

DAY 1

Plenary Speakers



3rd Euroscicon Conference on

DENTAL & DENTAL HYGIENE

March 25-26, 2019 | Budapest, Hungary

DAY 1

March 25, 2019

Sessions

Orthodontics | Oral and Maxillofacial Surgery |
Endodontics | Periodontics | Dental Implantology
| prosthodontics | Cosmetic Dentistry |
Laser Dentistry | Oral Pathology

Session Chair

Sherif Abdelaal

King Abdulla Medical City, Saudi Arabia

Session Co-Chair

Jadranka Handzic

University Hospital Center, Croatia

Session Introduction

Title: MIH and PEIR- their effect on mineralization and treatment options

Uri Zilberman, Barzilai Medical University Center Ashkelon, Israel

Title: The effect of two aging methods on the flexural strength and crystal structure of yettria stabilised zirconia polycrystals (In Vitro Study)

Amr A Elsheemy, Alexandria University, Egypt

Title: TMD Into perspectives, evidence based diagnosis

Ghadeer Islem Basunbul, King Abdul Aziz University, Saudi Arabia

Title: An analysis of the alveolar process atrophy in the maxillo facial region and the interventions in oral implantology

Aldo Vangjeli, O.M.F Surgeon, Albania

Title: Smile makeover full protocol

Omar Tarek Farouk, Delta University for Science and Technology, Egypt

Title: Impact of pregnancy and living organisms on teeth and periodontal health

Rachid Ait Addi, Morocco

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MIH AND PEIR: THEIR EFFECT ON MINERALIZATION AND TREATMENT OPTIONS

Uri Zilberman

Barzilai Medical University Center, Israel

Molar Incisor Hypomineralization (MIH) is caused by disturbance during the initial calcification and/or maturation of the enamel of the affected teeth. It happens during the first two years after birth, for permanent molars or during the third trimester of pregnancy for primary molars. The characteristic features of MIH: opaque stains that vary in tone between white, yellow and brown, post-eruptive enamel breakdown, atypical restorations and/or extensive caries with opacities at the margins, sensitivity, tenderness and difficulty to treat. In Pre-Eruptive Intracoronal Resorption (PEIR), currently of unknown aetiology- the dentine underlying the enamel crown of still unerupted teeth is progressively resorbed and replaced by soft granulomatous tissue leaving only a thin layer of unsupported enamel. The fragile enamel in such teeth fractures soon after eruption exposing the dental pulp to oral pathogens. In the absence of early intervention, the extent of destruction of the mineralized tissues resulting from PEIR, necessitates extraction in some 50% of affected teeth. This presentation will describe the effect of MIH and PEIR on enamel mineralization and the treatment options with long follow-up periods.

Biography

Uri Zilberman received his DMD degree in 1983 from the Dental Faculty, Hebrew University, Jerusalem, and his PhD degree in 2000 in Basic Science, Dental Anthropology. He specialized in Pediatric Dentistry from 1990 and has been treating children and adolescents for the last 30 years. He is the Head of the Pediatric Dental Unit at Barzilai Medical University Center. He is the Senior Lecturer at the Faculty of Health Science, Ben-Gurion University of the Negev, Beersheba and at the Dental Faculty, Hebrew University, Jerusalem. He teaches courses on Dental Morphology for first year Dental students and Pathophysiology of the Oral Cavity for fourth year Pharmacology students. He has published more than 50 research papers and chapters in Pediatric Dentistry and Dental Anthropology. His main interests are new dental procedures and devices for pediatric dentistry, hereditary disorders and their effect on tooth development, and the use of biomimetic materials in pediatric dentistry, like glass-ionomers cements. He has developed new dental procedures and a patented new dental device for pediatric dentistry.

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THE EFFECT OF TWO AGING METHODS ON THE FLEXURAL STRENGTH AND CRYSTAL STRUCTURE OF YETTRIA STABILISED ZIRCONIA POLYCRYSTALS (IN VITRO STUDY)

Amr A Elsheemy

Alexandria University, Egypt

Introduction: Dental zirconia restorations present long-term clinical survival and be in service within the oral environment for many years. However, low temperature degradation could affect their mechanical properties and survival.

Objectives: Was to investigate the effect of two aging methods on the flexural strength and crystal structure of yttrium-stabilized zirconia (Y-TZP).

Material and methods: Thirty bar specimens were prepared from a yettria stabilized zirconia polycrystals and were divided into 3 groups (control, aged for 720,000 mechanical loads of 50N and 3600 thermal cycles, aged for 1 hour using autoclave). The aging procedures represent 3 years of clinical use. The specimens were loaded until fracture and the crystalline phase polymorphs of the material (tetragonal, t, and monoclinic, m, zirconia) were investigated by x-ray diffraction (XRD). Further investigations were done using scanning electron microscope (SEM). Data was statistically analysed using ANOVA test.

Results: Group B and C showed no statistical significance in their flexural strength with means of their break force (793.23 ± 164.03) and (780.97 ± 257.25) respectively but statistically significant and higher than group A with mean (549.7 ± 54.14). The XRD showed nearly no change in the crystal structure between group A and B but an increase in the percent of monoclinic phase in group C. The SEM demonstrated a relatively homogenous size with particle size ranged between 400 to 570 μm for group A, while Group B and C showed an increase in particle size between 768 to 1150 μm respectively.

Conclusions: Both aging methods caused changes in the flexural strength and structure of the zirconia specimens with no significant difference between them.

Biography

Amr Elsheemy has completed his Msc at the age of 28 years from Alexandria University and is currently conducting his Phd studies at the same university. He is an assistant lecturer at the faculty of dentistry Alexandria university and a board member at Alexandria dental syndicate.

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TMD INTO PERSPECTIVES: EVIDENCE BASED DIAGNOSIS

Ghadeer Islem Basunbul

King Abdul Aziz University, Saudi Arabia

TM D pain patients present dentists with challenges. For many, referral to experienced prosthodontists is the preferred action assuming that occlusion is involved. Providing therapeutic changes to the occlusion with appliances, re-creating muscle harmony, and prescribing diagnostic imaging to review the anatomy can provide invaluable information for the restorative dentist while providing relief and healing for most TMD patients. However, to provide predictable and successful results, the management of long term frustrated TMD pain patients starts with listening to consider when more than occlusion is involved. This requires knowledge and skills beyond restorative dentistry and occlusion. It requires evidence based comprehensive diagnosis. Understanding the etiology of temporomandibular disorders is fundamental for successful management. Yet there is much controversy and debate in this field. In this presentation, Dr.G.Basunbul discusses the long standing debate concerning the etiologic factors associated with TMD and where occlusion may fit. Understanding which etiologic factor(s) is predominant in the TMD is essential for helping their patients. Also this presentation presents an overview of orofacial pain and why it is often misdiagnosed and mismanaged. Often, our treatment strategies are based on our most familiar techniques and not always on the patient's needs. Dentists understanding the global picture of orofacial pain is the start to reach proper diagnosis that leads to the most successful treatment strategy, including referral and ultimately improving the patient quality of life.

Biography

Dr. Ghadeer Basunbul graduated with an honor degree and as the first on her class with a Baccalaureate in Dental Surgery (BDS) from King Abdul Aziz University, Faculty of Dentistry, Jeddah, Saudi Arabia in 2005. Between 2005 and 2007, Dr.G.Basunbul served as a demonstrator at the Department of Oral and Maxillofacial Rehabilitation at KAU. She obtained her Certificate in Advanced Graduate Studies in Prosthodontics (CAGS) and her Doctorate of Science in Dental Biomaterial and Restorative Sciences from Boston University, School of Dental Medicine in Boston, Massachusetts, USA in 2010 and 2013, respectively. Dr. Basunbul received Dr.David Baraban Excellence Award in Cosmetic, Prosthodontics and Implant Dentistry from Boston University, School of Dental Medicine in 2010. Since 2014, Dr. Ghadeer became a fellow of The Royal College of Dentists of Canada and joined the Oral and Maxillofacial Rehabilitation Department at King Abdul Aziz University, Faculty of Dentistry as a consultant and an assistant professor in prosthodontics.

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AN ANALYSIS OF THE ALVEOLAR PROCESS ATROPHY IN THE MAXILLO FACIAL REGION AND THE INTERVENTIONS IN ORAL IMPLANTOLOGY

Aldo Vangjeli
O.M.F Surgeon, Albania

Before any surgical intervention with the purpose of setting dental implants, the implantologist should not only do a general analysis of the case but first and most important thing is to do the detailed study of the region or area over which the intervention will take place. So, the implant-prosthetic rehabilitation requires that alveolar crusts must have enough bone in good quality and on which we can work. But this is not always possible. Different factors influence this inadequacy which in some cases is an obstacle that should be treated seriously by the physician. Autograft, allograft or xenograft. In generally, these surgical auxiliary techniques are used during interventions for atrophic bone implantation.

Material and Method: In this paper I have used my personal theoretical-practical experience in the surgical treatment of patients who had undergone atrophic bone surgery for a period of several years. In this paper we will present some clinical cases treated at our clinic.

Clinical case: The MS 50-year-old patient appears in our clinic after a failed implant surgery on both jaws. The panoramic graph gives this view (Figure 1). It is snapped into the upper jaw and after its prosthesis the control chart gives this view (Figure 2) . The patient rightly needs to replenish the lower jaw (Fig.2). Bone atrophy is expressed both in length and width. There is a correctional intervention that is performed using the autologous bone graft, while the beneficial membrane is also used from enriched plasma.

Results: The results of the interventions were not only positive but the success limits were equal to the placement of simple implants. We cannot fail to mention that in all cases horizontal augmentation and post-stratigraphic implant management is accomplished through directed regeneration of the bone (GBR - guided bone regeneration). The main purpose of these procedures is to ensure long-term implant sustainability through successful and predictable bone regeneration with as few complications and additional surgical stages as possible.

Conclusion: The bone volume determines the individual evaluation criteria for the selection of the reconstructive technique that influences since in the beginning the selection of the best procedure for the morpho-functional restoring of soft and hard tissues and having the utmost care in aesthetics of implant prosthetics. The available techniques in implants surgeon hands, to obtain enough bone volume for implants' positioning, are numerous and often sophisticated. Their implementing in implant surgery is the main duty of the doctor who takes over the surgical treatment of the patient

Biography

Aldo Vangjeli: From 2002 up to and including O.M.F surgeon near Vloara RegionalHospital. From dt.01 / 06/2016 Pedagogue (Academic Staff) at the Faculty of Dental Medicine. From 2002 to 2016 Oro-Maxilo-Facial Surgeon at Vloara Regional Hospital. From 2009-2012 Head of Clinic of O.R.L-Ophthalmology-O.M.F., RegionalHospital,Vloara. From 2016 onwards Pedagogue at the Faculty of Dental Medicine at the Medical University of Tirana External lecturer at the Faculty of Dentistry, "Reald" University. 1998-2002: Postgraduate Specialization at the Faculty of Medicine, Tirana, ORO-MAXILO-FACIAL Surgery. 03/05/2016 Ph.D protected by 'TIRANA MEDICINE UNIVERSITY' 'Faculty of Dental Medicine'. I have more than 22 referrals at national and international congresses. I have published more than 5 papers in reputed journals and has been serving as an editorial board member of reputed.

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SMILE MAKEOVER FULL PROTOCOL

Omar Tarek Farouk

Delta University for Science and Technology, Egypt

Nowadays, as we entering era of adhesion, Side by side with increasing aesthetic demand between our patients. It is very important to meet our patient expectations. Smile makeover is a multifactorial high challengeable treatment option. Through this lecture we will see the different stages to produce proper smile makeover, clinical tips and tricks of each stage. Easy and efficient protocol for smile designing. Types of veneer preparation and how to select proper preparation for different case scenarios. How to manage complications. Type of ceramics used in veneers. Different cementation and adhesion protocols. Systematic approach for cementations. Different case scenarios.

Biography

Omar Tarek Farouk has completed his bachelor degree at the age of 25 years from Mansoura University and Master Degree of fixed prosthodontics from Ain Shams University concerning about aesthetic dentistry. He work as a clinical demonstrator at faculty of dentistry Delta University for science and technology. He attended more than 9 international conferences in his country, as a speaker. Has been serving as a director in 13 smile makeover courses in Egypt.

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IMPACT OF PREGNANCY AND LIVING ORGANISMS ON TEETH AND PERIODONTAL HEALTH

Rachid Ait Addi

Morocco

Background: During pregnancy, changes are observed in the oral cavity. In this study we will evaluate the impact of pregnancy and living environment on teeth and periodontal health.

Method: We conducted a cross-sectional survey of 53 pregnant women (test group) and 52 nonpregnant women (experiment group) who consulted in two public health centers urban and rural in the MARRAKESH-SAFI region in Morocco.

Results: A statistically significant difference was found in the degree of tooth mobility that is greater in the test group, in both groups, and poor teeth and periodontal status in both groups. We also found a significant difference of oral hygiene and gingival inflammation that are higher among rural pregnant women than urban pregnant women.

Conclusion: The pregnancy increases dental mobility but acts as a factor aggravating an existing dental and periodontal disease. Rural living environment is also a factor that aggravates gingival status and oral hygiene. Then it is necessary to classify the pregnant woman as a special and priority case in all preventive and therapeutic actions especially in rural areas.

Biography

Rachid Ait Addi has completed his dental study from Al Akhawayn University. In the Department for Periodontic dentistry. He has published only one abstract in a dental journal.

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