic and psychological problems. Decreased denture bearing area, increased interarch space and leverage action in such maxillofacial defects may cause problems with regards to retention, stability and support of the prosthesis. Besides, changes in the tissues supporting a maxillofacial prosthesis may be more rapid than in those supporting a more conventional prosthesis. Reduction in the weight of the prosthesis is beneficial for decreasing the leverage action and load on the residual alveolar ridge. These clinical reports describe our experience in rehabilitating patients with maxillofacial defects with hollow dental prosthesis using simplified techniques.

Biography

Dr Amar Bhochhibhoya, Master in Dental Surgery (MDS), 2014 Peoples Dental College and Hospital Kathmandu, Nepal Bachelor in Dentistry (BDS), 2009 BPKIHS Dharan, Nepal.

Membership of Professional Associations

Life Member of Nepal Dental Association (NDA)

Life Member of Nepalese Prosthodontic Society (NPS)

Employment History:

Assistant Professor

People's Dental College and Hospital, Kathmandu, Nepal

Consultant Prosthodontics

Om Samaj Dental Hospital, Kathmandu

Research Experience:

Reviewer:

Journal of Oral & Maxillofacial Research

Annals of Medical and Health Sciences Research

Dentistry and Oral Health Summit

23rd – 25th January 2017, Singapore

Dr.Chetana S.Makade

University/Organization: VSPM dental College & Research Centre,Nagpur

Managing Discolored Teeth-A Conservative Way

In today's era of esthetics it's a dream of an every individual to aspire a bright healthy and white smile. It is a proven fact that discolored teeth are considered to be a stigma and affects persons psychology and confidence. A wide array of treatment modalities like ceramics/or composite veneering, bleaching, full coverage crown, microabrasion, macroabrasion are available. Of these some treatments are quite expensive and requires treatment expertise.

In India, several parts of country are affected by fluorosis causing discoloration. With increase in awareness for esthetics among people it becomes imperative for a clinician to provide economical, considerably less time consuming treatment modalities for enhancing esthetics. Macroabrasion along with microabrasion is one of the long standing, safe, least invasive technique which has been overshadowed by esthetic materials like composites.

This presentation aims to review the use of this technique appropriately with case reports in gifting a million dollar smile for an individual, in a simplified way.

Biography

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Dentistry and Oral Health Summit

23rd – 25th January 2017, Singapore

Pr Lahcen Ousehal. Ph.D.,

Department of orthodontics. Casablanca Dental School. Morocco.

Moroccan Orthognathic Care Experience and Assessment of the Quality of Life in Patients Undergoing Orthognathic Surgery

Planning and results of orthognathic surgery must be compatible with the objectives and normative values, and these may differ from the perceived improvement in patients after surgery and quality of life in general.

Over the years, studies have demonstrated that most patients with dentofacial deformities seek treatment in order to have their facial and dental esthetics improved. Additionally, some studies report that the main motivation comprises improvements in masticatory function rather than changes in appearance [9].

Patients also seek treatment with the expectation of gaining psychosocial benefits, including improvements in interpersonal relationships and psychological well-being, by improving their self-esteem.

The issue of quality of life attracting more and more interest from many researchers. It is a concept that contains various areas of life and it is highly subject to individual experiences. This quality of life can be defined as a feeling of well-being associated with a satisfaction or dissatisfaction in the considered important aspects of the individual life the objective of this conference is to share with you our Moroccan clinical experience for orthognathic surgery management care and to share the results of our study on the assessment of quality of life in our operated patients.

Dentistry and Oral Health Summit

23rd – 25th January 2017, Singapore

Dr. Rushik Raval

University/Organization: MGS Dental College and Research Centre, Sri Ganganagar, Rajasthan, India

Negligence in Dental Practice- Incident and Prevention

Negligence can escort to grave complications and can cause a threat to one's life. Many of the dental practitioners are unaware of such things which can happen in routine practice as well. Fortuitous chemical injury of the oral and maxillofacial region may occur with a range of substances. It is impossible to imagine dentistry without local anesthesia. Other clear solutions like hydrogen peroxide, sodium hypochloride, alcohol in a form of spirit, formalin are widely used in dentistry. Formalin is 37% aqueous solution of formaldehyde. In dentistry and most surgical set up, 10 % formalin is used as a tissue preservative. It has toxic effect on gastrointestinal system, respiratory system, skin and mucosa. There are very few cases have been reported of alcohol and formalin injection in literature. Local and systemic intoxication of formaldehyde has not been described satisfactorily due to lack of available literature. Here I describes the early and delayed clinical features after accidental intraoral formalin injection, its' possible early and late management and some sensible points to refrain from such incident of negligence.

Biography:

Dr. Rushik Raval, a young Maxillofacial Surgeon from India has an objective of obtaining a challenging position in the field. He has strong knowledge of current principles, methods and procedures for the delivery of evaluation, diagnosis and treatment in area of expertise. He is a certified forensic odontologist too. He has completed his training of advanced trauma life support from All India Institute of Medical Sciences, New Delhi, India. He has vast exposure of various major and minor maxillofacial surgical procedures. He has more than 10 scientific publications in various national and international journals on various aspects of maxillofacial surgery in very short period of time in his residency years. He wants to gain tremendous encroachment in professional career with the best application of the surgical knowledge and skill.

Dentistry and Oral Health Summit

23rd – 25th January 2017, Singapore

CV.Prof. T. Forouzanfar, MD, DDS, PhD

University of Maastricht

Maxillary Sinus Floor Elevation as a Model For Stem Cell Research

Bone loss in the oral and maxillofacial region caused by trauma, tumors, congenital disorders, or degenerative diseases is a health care problem worldwide. To restore (reconstruct) these bone defects, human or animal bone grafts or alloplastic (synthetic) materials have been used. However, several disadvantages are associated with bone graft transplantation, such as limited bone volume, donor-site morbidity, surgical and immune rejection risks, and lack of osseointegration. Bone tissue engineering is emerging as a valid alternative to treat bone defects allowing the regeneration of lost bony tissue, thereby recovering its functionality. Maxillary sinus floor elevation (MSFE) has become a standard surgical procedure to overcome the reduced amount of bone, thus enabling the placement of dental implants. Importantly, oral bone regeneration during MSFE offers a unique human clinical model in which new cell-based bone tissue engineering applications might be investigated, since biopsies can be taken after MSFE before a dental implant placement and analyzed at the cellular level. Recently, adipose tissue has become interesting as an abundant source of mesenchymal stem cells, which might be applied immediately after isolation to the patient allowing a one-step surgical procedure, thereby avoiding expensive cell culture procedures and another surgical operation. MSFE is an ideal model in investigation the use of mesenchymal stem cells in maxillofacial surgery. The results of a recently accomplished trial on this topic will be discussed.

Biography:

Prof. Forouzanfar studied medicine at the University of Maastricht (1993-1999) and dentistry at the University of Leuven, Belgium (2001-2004). Between 2000 and 2004 he performed his PhD program at the department of Anesthesiology and pain management UMCU Maastricht (Head: prof. v Kleef). His PhD topic was “ Pain and Pain measurement in CRPS I patients”. In 2004 he started as resident in oral and maxillofacial surgery and finished it at 2008. He is since 2011 head of the department of Oral and Maxillofacial surgery / Oral Pathology of VU university medical centre. Concerning patient care his interest is focused on traumatology, orthognathic surgery, and oncology. Oncology in the oral and maxillofacial region is his main focus. He is currently official registered as Head and Neck oncological surgeon. His research interests lay in aetiology and treatment of facial defect using stem cell - and 3D technology. His research line which is one of the main research lines of his department is part of the inter-faculty Research institute MOVE. He is supervisor of 15 PhD projects of which 5 will be finished in 2016. In 2013 he founded in cooperation with the department of Physical and Medical

Technology of VU university medical centre the 3D InnovationLab. In this lab clinicians, scientist, engineers and designers perform research on 3D software technology, material sciences, imaging and 3d printing using a multidisciplinary approach. There is an intensive cooperation with technical Universities and industrial partners. Currently 20 research projects are ongoing in the 3D InnovationLab.

Dentistry and Oral Health Summit

23rd – 25th January 2017, Singapore

Marc J.M. Abadie

University/Organization: Institute Charles Gerhardt Montpellier ICGM - Aggregates, Interfaces & Materials for Energy AIME(ICGM/AIME, UMR CNRS 5253) -University of Montpellier, France

Chemistry of interface/interphase in Dental Materials

For restorative dental material composites, the interface/interphase is a key issue since it guarantees the necessary stress transfer from the matrix (weak part) to the reinforcement (strong part). In the nano-composites, the main issue is the homogeneous dispersion of the nanofiller (NF) into the matrix due to its nano size and low wt.% used (1-5 wt.%) ; therefore a good control of the interface/interphase will strongly help in the homogeneity and performance of these materials.

After defining interface/interphase in such materials, we will describe the recent progresses in chemical treatments of inorganic fillers (glass, clay, POSS) as well as organic fillers (aramid, CFs & NFs : CNFs, CNTs, graphite, GO). The complex case of Fibre Metal Laminates FML will be investigated.

SEM for composites, TEM and XRD analysis for nano-composites will be discussed in order to control the performance properties of both composites and nano- composites.

Biography:

Interface/interphase, Bondings, Dental Materials, SEM, TEM and XRD analysis

Dentistry and Oral Health Summit

23rd – 25th January 2017, Singapore

Hisham Mahmoud Hamdy Abada

Kafr el-Sheikh University, Faculty of Dentistry, EGYPT

Push-Out Bond Strength of Different Root Canal Obturation Systems to Root Canal Dentin

Many obturation systems were proposed for endodontics to approach the good sealing ability and adhesion to dentin. Recently, adhesive obturation systems have been introduced in endodontics in an attempt to obtain a “monoblock” in which the core material, sealing agent and root canal dentin form a single cohesive unit within the root canal in an effort to provide a more effective seal coronally and apically. The study hypothesis was that adhesive root canal filling systems form a monoblock and obtained a superior adhesiveness to root canal dentin than non-adhesive root canal filling systems. Aim: To evaluate push-out bond strength of four obturation systems; Gutta-percha/AH Plus, GuttaFlow, RealSeal and EndoREZ system to root canal dentin. Materials and methods: Human freshly extracted 80 mandibular premolars were prepared and assigned to experimental groups (n=20), designated as Group I: Gutta-percha/AH Plus, Group II: GuttaFlow system, Group III: RealSeal points/RealSeal Self-etch and EndoREZ obturation system. After obturation, each tooth was prepared for push-out assessment with root slices of 2 mm thickness using universal testing machine. Data were analyzed using one way ANOVA in a level of confidence at 95%. Results: Gutta-percha/AH Plus root fillings showed significantly highest bond strength. Whereas root segment location did not have a significant influence on bond strength except with Group III. Conclusion: The higher push-out bond strength found in the GP/AH Plus root fillings reiterate the fact that the era of conventional nonbonding root filling has not come to an end despite the theoretical development of dentin adhesive technology.

Biography:

I have completed my MSc in 2015 from Faculty of dentistry-Tanta University-Egypt. I am working as an assistant lecture of Endodontics Department-Faculty of Dentistry - Kafr elsheikh University- Egypt. I have published my master thesis in Tanta Dental journal which is reputed international journal.

Dentistry and Oral Health Summit

23rd – 25th January 2017, Singapore

Hisham Mahmoud Hamdy Abada

Kafr el-Sheikh University, Faculty of Dentistry, EGYPT

Enhancing Of Irrigation Solution Efficacy During Root Canal Treatment By Using The Power Of Bubbles: A New Era

Thorough debridement by the removal of remnants of vital, and necrotic tissues, microorganisms and their by-products from the root canal system is considered an ideal requirement for the success of root canal therapy. The shaping of the root canal has improved with advances in metal technology. However, owing to the complexity and irregularity of teeth, cleaning of the canal still relies heavily on the adjunctive use of chemical rinsing. Today, cleaning of the root canal is based on a sodium hypochlorite (NaOCl) supported root canal preparation followed by final rinsing with EDTA. It is important that these irrigants come into contact with the root canal wall, especially in the apical third of the root canal system. Therefore, a number of mechanical devices have been introduced to improve the penetration and effectiveness of irrigation.

One of the problems of irrigation is the fluid motion within the confined geometry of the root canal: efficient dispersion of the liquid is difficult to achieve. Conventional syringe irrigation is limited due to the absence of turbulence over much of the canal volume, vapour lock may limit apical cleaning and disinfection, and there is also a stagnation plane beyond the needle tip. The best way to improve irrigant penetration and biofilm removal is achieved by means of the agitation of the fluid. Today, ultrasonic activation appears to be the best way to activate irrigation solution among the present-day used means and marketed systems. However, the vibrating file of ultrasonic devices during passive ultrasonic irrigation only oscillates in a transverse direction and not longitudinally to the root axis. Another way to activate irrigation solutions is the use of lasers: laser-activated irrigation or photon-initiated acoustic streaming has been investigated. Laser-activated irrigation results in a fluid stream towards the apex. Based on present-day research it appears that the efficacy of laser activation (especially with Erbium lasers) can be more efficient thanks to the induction of specific cavitation phenomena (formation of bubbles) and acoustic streaming.

Keywords: bubbles, cavitation, laser, ultrasonic

Dentistry and Oral Health Summit

23rd – 25th January 2017, Singapore

Maen Mahfouz

Department of Orthodontics, Najran Specialized Dental Centre,
Ministry of Health, Saudi Arabia.
Faculty of Dentistry, Arab American University, Jenin, Palestine.
Department of Dentistry, AL-Zafer Hospital, Najran, Saudi Arabia

Midline Significance As guide in Orthodontic Diagnosis and Treatment

Midline correction should be undertaken from the initiation of orthodontic treatment and once all midlines are coordinated they should be maintained as a guide for any further force systems used in completing the case. In this presentation clinical cases will be demonstrated showing the essence and importance of midline establishment before the active therapy has been completed.

Dentistry and Oral Health Summit

23rd – 25th January 2017, Singapore

Dr. Akhilanand Chaurasia, BDS, MDS

King George's Medical University, Lucknow-INDIA

Chronobiologically Modulated Chemotherapy in Oral Cancer

Chronobiology is the study of the temporal relationships of biologic phenomena. All living things evolved in a milieu characterized by constant change based upon the cyclic relationships of the sun, earth, and moon. The circadian periodicity is genetically retained by all living organisms. Circadian organization is such a basic property of life that derangements may have lethal consequences. Mammalian circadian rhythms result from a complex organization involving molecular clocks within nearly all “normal” cells and a dedicated neuroanatomical system which coordinates the so-called “peripheral oscillators.” The core of the central clock system is constituted by the suprachiasmatic nuclei that are located on the floor of the hypothalamus. This circadian organization is responsible for predictable changes in the tolerability and efficacy of anticancer agents. The circadian rhythm dependent chemotherapy provides indirect evidence for time-dependent variability of the response of the human and murine to anticancer drugs. Doxorubicin, cisplatin, 5-fluorouracil and FUDR have been studied in oral cancer for their circadian pharmacodynamics and toxicology. The outcome of these studies clearly concluded that circadian dependent administration of anticancer drugs reduces drug toxicity and allows substantial increase in the maximally tolerated dose which results in better treatment efficacy and greater comfort for oral cancer patients. Thus chronobiologically modulated chemotherapy holds promising results in treatment of oral cancer and other cancer with increased efficacy and decreased toxicity. In coming years the future of cancer treatment lies in circadian rhythm dependent chemotherapy.

Biography-

Dr. Akhilanand Chaurasia, Associate professor and consultant at King George Medical University, Lucknow has dedicated meticulous efforts and supreme services pertaining to oral medicine and oral biology. Dr. Akhilanand Chaurasia has an elite academic record. He is graduated from King George's Medical University in 2005 and completed his postgraduation from University of Kerala in 2009. He has diploma in Healthcare biomedical waste management. He has remarkable credit of contributing to academics by publishing 54 manuscripts, peer reviewers of more than 150 international journals, editor in chief of 2 national journals, associate editor of 1 international journal, editor of 10 international journals, editorial board members of 17 international journals, ambassador of European association of cancer research. He is fellow of many prestigious and pristine organizations of dentistry. He is member of 30 international organizations. He is active guide and mentor of postgraduate programmes. Currently he is pursuing PhD in chronobiology of Head and Neck cancer.

Dentistry and Oral Health Summit

23rd – 25th January 2017, Singapore

Abu-Hussein Muhamad

Congenitally Missing Lateral Incisors; Orthodontic, Restorative, and Implant Approaches

Agensis, the absence of permanent teeth, is a common occurrence among dental patients. The total incidence of tooth agenesis is about 4.2% among patients that are seeking orthodontic treatment and with the exception of third molars, the maxillary lateral incisors are the most common congenitally missing teeth with about a 2% incidence. Esthetically correcting congenitally missing maxillary lateral incisors is a common challenge that every orthodontist and dental team will face, and dentists must consider the treatment options that are most appropriate for each patient. This presentation discusses factors in determining whether to close an open space or to open enough space for a prosthetic treatment for congenitally missing maxillary lateral incisors. Further, the importance of a total treatment approach using an interdisciplinary dental specialty team to maximize function, aesthetics, and oral health is discussed.

Missing Teeth: Should We Open or Close the Space?

This session will review strategies for managing patients with missing lateral incisors and second premolars.

Objective: Following this session, the attendee should be able to:

1. Identify eruption problems associated with congenitally missing teeth
2. Describe the advantages and disadvantages of space opening and space closure
3. List the necessary steps involved with inter-discipline treatment planning for space opening and restorative care

Dentistry and Oral Health Summit

23rd – 25th January 2017, Singapore

Abu-Hussein Muhamad

Athens-Greece

Team Care of the Patient with Cleft Lip and Palate

Cleft lip and cleft palate are birth defects that occur during pregnancy when a baby's mouth or lips do not develop properly. The baby may have a cleft lip, cleft palate, or both cleft lip and cleft palate (CDC, 2014). Cleft lip and/or palate (CL/P) refers to the possible combinations of these defects. CL/P is relatively rare: about 2,650 babies with cleft palate and 4,440 babies with cleft lip with or without a cleft palate are born each year in the United States. In addition to its rarity, CL/P is often a complex disorder that speech language pathologists (SLPs) may find challenging to treat. CL/P has a low incidence rate, and it is common for SLPs to complete their graduate and clinical training, perhaps even their entire career, without ever encountering a child with this congenital defect. This is not true, of course, for the relatively few SLPs who have specialized in CL/P or work as part of a cleft team. However, SLPs with a generalist background tend to have limited knowledge of how to diagnose and treat these children. If a child with CL/P is added to such a SLP's caseload, the SLP must uphold the ethical responsibility to provide services that will have the greatest benefit for that child (ASHA, 2010). In this scenario, it will be necessary for the SLP to gain the needed information. Depending on the situation, the SLP may need to access this information very quickly.

The aim of the presentation are;

- Classification of Cleft Lip and Palate
- Multidisciplinary Cleft Lip and Palate Teamgeneral Responsibilities of Team Members; Dental Specialties Medical And Allied Health Specialties
- -Multidisciplinary Sequencing Of Treatment In Clefts

Dentistry and Oral Health Summit

23rd – 25th January 2017, Singapore

Abu-Hussein Muhamad, DDS, MSc D, MSc, M Dent Sci (Paed Dent), FICD

Congenital Missing Teeth: Prosthetic Rehabilitation following Orthodontic Treatment

Missing teeth in anterior part of the maxilla cause functional, aethetical and psychological problems. Especially in adolescents, apart from conventional methods (removable partial dentures, maryland bridges, fixed dentures), osseointegrated implants developed by Branemark et al. may be used for treatment of missing teeth. On account of function and aesthetics, implant application is reliable and predictable method. It is significant to apply implants after active bone growth period in adolescents.

In this study, single patient undergoes prosthetic rehabilitation following orthodontic treatment. In the case, implants are applied after the preparation of necessary room for congenitally missing upper bilateral lateral incisors. After the distalization of canines, and mesialization of the central incisors to their proper anatomical location, two implants are applied in the gained space. As a result, osseointegrated implant application in anterior part of maxilla is fairly conservative and aesthetic method.

Dentistry and Oral Health Summit

23rd – 25th January 2017, Singapore

Charles El Khoury,

Saint Joseph Faculty of Dental Medicine, Beirut - Lebanon

Alveolar Bone Reconstruction for Dental Implant: from Minimal Invasive to Major Bone Grafts Following the Biologic Concept of Autogenous Bone Grafting

Different techniques and materials have been recommended for the reconstruction of the bone defects of the alveolar crest, such as autogenous, allogenic or alloplastic bone grafts or guided bone regeneration techniques. On biological, immunological, medico-legal and even time consuming basis the superiority of autogenous bone has been demonstrated. From a pathophysiological perspective, all sources of autogenous bone are not similar concerning the amount of revascularization that they provide. For a better prognosis and predictable results, a technique based on the biologic concept of bone remodelling, should be used during bone grafting to provide a sufficient blood supply to insure appropriate revascularization of the graft.

There are different donor sites for autogenous bone in human organism. This presentation details different mandibular donor sites for block grafts, going from minimal invasive harvesting techniques to bigger ones using special instrumentation, discussing the new “Biological concept” of autogenous bone grafting, and presenting several cases with implantation and prosthetic reconstruction.

Dentistry and Oral Health Summit

23rd – 25th January 2017, Singapore

Dr. Amit Nagar,

Professor, Department of Orthodontics & Dentofacial Orthopedics Faculty of Dental Sciences
King George's Medical University, UP, Lucknow India

White Spot Lesions in Orthodontic Treatment

White spot lesions are a common sequel of orthodontic treatment, and present a significant challenge in achieving esthetic excellence. As maintenance of good oral hygiene become more difficult in patients with fixed orthodontic appliances, the decalcification of the enamel surface adjacent to these appliances is more prevalent. Decalcification is manifested as a white spot lesion (WSL), and orthodontic patients develop significantly more WSLs than nonorthodontic patients. The opaque, white, chalky appearance of WSL is due to an optical phenomenon caused by mineral loss in the surface and subsurface enamel, and is exaggerated by drying.

These lesions also tend to appear rough and if WSLs are left untreated, they may progress to produce carious cavitations and may also present esthetic problems. Thus, the timely prevention, diagnosis, and treatment of WSLs is crucial to minimize tooth decay as well as tooth discoloration which may compromise with the smile esthetics.

Caries risk should be assessed during initial evaluations of orthodontic patients, and risk-specific prevention and management protocols can help to eliminate or minimize this clinical problem. There are multiple options for treatment of WSL, ranging from conservative to invasive techniques; the severity of lesions is a determinant of which option is most appropriate.

Biography

Dr. Amit Nagar Distinguished Professor of Orthodontics and Dentofacial Orthopedics, King George's Medical University, Lucknow, grew in India passed his B.D.S. and M.D.S. (Orthodontics) in 1985 from prestigious King George's Medical University, Lucknow. Since then he is engaged in full time teaching and research at various medical and dental schools in India. Dr Nagar has been elected as member of prestigious National Academy of Medical Sciences, India (MNAMS), and has been awarded fellowship of the International College of Dentists, USA (India section) and fellowship of World Federation of Orthodontists (FWFO) U.S.A. His wide interest in various specialties have led him to complete his diploma in hospital management (PGDHHM). He has more than 50 international and national publications, 4 published books to his credit and has also contributed chapter in a book of forensic dentistry. Dr Nagar has supervised more than 30 post-graduate theses till date and is actively engaged in Undergraduate and postgraduate teaching in Orthodontics since last 31 years. He has attended more than 30 national and international conferences, delivered lectures, presented papers and chaired scientific sessions. His areas of interests include Orthognathic surgeries, orthodontic management of impactions, transpositions and Class III malocclusions.

Dentistry and Oral Health Summit

23rd – 25th January 2017, Singapore

Dr. Davoud Shojaeizadeh,

Effect of Oral Health Educational Program About the Role of Nutrition on Health Belief Model Among Medical Staff Martyr Shahid Beheshti Dental School and Its Affiliated Centers

It is obvious oral health is of particular importance because of oral health depends on the health of all organs of the body through the mouth. And all the energy required is provided. This study aimed to determine the effect of education on health belief model about the effect of nutrition on oral health was conducted.

Methods: This study is a quasi-experimental study on the medical staff martyr shahid Beheshti Dental School and affiliated centers were in 94-93 years. Sampling of random checking of personnel in the comparison groups (45) and intervention (43), respectively. A pre-test was conducted in groups. The intervention group participated in a training program designed based on the health belief model and 3 months after intervention, the post-test was given to both intervention and control groups. Data were analyzed using SPSS19 statistical software by repeated measures.

Results: Before intervention, the two groups were matched for the studied variables. The mean perceived susceptibility between the two groups was statistically significant three months after the intervention ($p=0.005$). The mean perceived severity was also significantly different ($p=0.003$). The mean of perceived barriers and perceived benefits was significantly different in the two groups ($p=0.03$). The mean self-efficacy was also significantly different. ($p=0.05$). but the change in the mean cues for action wasn't significantly different in the two groups ($p=0.08$). And three months after the intervention mean knowledge score was significantly increased in the intervention group. ($p<0.001$)

Conclusion: Education based on health belief model may affect increase the nutritional knowledge of staff effective dental units.

Key words: education, nutrition, oral health, medical staff

Dentistry and Oral Health Summit

23rd – 25th January 2017, Singapore

Dr.Sherin.A.Khalem, BDS, MDS(OMFS),MSc(PSY),FICOI

Clear Cell Carcinoma of Jaw Bones - A Research Study

Clear cell odontogenic carcinoma (CCOC) is one of the rare benign but locally invasive odontogenic tumours in oral cavity. Literature review suggests that it is more common in anterior region of mandible and has a predilection for females with 45 cases reported in literature. In 1992 WHO defined Clear Cell Odontogenic Tumor as “A benign but locally invasive neoplasm originating from odontogenic epithelium and characterized by sheets and islands of uniform, vacuolated and clear cells.” Subsequent reports of their aggressive behavior, predilection for local recurrence, evidence of pulmonary and lymph node metastases and tumor-related deaths necessitated a change in their classification and nomenclature and is now called CCOC. This paper reports the surgical management of a Clear cell odontogenic carcinoma of maxilla & mandible with case reports done by the author, recent advances in surgical management with review of literature.

Biography

Dr.Sherin.A.Khalem, BDS, MDS(OMFS),MSc(PSY),FICOI, is an associate professor, Oral & Maxillofacial Surgery, PMS College of Dental Science and Research, Trivandrum, India. He is the surgical head, Department of Dental and Maxillofacial Surgery, SUT Royal Hospital, Trivandrum. He is the Director of The Khalams Medical Centre, Attingal, Trivandrum. He is a fellow of International Congress of Oral Implantologists(USA). Completed BDS from Vinayaka Missions University and MDS from Annamalai University. He completed his MSc in Clinical Psychology from Tamilnadu University. He is having more than 50 international publications in his credit. He had completed advanced training in Implantology from Lleida, Barcelona, Spain. He is a researcher in biomaterials for maxillofacial prosthesis. He is the Course Co Ordinator, University of Genova, Italy for Fellowship in Dental Implantology and Diploma In Laser Dentistry for India. Conducted many international CDE programs, workshops and scientific symposiums as Key note Speaker and Organiser.

Dentistry and Oral Health Summit

23rd – 25th January 2017, Singapore

Shalini Gupta, O.P.Gupta

Department of Oral Pathology & Microbiology, King George's Medical University, Lucknow, UP, India

Establishment of Sexual Dimorphism in North Indian Population by Odontometric Study of Permanent Maxillary Canine

To investigate whether sexual dimorphism can be established by odontometric study of permanent maxillary canine teeth as well as inter-canine width in north Indian population.

Study design: The study was carried out at department of Oral Pathology & Microbiology, King George's Medical University, Lucknow, India on students and patients reporting at OPD. Out of total 180 subjects examined 90 subjects were female and 90 were male. Impressions of the upper arch were made using alginate and cast poured in dental stone. The mesiodistal diameter of the crown of permanent maxillary canine both on right and left sides and inter-canine width were measured. From these measurements, maxillary canine index was calculated. The percentage of sexual dimorphism was assessed for all the parameters.

Results: In the present study, the mesiodistal diameter of maxillary canine for both right ($p=0.001$) and left side ($p=0.005$) was significantly higher among male subjects than females. Similar observation was found for inter-canine width too ($p=0.0001$). However, the maxillary canine index for right and left was almost similar ($p>0.05$) for both male and female subjects.

The sexual dimorphism in right and left mesiodistal diameters of maxillary canine was 4.2% and 3.6% respectively. For, inter-canine width it was maximum i.e. 13.7%. However, sexual dimorphism in right and left canine index showed negative values i.e. -2.1% and -0.9% respectively.

Conclusion: There was sexual dimorphism in mesiodistal diameter and inter-canine width of permanent maxillary canine teeth. Sexual dimorphism was more on right permanent maxillary canine teeth than left permanent maxillary canine.

Keywords: odontometric, maxillary canine teeth, sexual dimorphism

Dentistry and Oral Health Summit

23rd – 25th January 2017, Singapore

Walter L. Siqueira DDS, Ph.D.,

Associate Professor in Dentistry and Biochemistry The University of Western Ontario, Canada

Deciphering the Clinical Relevance of the Salivary Proteome for Therapeutic Use Against Dental Caries and Periodontal Diseases

With recent advances in proteomics and oral health research, the number of salivary proteins identified has increased dramatically. However, the physiological functions of many of these newly discovered proteins remain unclear. In this regard, it is important to identify and characterize the behavior of salivary proteins adsorbed on tooth enamel. Selective adsorption of salivary proteins onto the enamel surface forms the acquired enamel pellicle – a protein film able to protect the enamel against demineralization and to promote remineralization. In this presentation, new approaches will be discussed for functional characterization of the acquired enamel pellicle and its constituent proteins. These include quantitative proteomics and molecular dynamics simulations. Knowledge obtained using these state-of-the-art approaches may provide a basis for the development of stable (proteinase-resistant) synthetic proteins/peptides for therapeutic use against dental caries and periodontal diseases.

Biography

Walter L. Siqueira, DDS, PhD is one of the first and only dental clinician-scientists in Canada conducting salivary proteome research. His background has enabled him to easily integrate basic science with applied clinical research and translational research. Dr. Siqueira has 64 peer-reviewed papers to his credit (H index = 24). His research is funded by national and international grants. Dr. Siqueira is at the forefront of oral health - salivary research. He is able to capitalize on recent technological advances in order to answer fundamental questions concerning the composition, structure and biological functions of components present in saliva that can significantly improve the health of patients. His studies go from comprehensive salivary biomarker identification for worldwide diseases as Zika virus infection to an innovative drug delivery therapeutic approach for salivary proteins to prevent tooth decay. Dr. Siqueira was invited for more than 30 lectures in universities and conferences across the World in the last 5 years. Moreover, Dr. Siqueira holds the prestigious awards such as the 2012 Salivary Researcher of the Year Award offered by Salivary Research Group, International Association for Dental Research and the Canadian Association for Dental Research (CADR) and 2012 CADR-Quintessence-ACFD Visiting Professorship Award offered by Association of Canadian Faculties of Dentistry (ACFD). In addition, He currently holds a prestigious New Investigator Salary Award from the CIHR.