

# Dentistry

# Virtual 2020

June  
13-14  
2020

GMT  
12:00 - 19:00

Theme: Boosting Recent Advances in Dentistry and Oral Health

✉ [dental@magnusconferences.com](mailto:dental@magnusconferences.com)

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# DENTISTRY VIRTUAL 2020

JUNE 13-14, 2020

**Theme:**

Theme: Boosting Recent Advances in  
Dentistry and Oral Health

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**Amal Al-Bar**  
King Faisal Specialist Hospital,  
Saudi Arabia



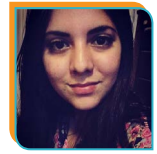
**Fabiano Vieira Vilhena**  
TRIALS - Oral Health &  
Technologies, Brazil



**Fares Kablan**  
Galilee Medical Center, Israel



**Hamdy M.R**  
Suez Canal University, Egypt



**Julieta Mendez**  
National University of Caaguazu,  
Paraguay



**Lohana Maylane Aquino  
Correia de Lima**  
Federal University of  
Pernambuco, Brazil



**Marwa Sharaan**  
Suez Canal University, Egypt



**Nabihah Dziaruddin**  
University of Malaya, Malaysia



**Navneet Kaur Sehgal**  
Guru Nanak Dev Dental College  
and Research Institute, India



**Sergio Charifker**  
USOEPE, Brazil



**Sujatha P**  
Bharati Vidyapeeth Dental  
College and Hospital, India



**Thaís Dos Santos Sena**  
Federal University of Rio De  
Janeiro, Brazil



**Vinicius Gomes  
Machado**  
Brazilian Dental Association,  
Brazil

Thank You  
All...

# Keynote Speakers



Vinicuis Gomes Machado  
Brazilian Dental Association  
Brazil



Fabiano Vieira Vilhena  
TRIALS - Oral Health &  
Technologies, Brazil

# *About* **MAGNUS GROUP** |

**Magnus Group (MG)** is initiated to meet a need and to pursue collective goals of the scientific community specifically focusing in the field of Sciences, Engineering and technology to endorse exchanging of the ideas & knowledge which facilitate the collaboration between the scientists, academicians and researchers of same field or interdisciplinary research. Magnus group is proficient in organizing conferences, meetings, seminars and workshops with the ingenious and peerless speakers throughout the world providing you and your organization with broad range of networking opportunities to globalize your research and create your own identity. Our conference and workshops can be well titled as 'ocean of knowledge' where you can sail your boat and pick the pearls, leading the way for innovative research and strategies empowering the strength by overwhelming the complications associated with in the respective fields.

Participation from 90 different countries and 1090 different Universities have contributed to the success of our conferences. Our first International Conference was organized on Oncology and Radiology (ICOR) in Dubai, UAE. Our conferences usually run for 2-3 days completely covering Keynote & Oral sessions along with workshops and poster presentations. Our organization runs promptly with dedicated and proficient employees' managing different conferences throughout the world, without compromising service and quality.

# *About* **Dentistry Virtual 2020** |

**Dentistry Virtual 2020** is an online dental platform addressed by Magnus Group which aims at bringing together all the international network scientists, scientists, professors, and other researchers in the field of Dentistry and Oral Health to fill the gap of knowledge sharing that has been laid down by the Covid-19.

Dentistry Virtual is composed of keynote lectures, oral presentations in various aspects of dental and oral sciences and new perspective and challenges in dentistry in the time of COVID-19.



# KEYNOTE FORUM

## DENTISTRY VIRTUAL 2020

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## Prof. Dr. Vinicius Gomes Machado

Brazilian Dental Association, Brazil

### Recovering of vertical dimension and anterior guidance as a key for success in oral rehabilitation

The first oral treatments were practiced doing teeth extractions and replacing them by rudimentary prosthetic devices, as a trying to replace aesthetics and function.

The last hundred years developments in dentistry science brought to this practice a scientific spotlight and made possible an increase on the rescue of the teeth.

If the tooth is present and in function it will get worn out, some of them will be lost, and mastication, aesthetics, speech and muscular-joint function can be harmed, working in an improperly way.

Premature contacts and occlusal interferences during occlusion and function can occur causing different problems on stomatognathic system: failure of oral rehabilitations, muscular and tooth pain and discomfort, hypersensitivity, overloading of remaining teeth, periodontal problems, abfraction (non carious cervical lesions) and wear facets. Facing a patient with some of these symptoms (most of times with all) is always challenging and requires accuracy of diagnosis and treatment planning to successfully treat the patient, aiming improvements on comfort, function, aesthetics and longevity.

Maybe, the most helpful development for Dentistry in the last century: the enamel acid treatment which makes adhesion to dental structures possible and osseointegration, which changed the way patients with partial and total edentulism can be treated.

Vertical dimension loss shows some particular signs as: pronounced nasolabial folds; rotation of mandible for a projected and upped position; fall of nasal apex.

These signs make those patients look older than they really are in most of cases.

Our study aims to help to construct the development of diagnostics, thinking through the oral rehabilitation field, as well as shows tips to easily execute the treatment plan in challenging cases, by exemplifying through clinical cases how the recovering of vertical dimension and anterior guidance can be applied to improve results and longevity facilitating the treatment execution.

#### Take Away Notes

- How to analyze patients' occlusion and the connection between inappropriate occlusal situation and possible future failures in rehabilitations. Apart from showing clinical case series with follow up to illustrate the results
- How to properly adjust dental works and dental tissues to prevent traumatic contacts, inappropriate forces, enhance longevity and patient comfort
- How must be the intermaxillary relations



- What we can change to make occlusion better. And how to do it
- By understanding those concepts we can obtain a better approach to direct and prosthetic restoring and rehabilitations, aiming longevity and protection of involved tissues
- Developing diagnostic thinking in Oral rehabilitation, enhancing the accuracy to detect when occlusion need to be changed, how to use direct filling materials and temporary crowns to optimise your long term results, are other aspects which are going to be mentioned in the audience

## Biography

Dr. Vinícius was graduated in dentistry at Federal University of Juiz de Fora in 2001, during graduating participated of Saad – neo (assistance service to the diagnosis Of neoplasias) extension program. Working on a private practice at Espera Feliz – Minas Gerais Brazi, since 2002. Specialist in implantology in 2007 at Brazilian Dental Association at the state of Minas Gerais , EAP-ABO/MG Muriaé-MG. Post graduated in restorative dentistry at EAP/ABO-ES with Marco Masioli's team with which he published the chapter “The challenge of color in aesthetic dentistry” at pro-Odonto post graduation program.

Specialist in Dentistry in 2016 at EAP/ABO-ES, where he became invited professor)



## Prof. Dr. Fabiano Vieira Vilhena

TRIALS – Oral Health & Technologies, Bauru, São Paulo, Brazil, [fabiano@trials-tec.com.br](mailto:fabiano@trials-tec.com.br)

### New perspectives in Soft Tissue and Dental Regeneration in time of COVID-19

The development and launching of new oral care products have proven to be a challenge because of customers' oral health habits and demands have changed a great deal. There has been a natural evolution in this field due to the increasing numbers of people suffering from oral problems such as Molar Incisive Hypomineralization (MIH), Dentin Hypersensitivity, Orthodontic Spot Lesions, Tooth Decay, Dental Erosion and Periodontal Disease.

The revolutionary ability of a Toothpaste and a Mouthrinse to promote Oral Tissue repair is made possible by the incorporation of bioactive compounds.

With that in mind, two new proposed solutions for this study are the REFIX® and PHTALOX® Technologies.

REFIX® Dental Technology is a Bioactive Complex designed by an association of organic compounds and ingredients containing Silicon, Phosphates and Fluoride.

The action provided by the toothpaste containing REFIX® Dental Technology starts occurring from day one. During brushing, the bioactive formula presented in the toothpaste binds in the tooth, catching scattered particles found in the oral environment, mainly Calcium and this complex forms a hybrid layer containing Silicon-enriched hydroxyapatite.

This layer, a protective shield similar to the original enamel is able to remineralize the surface and subsurface of the dental enamel. When the dentin is exposed, this shield is formed over and within the dentin tubules in order to relieve the pain caused by tooth sensitivity. Furthermore, an important result was demonstrated when enamel samples containing a protective layer of REFIX® was exposed to a high concentration of a biocorrosion challenge the surface barely changed. However, the opposite happened when other regenerating toothpaste specimens were used. In those samples, a greater enamel wear was observed.

Regarding the Soft Tissue Regeneration, the latest advanced technology is known as PHTALOX® (No borders for Oral Health Care). PHTALOX® is a bioactive functional dye that promotes self-activation and a continuous production of reactive oxygen in the presence of molecular oxygen. According to our studies, PHTALOX® shows a great antimicrobial effect, it improves healing, it decreases gingival bleeding and it also keeps tartar at bay among others.

In times of pandemic due to COVID-19, the most outstanding result is the virucidal action found in PHTALOX®. In this sense, PHTALOX® becomes a sign of hope in difficult times like today.

To sum up, the results found with a regular use of REFIX® and PHTALOX® Technologies had a positive impact on patients' lives, providing a healthier and pain-free daily life.

## Take away Notes

- Present an update with the latest technologies in oral health care
- Present options to improve patients' quality of life
- Present a light at the end of the tunnel for COVID-19 treatment and prevention

## Biography

Dr Fabiano graduated in Dentistry - Federal University of Alfnas (1996), Masters Of Science in Public Health - University of São Paulo - USP (2005), PhD in Oral Biology - Bauru Dental School - USP (2009) and Postdoctoral degree in Biological Sciences - Bauru Dental School- USP (2018). He has worked for 23 years in Public Health, experienced in RD&I - Health Technologies. Director - Research of TRIALS - Oral Health & Technologies and Professor in Biotechnology at FACOP. He received financial support from FAPESP - São Paulo Research Foundation for RD&I inside the Company and the University.

# SPEAKERS

## DENTISTRY VIRTUAL 2020

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## Apatite Formation Promoted by Addition of Bioactive Glass into Glass Ionomer Cements

<sup>1</sup>Dziaruddin N\*, <sup>2</sup>Karpukhina N, <sup>2</sup>Hill R

<sup>1</sup>Department of Paediatric Dentistry and Orthodontics, Faculty of Dentistry, University of Malaya, Kuala Lumpur, Malaysia

<sup>2</sup>Centre for Oral Growth and Development, Barts and The London School of Medicine and Dentistry, Queen Mary, University of London

Dental caries has historically been considered the most important subject of the global oral disease burden. Despite the decline in caries prevalence over the past 30 years, it is still a major public health problem in most countries. There is still high demand for control of dental caries through restorative care in spite of reinforcement on preventive care. Hence, the research on restorative dental care has grown significantly over the past 10-15 years and recently there is increasing evidence suggests that bioactive materials have great potential to form apatite like structure for caries remineralisation.

The purposes of my study were to investigate the ability of GICs to form apatite in Tris buffer solution, to evaluate the effects of i) immersion time, ii) amount of bioactive glass incorporated into the GIC on apatite formation and also to compare the effects of different bioactive and ionomer glass compositions used in this study on the apatite formation.

### Audience take away

- Bioactive glass has great potential to be incorporated in glass ionomer cement for remineralisation process
- On addition of bioactive glass to GIC, the apatite formation increased significantly with time and with increase in the amount of bioactive glasses added
- The results of this study allow for tailoring of glass ionomer cement and fluoride- releasing bioactive glasses for repairing damaged tooth structure. Formation of apatite in the GICs may enhance and improve the mechanical properties of GICs

### Biography

Dr. Nabihah Dzaruddin received her Doctor of Dental Surgery (DDS) degree from the National University of Malaysia, Kuala Lumpur in August 2008. She received her Master in Clinical Dentistry (Paediatric Dentistry) from the Queen Mary University of London in 2016. She also obtained her Diploma of Membership of the Faculty of Dental Surgery from Royal College of Physician and Surgeons of Glasgow in 2016. Currently, she is a Clinical Dental Specialist and Lecturer in Paediatric Dentistry at University of Malaya, Kuala Lumpur, Malaysia.



## SILVER DIAMINE FLUORIDE - The Strength of 'BLACK'

Dr Sujatha P

Bharati Vidyapeeth Dental College and Hospital, India

Minimal invasive dentistry has been a long way since the concept of G V Black's extension for prevention changed to prevention of extension. According to minimal invasive dentistry, preservation of natural tooth structure is very much important to have a natural tooth strength, better aesthetics and long term benefits. There are various methods to minimize the loss of tooth structure such as atraumatic restorative treatment, chemomechanical caries removal, air abrasion, ozone, smart burs and silver diamine fluoride treatment. Silver diamine fluoride help to arrest the progression of active caries thus saving the tooth structure without any cavity preparation. It can be a effective treatment option for caries management in pediatric dental patients. In this situation of pandemic COVID 19 where the use of aerosol producing equipments are at the edge of spreading the infection, silver diamine fluoride could be one of the effective minimal invasive procedure which helps to treat the patient along with the safety precautions. Hence, this presentation throws the light on the detailed description of silver diamine fluoride along with its pros and cons in clinical applicability.

### Audience take away

- The concept of minimal invasive dentistry which is the most upcoming treatment procedure
- In this pandemic COVID 19, prevention of aerosol generation is possible by use of silver diamine fluoride in treatment of dental caries
- As I'm a Pediatric dentist, treatment of dental caries in children is quite challenging because of their cooperation hence, silver diamine fluoride can help to treat children effectively and efficiently
- Silver diamine fluoride could be an effective means in treatment of active caries lesion till the definitive treatment is planned. Hence, the caries risk of child can be controlled which can again help in successful caries management

### Biography

Dr Sujatha P did her Bachelor in Dental Surgery from KLE's Institute of Dental Sciences, KLE University, Belgaum, Karnataka, India and in 2013 perceived her post graduation in Pediatric and preventive Dentistry from M S Ramaiah Dental College and Hospital, Bangalore, Karnataka, India. She has various publications to her credit. She has clinical and academic expertise of more than 5 years. Currently working as Associate Professor in Department of Pediatric and Preventive Dentistry, Bharati Vidyapeeth Dental College and Hospital ( Bharati Vidyapeeth DU University ) Sangli, Maharashtra, India.



## Kablan Classification of Inferior Alveolar Nerve Repositioning procedures for Dental Implants Placement: Presentation and Illustrative Cases

Fares Kablan

Senior consultant, Oral and Maxillofacial Department, Galilee Medical Center, Naharyia, Israel, and Bar Ilan University, Israel

**Background:** Tooth loss is one of the most common causes of reduced quality of life in adults. Recently there is an increasing interest in treatments involving the Inferior Alveolar Nerve (IAN) repositioning for dental implant placement but standardization and classification of the techniques is warranted.

**Methods:** A retrospective analysis of the preoperative radiographic records, and the documents of the surgical procedures during 10 years period between 2008 and 2018 of patients who had been treated with implant placement in conjunction of IAN repositioning of posterior atrophic mandible was performed. The cases were categorized according to the available bone, the nerve location and the surgical intervention into four groups.

**Results:** Overall, 132 edentulous posterior mandibles in 98 patients (72 women, 26 men; age range from 20-75 years) were included in the analysis. Those sites were divided into 4 categories: Category 1, included 54 patients with 72 sites, and was treated by one surgery. Category 2, included 15 patients with 15 sites and was treated with 2 stages. Category 3, included 17 patients with 21 sites, and category 4, included 12 patients with 24 sites. In Categories 1, 3 and 4, the treatment was completed with one surgery. The treated 132 sites with IAN repositioning received 379 dental implants. All the sites were restored by implant- supported fixed prosthesis. The patients were satisfied, reported good function and an improvement in their quality of life after the rehabilitation.

**Conclusions:** The presented classification might enhance precise diagnosis and help predict the treatment stages of the patients requiring IAN repositioning for dental implant placement.



## Vertical ridge augmentation: Alternative approach for the severe atrophic alveolar ridge

Sergio Charifker Ribeiro Martins\*; Leandro Lecio Lima de Sousa; José Ricardo Mariano

Post - Graduation Department, Unyleya - IODONTO, Brasília, DF, Brazil

One of the most challenging scenarios for the implantodontist is the treatment of severe atrophic alveolar ridge. It is well known that the crestal bone reduces volume after the tooth extraction and can retract the volume more than 50% in the first 6 months. The bone resorption can be accelerated by the use of prosthesis, compressing the reminescent crest. Although there was a great improvement of the implant quality, and possibility to use nowadays short implants, for example 4mm long, still, the relation of implant/crown length is unbalanced. Another possible alternative therapy is the use of dentogingival prosthesis to camouflage the ridge deficiency. At the present time, the need of the increasing bone volume and height is an advantage to the implant stability and long-term maintenance. Not long time ago, the only way to obtain result was the use of bone blocks, most of them, autogenous. It used to be traumatic to the patient because it was needed a second surgical site for the removal of the graft. It was even worse when great reconstructions must have been redone and had to use an extra-oral approach. By the philosophy of: "simplicity is the ultimate sophistication", it is associated with the recent change of dentistry for the minimal invasive treatment, and excellent biomaterial found in dental industry. The grafting technique to create bone in critical defects became simpler and less traumatic. In fact, the necessity of autogenous bone is minimal, only to guarantee vital cell and bone induction. The association of autogenous particles with osteoconductive xenograft, those which have slow rate resorption in a 50/50 proportion inside a scaffold, created by a non-resorbable membranes (ptfe barriers) with titanium reinforcement, have improved considerably the graft perspective and creating a less invasive, less traumatic treatment, but with more predictable results.

### Take Away Notes:

- Explain the workflow used for the treatment of severe atrophic alveolar ridge
- Use a less invasive technique providing a possibility to any kind of graft to be done in the clinic, without the necessity of general anesthesia.
- Association of autogenous bone with xenograft causes less trauma to the patient, with minimal manipulation of the donor site, reducing the need of bone block and creating a more predictable result
- The vertical ridge augmentation technique still needs more investigations, as the communication of the graft to the periosteum, in order to increase the bone quality. This is not possible by the use of a ptfe barrier with titanium reinforcement, commonly used
- Comparative study can be performed to evaluate results of different techniques: using ptfe reinforced barrier or titanium mash in association of collagen membrane

### Biography:

Dr. Sergio Charifker Studied Dentistry at the Federal University of Pernambuco, Brazil and graduated in 2003. In 2004 finished his first specialization course, Surgical Anatomy of the Face. Concluded the post-graduation in Oral and Maxillofacial surgery in 2008 and became oral and maxillofacial surgeon in the Brazilian Air Force. Today as a staff member at the trauma hospital in Campina Grande, which coordinates the maxillofacial team and residence preceptor. Received the master's degree in implantology in 2018 by studying the response of bone substitute in the grafted sinus. Since 2017 presents lectures in implantology area, and offers improvement course at SOEPE, in Recife. Member of the Board of Professors in the Master Program at Unyleya - IODONTO.





## Immediate approaches for the failing tooth

Sergio Charifker Ribeiro Martins\*; Leandro Lecio Lima de Sousa; José Ricardo Mariano

Post - Graduation Department, Unyleya - IODONTO, Brasilia, DF, Brazil

The Prosthetic rehabilitation has evolved since the introduction of implant therapy. The implant protocol has changed through time, mostly because of the confidence in the new screw's surfaces, some allowing osseointegration after 21 days and biomaterial in special deproteinized bovine bone grafts with slowly resorption and different graft particles sizes, increasing the application. We can't believe, nowadays, in literatures that presents range near 99% of success in implant therapy and that is why, a question needs to be answered: Does it shows the clinical reality when we think about aesthetic results? In fact, there is now plenty of high-quality results (that's the excellence dentistry era) associated with less time rehabilitation and less interventions (minimally invasive treatments), less manipulation with the patient, choosing tissues substitutes instead of autogenous bone. The most traumatic situation, that has significant psychological impact, is the failure of a tooth, mainly the anterior one. The rehabilitation of these cases can be accelerated and solved in one-time procedure, extracting the root, putting implant in position, filling the gap with bone substitutes and provisionalizing the prosthetic crown. While the posterior tooth doesn't need to have a provisional crown installed, because of the low aesthetic necessity, the space maintain and gingival architecture can be provided by personal healing cap, on the other hand, single appointment with the installation of provisional prosthetic crown is useful principally at the anterior maxillary teeth. Having said that, any tooth can be replaced by immediate implant after extraction, following rigid protocol as installing the screw inside the bone triangle, grafting when it is needed, both soft and hard tissue, respecting distances between implant/tooth and implant/implant, buccal/lingual position and depth. The natural tooth crown can be prepared and used as a temporary prosthesis with good biological results.

### Take Away Notes:

- Explain the workflow used for the treatment of failing tooth, to create a routine in the clinic
- The use of immediate treatment minimizes the psychological trauma of losing tooth, and needs less appointments, with no need of sophisticated procedures
- The use of immediate approaches provides the maintenance of ridge architecture, and following the steps for good results, creates a pink/white esthetic simulating natural tooth
- Researches can be done in order to compare results of different biomaterial used to fill the gap between implant and buccal wall
- Comparative study can be performed to evaluate different implant design (aggressive/ non aggressive threads) and primary stability

### Biography

Dr. Sergio Charifker Studied Dentistry at the Federal University of Pernambuco, Brazil and graduated in 2003. In 2004 finished his first specialization course, Surgical Anatomy of the Face. Concluded the post-graduation in Oral and Maxillofacial surgery in 2008 and became oral and maxillofacial surgeon in the Brazilian Air Force. Today as a staff member at the trauma hospital in Campina Grande, which coordinates the maxillofacial team and residence preceptor. Received the master's degree in implantology in 2018 by studying the response of bone substitute in the grafted sinus. Since 2017 presents lectures in implantology area, and offers improvement course at SOEPE, in Recife. Member of the Board of Professors in the Master Program at Unyleya - IODONTO.



## Clinical evaluation of soft tissue diode laser as an adjunct to non-surgical periodontal therapy

Navneet Kaur Sehgal\*, Harjit Kaur, Divya Saxena, Sanjeev Jain

Department of Periodontology, Guru Nanak Dev Dental College and Research Institute, Sunam, Punjab, India

**Introduction:** The time has come to embrace the routine use of lasers for the treatment of periodontal diseases. The use of lasers has been proposed as an adjunctive method for periodontal therapy. Several different lasers can be used in periodontics such as CO<sub>2</sub>, Nd: YAG, Er: YAG, Cr: YSGG, photodynamic therapy and more recently, diode lasers have been used in the treatment of chronic periodontitis. The most important characteristic is the wavelength of the diode laser used, as wavelength determines how the laser light will interact with target tissue.

**Aim:** The purpose of the present study is clinical evaluation of soft tissue diode laser (940nm) as an adjunct to non-surgical periodontal therapy.

**Materials And Method:** A total number of 16 generalized chronic periodontitis patients were selected for the study. A randomized split-mouth design was followed to assign quadrants in each to one of the two treatment groups: SRP alone (Group I control group) and diode laser as an adjunct to SRP (Group II test group). A split-mouth clinical study was conducted in 48 sites taken from 16 patients, having probing pocket depth of 4-6mm. The assessment of clinical parameters such as Probing pocket depth (PPD) Relative attachment level (RAL) and Gingival Index (GI) were carried out at baseline, 6 week and 3 month intervals.

**Results:** Significant improvement in all the parameters (PPD, RAL, GI) was seen on both the sides with better results in Group II (where diode laser therapy along with Scaling and Root Planing (SRP) with hand instruments was done).

**Conclusion:** The results of the present study favor the use of Diode Laser (940nm) as an adjunct to Scaling and Root Planing (SRP) in the treatment of chronic periodontitis. However, the results should be interpreted with caution until there are several independent randomized controlled trials with sufficient statistical power.

### Take Away Notes:

- Knowledge about the use of Diode laser
- Implementation of Diode Laser in routine periodontal therapy
- Effects of the Diode Laser on the soft tissue

### Biography

Dr. Navneet Kaur Sehgal has achieved her BDS and MDS (Periodontics) from Baba Farid University of Health Sciences, India. She has over ten book/journal research publications and presentations with Indian Society of Periodontology and Lambert Academic Publications. Currently, she is in the United States and is working towards pursuing further dental studies.



## Could vital pulpotomy be an alternative to conventional root canal treatment?

Marwa Sharaan\*, Dalia Fayyad

Department of Endodontics, College of Dentistry, Suez Canal University, Ismailia, Egypt

Whenever there is a carious vital exposed pulp, the operator may decide to seal the pulp by direct pulp capping, pulpotomy or to begin a conventional root canal treatment (RCT). The modality depends upon several factors such as age, degree of inflammation, remaining tooth structure and patient's medical history. The successful prognosis of RCT is well accepted if it is performed optimally. On the other hand, it may be complicated in some cases and time consuming. RCT has been accused by increasing the probability to fracture because of the loss of tooth structure coronally and apically during access cavity and radicular preparations. Additionally, obturation can add forces that can lead to propagation of pre-existing crack. Moreover, it is recommended that after RCT, most of the teeth should be protected by an extra coronal restoration. In some areas of the world, extraction may be the treatment of choice because of the cost. It is well known that in teeth diagnosed with irreversible pulpitis (IP), the pulp condition is not likely to return to a healthy state just by removing the irritants on the pulp tissue; therefore inflamed tissues are excised and a bioactive material applied to cover the pulp, then the pulp tissue may survive and remain healthy. The ability to control bleeding after excision of the inflamed pulp tissue has been proposed as a key step for the healing success of the remaining pulp tissue. Last but not least, the coronal seal which is a major prognostic factor. The use of pulpotomy technique by applying a well-accepted biomaterial started to gain a great popularity as a replacement to RCT. An appropriate case selection and treatment plan are required for a successful pulpotomy. The presenters will discuss all the information displaying some successful cases treated using bioceramic materials as pulpotomy agents.

### Take Away Notes:

- Recognize the concept of vital pulp therapy and its advantages over than RCT
- Design the clinical protocol for vital pulpotomy
- Identify the successful key elements for optimal vital pulpotomy
- Recognize the various bioactive bioceramic materials used as pulpotomy agents; understanding their physical , chemical and mechanical properties

### Biography

Dr. Marwa Sharaan is an Associate Professor in the Department of Endodontics at Suez Canal University, Egypt. In 2009, she earned Ph.D in Endodontics at Suez Canal University, Egypt. She has been the head of Department in 2018. She is the Vice president of the (REC) ; Research ethical committee at the College of Dentistry, Suez Canal University. Member of the Egyptian Association of Endodontists. Editor and reviewer at many dental journals. She has a lot of published researches. She has participated in international conferences as a speaker and chairperson. She conducted endodontic workshops for under and post graduates.

Dr. Dalia Fayyad is a Professor in the Department of Endodontics at Suez Canal University, Egypt. In 2007, she earned Ph.D in Endodontics at Tanat University, Egypt. She has been Vice Dean for Community Services & Environmental Development in 2018. She is a member of the Egyptian Association of Endodontists. Editor and reviewer at many dental journals. Editor in chief of the Dental Science updates; the official dental journal for Suez Canal University. She has a lot of published researches. She has participated in international conferences as a speaker and chairperson. She conducted endodontic workshops for under and post graduates.



## Time-Dependent Effect of Different Intracanal Medicaments on Dentin Microhardness and Dislocation Resistance of MTA Used During Regenerative Endodontic Treatment

Hamdy M.R.<sup>1\*</sup>, Elddamony E.M.<sup>2</sup>, Abdelgawad R.A.<sup>1</sup>

<sup>\*1</sup>Lecturer in Endodontic department, Faculty of Dentistry, Suez Canal University

<sup>2</sup>Lecturer in Dental Materials department, Faculty of Dentistry, Suez Canal University

**Objectives:** This study was designed to measure and compare dentin microhardness and MTA (ProRoot, Dentsply Tulsa Dental, Tulsa, OK) dislocation resistance (DR) used in regenerative endodontic treatment (RET) after application of three different intracanal medication(ICM) for 2,4 and 12 weeks' time intervals.

**Material and methods:** One-hundred sixty eight human maxillary central incisors were selected for the study. Teeth were cut apically 12 mm below and coronally 2 mm above the cemento-enamel junction. Canals were instrumented up to instrument F5 (ProTaper Universal, Dentsply Maillefer, Ballaigues, Switzerland), then Peeso drills (Mani, Tochigi, Japan) were used from No. 1 up to No. 6 , passing 1 mm beyond the apical foramen to obtain larger root canals. Between every 2 consecutive instruments 2 mL of 2.5% sodium hypochlorite (NaOCl) used for canals irrigation , final flush using 5 mL of 2.5% NaOCl and 5 mL of 17% ethylene-diamine-tetra-acetic acid (EDTA, Sigma) followed by 10 mL of distilled water. Samples were randomly divided according to the type of the ICM used inside the canal into 4 equal groups (n = 42); Group 1: Double antibiotic past(DAP) paste: 1:1 mixture of ciprofloxacin (Cipro 500 mg, Schering Plough, Kenilworth, NJ, USA) and metronidazole (Flagyl 500 mg, Sanofi-Aventis, Tours, France), Group 2: Bioactive glass powders (BAG S53P4) of 60 mol% SiO<sub>2</sub>, 12 mol% P<sub>2</sub>O<sub>5</sub> and 28 mol% CaO composition were prepared through sol gel processing route, all reagents were purchased from Sigma-Aldrich(Dorset, UK). Group 3: Non-setting Calcium hydroxide (CH) (Merk, Germany) was used, and finally, Group 4(Control): where no ICM was applied. Samples were kept in saline solution for either 2, 4, and 12 weeks, randomly selected samples from each group n=14 at each interval where intracanal medication removed, half of them n=7 were subjected to dentin Vickers microhardness test, in remaining half n=7 MTA (ProRoot, Dentsply Tulsa Dental, Tulsa, OK) placed 4 mm deep into the coronal third of the roots having a 4 mm-long chamber, samples were stored for a week at 37 °C at 100 % humidity to allow the complete setting of MTA, then push-out test was used to measure the dislocation resistance DR of MTA. Collected data were analyzed using a two-way ANOVA followed by Bonferroni's post-hoc test was used for pair-wise comparisons (P ≤ 0.05).

**Results:** showed that both DAP, CH groups of intracanal medication and time interval had a significant decreasing effect on dentine microhardness and MTA dislocation resistance the DR of MTA (P-value <0.001). While, BAG group's results revealed significant increase in dentine microhardness and MTA dislocation resistance (P-value <0.001). The time factor displayed a significant effect on dentin microhardness and the DR of MTA (P-value <0.001).

**Conclusion:** Regarding situations in this study, intracanal medications type and duration of application used in root canals disinfection through RET must be carefully chosen to avoid negative effect on dentin microhardness or DR of MTA jeopardizing the success of the treatment. BAG (S53P4) showed promising results, further studies needed to complete investigations about it as intracanal medication in RET.



## Writing and publishing Scientific Articles in Dentistry

Julieta Méndez

Instituto Regional de Investigación, Universidad Nacional de Caaguazú, Coronel Oviedo, Paraguay

**Objectives:** TScientific publications in the field of health are a very important way for professionals to achieve excellent services. However, the preparation to write scientific articles is still not enough. The scientist not only has to “do” science but also “write” it. Poor writing can prevent or delay the publication of excellent scientific work, and it often does.

The Scientific Writing course is designed for beginning research professionals or researchers who want to improve their skills in writing scientific articles. All scientists are under pressure to publish our results in prestigious journals and we all face challenges in trying to write and publish. This course has a practical approach to develop and / or reinforce the skills of researchers in the following:

- Introduction to the 4X4 Writing method
- Results
- Discussion
- Methodology
- Introduction
- Summary
- Authorship
- Selection of magazine
- Submission to a peer review journal

### Take Away Notes:

The audience will be able to write scientific articles of good quality and submit the manuscripts to high quality journals

### Biography

Dr. Juliet Méndez, graduated in Dentistry in the Universidad Nacional of Caaguazú, Paraguay in 2015. Master in Epidemiology in thesis process by the Universidad de la Frontera, Chile. She learned scientific writing by the San Francisco California University. She uses the method of Prof. William McFarland.



## Surgical treatment of extensive lipoma in submandibular region

Lohana Maylane Aquino Correia de Lima<sup>\*1</sup>; Victor Leonardo Mello Varela Ayres de Melo<sup>2</sup>; Maria Luisa Alves Lins<sup>3</sup>; Camilla Siqueira de Aguiar<sup>4</sup>; Rodrigo Henrique Mello Varela Ayres de Melo<sup>5</sup>; Deise Louise Bohn Rhoden<sup>6</sup>; Milena Mello Varela Ayres de Melo Pinheiro<sup>7</sup>; Jussara Diana Varela Ayres de Melo<sup>8</sup>; Nely Dulce Varela

de Melo Costa Freitas<sup>9</sup>; Neme Portal Bustamante<sup>10</sup>; Juan Carlos Barrenechea Montesinos<sup>11</sup>; Elvia Christina Barros de Almeida<sup>12</sup>; Zélia de Albuquerque Seixas<sup>13</sup>; Ricardo Eugenio Varela Ayres de Melo<sup>14</sup>

<sup>\*1</sup>Undergraduate dental student, Federal University of Pernambuco, Recife, Pernambuco, Brazil

<sup>2</sup>Undergraduate dental student, Federal University of Pernambuco, Recife, Pernambuco, Brazil

<sup>3</sup>Undergraduate dental student, Federal University of Pernambuco, Recife, Pernambuco, Brazil

<sup>4</sup>Master degree student in dental clinics, Federal University of Pernambuco, Recife, Pernambuco, Brazil

<sup>5</sup>General Surgeon, Ministry of Health Brazil, Rio Grande do Sul, Brazil

<sup>6</sup>Doctor, Pathologist, Lutheran University of Brazil, Rio Grande do Sul, Brazil

<sup>7</sup>Physiotherapist, COOPFISIO, Recife, Pernambuco, Brazil

<sup>8</sup>Physiotherapist, Faculty of Communication Technology and Tourism, Olinda, Pernambuco, Brazil

<sup>9</sup>Physiotherapist, University Maurício de Nassau, Recife, Pernambuco, Brazil

<sup>10</sup>College Professor of Dentistry Course, University National Federico Villarreal, Lima, Peru

<sup>11</sup>Dental Health of the Army of Peru, Peruvian Army, Lima, Peru

<sup>12</sup>College Professor of Dentistry Course, Federal University of Pernambuco, Recife, Pernambuco, Brazil

<sup>13</sup>College Professor of Dentistry Course, Federal University of Pernambuco, Recife, Pernambuco, Brazil

<sup>14</sup>Head of Department of Bucofacial of Dentistry Course; Coordinator of the Specialization Course in Oral Maxillofacial Surgery and Traumatology, Federal University of Pernambuco, Recife, Pernambuco, Brazil

**Introduction:** The lipomas are benign neoplasms arising from mesenchymal tissue, consist primarily of mature adipocytes. With pathogenesis and etiology unknown, they usually affect the regions of the thorax and extremities and present as nodular masses, of softened consistency, painless to the palpation, being able to be sessile or pedunculated.

**Objectives:** This study reports a case of surgical treatment of extensive lipoma in submandibular region.

**Methods:** Female patient, 67 years old, presented increased volume in the right submandibular region, with 5 years of evolution. The lesion is soft, mobile and painless consistency on palpation. We chose to perform an excisional biopsy. Under general anesthesia, a surgical access by Risdon's in submandibular approach and tissue division were performed. Hemostasis of bleeding vessels and excision of the lesion was performed, which on a macroscopic exam showed a yellowish color and 14 cm x 6.5 cm. It was held the cavity toilet and tissue suture were performed in planes.

**Results and Discussion:** The surgical specimen was sent to the histopathology department of the Clinical Hospital of the Federal University of Pernambuco – Brazil, for examination and the Lipoma hypothesis was confirmed. The patient's postoperative period evolved within the normal range. The case was accompanied for 2 years, with no evidence of relapse.

**Conclusion:** The Lipomas, although not frequently affecting the head and neck regions, should be taken into account in patients presenting an increase in volume in the submandibular region, soft to palpation and painless. They should be treated surgically and accompanied for the recurrences of the injury are avoided.

## **Take Away Notes:**

- Definition of lipoma
- Clinical and histopathological characteristics of lipomas
- Forms of treatment
- Description of a surgical clinical case
- The dental surgeon must know how to identify neoplasms and their forms of treatment, avoiding worse stages of pathologies

## **Biography**

Academic in Dentistry in Federal University of Pernambuco, Brazil; Currently, she is an intern at Ambulatory of the Buco Maxillofacial Surgery and Traumatology in the Clinical Hospital of Federal University of Pernambuco, being a member of the project to care for patients with oral diseases and facial traumas and the project entitled prevention and treatment of cancer in face and mouth regions in Venturosa/PE. In 2019, she won several awards for presentations of scientific works and was invited by the Peruvian army to give a conference at the 30th National Congress of Military Police Dentistry “Ejército del Perú”.



## The importance of oral hygiene as a preventing and therapeutical measure at COVID-19 disease

Thaís dos Santos Sena\*, Sueli Cavalcanti Carneiro da Cunha Soares

Dental School of Federal University of Rio de Janeiro, Rio de Janeiro, Rio de Janeiro, Brazil

The mouth serves as one of the ports of entry and onset of covid-19 infection, caused by the new coronavirus SARS-CoV-2, characterized by the World Health Organization as a pandemic, becoming a global public health emergency. It was detected that the cells of the tongue have a high concentration of the ACE2 receptor, the main “entrance gate” for the new coronavirus in the cell. Along with this, the salivary glands were identified as reservoirs of the virus. The oral cavity houses a complex ecosystem, where microorganisms such as viruses, fungi, bacteria and protozoa live in harmony with the host in conditions of adequate local hygiene. The microorganisms are organized in biofilms and use as niches the dental surfaces, the tongue, the gums, the palatine tonsils and mucous. However, in the presence of remained food specific pathogens win the food dispute and proliferate, leading to changes in ideal conditions for oral health and the manifestation of oral and / or systemic diseases. Therefore, removing food debris and disorganizing biofilms through oral hygiene is crucial to keep the body healthy. SARS-CoV-2 is inactivated by the use of 0.5-1% hydrogen peroxide mouthwashes and the literature has recommended its use prior to performing dental procedures to reduce oral viral load. Mouthwash with hydrogen peroxide has been used for more than a hundred years in the treatment and control of periodontal disease to eliminate organisms sensitive to oxidation. Despite being controversial, its exclusive use and in low concentrations is not able to induce carcinogenesis, requiring the association of saline solutions or the use of carcinogenesis promoting agents such as alcohol or tobacco. According to the latest update of the American Dental Association (ADA), in august 2019, a recent meta-analysis with a systematic review of eighteen epidemiological studies failed to find an association between the use of mouthwash and oral cancer or response to the dose of mouthwash and oral cancer. Therefore, it is suggested that the use of mouthwashes and gargles with 0.5-1% hydrogen peroxide may be a strong ally in preventing the disease in professionals who are exposed to high viral load, a single daily dose after returning from work while in epidemic outbreak, and in the treatment of patients with symptoms of covid-19 until cessation of them, as a complement to oral hygiene. In case of any irritation to the mucosa, discontinue use and seek a health care professional. It is known that toothbrushes and dental prostheses are contaminated with microorganisms in the oral cavity, so they must also be frequently cleaned to avoid recontamination of the cavity. Thus, cleaning the oral cavity, toothbrushes after each use, as well as dental prostheses promotes the reduction of the viral load present in the mouth, interfering with the potential for the development of the covid-19 disease and the transmission of the virus. Due to the exposed, it is concluded that alerting health professionals and the population about care with oral hygiene in the prevention and control of the disease is crucial to save lives.

### Take Away Notes:

- The instructions are valid for both the general population and health professionals as they are based on personal care with oral hygiene
- Dental measures to prevent the development or worsening of covid-19 will be discussed
- Dental therapeutic measures for people infected with the new coronavirus will be discussed
- The measures must be known by all health professional categories to assist in the prevention and treatment of covid-19



- The present protocol constitutes a relevant aid in the control of the viral load in the oral cavity of patients and health professionals, so it guarantees an additional protection in the prevention of contamination by the new coronavirus. Thus, there is a greater confidence of the health professional in the execution of procedures. This research should be expanded by other teachers and researchers deploying it in case studies and also in control groups studies. The use of the suggested protocol simplifies the design of the work process by allowing the service to be carried out a little more safely. It also guarantees the patient an improvement of the general systemic health status, minimizing symptoms and reducing viral load, which can reduce referral to hospitals avoid hospitalization

## **Biography**

Thaís is a dentist surgeon graduated at Federal University of Rio de Janeiro, Brazil, in 2012. Specialist in Family Health by the Multiprofessional Residency in Family Health from National School of Public Health Sergio Arouca ENSP/FIOCRUZ (2017) and Master's student in Collective Health at Medical School of Federal University of Rio de Janeiro (2019/ongoing). Has experience as a dentist in the private sector and in Family Health Strategy/SUS. Currently is a Collaborator of Dental School/UFRJ in the Oral Care and Health Research Project for the SUS-UFRJ.

## PARTICIPANTS LIST

<b>Amal Al-Bar</b> King Faisal Specialist Hospital, Saudi Arabia	
<b>Fabiano Vieira Vilhena</b> TRIALS - Oral Health & Technologies, Brazil	10
<b>Fares Kablan</b> Galilee Medical Center, Israel	15
<b>Hamdy M.R</b> Suez Canal University, Egypt	20
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<b>Marwa Sharaan</b> Suez Canal University, Egypt	19
<b>Nabihah Dzaruddin</b> University of Malaya, Malaysia	13
<b>Navneet Kaur Sehgal</b> Guru Nanak Dev Dental College and Research Institute, India	18
<b>Sergio Charifker</b> SOEPE, Brazil	16, 17
<b>Sujatha P</b> Bharati Vidyapeeth Dental College and Hospital, India	14
<b>Thaís Dos Santos Sena</b> Federal University of Rio De Janeiro, Brazil	24
<b>Vinicius Gomes Machado</b> Brazilian Dental Association, Brazil	8



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