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DAY 1

Keynote Forum

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CLINICAL TIPS FOR DURABLE DENTIN BONDING

Adhesion to dental substrate is the key foundation for modern esthetic dentistry that enables practitioners using of tooth colored direct and indirect resins and ceramic based restorations. At their foundation, direct anterior and posterior resin composites, endodontic posts, resin cores, and laboratory processed resin and ceramic veneers, inlays, onlays, and crowns all have bonding agents that function as the bridge between the restorative material or luting cement and tooth structure. To achieve clinical success with such restorations, good adhesion between restorative materials and tooth substrates is of crucial importance in order to ensure good marginal sealing, reinforcement of the tooth structure, and longer life of the restoration. During the last two decades, great advances in adhesive dentistry achieved forming what is called by "bonding revolution "in order to produce good adhesion to dental substrates. Modern adhesive systems seem superficially simple - merely a film to be painted on the tooth. Actually, they are often sophisticated and complicated chemical systems that have the challenge of sensitivity to the heroic oral environment where placed. So careful attention to appropriate use and good clinical technique is essential for getting the best performance out of the bonding system and, ultimately, the restoration. The presentation will address clinical manipulative tips for obtaining the highest performances, in terms of bond durability and stability of the adhesive interface using these adhesive systems starting from selecting the appropriate system, application tips, common manipulative errors and detecting possible failures.

Biography

Dr. Sherif Abdelaal is Professor of conservative dentistry in faculty of oral and dental medicine, Cairo University, Egypt. He finished his PHD degree in Conservative Dentistry from the same faculty since 20 years ago. He has many published researches in local and regional journals in operative dentistry. He participated in many national and international conferences. He is now working as Consultant of Restorative Dentistry at King Abdulla Medical City Saudi Arabia.

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CLEFT LIP AND PALATE RECONSTRUCTIVE SURGERY: INFLUENCE ON DEVELOPMENT OF MASTOID BONE PNEUMATIZATION

Objectives: To find out size of mastoid bone pneumatization (MBP) according to cleft lip and palate types of different severity and age subgroups, growing rate of MBP with aging , ear side dependence according to cleft side.

Method: Measurement and analysis of mastoid bone pneumatization size on x-ray pictures (made according to Schuler technique) performed plane metrically using pixels separately for left and right ears. Study group include 14 bilateral (BCLP), 58 unilateral cleft lip and palate (UCLP) and 74 children with isolated cleft palate (ICP) (all groups have median age of 6.0years) suffered of recurrent episodes of otitis media with effusion (OME). Control group included 52 non-cleft children suffered of recurrent episodes of OME (median age of 6.0yr). Comparation of size of MBP of left vs. right ears for different age groups performed in different cleft lip and palate types.

Results: Size of MBP for total group of tested cleft palate ears was (7.3cm2), that is significantly smaller than MBP for total group of OME ears (8.12cm2) (p=0.0018). MBP in OME ears (8.12cm2) was bigger than in separate cleft type ears: BCLP (6,5cm2, p=0.0042), UCLP (7.4cm2, p=0.0052) and ICP (7,2cm2 p=0.0022). MBP in SOM ears showed faster rate of pneumatization growth (development) with aging(r=0.293, p=0.0035) than total group of cleft palate ears (r=0.174,p=0.003). Mastoid bone pneumatization in BCLP and UCLP have smallest MBP size which do not grow significantly with aging. MBP in isolated cleft palate have highest size if compared with other cleft types. This is only cleft type with significant growing of MBP with aging.

Conclusion: Cleft types with highest severy of structural defects bilateral and unilateral cleft lip and palate have smallest MBP , and no tendency of growth in size with aging. Ears of children of isolated cleft palate type showed higher size and growing rate of MBP with aging than. High severity and structural defects in BCLP and UCLP are accompanied with retardation of development and growth of MBP, what makes them of high risk for further frequent inflamations and reoccurence of OME, that contributes to retardation or/and slower development of mastoid pneumatization.

Biography

Jadranka Handzic graduated in the year 1984 at Medical School University of Zagreb, Master degree in the year 1987 and PhD in the year 1989. Residential program of Otolaryngology finished in the year 1989. Sub-specialist of Audiology in 2003. From 2000-2001 spent academic year on Fulbright Scholarship at Cleft Palate-Craniofacial Centre and Dental School of Medicine, University of Pittsburgh and Children's Hospital Pittsburgh, U.S.A on position as Adjunct Associate Professor of Oral Medicine. From 2001-2002 she had Lester Hamburg-Research Fellowship in Department for Paediatric Otolaryngology Children's Hospital of Pittsburgh, Medical School University of Pittsburgh, U.S.A. From 2002 she was Assistant Professor of Otolaryngology and from 2008 Professor of Otolaryngology and Audiology.

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