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13th International Conference and Exhibition on

DENTAL MEDICINE

August 08-10, 2016 Toronto, Canada

Scientific Tracks & Abstracts Day 1









Dental Medicine 2016

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Changing the landscape of learning in dentistry

Peter J Murphy University of British Columbia, Canada

Education is what survives after what was learned has been forgotten" Professor BF Skinner At the University of British Columbia Dental School we are using Flipped Learning to teach fundamental medical sciences to our first year students. I will explain the successful teaching techniques used in the new curriculum- and the failures. The journey to a flipped curriculum at the UBC Dental School was long overdue, and yet for some, came far too fast. I will talk about Faculty opposition and the tools we used-like PeerWise and our award winning Progress Survey- to win Faculty and students over. I will also explain the ongoing research being conducted on our curriculum at UBC Dental School. The purpose of the study is to assess the effectiveness of a flipped learning (active) curriculum versus the traditional lecture based (passive) curriculum in a first year Dental fundamental medical sciences course. At UBC Dental School we are achieving enduring understanding through Flipped Learning. With Flipped Learning we have less transmission, and more synthesis and absorption of knowledge. We are promoting deeper learning and encouraging students to take greater responsibility for their own learning. Why Flipped Learning...because the world doesn't need memorizers, it needs critical thinkers and problem solvers.

Biography

Peter J Murphy is a renowned Professor in Department of Dentistry, University of British Columbia, Canada. He has published many articles and has a great experience and role in the field of Dentistry.

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Dental photography for effective dental marketing

Syed Ghazi Abbas Naqvi See Factor, Canada

As the dynamics of media, marketing and communications continue to evolve, we are seeing an increasing reduction in attention spans and while visual communication was one of the most effective ways to get information across even in the past, its importance has reached new heights in this new age. With the role that this evolution coupled with the social media boom is playing with consumer behavior, it is imperative that dentistry keeps pace with media and marketing trends including effective portrayal of clinical scenarios using professional photography, as well as using videos to command a leadership position in your profession. Professional photography does not necessarily have to be overly complicated and prohibitively expensive. With a few basic principles in place, one can easily continue to improve the standards of record keeping and compelling visual communication incrementally. This talk will introduce some basic principles and guidelines related to the subject as well as the practical application of getting over "the eye does not see what the mind does not know" phenomenon by learning how to see common errors in photographs and simple ways to avoid them. It is also important to keep in mind that with the increasing exposure to visual media, the viewers' eyes are also becoming better trained to differentiate between exquisite and mediocre.

Biography

Syed Ghazi Abbas Naqvi has completed his BDS from University of Karachi, Pakistan. He has obtained Graduate Certificate in New Media Journalism from Sheridan College and is finishing up with his dimploma in Marketing from McMaster University. He is the Director of See Factor and Brand Clinic, two very active Dental Media & Marketing organizations and is a Consultant for various dental organizations. He has recently started Canada's first online Dental News Bulletin "Dental News Canada". He has been involved in Dental Media and Marketing since 2003 and has been teaching Dental Photography since 2009.

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Title: Dental care for persons with special needs

Michael J Sigal University of Toronto, Canada

Persons with special needs (PWSN) have limited access to dental care in their communities and dental care is one of the most frequent unmet healthcare needs. PWSN have frequent unmet healthcare needs. PWSN have more untreated caries and periodontal disease, a poorer state of oral hygiene and a greater need for extraction than the general population. Oral health is considered an integral component of overall health. The purpose of this presentation is to provide an overview of oral health issues in persons with developmental disabilities. Persons with special needs (PWSN) still have limited access to required dental care in their communities, this after at least 30 years of education and public advocacy. Dental care is one of the most frequent unmet healthcare needs for persons with special needs. Evidence has demonstrated that PWSN, as a group, has more untreated caries and periodontal disease, a poorer state of oral hygiene and a greater need for extractions than the general population. Oral health is considered an integral component of overall health, and is significant in an individual's quality of life as it pertains to communication, nutrition, emotional expression, taste, social appearance and selfesteem. The purpose of this presentation is to provide an overview of oral health issues in persons with developmental disabilities, their impact on total health and the role of a multidisciplinary team to ensure that oral health is maintained and promoted. Persons with special needs still have limited access to required dental care in their communities, this after more than 50 years of education and public advocacy. Dental care is one of the most frequent unmet healthcare needs for persons with special needs. Evidence has demonstrated that PWSN as a group have more untreated caries and periodontal disease, a poorer state of oral hygiene and a greater need for extractions than the general population. Oral health is considered an integral component of overall health, and is significant in an individual's quality of life as it pertains to communication, nutrition, emotional expression, taste, social appearance and selfesteem. In addition there is now evidence to suggest a link between oral inflammatory disease and diabetes, cardiac disease, and pneumonia. The purpose of this presentation is to provide an overview of the issues regarding access to care, specific oral health issues in persons with special needs, their impact on total health and the role of a multidisciplinary team to ensure that oral health is maintained and promoted. A novel educational model which can be applied in a multi-disciplinary manner to introduce students to persons with special needs in a social and clinical framework will be presented. As a result of participating in this session participants will be able to identify oral disease in persons with PWSN. They will also gain understanding of basic care that is required and how to ensure that care is provided.

Biography

Dr. Michael J Sigal is Professor and former Head of Pediatric Dentistry at the Faculty of Dentistry, University of Toronto where he was the Director of the MSc Graduate Specialty Program in Pediatric Dentistry for over 20 years. At the Mount Sinai Hospital, he is the Head of the Division of the Dental Program for Persons with Disabilities/ Special Needs, the largest such dental program in Canada and was for the past 15 years the Dentist-in-Chief and Co-director of the Mount Sinai Hospital Dental Residency Program, a postgraduate dental program structured in such a way as to educate the postgraduate resident in dental care for persons with disabilities / special healthcare needs.

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The successful treatment of obstructive sleep apnea in the dental office

John Nadeau

Sleep Group Solutions, USA

The presentation will be highlighted with the following topics: 1) Introduction to sleep – sleep stages, disorders; 2) Sleep apnea prevalence – Why is there a need for treatment? 3) Sleep apnea symptoms/clinical issues; 4) Treating snoring and sleep apnea in a dental office – protocol review; 5) Patient education; addressing key issues and getting a snoring patient to convert to a sleep apnea treatment case; 6) Prepare overnight home sleep study for select for the course attendees; 7) Pharyngometer/Rhinometer; 8) Working with sleep physicians; 9) Home sleep tests; 10) Dental sleep medicine, a step-by-step protocol flow chart; 11) Working with popular oral appliances like the TAP, Respire, EMA, SilentNight and more; 12) Appliance review – Pro's and con's of all of the major sleep appliances; 13) Case presentations; 14) Medical insurance billing; 15) Review of the latest codes, fees, procedures and recommendations from SGS experts who are doing this daily.

Biography

John Nadeau, Vice-president of Sleep Group Solutions has been actively involved in Dental Sleep Medicine since 2002. He has worked with several hundred dentists in the field and helped many of them get started with sleep in their own practices. An expert on airway acoustic imaging and home sleep testing, he authored the SGS protocol manual detailing the steps-by-step process in taking a patient from initial screening through diagnosis, treatment and follow-up. His passion for dental sleep medicine comes strongly in his lectures and he has been an invited guest instructor at many dental meetings and teaching facilities across North America.

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Non-surgical management of periapical pathologies in relation to non-vital teeth-concepts revisited

Vinod Sachdev

ITS Centre for Dental Studies and Research, India

Non-vital teeth with long standing periapical pathology presents a challenge to the treating dentist as they are often associated with cystic periapical lesions and apical root resorption. Along with endodontic therapy, periapical surgery is often advised for the management of these cases as half of them are wrongly diagnosed as cysts. Literature shows that the incidence of true cysts among periapical periodontitis is as low as 10% and most of them heal without any surgical procedure. Apical root resorption is associated with majority of periapical lesions, thus, it is advised to create a biological seal to avoid obturation beyond the root apex. Along with the routine cleaning and shaping procedures, intracanal medication with calcium hydroxide has proven very useful in such cases. Calcium hydroxide not only disinfects the root canal in one week but also initiates the hard tissue barrier formation at the apex. This paper will discuss the basic histopathology of periapical lesions associated with non-vital teeth along with the logic behind non-surgical approach to its management followed by the presentation of clinical cases of long standing periapical radiolucencies treated with this conservative technique.

Biography

Vinod Sachdev has completed his Master's in Pediatric and Preventive Dentistry from Post-Graduate Institute of Medical Sciences, India in 1983. Currently, he is the Director of Post-Graduate studies at ITS Centre for Dental Studies and Research, India. He has a Post-graduate teaching experience of 33 years and has 49 publications in journals of repute to his credit. He has delivered more than 50 lectures at national and international forums and has guided more than 50 post-graduate dissertations. He is currently the Editor-in-Chief of the *Journal of Dental Specialties*; the official publication of the ITS group of dental colleges. His areas of special contribution are pediatric endodontics, functional orthodontics and preventive dentistry/epidemiology.

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Infection prevention and control in dentistry the need for a closer look

Michelle Aubé (Simmonds)

Infection Control Continuing Education Program, Canada

Taking a 'closer look' at simple day to day tasks in dental settings that are major contributers to breaking the chain of asepsis. Adopting a larger view on Infection Prevention and Control (IPAC) from the platform of safeguarding and risk management polices that match the needs defined by the new 2016 Centre for Disease Control (CDC) Summary of Infection Control Practices in Dental Settings Basic Expectations for Safe Care. Realizing that policies from 10 years ago may not be meeting the standards of the evolving and emerging pathogens of today's world; this lecture will review past and current trends in IPAC based on Evidence Based Decision Making (EBDM) and Best Practice approaches. This will include review of personal protective equipment, instrument processing, disinfection, sterilization, sterilization testing and quality assurance for all steps. The proper steps for bagging and/or wrapping of instruments including storage and opening for use. Definition and appropriate usage of 'flash' sterilization. Record keeping and logging aspects of infection control. IPAC cross references health and safety in keeping the client safe but so do the dental professionals: Assessing resources from Organization for Safety, Asepsis and Prevention (OSAP), reflecting that time management and deplenished inventory are not justification for risks of cross contamination, empowering the dental team to strive for best practice in setting SMART goals based on identified issues from the CDC practice evaluation. Team leadership with the appointment of an IPAC Coordinator. Critical thinking throughout the course with stimulating true and false questions.

Biography

Michelle Aubé (Simmonds) has over 25 years expereince in Dentistry. She is the Founder/Owner of Positive Impact Dental Consulting, graduate of Fanshawe (1987-89), Holland (1993) and Algonquin College (1994), past CDHO Q.A. Assessor, Fanshawe College Theory Educator, UWO Clinical Educator, Continuing Education Manager and Speaker, Acteon Clinical Trainer, Strauman Implant Speaker, Oh Canada CDHA article writer and Self-Initiated Clinical Practitioner, Michelle's knowledge and vast experience speaks for itself. Her mission: sharing knowledge and delivering organization and strategies to bridge the gap between 'Evidence Based Decision Making' and implementation of new knowledge into clinical practice within a a platform of 'Best Practise' approaches.

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Alveolar ridge augmentation - Achieving more predictable vertical bone augmentation prior to dental implant placement

Zeeshan Sheikh

University of Toronto, Canada

The long-term success of dental implants depends upon the degree of osseointegration that can be achieved, which is largely determined by the volume and quality of bone available at the time of surgery. Bone height and volume is often diminished in patients due to the extended time after tooth loss and this is a major limitation impacting long term dental implant treatment success. Some of the commonly used surgical techniques for ridge augmentationu are (i) Osteoperiosteal flap (OPF); (ii) Distraction osteogenesis (DO); (iii) Block grafting; (iv) Guided bone regeneration (GBR) using membranes; and (v) Subperiosteal tunneling for minimally invasive approach to GBR. This talk discusses the development of bioceramic graft materials with superior biological properties to those currently available. Dicalcium phosphate cements, brushite and monetite, resorb faster *in vivo* than hydroxyapatite (HA). Monetite (unlike brushite) does not re-precipitate as HA *in vivo*, and demonstrates superior osteoconductive and osteoinductive properties. We have produced monetite disc grafts by varying processing conditions which alter their physical properties such as porosity, surface area and mechanical strength. Histological observations after 12 weeks of onlay grafting on rabbit calvaria reveal higher bone volume (38%) in autoclaved monetite grafts in comparison with the dry heat prepared monetite grafts (26%). The vertical bone height gained is similar for both the types of monetite grafts (up to 3.2 mm). This talk discusses and provides information regarding two types of monetite onlay grafts prepared with different physical properties that could be used for achieving more predictable vertical alveolar bone augmentation.

Biography

Dr. Sheikh is a clinician scientist with degrees in dental hygiene, dentistry (BDS) and since has worked as a dental surgeon in hospitals and private practices for 2 years before proceeding to obtain an MSc degree in dental and biomaterials from Queen Mary, University of London (QMUL) with distinction. He then joined Altamash Institute of Dental Medicine (AIDM) as Head of the Department of Dental Biomaterials and Preclinical Dentistry and then proceeded to obtain a PhD from McGill University, Faculty of Dentistry. He currently works at Faculty of Dentistry, University of Toronto and the Mt. Sinai Hospital in Toronto, Canada.

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Effect of platelet-rich-plasma (PRP) and MTA on angiogenesis of dental pulp stem cells transferred to polymeric scaffolds

Mohammad Samiei, Marzieh Aghazadeh and **Neda Jabbari Daneshvar** Tabriz University of Medical Sciences, Iran

Introduction: Stem cells are considered to be clonogenic, self-renewable and multipotent entities and thus can generate several differentiated cell types and play an important role in rebuilding tissues. Platelet-rich plasma (PRP) is fabricated from autologous blood and extensively used to promote soft and hard tissue healing. Mineral trioxide aggregate (MTA) is a biocompatible material with numerous clinical applications in endodontics such as pulp capping, pulpotomy, perforation repair, root-end fillings, and apexification. This study investigated effect of Platelet-Rich-Plasma (PRP) and MTA on angiogenesis of dental pulp stem cells transferred to polymeric scaffolds.

Materials & Methods: Dental pulp stem cells have been prepared in a form of equipped and the cell count was increased to 2 million cells. After passing the preparation processes, the polymeric wells that were made by poly caprolactone (PCL) and containing MTA, were inserted in plates and 100/000 cells were transferred to them. After 24 hours, PRP was added to the chambers of the case group. After 14 days of incubation, the cells were transferred to flow cytometry center for assessment of CD31 and VEGFR2 as the angiogenesis factors. The collected data of this study was analyzed statistically with SPSS.17 software.

Results: Findings show that on the Pcl-Cs-MTA scaffold in presence of PRP, human dental pulp stem cells can express 46+12/4% of VEGFR2. Meanwhile, the expression of this factor on cells cultured on Pcl-Cs scaffold alone was 29/1+4/3%. Furthermore, the factor CD31 was expressed 12/7+4/9% on the Pcl-Cs-MTA scaffold in presence of PRP. However, this factor was expressed only 10+4/1% on Pcl-Cs scaffold alone. This increase is significant in receptors of VEGFR2 but not in the receptors of CD31.

Conclusions: The present study showed that angiogenesis of pulp stem cells is increased in the presence of PRP and MTA. Therefore, it can be concluded that PRP and MTA can be used to enhance angiogenesis in pulp cells.

Biography

Mohammad Samiei is an Assistant Professor of Endodontics at Tabriz University of Medical Sciences. He has a great experience in the field of Dentistry. He is a course Director, Lecturer and Instructor in Department of Community Dentistry.

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The effect of low-level laser on healing of jaw fracture: Experimental study

Khaled A Elhayes, Mohamed H El-Shamy, Radwa H Hegazy and Ahmed A Zaki Cairo University, Egypt

Aim: The current study was conducted in an attempt to accelerate the healing process and minimizing the period of fixation of jaw fractures using low level laser therapy in respect to rate of callus formation.

Material & Methods: This study was performed on twenty dogs, all of them were subjected to intentional fracture in their mandibles in both sides (right and left) and then were fixed using intra-osseous wiring, they were divided into 2 groups. Group I (3weeks groups) has received low level laser therapy (LLLT) to their left sides for the area of fractures post-surgery for 9 sessions while the right sides not subjected to laser and served as a control. Group II (6weeks group) has received low level laser therapy (LLLT) to their left sides for the area of fractures post-surgery for 15 sessions, while the right sides not subjected to laser and served as a control. The left sides were subjected to diode laser of 980nm wavelength for 2 minutes touching the outer surface of skin towards the fracture line.

Results: There was a significant increase in bone density in the laser sides (left sides) of both groups comparing with the control sides (right sides).

Conclusion: Low level laser therapy was proved to have the ability to assist and accelerate the healing process of jaw fractures. It has a bio-stimulatory effect on osteoblast-like cells after laser irradiation and so shortens the duration of fixation of fractured bone.

Biography

Khaled A Elhayes is a Professor of Oral & Maxillofacial Surgery, Faculty of Oral & Dental Medicine, Cairo University and was a Consultant of Oral Maxillofacial Surgery and Dental Implantology at different well known hospitals of KSA, UAE and Qatar. He was a Chairman of OMFS Department, Faculty of Dentistry, 6 October University, Egypt. He has obtained his PhD degree in Oral & Maxillofacial Surgery (Orthognathic Surgery) in 2001 from Cairo University. He has many international publications in orthognathic surgery, maxillofacial traumatology, dental implants, TMJ, pain and laser applications in oral & maxillofacial region. He is a Member at Egyptian Association of Oral & Maxillofacial Surgeons (EAOMS) and Egyptian Dental Association (EDA).

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Dental Sealant placement: A Comparison technique

Swati Chitre

University of Detroit Mercy, USA

Different pretreatment methods have been investigated with the intention of enhancing the effectiveness of etching enamel surface and improving sealant retention, and the tight micromenhanical adhesion to enamel surface essential for their success. However, to the date there has not been a gold standard for cleaning pits and fissures prior to the application of etchant and sealant. A report from American Dental Association Council on Scientific Affairs stated: There is limited evidence in favor of using air abrasion as a cleaning method before acid etchnig to improve sealant retention.

Objectives: Audience will have a better understanding on current sealant recommendation, they will gain knowledge of different fissure pretreatment methods and be able to place sealants using different fissure pretreatment methods..

Biography

Dr.Swati Chitre has completed BDS from India, MSD in Operative and Preventive Dentistry from Indiana University and DDS from University of Detroit Mercy school of Dentistry. She is currently wokring as a Clinical Associate Professor at the University of Detroit Mercy School of Dentistry. She teaches in the preclinic laboratrory and clinics. Prevention of caries, Dental Sealants are the main areas of her research interest. She has presented posters and oral presentations in national dental meetings for past few years. She also maintains her skills by practicing in private practice one day a week and devotes one day a month to serve the underserved population. She is a reviewer for the reputed Journal of Operative Dentistry, Journal of Dental Research and had been serving as an editorial board member of reputable Gavin Journal of Dental Sciences.

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Portable toothbrush: It is a new design that will facilitate in decreasing tooth caries by its accessibility

Farouk Khaled Mohamed Ismail Ahram Canadian University, Egypt

According to the national and nutrition examination survey, they have collected some information about the percentage of people that have tooth decay. The percent include that 92% of adult from 20 to 64 have caries and it increase among students in high school and or more than high school. People that go to their work for 6 or 8 hours, they eat on their work and taking snacks every hour or less than hour all this food debris become a good medium for bacterial growth and plaque formation. We must ask ourselves why we wait until our mouth become a home to plaque? There are a lot of toothbrushes in this world but no one of us can carry one of these brushes with him as it is long and we must carry the tube of the paste also so the problem is here. So my idea is about a design for a new toothbrush which is portable with a small size to be easily carry everywhere and the new in it we will not be in need to carrying toothpaste with us.

Biography

Farouk Khaled is currently a student in Ahram Canadian University studying Dental Medicine. He has been the President of Student Union in his 1st and 2nd year. He has earlier worked as Head of Public Relations in a company.

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War injuries in west of Libya

Mohamed Saleh Elarbi

Ali Omar Askar Neurosurgery Centre, Libya

Background: Injuries from different weapons used during war differ from injuries caused by other means to the face. Loss of both hard and soft tissues and damage to vital structures is common in these circumstances. Early intervention and proper management is required for these cases.

Objectives: This is a 4 years' retrospective study of patients that sustained firearm induced maxillofacial injuries during war in Libyan Revelations. A total of 41 patients with 55 fractures and isolated soft tissue in 9 cases were treated in Ali Omar Askar Center for Neurosurgery, Maxillofacial Surgery Department Esbea, Tripoli.

Patients & Methods: injuries involved were in facial bones and soft tissues such as eyes, lips cheeks and tongue. From Feb. 2011 to December 2014 a total of 41 patients with maxillofacial firearm injuries to soft and hard maxillofacial region were studied. Patients were referred to our hospital with maxillofacial injuries, either after they had the initial treatment elsewhere or had the full management in our hospitals. Including the maxillofacial team, initial assessment and lifesaving procedures for all the accident and emergency cases were applied. Proper clinical and radiographic assessment, antibiotic therapy and wound debridement were done for all the patients and closure using local flaps was given when required. Treatment ranged from immediate intervention to 5 days.

Results: The pure soft tissue injuries were in 9 patients (14%), bony fractures involved mostly the mandible in 31 cases (48%): 37 males (90%) and only 4 females (10%) with a ratio of 9:1. The youngest patient was 15 years and oldest one was 60 years. The age groups involved were 21-30 years (44%) followed by 15-20 years (29%) and 31-40 years (24%) with only one patient aged 55 years (2%). 31 patients with mandibular fractures with mainly angle and body fractures constituting 26% and 23% respectively were found. 11 cases of maxillary fractures, 4 cases (36%) of both lefort I and dentoalveolar fractures with 3 cases (27%) involving lateral wall of maxillary sinus were found. 9 cases with isolated soft tissue involvement in the soft tissue around the mandible, forehead two cases each, cheek and tongue 3 cases (33%) were found. Associated injuries such as rupture of eye globe in one case, damage to facial nerve in 2 cases, fractures of cervical spine wing, tongue injury and loss of soft tissue in two cases were also detected. Postoperative wound infection was reported in two cases.

Treatments: Open reduction and rigid internal fixation were used in 24 patients out of 44 cases (55%), conservative treatment in 9 cases (20%) and inter-maxillary fixation in 3 cases (7%) were given. Four cases had foreign body removed from soft tissue in head and neck area with or without bony involvement.

Conclusion: Maxillofacial gunshot injuries with various types of arms and weapons lead to severe damage to facial bones and orofacial structures. This requires urgent surgical intervention to avoid postoperative infections. In this study, most of the patients did not show up for the follow up and to know the progress of the treatment done.

Biography

Mohamed Saleh Elarbi is a renowned Professor in Ali Omar Askar Neurosurgery Centre, Libya. He has many publications to his credit.

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Evaluation of *in vitro* biofilm removal with 2% and 10% sodium hypochlorite

Sayedah Zahra Rahmani, Dolatkhah H and **Fattahi S** Behbood Hospital, Iran

Introduction: Biofilms are communities of microorganisms attached to a surface and embedded in a matrix of polysaccharides and proteins forming a slimy layer. Oral bacteria have the capacity to form biofilms on distinct surfaces. Bacteria also form dense colonies on root canal walls and features like isthmuses and lateral canals. Microbial communities in biofilms are remarkably difficult to eradicate with antimicrobial agents for reasons that are yet to be adequately explained. Studies have shown that sodium hypochlorite (NaOCl) is the most effective anti-microbial irrigant used during endodontic treatment. The aim of this study is to evaluate the structure of biofilms and presence of EPS before and after the use of NaOCl 2% and 10%.

Materials & Methods: Dual species biofilms of *Streptococcus oralis* J22 and *Actinomyces naeslundii* T14VJ1 were grown under static conditions and in a constant depth film fermentor (CDFF). Biofilms grown in the CDFF mimic the basal layer of an oral *in vivo* biofilm better. For the statical conditions, a confined space was created over saliva coated dentin discs with supply of 20 ml of modified BHI each 24 h for 4 and 10 days. For the CDFF, saliva coated hydroxyapatite discs biofilm was grown for 96 h at 37 uC under continuous supply modified BHI at a rate of 45 ml/h. The system was equipped with 15 sample holders and each sample holder contained 5 saliva coated hydroxyapatite discs, recessed to a depth of 250 mm. After growing the biofilms, NaOCl 2% and 10% were applied for 60 s and 300 s for removing the biofilm. Optical coherence tomography (OCT) was used for high-resolution, real-time imaging of a three-dimensional structure of the biofilm. Confocal laser scanning microscopy (CLSM) was used to visualize the biofilm matrix, structure and condition of bacteria (LIVE/DEAD staining).

Results: In the static biofilm group, OCT images showed reduction of biofilm thickness after applying the NaOCl 2% and 10% and there was a very fluffy structure observable. In the CDFF group, OCT images showed bubble formation in the biofilm after using NaOCl 10%, but the irrigant did not reduce the thickness of the biofilm or its consistency. The bubble formation was also observed in CLSM images. The CLSM showed reduction of the biofilm structure but mostly living bacteria were found in the remaining biofilm.

Conclusion: According to our study, we need to use more efficient irrigants for more period of time to achieve our goal of cleansing the matrix.

Biography

Sayedah Zahra Rahmani has earned scholarship for Dental School at Tabriz University of Medical Sciences and was graduated in 2015 and also she was the only Dentistry student won the International Research Fellowship in Groningen, Netherlands in 2015. She has been working in Behbood Hospital as General Dentist in 2015 to till date. She is interested in research in medical and also basic science fields as well as dental practice.

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Nutrition in Geriatric Patients

Kaur Gurleen

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There is a considerable increase in the number of elderly patients in the current century. The life expectancy has been dramatically increased from age 45 in the year 1900 to age 72 for men and 77 for women in the year 1980. This shift is due to improved practices and better health environment. But nearly half of older the individuals have clinically nutritional problems. However the nutritional risk increases with age factor. Therefore a large number of dental patients are prone to nutritional deficits. The factors responsible for the nutritional deficits are low income, poor cooking facilities and lack of knowledge and interest in food choices. Dental and medical infirmities that interfere with chewing, digestion, or metabolism can also contribute to a poor nutritional status. Proper nutrition is essential to the health and comfort of oral tissues, and healthy tissues to enhance the possibility of successful dental treatment of the elderly. A proper nutritional assessment and suitable dietary advice is often a more appropriate way to cope with malnutrition than merely instituting dental treatment.

Biography

I am Gurleen Kaur, currently an intern at National Dental College, Punjab, India. I have attended multiple dental education programs and conferences, I am actively participating in performing diagnosis and treatment procedures. I have been part of community outreach programs camps organized by my college in nearby villages. I passed my National Board of Dental Examination Part 1 conducted by American dental association last year. In this year 2016, I attended Prosthopedia which was held by Indian Prosthodontics Society and Esperanza. I continually attend public shows and participate in street plays to create general awareness of society on World's No tobacco day and World's environment day.

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Treatment of gingival recession with pedicle graft

Noor ul Amin

Federal Government Polyclinic Hospital, Pakistan

The objective of this case presentation is to provide an insight on the subject of Gingival Recession and to share the results of the surgical management of gingival recession (Miller's class III defect in maxillary pre-molar area). One of the most common esthetic concerns associated with the periodontal tissues is gingival recession. Gingival recession is the exposure of root surfaces due to apical migration of the gingival tissue margins; gingival margin migrates apical to the cement-enamel junction. Therefore this deformity should be treated at its earliest detection. Exposed root surfaces are more likely to develop root sensitivity and root caries. Among various procedures, laterally positioned pedicle graft (LPG) is widely used successfully to cover recession defects. The main advantages of the laterally positioned pedicle grafts are that they are relatively easy and not time-consuming, they produce excellent esthetic results and no second surgical site is involved for donor harvesting. The present case report is about the successful surgical management of a patient with gingival recession i.e., Miller's class III defect using laterally positioned pedicle graft.

Biography

Noor ul Amin is currently a Residential Periodontologist at the Department of Federal Government Polyclinic Hospital, Pakistan.

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Approach to sinus pneumatization

Pankaj Ghalautt

Postgraduate Institute of Dental Sciences, India

Implant dentistry has become an excellent treatment modality since its inception into modern era of dentistry. An adequate quantity and quality of bone is essential for successful implant therapy. The posterior maxilla presents several challenges to the implantologist where ridge resorption and sinus pneumatization are often encountered. The sinus lift treatment procedure is carried out to raise the sinus floor above molar and premolar area. This involves lifting the sinus membrane and to make the space for putting bone graft material thus making room for new bone formation at the site for rehabilitation of patients for implant placement. An indirect technique for sins lift will be presented.

Biography

Pankaj Ghalautt has completed his Bachelor of Dentistry in 2003 from King George Medical College, India and MDS in Prosthodontics in 2006. He has participated in Advanced Implant Surgery course in Italy. He has attended various national and international conferences and has delivered various scientific presentations. He has published more than 25 articles in various national and international journals and active in various research work projects.

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