



CONGRESS BOOK

6-8 July 2022

InterContinental CityStars - Cairo, Egypt

panendo.net



Under the auspices of the

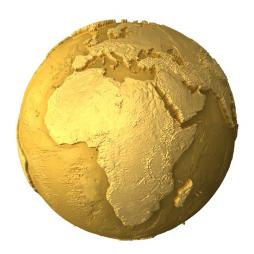
MINISTER OF HIGHER EDUCATION AND SCIENTIFIC RESEARCH



H.E Prof. KHALED ABDEL GHAFFAR

Minister of higher education





Welcome to PanEndo Conference

EAE Board have the greatest pleasure to invine you to its 8th international Conference that will be held on 5-8 July 2022 in Cairo, Egypt.Under the theme of **PanEndo From Africa to the world**This conference is inviting world-class international speakers and integrating pre, during and post congress intensive workshops. We are expecting 2000 local attendees and not less than 100 non-Egyptian attendee. We are confident that we will be able to make this conference a very special and memorable event. The conference will focus on new aspects and current updates in the field of Endodontics. The scientific sessions of the conference will be dominated by scientific data from worthy speakers. This will be beneficial for both endodontists and general practitioners. We wish that endodontists from the Middle East area and globally share in this unique event to gain cutting-edge knowledge in different aspects of endodontics. The conference will be held in the charming city of Cairo, the largest city in the Middle East and Africa.

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Table of Contents

Organizing Committees	7
Timetable	13
Speakers	22
Oral Presentations on Freely Chosen Topics	67
Oral Research	99
Poster Research	101
Courses	104
TradeShow Map	130





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Media Consultant



APROF. ADEL ABD EL GHAFAR
Professor

Creative Director



DR.KARIM HOMMOSBsc., Msc.

Timetable



Wednesday 6th July 2022

SCIENTIFIC PROGRAM

Saraya Hall

SESSION I (09:00 - 1	SESSION I (09:00 - 11:00)			
Chair Persons	Dalia Fayad	Randa Elbaghday		
09:00 - 11:00	V. Gopi Krishna Disinfection Proto	ocols for Predictable Outcomes in Endodontics		
Coffee Break (11:00) - 12:00)			
SESSION II (12:00 - 1	14:00)			
Chair Persons	Salsabyl Ibrahim	Stefan Zweig		
12:00 - 14:00	Alan Law, Donald Nixdorf Pain Following Root Canal Treatment: What Have We Learned from Practice-Based Research?			
Lunch Break (14:00 - 15:00)				
SESSION III (15:00 -	18:00)			
Chair Persons	Khaled Ezzat	Alan Law		
15:00 - 16:00	Mohamed Ibral To GentleWave, c	him or Not to GentleWave — The Future of Endodontic Irrigation		
16:00 - 18:00	Adham Azim Microsurgery wit	hin the Hour! — A guide to an efficient surgical treatment		

Al Hambra Hall

SESSION I (09:00 - 1	l1:00)			
Chair Persons	Hamdy Adly Taher Islam			
09:00 - 10:00	Salma Hany, Mahmoud Aboelseoud			
	CBCT in Endodontics: what to expect and what not to expect			
10.00 11.00	Flippo Cardinali			
10:00 - 11:00	Pre-mixed "Bioceramic" sealers: trend, option or clinical necessity?			
Coffee Break (11:0	0 - 12:00)			
SESSION II (12:00 -	14:00)			
Chair Persons	Jailan Elshafei Yehia Baghdady			
42.00 42.00	Antonis Chaniotis			
12:00 - 13:00	Bypassing ledges and false canals. Instruments and Techniques			
13:00 - 14:00	Maram Obeid, Tariq Yehia			
15.00 - 14.00	Endodontic diagnosis; a jigsaw puzzle			
Lunch Break (14:00) - 15:00)			
SESSION III (15:00	· 18:00)			
Chair Persons	Sybel Moussa Seiza Yaqoub			
15:00 - 16:00	Dalia Fayyad, Mohammed Elsholkamy, Osama Abd El-Ghany			
15.00 - 10.00	Endo Vs Implants			
16:00 - 17:00	Ashraf Refai, Moataz Alkhawas, Motaz Elsadat			
10:00 - 17:00	An Evidence Based Analysis of Matched Cone Obturation in the Bioceramic Era			
17.00 10.00	Ahmed Ghobashy, Amr Bayoumy, Mohamad Fakhr, Ahmed Hussein			
17:00 - 18:00	Guided Simplification of Endodontic Complex Cases. The future is already here!			
	•			

Thursday 7th July 2022

SCIENTIFIC PROGRAM

Saraya Hall

SESSION I (09:00 - 1	SESSION I (09:00 - 11:00)			
Chair Persons:	Abeer Darrag	Manar Fouda		
09:00 - 10:00	Teresa Moliz			
U9.00 - 10.00	Endodontic biofilms			
10.00 11.00	Mehmet Baybora K	ayahan		
10:00 - 11:00	Is this tooth hopeless	?		
Coffee Break (11:00) - 12:00)			
SESSION II (12:00 - 1	14:00)			
Chair Persons:	Mohamed Ibrahim	Amr Abdallah		
12:00 - 14:00	Christof Pertl			
12.00 - 14.00	Advanced Flap Desigr	ns & Optimized Soft Tissue Management In Endodontic Surgery		
Lunch Break (14:00	- 15:00)			
SESSION III (15:00 -	18:00)			
Chair Persons:	Said Abdelaziz	Marwa Sharaan		
15:00 - 17:00	Omar Abusteit			
	Minimally Invasive Te	chniques Encompassing the Full Scope of Endodontics		
17:00 - 18:00	Shehab Saber, Ahm	ned Ghobashy		
17:00 - 10:00	An Alternative Approx	ach For Orthograde Management Of Cystic Like Large Lesions		

Al Hambra Hall

SESSION I (09:00 - 1	(2:00)			
Chair Persons:	Ihab Hassanein Heba Elfar			
09:00 - 10:00	Mohamed Ibrahim, Tarek Abd El-Wahab			
	Endodontics, Decision Challenge			
10:00 - 11:00	Shehab Saber, Mohamed Kataia, Mostafa Kholy, Nawar Naguib			
	Bio-minimalistic trends in Endodontics:Are they really Bio-Logical?			
	Ahmed Gamal			
11:00 - 12:00	Periodontal diseases - Does it affect the type of root canal irrigant used to treat chronically			
	affected pulp tissues?			
SESSION II (12:00 -	14:00)			
Chair Persons:	Raef Sherif Karim Elbatouty			
12:00 - 13:00	Hany Ahmed			
12.00 - 13.00	Root canal anatomy —Translating advanced knowledge to clinical practice			
13:00 - 14:00	Maged Negm			
13.00 - 14.00	Endodontic Flare - Ups			
Lunch Break (14:00) - 15:00)			
SESSION III (15:00 -	18:00)			
Chair Persons	Amr Abdelkhalek Mohamd ElShinawy			
15:00 - 16:00	Mustafa Gündoğar			
15.00 - 10.00	A clinical guide to modern root canal therapy			
16:00 - 17:00	Neveen Shaheen, Walaa Ghoneim, Dalia Abd El Hamid			
10:00 - 17:00	New Era in 3D Cleaning of Root Canal System			
17.00 10.00	Marwa Sharaan, Mai Ragab			
17:00 - 18:00	Could root canal treatment be an obsolete maneuver ?!			

Friday 8th July 2022

SCIENTIFIC PROGRAM

Saraya Hall

SESSION I (09:00 -	12:00)	
Chair Persons:	Shaimaa Gawdat Mohamed Abdelazim	
09:00 - 10:00	Luigi Nibali	
<u> </u>	Furcation involvement: diagnosis, treatment planning and periodontal-endodontic considerations	
10:00 - 12:00	Josette Camilleri	
10:00 - 12:00	Dentine replacement strategies	
Prayer + Lunch Break (12:00 - 14:00)		
SESSION II (14:00 -	17:00)	
Chair Persons	Mahmoud El Aseel Karim Galal	
14.00 15.00	Hugo Sousa Dias	
14:00 - 15:00	Management of pulp canal obliteration: from a "Free-hand" approach to a Guided approach	
15:00 - 16:00	Luigi Nibali	
15:00 - 10:00	Endo-perio: diagnosis and management	
16:00 - 17:00	Mohsen Ramazani	
	Vital Pulp Therapy; an Update of Classifications, Indications, Challenges, and Follow Ups	

Al Hambra Hall

SESSION I (09:00 - 1	12:00)
Chair Persons	Abeer Marzouk Ahmed labib
09:00 - 10:00	Nehal Nabil, Adel Abdelwahed, Mohamed Mounir, Mohamed Atef Endodontic Retreatment versus Implant
10:00 - 11:00	Sergiu Nicola Increasing safety of rotary instruments by customising file settings with the aid of new endodontic motors
11:00 - 12:00	Zivile Grabliauskiene Let the pulp heal. Diagnose, protect, follow.
Prayer + Lunch Br	eak (12:00 - 14:00)
SESSION II (14:00 -	17:00)
Chair Persons	Omar Fahim Madiha Gomaa
14:00 - 15:00	Geraldine Ahmed, Shaimaa Ismail, Radwa Emara Regenerative Endodontics: A Journey from theory to everyday clinical practice
15:00 - 16:00	Mohamed Elashiry, Doaa Adel, Rana Zeitoun 3D Bioprinting and Endodontics: What is the evidence?
16:00 - 17:00	Ahmed Abdel Rahman Endodontic Micrsurgery: Explore the Road

Wednesday 6th July 2022

SCIENTIFIC PROGRAM SUBMITTED PRESENTATIONS

Montazah Hall

Montazan		
SESSION I (09:0	0 - 11:30)	
Chair Persons:		Allaa ElBaz Geraldine Mohamed
09:00 - 09:45	SP1	Abdel Moneim Elkalashy, Ahmed Salim
	JF I	Secrets of NiTi alloy ; clinical point of view
09:45-10:30	SP2	Amira Galal, Manar Galal
		Technology Paving Customization in Root Canal Instrumentation
		Abdelrahman Hamouda
10:30 - 11:00	SP3	Multidisciplinary Approaches to Management of Separated Endodontic Instruments (The secrets
		behind the scenes)
11:00 - 11:30	SP4	Sherief Elzahar
11:00 - 11:30	3 7 4	Rotation or Reciprocation When to use and how to use
Coffee Break (1	1:30 - 12:	00)
SESSION II (12:0	00 - 14:00	
Chair Persons:		Mohsen Nour Wael Hussein
12:00 - 12:30	SP5	Mahmoud Badr
12.00 - 12.30	313	Dealing with infected and curved canals-The Knowhow
12:30 - 13:00	SP6	Mahmoud Fahim
12.30 - 13.00	3 70	Management of severely curved canals. A clinically oriented approach
13:00 - 13:30	SP7	Ahmed Farouk
15.00 - 15.50		The Guided Subtractive Approach: When Minimal Invasiveness meets Longevity
13:30 - 14:00	cno	Nagy Abdulsamee
15.50 - 14.00	SP8	Minimal Invasive Post Endodontic Monoblock Restoration: Sharonlay Crown
Lunch Break (14	4:00 - 15:0	00)
SESSION III (15:	00 - 17:00	
Chair Persons:		Maram Ezzat Engy Kataia
15:00 - 15:30	SP9	Areej Ayad Alkhalifi
15.00 - 15.50	3F 7	Dealing with tauridontic tooth
15:30 - 16:00	SP10	Islam Abdelhalim
10.00	JF IU	Endodontic Biofilms: Where did we begin and how far have we come?
16:00 - 16:30	SP11	Waleed Kurdi
	J F 1 1	Broken file Dilemma
16:30 - 17:00	SP12	Abdulrahman Alfadag
10:30 - 17:00		Persistent infection: the real battle beyond the apex

Thursday 7th July 2022

SCIENTIFIC PROGRAM SUBMITTED PRESENTATIONS

Montazah Hall

SESSION I (09:00	0 - 11:30)	
Chair Persons:		Medhat Elfaramawy Maram Obeid
09:00- 09:45	SP13	Mohamed Salah, Ayman El Demery
	3F 13	The power combo: perfection & perseverance
09:45- 10:30	SP14	AbdelRahman Hamza, Maryam ElAhmady
		Turning your Access Cavity from zero to hero!
10:30- 11:00	SP15	Ahmed Mobarak
	JI 13	Guided endodontics: applications and limitations
11:00- 11:30	SP16	Hajer Abd Elhamid
		Revolution in Minimal invasive dentistry in endodontics
Coffee Break (1		•
SESSION II (12:0	0 - 14:00)	
Chair Persons:		Mohamed Khalifa Lamiaa Ibrahim
12:00 - 12:45	SP17	Ahmed El Sheshtawy, Amgad Soliman
		Contemporary management of Endodontic procedural accidents
	SP18	Mohamed Nageh, Fatma Abu Naeem
12:45 - 13:15		Selection of the best regenerative endodontic treatment protocol for the management of root
		resorption according to the different clinical situations
13:15 - 14:00	SP19	Nermine Hassan, Nader Ramsis
1 10 1/4/	100 15 (Regenerative Endodontics: A road less travelled
Lunch Break (14		•
SESSION III (15:0 Chair Persons:	00 - 17:00	
Citali Fersons.		Yousra Nashaat Hayam Yousef Mostafa Anwar
15:00- 15:30	SP20	Series of Complicated Endodontic Retreatments of Upper Lateral Incisors
		Albaraa Alkady
15:30- 16:00	SP21	Single Cone with Bioceramic a Myth or a Truth
		Amr Bayoumi
16:00- 16:30	SP22	Guided endodontics towards a new world
		Ali Fahd
16:30- 17:00	SP23	CBCT in endodontics: Explore the hidden
		CDCT III endodoffices. Explore the induen

Friday 8th July 2022

SCIENTIFIC PROGRAM SUBMITTED PRESENTATIONS

Montazah Hall

SESSION I (09:00	- 12.00)	
Chair Persons:	12.00)	Amany Badr Mohamed Rabie
		Maha Nasr
09:00 09:30	SP24	Vital Pulp Therapy in Permanent Teeth: Challenges & Promises
	SP25	Howida A. Enan, Ebrahim M. Sakr, Nada M. Ali
09:30-10:15		To do or not to do recent trends in endodontics : evidence based
		Wael Kamel, Safwat Saber
10:15-11:00	SP26	Pulpotomy past and future
		Yousra Nashaat
11:00- 11:30	SP27	Nano Intracanal Medicaments; A New Strategy In Root Canal Disinfection
44 30 43 00	6020	Dalia Moheb
11:30-12:00	SP28	Could Phage Therapy Replace Antibiotics in Treatment of endodontic Infections?
Prayer + Lunch	Break (12	• ', '
SESSION II (13:3		
Chair Persons:		Mohamed Kataia Reham Seyam
13:30 - 14:00	SP29	Wafaa Segari
13:30 - 14:00		Insight into electronic work determination
14:00 - 14:30	SP30	Mohamed Hamed
14.00 - 14.30	3130	Revisiting Intentional Replantation: Factors Affecting the Success
14:30 - 15:00	SP31	Ibrahim El Naggar
14.50 - 15.00	3 F 3 I	Can MicroSurgery fix problems or Non-Surgical Retreatment is Enough?
15:00 - 15:30	SP32	Mohamed Fakhr, Moustafa Aboudoura
15.00 - 15.50	3F 3Z	Recent Trends in Vital Pulp Therapy
15:30 - 16:00	SP33	Abdelrahman Elkholy
15.50 - 10.00	31 33	MB2: The dentist's Nightmare
16:00 - 16:30	SP34	Ahmed Soudi
	JF J4	Open apex: discussing 3 dilemmas
16:30 - 17:00	SP35	Mohamed Abdel Maged
10.30 - 17.00		The daily clinical applications of intracanal medications

Wednesday 6th July 2022



Abdeen Hall

Abueel	
	(09:00 - 11:00)
Chair Perso	· · · · · · · · · · · · · · · · · · ·
	Maha Tarek Aboulkheir
OR1	Evaluation of chitosan scaffold and MTA pulpotomy in mature permanent molars with irreversible pulpitis (a
	randomized controlled trial)
	Abd El Rahman El Mekkawi
OR2	Evaluation of the Efficacy of Diode Laser in Maturogenesis of Immature Teeth with Necrotic Pulps: A Preliminary
	Randomized Controlled Trial
	Ahmed Sobhy
OR3	Investigating the biocompatibility of Silver nanoparticles gel as an intra-canal medicament: an in-vitro study or
	dental pulp stromal cells
	Mohamed Radwan
OR4	
	Impact of conservative access cavity using micro-guided endodontics
	Alaa Abd El Sattar
OR5	The Effect of Trypsin-Chymotrypsin On Postoperative Pain After Single Visit Endodontic Treatment: A
	Randomized Controlled Trial
	Hoda Elnawawy
OR6	Fabrication and evaluation of the physico-chemical properties of a novel locally produced modified white
	Portland cement
Coffee Bre	ak (11:00 - 12:00)
	(12:00 - 14:00)
Chair Perso	•
ciidii i ciso	Mohamed El-wakeel
OR7	Cyclic Fatigue Resistance, EDX and Differential Scanning Calorimetric Analysis of Three Different Nickel-
UN/	, , ,
	Titanium Rotary File Systems
	Abdelrahman Hamouda
OR8	Functionalized Nanoparticles as a Novel Approach for Antibiofilm Strategy; a New Era in 3D Cleaning of
	Complex Root Canal System
OR9	Mai Fakhreldeen
UND	Apotherapy: the recent era for pulpotomy
0040	Mahmoud Moussa
OR10	Revascularization-associated Intracanal Calcification
	Maha Nasr
0R11	Antimicrobial Efficacy of NanoChitosan, Chlorhexidine, Chlorhexidine/ NanoChitosan Combination versus
UNTI	Sodium Hypochlorite Irrigation in Necrotic Mandibular Premolars: A Randomized Clinical Trial
	,, ,
OR12	Maha Refaat
	Apical Extrusion & Cleanliness of WaveOne Gold versus iRace
	ak (14:00 - 15:00)
	I (15:00 - 18:00)
Chair Perso	ns: Omar Abu Steit Abeer Hashem Abeer Elgendy
OR13	Mohamed Farahat
	The effect of addition of silver nanoparticles on the antibacterial effect of three different root canal sealers (an
	in vitro study)
0R14	Mina Zaher
	Root Canal Morphology and Isthmus Portion Detection Using Teeth Clearance Technique and Cone Beam
	Computed Tomography
OR15	Pola Ibrahim
UNIJ	
	Percentage of Touched Surfaces and Change in Cross-Sectional Area of Oval Shaped Root Canals after XP-Endo
	Shaper, IRaCe and HyFlex CM Instrumentation Using AutoCAD Software
OR16	Ahmed Abdelaal
	Evaluation of Sealing Ability and Adaptation of Resin and Bioceramic Sealers in Curved Roots(An in-vitro Study)
OR17	Nirvana Mansour
	Efficacy of Injectable-Platelet Rich Fibrin in Vital Pulp Therapy; An Experimental Animal Study
OR18	Yasmin Youseif
	A Comparative Evaluation of the Efficacy of Three Irrigant Activation Systems: Fanta Af Max File, Xp Endo
	Finisher File and Irri-Safe Ultrasonic Tip on Enterococcus Faecalis Eradication in Long Oval Canals Using Confoca
AD44	Laser Scanning Microscope. "A Randomized In-Vitro Study"
OR19	Mohamed Elashiry
	Enterococcus faecalis; the endodontic pathogen and its diverse effects on monocyte derivatives
OR20	Asmaa Desouky
	A power of Nano Sealers In Endodontics

SCIENTIFIC PROGRAM POSTER RESEARCH

Referees:	Josette Camilleri Christof Pertl Ingy Ghoneim
PR1	Abdel Moneim Ahmed Elkalashy
	Effect of Using Different Single-File Root Canal Preparation Systems on Microbial Count and Post-Operative Pa
PR2	Abdelrahman Elkholy
	Effectiveness of various irrigants with or without Activation on radicular dentin microhardness: an in-vitro stu
PR3	Ahmed Ali Youssif
	Regenerative endodontic procedures for the treatment of necrotic mature teeth: A preliminary randomized
	clinical trial
PR4	Ahmed Htem Elsamra
	Efficacy of Different Chelating Agents in Smear Layer Removal
PR5	Ahmed Mohamed
	Cytotoxicity of Three Root Canal Sealers with Different Bases on Human Dental Pulp Stem Cells Using MTT Assa
PR6	Ahmed Mohamed
	Biocompatibility of Three Different Root Canal Sealers
PR7	Ali Mohamed Soliman
	1%Phytic Acid for Smear Layer Removal after Root Canal Preparation with Three Different Rotary Systems
PR8	Ameera Lotfy Mahfouze
	Bacterial reduction of mature Enterococcus faecalis biofilm by different irrigants and activation techniques
	using confocal laser scanning microscopy
PR9	Basma Ahmed
	Evaluation of Dental Pulp Stem Cells Behavior after Induction by Three Different Bioactive Materials Using Two
	Different Scaffolds
PR10	Dalia Hemdan
	Effects of Autologous Dental Pulp Stem Cells and Mineral Trioxide Aggregate on Dogs' Dental Pulp
PR11	Dina Abdullah Sarhan
	Depth and Percentage of Penetration of Sure Seal Root and AH Plus sealers into Dentinal Tubules with two
	different obturation techniques
PR12	Mariam Ahmed Elsherif
	Single Visit Root Canal Treatment Versus Pulpotomy in Management of Pulpitis
PR13	Mohamed Fawzy Mansour
	Healing Rate of Periapical Lesions after Using Different Intra-canal Medications
PR14	Mohamed Salah El-Din Ahmed Abd El-Rahman
	The Effect of Amorphous Calcium Phosphate Nanoparticles Loaded in Chlorhexidine as an Intracanal
	Medicament on the Enterococcus Faecalis Biofilm
PR15	Nada Ahmed Hashad
	Microbial Evaluation Following Two Irrigation-Medication Protocols in Secondary Infection Cases
PR16	Nader Wadie Ramsis
	Comparison of Postoperative Pain after Root Canal Shaping with Two Rotary Systems: A Clinical Trial
PR17	Nehal Mohsen Habib
	Effect of Neo Mineral Trioxide Aggregate and Hydroxyapatite Nanoparticulates on Odontogenic Differentiation
	and Proliferation of Human Dental Pulp Stem Cells
PR18	Shymaa Shaaban Rezk Ramadan
	The Antibacterial Activity of Lactobacilli Probiotics on Enterococcus faecalis biofilm.
PR19	Tokka Mohamed Moukhtar
	Revascularization Induced Maturogenesis of Non-Vital Immature Teeth Using Different Scaffolds and Intra
	Canal Medications
PR20	Mariam Ahmed Hossam Ahmed
	The effect of Ibuprofen SR on intraoperative and postoperative pain in mandibular molars with symptomatic
	irreversible pulpitis and apical periodontitis
PR21	Mohammed Abdulatif Ibrahim

Speakers





V. Gopi Krishna - India

BDS, MDS, PhD, FDS RCSEd.

Dr. V. Gopi Krishna, BDS, MDS, PhD, FDS RCSEd ad hominem is currently working as Adjunct Professor at Sri Ramachandra Institute of Higher Education & Research, Chennai, India and as the Secretary for International Federation of Endodontic Associations (IFEA) as well as General Secretary for the Indian Board of Endodontics.

He is the Editor in Chief of the Endodontology Journal and the Associate Editor of European Endodontic Journal. He is the Editor of three reputed textbooks (eight editions): Grossman's Endodontic Practice – 12th, 13th & 14th Editions, Sturdevant's Art and Science of Operative Dentistry – 1st & 2nd South Asia Editions, Preclinical Manual of Conservative Dentistry & Endodontics – 1st 2nd & 3rd editions.

Disinfection Protocols for Predictable Outcomes in Endodontics

The fundamental goal of endodontic therapy is to preserve the vitality of pulp tissue and predictably disinfect the pulp space in cases of infection. This evidence based presentation will discuss the challenges posed by root canal infections and clinical protocols in overcoming them. Clinical challenges in routine primary and retreatment cases with discussed and methods to achieve predictable disinfection would be highlighted.

- Understanding the primary causes of endodontic failures.
- Irrigation dynamics and protocols for root canal disinfection.
- Role of intracanal medicaments in contemporary endodontics.



Alan Law - USA

Dr. Alan Law received his Doctor of Dental Surgery and Certificate in Endodontics from the University of Iowa College of Dentistry, Iowa City, lowa. He also completed his PhD, "Mechanisms and Modulation of Orofacial Pain", with the Department of Pharmacology at the University of lowa. Dr. Law has published several of articles in scientific and clinical journals, and has co-authored chapters on The Non-Odontogenic Toothache and Regenerative Endodontics in Pathways of the Pulp, and has lectured at over 300 local, national and international meetings. Dr. Law is a member the American Dental Association, American Association of Endodontics, and Omicron Kappa Upsilon Dental Honor Society, and a Fellow of the American College of Dentists and the International College of Dentists. He is Immediate Past President of the American Association of Endodontists, Past President of the Minnesota Association of Endodontists, and Past President of the American Board of Endodontics. He is in full –time practice in the Twin Cities, and President of The Dental Specialists, a multi-specialty dental practice with over 25 specialists. He is also a Research Associate Professor in the Division of Endodontics at the University of Minnesota.

Donald Nixdorf – USA

After graduating from the University of Alberta Faculty of Dentistry, Dr. Nixdorf completed hospital dentistry residency at The Ohio State University, Anesthesia fellowship at Johns Hopkins University, Orofacial Pain fellowship at the University of Alberta, and a Master of Science in Clinic Research at the University of Minnesota. As a Diplomate of the National Dental Board of Anesthesiology (NDBA) and the American Board of Orofacial Pain (ABOP), he maintains a specialty Orofacial Pain practice on the diagnoses and management of chronic TMD pain, headaches, and neuropathic pain within a multi-disciplinary settings. Dr. Nixdorf's research has focused on the topics of non-odontogenic "tooth" pain from a classification, diagnosis, epidemiology, and treatment perspectives, as well as TMD and most recently dental MRI, with over 70 published articles. Dr. Nixdorf is Professor, Division Director, and past Graduate Program Director at the University of Minnesota in the Division of TMD & Orofacial Pain

Pain Following Root Canal Treatment: What Have We Learned from Practice-Based Research?

When a patient call reporting severe pain after treatment, or persistent pain, it can be disruptive to a practitioner's schedule and psyche. This session will give practitioners information on the frequency and predictors for pain following root canal treatment. Practitioners will also learn about contributing factors for acute and persistent pain, and strategies for managing pain.

- Describe mechanisms for orofacial pain.
- Discuss contributing factors for acute and persistent pain following root canal treatment.
- Discuss strategies for managing pain following root canal treatment.



Mohamed Ibrahim - USA

BDS, MS, DMD, PhD

Dr. Ibrahim is a professor of endodontics and the Director of Predoctoral Endodontics at Marquette University, school of Dentistry. Dr. Ibrahim earned his BDS, MS and endo training from Mansoura University. He also got a PhD via JSP between Mansoura University and Cologne University. He also earned a Dr. Med Dent from Cologne University, Germany in endodontic hydrodynamic disinfection. Dr. Ibrahim has published several papers in Journal of Endodontics, International endodontic Journal, Journal of dental education and other international journals. He also lectured and presented in endodontics nationally and internationally. He was a board member of curriculum committee that developed a competency based and team based predoctoral curriculum that now been taught in many universities in KSA.

To GentleWave, or Not to GentleWave The Future of Endodontic Irrigation

Endodontists have long since dreamed to debride and disinfect the root canal system without the use of any single instrument. A multitude of factors were beyond this ambition: shaping errors and file separation, limitations of file systems to clean and disinfect the complex root canal system, the amount of removed dentin that may relate to increased susceptibility to tooth fracture. While advancement in technology has continued to decrease number of files used during RCT procedures and provide different activation protocols to disinfect beyond the instruments limits, a true non-instrumental technique still a dream to become a true. This seminar is geared toward reviewing and critically analyzing literature since Lussi et al 1993 introduced their non-instrumental technique (NIT) till the introduction of the GentleWave system to guide us as clinicians to make realistic decisions in our cleaning and disinfection strategies, as well as allowing us to better inform our students, patients and referring dentists of the current clinical situation.

- Recognize if non-instrumentational endodontics came true!
- Describe the current irrigation protocols used today in endodontics.
- Discuss and evaluate GentleWave endodontics and how this technology impacts the future of root canal disinfection.



Adham Azim - USA

Dr. Azim is an Associate Professor and the Chair of the Endodontic Department at University of the Pacific, Arthur A. Dugoni School of Dentistry. He maintains a private practice limited to Endodontics and he is also the Founder and CEO of Endolit. Dr. Azim earned his BDS from Cairo University, where he also did his Endodontic training. He later completed his Endodontic certificate at Columbia University, and since then, he has been a full-time Educator and a Part-Time Private Practitioner. Before Joining the University of the Pacific, he Served as the Division Head and the Director of the Endodontic Post-Graduate Program at University at Buffalo. Dr. Azim is a Diplomate of the American Board of Endodontics. He has lectured all over the world and has been awarded several times for his research work. He has over 30 publications in peer-reviewed journals and several text-book chapters contributions such as "Ingle Endodontics" and "Endodontics: Principles and Practices". He is a member of the Scientific Advisory Board of the Journal of Endodontics, Associate Editor for the European Journal of Endodontics, and a reviewer for multiple other Endodontic journals such as International Endodontic Journal, the Journal of Dental Traumatology, and JADA.

Microsurgery within the Hour!

A guide to an efficient surgical treatment

The success rate of endodontic surgery has increased significantly over the past two decades with the implementation of micro-surgical techniques and improved retro-filling material. To this day, many clinicians consider endodontic surgery as the last resort for intervention. This is primarily due to the inefficiency while performing endodontic surgery as well as the stress associated with encountering certain surgical procedures. In this presentation we will provide guides to clinicians on how to overcome these hurdles and successfully complete endodontic microsurgical procedures in the anterior or the posterior region within one hour.

- Adequate treatment planning in endodontic microsurgery.
- Proper utilization of the endodontic microsurgical armamentarium.
- How to save time in each step of the surgical procedure.



Salma Hany- Egypt

BDS, MSc, PhD.

B.D.S 2005. Faculty of Dentistry, Alexandria University.

M.Sc. in Endodontics 2012. Faculty of Dentistry, Alexandria University.PhD in Endodontics 2019. Faculty of Dentistry, Alexandria University.Lecturer of Endodontics, Faculty of Dentistry, Alexandria University.

Mahmoud Aboelseoud - Egypt

BDS, MSc, PhD.

B.D.S 2004. Faculty of Dentistry, Alexandria University.

M.Sc. in Endodontics 2010, Faculty of Dentistry, Alexandria University.

PhD in Endodontics 2017, Faculty of Dentistry, Alexandria University.

Lecturer of Endodontics, Faculty of Dentistry, Alexandria University.

CBCT in Endodontics;

what to expect and what not to expect

Different imaging modalities are available in the field of endodontics. Conventional two-dimensional imaging has been used in this field for several decades. The introduction of three-dimensional imaging of CBCT has overcome several limitations encountered in two-dimensional imaging of conventional radiography. CBCT provides useful information before and after primary root canal treatment, surgical and nonsurgical retreatment and regenerative endodontics. Although CBCT has proven to be beneficial during several phases of root canal treatment, however some limitations are encountered in interpretation. The aim of this lecture is to highlight the advantages and limitations of CBCT in endodontics and to provide an insight during interpretation of CBCT images.

- Provide information about different imaging techniques in endodontics.
- Discus advantages and limitations of CBCT in endodontics.
- Give an idea about several tools that could be used to improve the interpretation of CBCT.



Filippo Cardinali - Italy

Graduate summa cum laude in Dentistry and Dental Prosthesis at the University of Ancona in 1992. Active Member of the Italian Society of Endodontics. certified Member of the European Society of Endodontology. Associate Member American Association of Endodontists. Gold Member of Styleitaliano Endodontics. In the Italian Society of Endodontics held the positions of Coordinator of the Cultural Committee (2012-2015), Assistant Editor of the Italian Journal of Endodontics (2014-2015) Treasurer (2016-2018); Secretary (2019); currently is the Vice-President of the Society (2020-2021).

Co-author of the book "Testo Atlante di Anatomia Endodontica" published by Tecniche Nuove in 2011. Co-author of the book "Isolamento del campo operatorio" published by ANDI Servizi in 2013. Co-author of the book "Manuale di Endodonzia" published by Elsevier Masson Italy in 2013. Co-author of the iBook "The Isolation Game" published in Apple iBook Stores Co-author of the book "Ritrattamenti: soluzioni per le patologie apicali di origine endodontica" published by EDRA in 2018 available even in English and Spanish language. Lecturer in theoretical and practical courses on subjects related to the isolation of the operative field and endodontics, has participated as a speaker at courses and conferences in Italy and abroad. Private practice, concentrating mainly in Endodontics and Restorative Dentistry and author of publications on journals of national and international sector.

Pre-mixed "Bioceramic" sealers: trend, option or clinical necessity?

The obturation of the root canal system is a real important step of the root canal system in order to achieve a positive outcome of the therapy. As a matter of fact, a high percentage of the endodontic failures are associated with incomplete root canal obturation. The Warm Gutta Percha techniques fixed the problems arising from the cold techniques, allowing the clinician to properly seal the root canal system in a three-dimensional way. Warm gutta percha techniques represent the "golden standard" of obturation, but in the last years the introduction of bioceramic sealers is changing the scenario. These sealers were deeply investigated in literature and this class of sealers represents a real game changer in obturation. Thanks to their properties these classes of sealer make the cold techniques more modern and predictable.

The proper use of bioceramic sealer give even more options to the clinician in order to treat easily even challenging situation as perforation, stripping, open apex.

- Cold Technique thanks to bioceramic sealer became a very interesting option when it comes to carry out high quality root canal obturation.
- Properties of Bioceramic sealers.
- Use of Bioceramic sealers in challenging situations.



Antonis Chaniotis - Greece

Chaniotis Antonis is a graduate of the University of Athens Dental School, Greece (1998). In 2003 he completed the three-year postgraduate program in Endodontics at the University of Athens Dental School.

Since 2003, he owns a limited to microscopic Endodontics private practice in Athens, Greece. For 10 years, he served as a clinical instructor affiliated with the undergraduate and postgraduate programs at the University of Athens, Athens Dental School, Endodontic department, Greece. In 2012 he was awarded the title of Clinical fellow teacher at the University of Warwick, Warwick dentistry UK. He lectures nationally and internationally, and he has published more that 20 articles in peer review International Journals. His cases are published in peer review Journals and International Endodontic textbooks. He currently serves as an active member of the Hellenic Association of Endodontists, Country representative in ESE, member of the Hellenic Society of Endodontology, certified member of the European Society of Endodontology (ESE), international member of the American Association of Endodontists (AAE) and member of the European Academy of Digital Dentistry

Bypassing ledges and false canals. Instruments and Techniques

Occasionally, during root canal instrumentation, instruments cannot be advanced to full working length in a previously patent canal. This may be due to ledge formation or false canal creation. Both these iatrogenic procedural accidents might affect treatment outcome if the canals below the blockages are infected. Bypassing the ledges and the false canals will re-establish the previously blocked canal pathway enabling full length disinfection procedures to take place. This lecture is designed to highlight the instruments, techniques and skills required for the successful management of ledges and false canals.

- Understand the mechanism of ledge and false canal creation.
- Understand how to bypass and eliminate ledges and false canals.
- Understand how to use woodpecker T mode to eliminate the ledges.
- Take away tips and tricks to use them in the everyday practice.



Maram Obeid-Egypt

BDS, MSc, PhD.

Professor. Maram Farouk. Obeid graduated from the Faculty of Dentistry, Ain Shams University in 2001. Then obtained the Master degree and Ph.D. Degree in Conservative Dentistry (Endodontics) from the Faculty of Dentistry, Ain Shams University, Cairo in 2008-2012. Working currently as a Professor at the Faculty of Dentistry, Ain Shams University. An active Board member of the Egyptian Association of Endodontists. An Editorial board member for Ain Shams Dental Journal. Reviewed for Heliyon Journal, Egyptian Dental Journal. Published about 10 international publications since 2013 in the Journal of Endodontics, International Endodontic journal, Endodontic practice Today, Heliyon Journal.

Tariq Yehia- Egypt

BDS, MSc, PhD, DDS.

Dr. Tariq Yehia Abdelrahman graduated from the Faculty of Dentistry, Ain Shams University, Cairo, Egypt in 2008. He obtained the Master degree in Conservative Dentistry (Endodontics) and Ph.D. Degree in Endodontics from the Faculty of Dentistry, Ain Shams University in 2013-2017. He is currently working as a lecturer at the Endodontic Department, Faculty of Dentistry, Ain Shams University.

Endodontic diagnosis; a jigsaw puzzle.

Endodontic diagnosis is analogous to a jigsaw puzzle in that no single piece of information can be used to make a diagnosis. To develop a "probable" diagnosis, the endodontist must collect all of the relevant facts in a systematic manner. However, certain situations remain enigmatic, necessitating additions to the standard diagnostic procedures. Recent systematic reviews have confirmed that current approaches for determining the inflammatory condition of the pulp and periapical tissues are ineffective. The purpose of this lecture is to address the alternative routes in endodontic diagnosis.

- The purpose of this lecture is to address the alternative routes in endodontic diagnosis.
- Discuss situations where extra diagnostic procedures are required.
- Discuss systemic reviews concerning pulp and periapical tissues inflammatory conditions.



Dalia Mukhtar Fayyad - Egypt

Dalia Mukhtar Fayyad is a Professor of Endodontics at Faculty of Dentistry, Suez Canal University, Ismailia, Egypt. She obtained Bachelor of Dental Sciences at 1994 from Tanta University, Egypt and a Master of Conservative Dentistry (Endodontics) at 2000 from Tanta University, Egypt. She earned Ph.D. in Conservative Dentistry (Endodontics) at 2006 from Tanta University, Egypt. She has been the head of Endodontic Department at Faculty of Dentistry, Suez Canal University in December 2012. She is currently working as the acting Dean of Faculty of Dentistry, Suez Canal University since November 2020, and the vice dean of Community service & Environmental Development since June 2018. She is a Member of the Egyptian Association of Endodontists. She is the Editor-in-chief of Dental Science Updates; the Dental journal of Suez Canal University. Editor and reviewer at many dental journals. She directed several continuing dental education courses in the field of Endodontics. She supervised a significant number of master's and Ph.D. students, as well as undergraduate and postgraduate activities that foster the development of dental education, research and clinical practice.

Mohammed Elsholkamy - Egypt

Dr. Mohammed has earned his Doctor Degree in Oral and Maxillofacial Surgery from Suez Canal University, Egypt in 2008. He is currently working as a professor and chairman of Oral and Maxillofacial surgery department at the Faculty of Dentistry, Suez Canal University. He is also a visiting professor at the Faculty of Dentistry, Beirut Arab University (BAU), Beirut, Lebanon. He collaborates with several private universities in Egypt as a part time professor. He currently works as part time professor and supervisor of the Oral and Maxillofacial surgery department at Sinai University Kantara campus. He has interest in different research fields among which are temporomandibular disorders, implant dentistry, maxillofacial trauma, bone physiology and augmentation, and maxillofacial reconstruction. He published several publications on a regional and international scale. He did many presentations and lectures, both regionally and internationally. He directed several continuing educational courses in the fields of dental implants, bone augmentation, temporomandibular disorders and facial pain.

Osama Saleh - Egypt

Head of Crown and Bridge Department, Faculty of Dental Medicine Al-Azhar University.

Director of Accreditation at National Authority of Quality Assurance.

- B.D.S Faculty of Oral and Dental Medicine, Cairo University (1991)
- Master degree, Crown and Bridge, Cairo University, 1998
- Doctor degree, Crown and Bridge, Al- Azhar University, 2004



Endo Vs Implants: The Debate

The dilemma facing the dental practitioner whether to preserve a badly decayed tooth via endodontic treatment and subsequent restoration or to extract and insert an implant is always a crucial issue. In this debate lecture, we are going to present substantial evidence supporting each protocol as well as evidence against. The long term follow-up clinical trials concerning conservative management or implants will be presented revealing the sustainability of each protocol. The possible expected outcomes will be discussed via systematic reviews among the literature. Moreover, the biological width concerns and the biomechanics of the final restorations for both endodontically treated teeth and implants will be compared. The criteria and factors taken in consideration in decision-making will be discussed to formulate a protocol to be followed afterwards in facing future cases.

- Identify the different factors taken in consideration in treatment planning.
- Choose the suitable line of treatment for each case on contingency basis.
- Modify the treatment plan according to any changes in clinical parameters.



Ashraf Samir Refai- Egypt

BDS,MSc, DD, HMD.

Dr. Ashraf Refai has practiced endodontics for over 25 years, graduated from Cairo University and received his postgraduate diplomas from Al-Azhar University. He has been a full-time staff member at Al-Azhar University Faculty of Dentistry since 1997 and has held the post of head of department of the Endodontic Department. He also teaches part time in various universities. He has extensive experience in micro endodontics and regularly gives training on this subject.

Moataz Alkhawas - Egypt

BDS, MSC & PhD in Endodontics

Dr. Moataz Alkhawas is a Professor and Head of the Department of Endodontics, Al-Azhar University. Dr Moataz research interests lie in the area of advanced tools and modalities that improve clinical skills of general dentists in the field of endodontics. He has collaborated actively with researchers in several other disciplines of dentistry over the world to achieve such goal. He has served on roughly more than thirty international and national conferences. He also participated as a course director and speaker in many scientific events that was certified from University of Warsaw, Saudi Commission for Health Specialties, Iraq Dental Association and Egyptian Dental Syndicate. Dr. Alkhawas is an editorial board member of EC Dental Science Journal. He is an opinion leader for different dental companies that work in the field of endodontics.

Motaz Mahmoud Elsadat – Egypt

BDS, MSC & PhD in Endodontics

Dr. Motaz Elsadat received his BDS from the Faculty of Oral and Dental Medicine, Al-Azhar university in 2008. He is practicing Microendodontics for more than 14 years. Dr. Motaz received his MSC and PhD in Endodontics in 2016 and 2021 respectively. His research interest includes the field of microendodontics, surgical and conventional endodontics. During his career, he published many research papers in different peer-reviewed international journals.



An Evidence Based Analysis of Matched Cone Obturation in the Bioceramic Era

The use of bioceramics is becoming a very common place in endodontics. Theories exist about the use of bioceramics and its combination with single cone and matched cone obturation. There is a discrepancy between the academic and clinical position with regards to the use of matched cone bioceramics based fillings. Among the bioceramic materials, there is a wide scope of variation in relation to their physico-chemical properties. Numerous research have done evaluating these properties showing variation in the results.

This lecture will cover the facts and the fictions related to the use of bioceramics and matched cones techniques as obturation in endodontics.

- Knowing the criteria for a material to be called as "bioceramics"
- Understanding the properties of bioceramic materials.
- The dilemma of using single cone obturation with bioceramics as an endodontic filling.



Ahmed Ghobashy - Egypt

Graduated in 2000 from Ain shams university, received master degree 2008 and doctor's degree 2012 from Ain shams university. Since 2017, He has been working as an Associate professor of endodontic and head of continuing education. Currently he is the head of endodontics department and Master of endodontics program coordinator at Misr international university. He teaches and carries out theoretical and practical courses concerning Clinical and Surgical Endodontics using dental operating microscopes and 3d digital solutions. He also works in his own private practice.

Amr Bayoumy - Egypt

Dr Bayoumy graduated from the faculty of Oral and Dental medicine, Ain Shams University in 2005. He got his master degree from the Ain Shams university in 2010. In 2014 he finished his PhD in endodontics from, faculty of dentistry, Ain Shams University and promoted to be a lecturer in Endodontic department in Misr International University. In 2019, he was promoted to Associate Professor in Misr International University.

Mohamad Fakhr- Egypt

Dr Mohamed Fakhr is a Lecturer of Endodontics (BDS, MSC, PHD) at Misr International University where he has been teaching Endodontics at the undergraduate and internship programs for 14 years. He is also the director of the Everdental Education Center (EEC) Endodontic program where he has been guiding postgraduate endodontic hands on workshops for the past 10 years. He has been privately practicing Endodontics as a specialist for the last 14 years. He is the speaker of Zeiss Microscopy in Egypt and Middle East. In February 2019 he organized the Endodontic Conference "Achieving Solutions for Endodontic Challenges" in Cairo, Egypt.

Ahmed Hussein – Egypt

Dr. A. Abuelezz graduated with a Bachelor of science degree from Misr International University in 2007. He graduated from with a Master of science degree in Endodontics, Faculty of Dentistry, Aim Shams University in 2015. He completed his PHD in endodontics from Ain Shams University in 2019. He started his academic career in 2009 as a teaching assistant in Misr International University and now he is a lecturer in the department of endodontics there since 2019. Each year he spends a considerable amount of time in learning new techniques and working on the art of dentistry.



Guided Simplification of Endodontic Complex Cases.

The future is already here!

Advancements and new technologies in instruments, materials and devices enabled clinicians to deal with difficult cases that they were not able to deal with it in the past. Outcome of root canal treatments is enhanced by the contemporary techniques available especially in management of complex root canal treatment cases.

- Understand the value of using digital solutions for difficulty assessment of complex root canal treatment cases.
- Update with the latest evidence available related to the evaluation of success and survivability of complicated non surgically root canal retreated teeth.
- Recognize different concepts and techniques for management of complex cases.



Teresa Arias Moliz - Spain

BDS, MSc, PhD.

Bachelor Degree in Dentistry, University of Granada (2004)
Master Degree in Microbiology, University of Granada (2009)
PhD in Microbiology and Endodontics, University of Granada (2010)
Current position: Associate Professor, Department of Microbiology,
Faculty of Dentistry, University of Granada
Co-author of more than 40 articles indexed in Journal Citation Reports

related to Endodontics, Microbiology and Dental Materials.

Endodontic biofilms

Microorganisms are the main cause of endodontic infections. They occur after the microbial invasion of the root canal system and periapical tissues. These microorganisms organize mainly in biofilms that show an increased resistance to antimicrobial agents and host defense cells. The microbial composition of the biofilm, as determined through study of the microbiome, indicates that such infections are polymicrobial, very heterogenous, showing high inter-individual variability. The ultimate goal of endodontic treatment is to eliminate intraradicular and extraradicular biofilms, and prevent any newly arriving microorganisms from infecting or reinfecting the root canal. The choice of proper strategies to avoid or eliminate infection is therefore key for the success of root canal treatment.

- The microbial factors involved in cases of endodontic failure.
- The endodontic microbiome.
- The different strategies used to eliminate biofilms from infected dentine.



Mehmet Baybora Kayahan - Turkey

BDS, MSc, PhD, Researcher of Endodontics, National Research Centre.

He graduated from Istanbul University, Faculty of Dentistry, in 1995. Between 1995-2000, he worked as a research assistant at Istanbul University, Faculty of Dentistry, Department of Endodontics. In 2000, he received the Dr. Med. Dent. degree. He worked at Yeditepe University, Faculty of Dentistry from 2000 until 2014. He became an Assistant Professor in 2002 and an Associate Professor in 2008. He began to work at Okan University, Faculty of Dentistry in 2014 where he became a Professor of Endodontics. Since July 2021, he has been working at Istanbul Health and Technology University as the Director of Department of Endodontics. He is the author of many local and international journals. He gives courses and conferences on root canal shaping and procedural problems in Endodontics. Dr. Kayahan is a certified member of the European Society of Endodontology. He is the Chair of IFEA Education Committee. He is currently the president of the Turkish Endodontic Society and Immediate Past President of Asian Pacific Endodontic Confederation.

Is this tooth hopeless?

The aim of endodontic treatment is to prevent or cure apical periodontitis. Root canal treatment is a predictable procedure with high survival rate. However, procedural problems such as broken instruments, ledge formation, transportation of the canal, root perforation and extrusion of the irrigants can affect the prognosis. On the other hand, patients demand the retention of their teeth more than ever before and this results in increasing necessity for the retreatment. Retreatment is easier with the help of Ni-Tis, biomaterials and ultrasonic instruments. Even hopeless teeth can be saved. There is no doubt that both root canal treatment and retreatment of teeth are feasible and economical ways to preserve function. In this lecture, follow-up of some tricky cases will be presented and discussed.

- 1- Technical difficulty with iatrogenic errors
- 2- What factors to consider while saving teeth
- 3- Case series for problematic teeth.



Christof Pertl - Austria

Dr Christof Pertl received his M.D. from the University of Graz, Austria in 1987 and his D.M.D. degree from the University of Vienna, Austria, in 1991. He received postgraduate training at Columbia University, Department of Endodontics, N.Y. and at the Department of Oral Surgery and Oral Radiology, School of Dental Medicine, Graz, Austria. There he served as full time faculty from 1993 until 2005.

He spent almost one year at the Department of OMFS, Kings College, Guy's Hospital, London, U.K.

From 1993-2017 Dr Pertl was part of the adjunct faculty at the School of Dental Medicine, University of Pennsylvania.

He joined Harvard School of Dental Medicine, Boston as a full time visiting associate professor from 1998-1999 and since then as part time faculty. Since 2005 he maintains a private practice in Graz and serves as a lecturer at the Schools of Dental Medicine of Graz and Vienna. Currently he is also a board member of the Austrian Societies of Oral Implantology and Endodontology.

Advanced flap designs & optimized soft tissue management in endodontic surgery

Advanced endodontic surgery requires in addition to proper retrograde root canal treatment also perfect soft tissue management. During this lecture both innovative aspects of state-of-the-art flap-designs and completely new types of incisions for specific clinical situations will be presented and discussed. We will learn how to handle gingival recessions during endodontic surgery and how to incise when restored implants are in the immediate vicinity.

Sufficient knowledge of the anatomy of the oral tissues will help to understand that the capacity of regeneration and healing is primarily dependent on the vascularization and metabolism of the pristine tissues. Based on anatomic studies and clinical experience a straight forward advice will be given to manage incisions and suturing sophisticatedly but with ease.

- 1- Innovative aspects of new types of incisions for specific clinical situations will be discussed.
- 2- how to handle gingival recessions during endodontic surgery
- 3- How to manage incisions and suturing sophisticated situations.



Omar Abusteit - USA

Dr. Abusteit was born and raised in Egypt where he earned his dental degree from Cairo University and practiced general dentistry for a few years before moving to the USA to pursue postgraduate studies in endodontics. He received fellowships in Endodontics from UCLA School of Dentistry and Medical University of South Carolina College of Dental Medicine. Later, he completed his endodontic specialty training and earned a Master of Science in Dentistry from the Medical University of South Carolina where he also served as the chief endodontic resident. Dr. Abusteit is a diplomate of the American Board of Endodontics, and he is currently serving as an Assistant Professor in the Division of Endodontics at the University of Minnesota School of Dentistry and he maintains a private practice limited to microendodontics in Minneapolis, Minnesota. Dr. Abusteit is on the continuing education committee of the American Association of Endodontists as distance learning representative and has published several papers in international journals. Dr. Abusteit has also lectured and presented on various endodontic topics in conferences, meetings, and study clubs nationally and internationally.

Minimally Invasive Techniques Encompassing the Full Scope of Endodontics

In modern dentistry, plenty of tools and techniques are developed for minimally invasive interventions and extending the life span of natural teeth. Over the past years, a lot of emphasis has been given to access cavity designs while the endodontic specialty has a lot more to offer in this aspect. This clinical presentation will discuss a wide array of non-surgical and surgical clinical strategies to help achieve the balance of favourable biological and mechanical outcomes.

- Discuss modern endodontic armamentarium for minimally invasive intervention. - Recognize the importance of minimally invasive techniques supported by best available evidence.
- Evaluate the impact of various minimally invasive techniques on favourable patient centred outcomes.



Shehab Saber - Egypt

Graduated from the Faculty of Oral and Dental Medicine, Cairo University in 1994. Then obtained the Master degree and Ph.D. Degree in Conservative Dentistry (Endodontics) from the Faculty of Dentistry, Ain Shams University, Cairo in 2000 and 2006. Working currently as a professor at the Faculty of Dentistry, at the British University in Egypt. Director of the Post-graduate Master program in Endodontics at the British University in Egypt. A Key opinion leader for VDW, an active Board member of the Egyptian Association of Endodontists. An Editorial board member for the Australian Endodontic Journal and Endodontic Practice Today. Director of the Center of Innovative Dental Sciences (CIDS) at the British University in Egypt. Reviewed for Australian Endodontic Journal, Archives of Oral Biology, Odontology, Endodontic Practice Today, Journal of applied oral science, Indian journal of dental research, ACTA Odontologica Scandinavica, BMJ open, Clinical Oral Investigation, Iranian Endodontic journal, European Endodontic journal, Egyptian Dental Journal and Alexandria Dental journal. Research interests include tooth and CBCT, tissue engineering and regenerative endodontics, endodontic biofilms, pain control, Bioceramics, instruments and instrumentation. instruments Published more than 30 international publications since 2009 in the Journal of Endodontics, International Endodontic journal, Endodontic practice Today, European Journal of Dentistry, and Journal of Oral Science, Italian Endodontic journal, Clinical oral investigations, Infection and immunity, Nigerian Journal of clinical practice, Saudi dental journal and Saudi Endodontic journal. Lectured internationally at conferences organized by the European society of Endodontology the Arab society of Endodontology, and the Egyptian Association of Endodontists.

Ahmed Ghobashy - Egypt

Graduated in 2000 from Ain shams university, received master degree 2008 and doctor's degree 2012 from Ain shams university. Since 2017, He has been working as an Associate professor of endodontic and head of continuing education. Currently he is the head of endodontics department and Master of endodontics program coordinator at Misr international university. He teaches and carries out theoretical and practical courses concerning Clinical and Surgical Endodontics using dental operating microscopes and 3d digital solutions. He also works in his own private practice.



An Alternative Approach For Orthograde Management Of Cystic Like Large Lesions

For several decades, the endodontic community strongly believes that large cyst-like periapical lesions and apical true cysts are most likely not able to heal through conservative root canal treatment alone. However recently literature starts supporting the conservative approach where large cyst-like periapical lesions had favorable clinical and radiographic responses to nonsurgical endodontic treatment protocols. Although the treatment can be extended for several months.

- Describe clinical and radiographic outcomes of large cyst-like lesions that were treated by orthograde decompression and longterm intracanal use of calcium hydroxide
- Discuss different management protocols that can guarantee the healing of large cystic periapical lesions.
- Evaluate the association between long-term Ca (OH)2 use and the incidence of fractures during the long-term management of cystic like lesions.



Mohamed Mahmoud - Egypt

BDs, MSc, PHD

Ass. Prof. Of Endodontics Mansoura University

Director of Continuing Education Unit, Faculty of Dentistry, Mansoura University.

Director of Delta Plus, Advanced Dental Training Center, Delta University, Egypt.

Tarek Abd El-Wahab - Egypt

BDS, MDS, DDSc Lecturer of endodontics, Faculty of Dentistry Mansoura University.

Endodontics, Decision Challenge

Endodontic treatment is not just a mechanical procedure, it is and art of diagnosis, planning, and skills. And beside this we face the challenge of the variable anatomy and the limitations of the available instruments and equipment. So it comes the decision, which is best for the patient in the presence of all these challenges and limitations.

- Understand the anatomical challenges during root canal treatment.
- Proper selection between treatment modalities based on proper diagnosis.
- The best use of the technology available in our hands



Shehab Saber - Egypt

Professor, Endodontic Department Faculty of Dentistry, Ain Shams University & The British University, Cairo, Egypt.

Mohamed Kataia - Egypt

Dr. Mohamed is the head of department of Endodontics in the British University in Egypt. He got his Bachelor degree in Dentistry from Misr University for technology & Sciences in 2004. He was granted his Master's degree and PhD from Cairo University in 2010 & 2013 respectively. In this interval he taught academically as an assistant lecturer. After his PhD, Mohamed became a lecturer of Endodontics in Minia University from 2014 to 2018. Mohamed earned his post as an associate professor of Endodontics in 2018. Mohamed then moved to his current position as the head of the Endodontic department in the BUE where he actively contributes and supervises every aspect of the educational process. Mohamed has numerous international publications and he is a reputable speaker in many international conferences and Endodontic post-grad courses.

Mostafa ElKholy - Egypt

Dr. ElKholy got his Bachelor degree in Dentistry from Cairo University in 2006, where he also completed his residency from 2007 to 2008. Then, he started a master degree program in the same department where he received his master degree in endodontics in May 2012. He obtained his PhD in endodontics in September 2018 and got promoted to the post of Lecturer in January 2019. Since then Mostafa has been an active member of both the Egyptian & European associations of Endodontics. He took part in many international conferences and publications including an innovative instrumentation technique published in the Journal of Endodontics in 2020. He also values his scientific role as a reviewer in the European Endodontic Journal.

Nawar M. Naguib - Egypt

M. Naguib is a lecturer of Endodontics. He got his Bachelor degree in Dentistry from the prestigious Ain Shams University in 2008. In 2014 and 2018 Nawar got his Master's degree and DDSc respectively, both from the department of Endodontics of Ain Shams University. Nawar joined academia in 2011 when he became a demonstrator then an assistant lecturer in the department of Endodontics in Nahda University in Baniswef (NUB). In 2014, he joined the academic staff of the British University in Egypt participating in different aspects of teaching and supervision. After being granted his PhD, he became a lecturer of Endodontics in January 2019 and since then he coauthored many publications in the Journal of Endodontics, International Endodontic journal, European Journal of Dentistry and Clinical Oral Investigations Nawar. He has also extended his contribution in the scientific community by reviewing for the European Endodontic Journal. BDS, MSc, PhD, Researcher of Endodontics, National Research Centre.



Bio-minimalistic trends in Endodontics: Are they really Bio-Logical?

Biominimalistic trends in Endodontics gained a lot of popularity among clinicians throughout the last decade. Conservation during Endodontic access and root canal shaping is a practice that has its roots in the axiomatic assumption that such preservation can extend the survival rate of Endodontically treated teeth. However, the biological objectives of root canal treatment should never be put in jeopardy since the main objective of Endodontics remains disinfection and minimizing the microbiological load.

Conservative and Ultra conservative access cavity designs, as well as root canal preparations of minimal taper have been topics of interest in the scientific community recently. Our aim is to discuss the rationale, requirements, challenges and outcomes of such bio-minimalistic trends in light of the recent evidence-based research.

- Identification of different aspects of minimally invasive endodontic practices.
- Reviewing available evidence and providing a justified critique of the topic.
- Pointing out gaps of knowledge that require further research.



Ahmed Gamal - Egypt

Professor of Periodontics Ain Shams University

Periodontal diseases – does it affect the type of root canal irrigant used to treat chronically affected pulp tissues

Different forms and different degrees of periodontal destruction usually associated with bacterial biofilms dominated by different bacterial specious. A strong correlation was found between the type of bacteria associated with periodontally affected tooth and that of chronically affected pulp tissues . Does this should be considered regarding the type of root canal irregant or not , this will be the main objective of our presentation.

- 1- Periodontal effect on root canal system
- 2-Types of irrigation affecting periodontium
- 3-Bacteria types affecting root canal system



Hany Ahmed - Malaysia

BDS, HDD (Endo), PhD, FICD, MDTFEd (RCSEd), FPFA, FADI.

Dr Ahmed was graduated from Faculty of Dentistry, Ain Shams University, Egypt, in 2002. He started his clinical postgraduate program in Endodontics with a Higher Dental Diploma degree in 2006. Dr. Ahmed joined a Master Degree program in the School of Dental Sciences, Universiti Sains Malaysia in 2009 which was converted to Ph.D. in 2011. Dr. Ahmed has been granted a number of awards for his research including the IADR (SE Asian division) for the best laboratory research in 2014, in addition to the best publication award, with a research group in Turkey, from the Journal of Endodontics (2020). Dr. Ahmed has published more than 90 articles in recognized international journals. Currently, he is a Senior Lecturer of Endodontics at the Faculty of Dentistry, University of Malaya, and he leads a number of grants in Malaysia related to root canal anatomy and endodontic bio-materials. He is also an International Consultant for a number of research projects in several countries, and key opinion leader for dental companies. Dr Ahmed has been lecturing in several countries such as Egypt, Austria, Australia, Thailand, Vietnam and Malaysia. Recently, he has been awarded the membership from the Faculty of Dental Trainers, Royal College of Surgeons (Edinburgh). He is also a fellow of the International College of Dentists, Academy of Dentistry International and Pierre Fauchard Academy. He is a scientific reviewer and editorial board member in Endodontic journals. He is also the Deputy Editor-In-Chief of the European Endodontic Journal.

Root canal anatomy –Translating advanced knowledge to clinical practice

The variability and complexity of the root canal system have been well-documented. The previous two decades have witnessed tremendous technological advancements in digital imaging systems (such as cone beam computed tomography and micro-computed tomography) which have given rise to more accurate methods for evaluation of root and canal anatomy.

- Present recent advances in knowledge and technology that a clinician should know for detection of root canals and successful root canal treatment procedures.
- Aims to discuss existing gaps for directions of future research and ways for translation to clinical endodontics.
- Present insights for directions of future research and ways for translation to clinical endodontics.



Maged Negm – Egypt

Professor of Endodontics, Faculty of Dentistry, Cairo University. Former Chairman of Department of Endodontics, Faculty of Dentistry, Cairo University.

The Founding Dean of Faculty of Oral and Dental Medicine, Future University at Cairo.

Endodontic Flare – Ups

Healing after endodontic therapy is monitored by strict criteria based on clinical examination and interpretation of periodic radiographs. Absence of pain, swelling and other symptoms including sinus tract; together with a radiological evidence of normal periodontal ligament space around the roots; all indicate success.

However, endodontic FLARE-Ups may occur for several reasons. The main reason for FLARE UP or non healing after root canal therapy is the presence of bacteria in the root canal system. Presence of anatomical complexities in the apical third of the roots renders total elimination of bacteria ineffective or even impossible. Failure to address these anatomical complexities negatively affects prognosis.

FLARE-UP in endodontics is a true emergency. Pain and swelling may be so severe that an unscheduled patient visit and treatment are required.

Establishing causes of FLARE-UP, their management, and the precautions to be taken to prevent their occurrence have a great role in clinical outcomes and the factors that influence success.

- To assess the reasons for treatment failure and the best options for its management.
- To identify the role of residual bacteria in endodontic FLARE-UP.
- To understand how inability to deal with anatomical complexities of root apex negatively affects prognosis.



Mustafa Gündoğar - Turkey

Dr. Mustafa Gündoğar, is a graduate of Marmara University, Faculty of Dentistry where he received his DDS degree in 2005. He attended Endodontics Program of Graduate Study offered by Institute of Health Sciences at Marmara University and graduated with PhD degree at Endodontics in 2011. He is currently working in the Department of Endodontics, Faculty of Dentistry at Medipol University, İstanbul, Turkey as an associated professor since 2020. Dr Gündoğar has also been conducting researches about dentistry at Medipol Remer Regenerative and Restorative Medicine Research Center since 2018. Dr. Gündoğar's areas of interests are; nickel titanium file's kinematic properties, cyclic fatique resistances of Ni-Ti Rotary systems, retrieval of broken files from root canals and latest trends in endodontic irrigation. Dr Mustafa Gündoğar is a renowed speaker and frequently invited to major national and international conferences in Turkey. Dr. Gündoğar has published more than 50 original research articles in national and international peerreviewed and indexed journals. Dr. Gündoğar is working as a reviewer for many indexed international journals. Dr. Gündoğar is an active member of the Turkish Dental Association (TDB), Turkish Endodontic Society (TED), American Association of Endodontists (AAE), European Society of Endodontology (ESE).

A clinical guide to modern root canal therapy

The success of root canal treatment depends on the complete removal of infected microbial content from the root canal system. Today, with the development of nickel-titanium rotary file systems, root canal shaping has become quite simple and fast. Despite mechanical reduction of the bacterial population, it is not possible to eliminate the whole bacteria and root canal debris without the use of antibacterial solutions and activation systems from the root canals. New technogy makes it real to clean the root canal space without damaging tooth structure. In this presentation, characteristics of known and developing root canal irrigation agents and irrigation methods will be evaluated under the light of current literature information.

- How to efficiently use NaOCI with new scientific based studies.
- How to efficiently use activation systems and adapt them to minimal invasive endodontics.
- Learn SWEEPS and R-SWEEPS technology for root canal irrigation.



Neveen Shaheen-Egypt

BDs, MSc, PhD of Endodontics, Faculty of Dentistry, Tanta University. Associate Professor of Endodontics, Faculty of Dentistry, Tanta University.

Walaa Ghoneim - Egypt

BDs, MSc, PhD of Endodontics, Faculty of Dentistry, Tanta University. Associate Professor of Endodontics, Faculty of Dentistry, Tanta University.

Dalia Abd El Hamid Sherif-Egypt

BDs, MSc, PhD of Endodontics, Faculty of Dentistry, Tanta University. Lecturer of Endodontics, Faculty of Dentistry, Tanta University.

New Era in 3D Cleaning of Root Canal System

Cleaning and shaping of the root canal is a key procedure in root canal treatment. The task of root canal cleaning presents a greater challenge mainly due to the anatomical complexities; flat-oval canals, curved canals, C-shaped canals, lateral canals, immature teeth with open apices and in canal systems that contain an isthmus and apical cul-de-sac areas. The apical portion of the root canal is very complex and challenging during endodontic treatment. Apical patency is considered as a way for maintaining the apical part free of debris by recapitulation, using a small K-file through the area of the apical foramen. However, using patency file in endodontic treatment is controversial. Maintenance of the apical patency has recently been associated with a lower degree of postoperative pain while there is possibility of over-instrumentation, which in turn would force materials and debris into the periradicular promote apical transportation. Alternative concepts of root canal cleaning include minimally invasive approach by Self-adjusting File (SAF) with simultaneous irrigation, XP-Endo Shaper and laser disinfection.

- How to manage root canals with different anatomical variations?
- Apical patency or not?
- Alternative concepts of root canal cleaning.



Marwa Sharaan – Egypt

BDS, MSc, is an Associate Professor in the Department of Endodontics at Suez Canal University, Ismailia, Egypt. She obtained Bachelor of Dental Sciences at Alexandria University, Egypt and a Master of Conservative Dentistry (Endodontics) at Suez Canal University, Egypt. She earned Ph.D. in Endodontics at Suez Canal University, Egypt. She has been the head of Department in 2018. In September 2021, she has been the acting vice dean of education & students' affairs. She is the Former Vice president of the (REC); Research ethical committee at the College of Dentistry, Suez Canal University. She is a Member of the Egyptian Association of Endodontists. Editor and reviewer at many dental journals. She supervised a significant number of master's and Ph.D. students, as well as undergraduate and postgraduate activities that foster the development of dental education, research and clinical practice. 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 postgraduates.

Mai Ragab - Egypt

Dr. Mai is a lecturer in the Department of Endodontics at Suez Canal University, Ismailia, Egypt. She obtained Bachelor of Dental Sciences, a Master of Conservative Dentistry (Endodontics) and Ph.D. in Endodontics at Suez Canal University, Egypt. She has been the head of Department at Sinai University (Qantara Branch) in 2021. She is a Member of the Egyptian Association of Endodontists. She supervised a significant number of master's and Ph.D. students, as well as undergraduate and postgraduate activities that foster the development of dental education, research and clinical practice. She has a lot of published researches. She has participated in international conferences as a speaker.



Could root canal treatment be an obsolete maneuver ?!

Root canal treatment is a well-documented highly effective procedure of more than a 95% success rate. Many teeth with well-treated root canals can last a lifetime. On the other hand, taking in consideration cost effectiveness and tooth strength after root canal treatment, scale does not tip in favor of root canal treatment. Current shift is rising in the horizon towards adopting Vital pulp therapy (VPT) as a potential alternative to root canal treatment in cases diagnosed with acute irreversible pulpitis. In general, vital pulp therapy is a restorative dental procedure that aims to treat teeth with compromised dental pulp without the full removal or excavation of all healthy pulp tissue. VPT can include indirect or direct pulp capping (i.e., placement of a protective material over the pulp) and partial or full pulpotomy (i.e., removal of part or all of the coronal pulp). Pulp capping agents used in VPT should be biocompatible and bioactive such as bioceramics. Success of VPT is dependent on a variety of factors, including the amount of inflamed tissue, an adequate blood supply to the tooth, healthy periodontium, and the opportunity to create an appropriate coronal seal. In the presentation, the concept of VPT will be discussed including indications, contraindications, advantages, diagnosis and prognosis. In addition, some cases will be displayed.

- Follow the recent guidelines for VPT cases.
- Recognize the indications and contra indications for pulpotomy.
- Determine the success and failure of the recalled cases.



Luigi Nibali - United Kingdom

Prof. Luigi Nibali graduated from the University of Catania in Italy and was awarded a PhD in Periodontology at University College London in 2006. He previously worked as Clinical Lecturer and then Reader in Periodontology at the UCL Eastman Dental Institute and then at Queen Mary University of London. He is currently Professor/Honorary Consultant, Academic and Clinical Lead and Director of the Postgraduate program in Periodontology at King's College London, based at Guy's Hospital. He is also interim co-Lead of the Oral Clinical Research Unit. Prof. Nibali has widely published in the medical and dental literature and received several international research prizes in periodontology and is currently Associate Editor of the Journal of Clinical Periodontology. His research interests from periodontal medicine, genetics and microbial range aetiopathogenesis and minimally-invasive periodontal treatment of intrabony defects and furcations.

'Endo-perio: diagnosis and management'

This talk will revise the current classification of endodontic-periodontal pathology, aiming to improve participants' knowledge about the periodontal aspects related to endodontic lesions and to revise treatment strategies. The endodontic management of teeth with bone loss to the apex due to periodontitis will be discussed. The session will also highlight the importance of combined knowledge about endodontic and periodontal prognosis for long-term tooth prognosis. With the help of clinical cases, aetiological factors and management pathways will be discussed, furcations.

- 1. Endo-Perio classification interpretation
- 2. Endodontic management of teeth with bone loss
- 3. Endo-Perio interrelationship and its effect on prognosis



Furcation involvement: diagnosis, treatment planning and periodontal-endodontic considerations

This lecture aims to describe options for management of furcation-involved teeth and to review the evidence for different treatment approaches. Due to the close connections between the periodontal and endodontic systems in the inter-radicular areas of multirooted teeth, both aspects often need to be considered jointly and careful complex treatment planning is needed. Options for elective endodontic treatment in cases of root resection will be discussed.

- Evidence for different treatment options for furcation-involved teeth.
- Complexity of interrelationship between periodontal and endodontic systems.
- Elective endodontic treatment as an option for root resection cases.



Josette Camilleri - United Kingdom

BChD, MPhil, PhD, FICD, FADM, FIMMM, FHEA

Josette Camilleri obtained her Bachelor in Dental Surgery and Master of Philosophy in Dental Surgery from the University of Malta. She completed her doctoral degree, supervised by the late Professor Tom Pitt Ford, at Guy's Hospital, King's College London. She has worked at the Department of Civil and Structural Engineering, Faculty for the Built Environment, University of Malta and at the Department of Restorative Dentistry, Faculty of Dental Surgery, University of Malta, Malta. She is currently a Reader and Honorary Specialty Dentist at the School of Dentistry, College of Medical and Dental Sciences, Institute of Clinical Sciences, University of Birmingham, United Kingdom and visiting professor at KU Leuven, Leuven Belgium and University of Oslo, Oslo, Norway. Her research interests include endodontic materials such as root-end filling materials and root canal sealers, with particular interest in mineral trioxide aggregate; Portland cement hydration and other cementitious materials used as biomaterials and also in the construction industry. Josette has published over 130 papers in peer-reviewed international journals and her work is cited over 10,000 times. Three of her publications on the chemistry of mineral trioxide aggregate have been placed in the top 50 most cited papers in International Endodontic Journal. In 2018, she has been awarded the Louis Grossman prize by the French Endodontic Society and is the first female recipient of this prestigious award.

Dentine replacement strategies

Traditionally calcium hydroxide has been used as a pulp capping material and dentine replacement was performed using glass ionomers or other materials to replace the dentine in bulk. The main shortcoming with the use of calcium hydroxide as pulp capping material is the material inherent weakness and solubility. The material is water-based and thus it cannot be etched and bonded making restoration with resin composites difficult. Newer materials have been developed which are either resinbased and thus light curable or water-based with enhanced characteristics. These materials are easier to use and are can potentially replace the calcium hydroxide as a pulp capping material. This lecture will look at the classical pulp capping methodology and the newer hydraulic calcium silicate cements used for pulp capping.

- Update on new materials on the market.
- Learn on the effectiveness of these materials for indicated procedures.
- Learn on the choice of restorative materials to layer the pulp capping materials.



Hugo Sousa Dias - Portugal

Clinical practice limited to endodontics and apical microsurgery Endodontic post-graduation program in university of Lisbon.

He is an invited professor at iucs – cespu : endodontic post-graduation program and the Director of master in endodontics – clinical residency – foramen dental education (2014-2018)

Professor at clinical masters program in endodontics (tribune cme) (2018-2019)

Collaboration with endodontic post-graduation programs at university of lisbon – school of dentistry and university of Oporto – school of dentistry.member of the clinical masters network. Board member of Portuguese Endodontic society (2020-2023) Co-autor in one chapter in the book of Marco Versiani, Bettina Basrani and Sousa-Neto: The Root Canal Anatomy in Permanent Dentition, Springer (2018)

Management of pulp canal obliteration: from a "Free-hand" approach to a Guided approach

Clinical management of calcified teeth provides an endodontic treatment challenge and makes up a significant portion of current endodontic practice. Searching for calcified root canals can be challenging and time-consuming and may create a huge loss of tooth structure that is associated with a high risk of fracture and perforation, compromising the prognosis of the tooth. Nowadays, the use of new technologies has increased the predictability of the treatment of calcified teeth. A new clinical approach to a tooth with pulp canal obliteration, called guided endodontics, has been introduced. This technique uses a guiding template, which facilitates the localization of severely calcified root canals. In this lecture, the approach to this clinical challenge will be discussed on the basis of clinical cases, and tips and tricks will be provided in order to achieve the mechanical and biological goals of endodontic treatment.

- Understand the pulp canal obliteration process and know how to address this endodontic challenge clinically;
- know how to perform root canal access through the freehand approach; and
- know how to perform root canal access through the static guided approach.



Mohsen Ramazani - Iran

Mohsen is Board-certified Endodontist. He received his degree in Endodontics in 2010. He was the head of Endodontic department at Mazandaran University of Medical Sciences, Sari, Iran for 5 years. Afterward he focused mostly on research in Iranian Center for Endodontic Research at Shahid Beheshti University of Medical sciences, Tehran, Iran. His research interests are pain, Vital Pulp Therapy, Hypnodontics and Surgery. Additionally he has been helping some national and international journals as editorial member, counselor and referee.

Mohsen has served as international representative of Iranian Association of endodontists from 2015 till 2019. He has been elected as Secretary for Asian pacific endodontic Association for the period 2021-2023.

Mohsen has several international lecture in IFEA, APEC, and ESE meetings from 2013. His H-index is 8 with more than 200 citations. Much recently, he managed the 5th international symposium of Iranian association of endodontists as scientific chair.

Vital Pulp Therapy; an Update of Classifications, Indications, Challenges, and Follow Ups

Currently, Endodontics is facing outstanding innovative advancements in diagnosis, and clinical interventions to achieve more sustainable outcomes both for practitioners and the patients. Vital pulp therapy and regenerative endodontic procedures are the most important twos. VPT as a dedicated therapeutic method is targeting pulpal tissue conservation, protection, and maintenance when compromised by different causes. Respecting the inherent capacity of dental pulp to repair actively, VPT seems to be more practical and successful contemporarily based on higher chances of case selection, new biomaterials availability, easier ways of follow ups and also modalities attainable to overcome shortcomings and failed cases if any. As it is needed to extent knowledge and experience of pulp biology, physiology, microbiology, caries progression, dental materials.

- Classification, indications of vital pulp therapy.
- Discuss challenges encountered during vital pulp therapy.
- How to improve vital pulp therapy results.



Nehal Nabil Roshdy - Egypt

Associate professor of Endodontics (BDS, MSc, PhD) Faculty of Dentistry, Cairo University

Course director of the 4th & 5th year students at the Al-Ahram Canadian University and Future University.

Course director of Masters and PhD Programs at the Faculty of Dentistry-Cairo University. Course director of the FUE Specialized Endodontic Program since 2018 (Continuing Education). Lecturer in multiple national and international conferences. Holds national and international publications in peer reviewed journals.

Adel Abdelwahed Mahmoud - Egypt

Lecturer of Endodontics (BDS, MSC, PHD)

Faculty of Dental and Oral Medicine, Future University in Egypt.

Course director of the 4th and 5th year students, Faculty of Dental and Oral Medicine, Future University in Egypt.

Course Director of Master Degree Programs in Endodontics, Faculty of Dental and Oral Medicine, Future University in Egypt

Course Director at FUE Specialized Endodontic Program since September 2018. Official reviewer at Open Access Macedonian Journal of Medical Sciences. Certified speaker for ECLERIS operating MICROSCOPES. Course Director of MICRO-ENDO courses held at National Training Institute since Jan 2019 till now.

Mohamed Mounir – Egypt

Associate professor of Oral and Maxillofacial Surgery (BDS, MSc, PhD)Faculty of Dentistry, Cairo University

Member of the Academy of Osseointegration. The American Association of Dental Implantology.

Head of Oral Surgery Division; New Giza University, School of Dentistry Clinical Director of Master of Implantology, Cairo University.

Mohamed Atef - Egypt

Associate professor of Oral and Maxillofacial Surgery (BDS, MSc, PhD) Faculty of Dentistry, Cairo University

Clinical Director of Master of Implantology, Cairo University

Member in the Poster Presentation Committee of the Academy of Osseointegration.



Endodontic Retreatment versus Implant

The success rate of proper root canal treatment is higher than 96%, yet certain percentage of cases still fail due to anatomical complexity, improper root canal preparation or persistence of bacteria in the dentinal tubules.

The presence of endodontically treated teeth that shows a periapical or lateral radiolucency and symptoms of an active endodontic infection requires the clinician to decide whether to retreat the tooth endodontically or to extract it and place an implant-supported crown. Though, endodontically retreated teeth and implants share similar outcomes, the lack of standardized tools for evaluating the results and the different biological mechanisms make it difficult to directly compare both treatment modalities. Whereas, the success of root canal retreatment procedure is defined by complete radiographic healing and the absence of clinical signs and symptoms, the majority of studies on dental implants only refer to survival rates and not to success rates. Many studies reported that the survival rate of implant and endodontic retreatment are both the same. However, the latest findings, related to this subject, were mainly directed to selecting a minimally invasive procedure while providing the best esthetic outcome.

There is great variability among clinicians in establishing a treatment plan. The question that keeps popping is: Which is the best to choose without misleading the patients? To perform between root canal retreatment or to place an implant?

- Have an insight about the diagnostic steps required to reach a clinical decision.
- Understand the factors that affect the prognosis of different clinical situations.
- Sum up different clinical tips and tricks used to improve both peri-implant bone and soft tissue at the fresh extraction socket of a hopeless teeth.



Sergiu Nicola - Romania

Graduated School of Dentistry in 2003 – UMF Carol Davila Bucharest, Romania Master in Endodontics 2007-2008 - UMF Carol Davila Bucharest, Romania Private practice oriented to Endodontics since 2006 Author of book chapters - 2017 - Root Canal Anatomy in Permanent Dentition - Marco A. Versiani

2016 - Movimento Reciprocante na Endodontia - Dedeus , Souza et all 2014 – Tratat de Endodontie – A. Iliescu

Numerous lectures around the world regarding different topics.

Increasing safety of rotary instruments by customising file settings with the aid of new endodontic motors

The new endodontic motors curently available on the market can allow us to make custom settings, that can increase file resistance to breakage, allowing us to skip hand files frequently, thus increasing the speed of canal preparation during the endodontic treatment.

I will discuss various settings suitable for different endodontic file systems that can increase their resistance with the aid of fa ully customisable endodontic motors like E- Connect S, The lecture is full of clinical cases filmed in 4k that help us understand the topic, so that each participant can implement the techniques right away.

- Discuss rotary file motions
- Speak more about endodontic motor
- Demonstrate cases



Zivile Grabliauskiene -Lithuania

Dr. Zivile graduated the dental faculty of Kaunas University of Medicine, Lithuania in 1994. In 1996 she finished postgraduated course in general dentistry at University of Aarhus, Denmark. She graduated from the postgraduate endodontic program in 2000. At the same year started her PhD project and graduated in 2004 from the Kaunas University of Medicine. She is academic and clinical instructor from 1995 for undergraduate students at the Lithuanian University of the Health Science and became in 2004 a Lecturer in endodontics. From 2021 doctor is Associate Professor at the same University, Department of oral and dental pathology. She is also actively involved in training the post-graduate students during their endodontics specialisation (LUHS) and supervising the research works of Master's theses.

Dr. Zivile has articles published in scientific journals of endodontology, co-author of 5 published educational books in the field of endodontology. She is lecturing locally and globally, lead practical courses on the main topics of endodontics. Working in her own private practise (JSC "Eurodenta") for more than 17 years, limited in endodontics and restorative dentistry. Member of Lithuanian association of endodontist Member of European society of endodontology.

Let the pulp heal. Diagnose, protect, follow.

The main goal of vital pupl therapy (VPT) is maintain the vialibility of the pulp as long as possible. VPT has been recommended as a treatment procedure in young patients only in cases of reversible pulpitis. Even teeth with closed apices could be treated successfully with VPT methods in cases of reversible pulpitis. The diagnosis of irreversible pulpitis in mature teeth is considered a contraindication for these procedures. However the newest studies indicated that pulpotomy is a conservative treatment even for permanent teeth with symptoms of irreversible pulpitis or signs of chronic apical periodontitis. Coronal pulpotomy is less invasive, cost effective, reduces pain and discomfort for patients, simple and less time consuming for patients and the dentists. Pulpotomy helps save tooth structure and consequently increasing tooth survival. However it should be kept in mind that there is still needs of well designed, future clinical studies about case selection and clinical procedures protocol. Diagnosis of pulpitis should be rivised too as there is no still methods for determination of pulp vitality.

- Pulpotomy can be a successful alternative treatment for teeth with symptoms of irreversible pulpitis.
- Coronal Pulpotomy is less invasive, cost effective, reduces pain and discomfort for patients, simple and less time consuming for patients and the dentists.
- There is still needs of well designed, future clinical studies about case selection and clinical preocedures protocol.



Geraldine M. Ahmed-Egypt

BDS, M.Sc., PhD

Professor, Department of Endodontics, Cairo University
Member of the stem cell and tissue engineering research group,
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Endodontic Department Coordinator, International Program,
Cairo University.

Former Head of Endodontic Department, MSA University

Shaimaa Ismail Gawdat – Egypt

BDS, M.Sc., PhD

Associate Professor of Endodontics , Endodontic department, Cairo University .

Member of the Scientific Committee of Endodontic Department, Cairo University.

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Head of Endodontic Division, New Giza University

Radwa Sameeh Emara - Egypt

BDS, M.Sc., PhD Lecturer of Endodontics , Endodontic department, Cairo University.



Regenerative Endodontics:

A Journey from theory to everyday clinical practice

Preservation of the natural dentition remains a primary objective in endodontic practice. When the pulp is diseased, it is replaced with an artificial filling material. Endodontics are looking forward to using natural resources instead of artificial ones, especially after the introduction of tissue engineering in many medical and dental fields. The regenerative endodontic procedure is an example of tissue engineering. Its use in every day clinical practice is increasing, starting by treatment of immature teeth and moving to mature teeth being considered an alternative to conventional endodontic treatment. Clinical applications of regenerative endodontics has extended to include vital pulp therapy, treatment of resorptive defects as well alveolar bone regenerative therapies needed in endodontic surgeries. Two regenerative therapies were introduced for a fully functional pulp-dentin complex regeneration, namely, cell-based (cell transplantation) and cell homing (revascularization) therapies, with each demonstrating advantages as well as drawbacks, especially in clinical application.

- Concept of regenerative endodontics.
- Various clinical applications of regenerative endodontics.
- Cell-based (cell transplantation) and cell homing (revascularization) therapies.



Mohamed Mohamed Elashiry - Egypt

BDS, MSc, PhD (USA/Egypt) Lecturer, Endodontic Department Faculty of Dentistry, Ain Shams University.

Doaa Adel Khattab - Egypt

BDS, MSc, PhD (Egypt), Dr. MED. Dent. (Germany) Lecturer of Oral Medicine, Periodontology and Diagnosis Faculty of Dentistry, Ain Shams University.

Rana Hesham Zeitoun - Egypt

BDS, MSc, PhD (USA/Egypt) Lecturer, Fixed Prosthodontics Department Faculty of Dentistry, Ain Shams University.

3D Bioprinting and Endodontics: What is the evidence?

Nowadays technology plays an essential role in the world of Dentistry, with Endodontics having a major share in this issue. One of the most interesting and important arising technologies is the 3D bioprinting. In the previous era, 3D printing played and still plays a crucial role in the digital dentistry field. This was not exclusive to a single specialty, but rather included almost allfields of dentistry. In the modern world with such a fast-moving pace, the evolution of the 3D

bioprinting was inevitable where many inquiries have risen regarding the potential uses of this technique in the field of tissue engineering; a field where dentistry and in particular Endodontics could benefit a lot.

- Understand how technology intermingle with and influence the field of dentistry.
- Identify the concept of 3D bioprinting.
- Determine the potential uses of 3D bioprinting in the endodontic field.



Ahmed Abdel Rahman Hashem - Egypt

BDS, MSc, PhD, FICD

Prof Hashem was graduated in the Faculty of Oral and Dental medicine, Cairo University 1990. He got his master degree from the same university in 1997. In 2001, he finished his PHD in Endodontics from Faculty of Dentistry, Ain Shams University and promoted to be a lecturer in Endodontic department in the same university. He among others established the Egyptian association of Endodontists in 2001. He was awarded the best research prize in Ain Shams University 2005. In 2007, He became an associate professor in the same faculty. In 2009, he among others established the Arab Micro-Dentistry Association and became its president. He was assigned the head of the postgraduate continuous education in the faculty of Dentistry, Ain Shams University in 2010. In 2011, Dr. Hashem moved to the Faculty of Oral and Dental Medicine at Future University where he founded and started one of the finest education centers in the Middle East. Dr. Hashem conducts a postgraduate Micro-Endodontic course every month in this center since 2012. In 2012, he was promoted to full Professor position in department of Endodontics in the same University. He has been since 2012 visiting Metro-Health hospital in Cleveland, USA and conducting a micro-Endodontic course to the residents of the general residency program there. Dr. Hashem was chosen by the Egyptian Association of Endodontists to be Egypt country representative in the International Federation of Endodontic Associations in 2014. He became a certified speaker to FDI in 2014. He is serving also as the general secretary of the Egyptian Association of Endodontists since 2015. In the beginning of 2016, Dr. Hashem joined the board of the Egyptian Dental Syndicate and was acting as the head of the continuous education committee. He was nominated as a Fellow of the International College of Dentists (FICD) in 2016. In 2018, He was chosen Africa Regent director in the International Federation of Endodontic Associations (IFEA). In 2019, he became the head of endodontic dept., Future University. Currently, he is the head of Endodontic dept., Ain Shams University. Dr. Hashem is a member of several national and international associations. He serves as a reviewer in several prestigious international journals including JOE, IEJ and others. He lectured in numerous national and international conferences.

Prof. Hashem has more than 35 publications in Journal of Endodontics, Journal of Adhesive Dentistry, the International Endodontic Journal, Endodontic practice today, the Asian Journal for Animal Sciences and the Journal for Experimental and Toxologic Pathology. Prof. Hashem holds a private practice limited to Micro Endodontics in Cairo.



Endodontic Micrsurgery: Explore the Road

During the nineties, surgical microscope or in other words dental operating microscope has strongly invaded the field of Endodontics. It opened new frontiers in the field of Endodontics. It provided more advanced and sophisticated applications never thought to be used before. Higher magnification range (4-32X) and strong illumination (Halogen and Xenon) have brought the mystery of the root canal system into the vision of operators. A whole new line of instruments has been developed to be used with add of microscope. Access openings especially in molar teeth with recessed pulps, identification of extra canals, judging cleaning and shaping, obturation with vertical compaction and thermo plasticized techniques are examples of uses of microscope in conventional root canal treatment. Endodontic retreatment is another major category including coronal disassembly, removal of posts and defective root canal fillings, perforation repair, removal of broken instruments, management of open canals etc. Endodontic microsurgery is where the role of surgical microscope is strongly noticed. It is the leading branch of endodontics in using the surgical microscope since the beginning of nineties. New approaches, techniques, and armamentarium have accompanied the use of surgical microscope in microsurgery.

- Realize the importance of surgical microscope in endodontic microsurgery.
- Judge the different problems needing microsurgery.
- Identify the different anatomic landmarks involved with endodontic microsurgery.

Oral Presentations

On Freely-Chosen Topics



Abdel Moneim Elkalashy- Egypt Ahmed Salim – Egypt

Msc of Endodontics Assistant lecturers of Endodontics Faculty of Dentistry-Tanta University

Secrets of NiTi alloy; clinical point of view

The epitome of an endodontic treatment should satisfy the biomechanical principles of cleaning and shaping of the root canal system which is influenced by type and efficiency of endodontic instruments used for the procedure. NiTi alloy has been used as the raw material for making endodontic files. NiTi files present several advantages compared with stainless steel files, such as higher flexibility, fewer canal aberrations and a shorter procedural duration. The mechanical behavior of NiTi alloy is determined by the relative proportions and characteristics of the microstructural ln recent years, several novel thermomechanical processing and proprietary manufacturing technologies have been developed to optimize the microstructure and the flexibility of NiTi alloys. The integration of surface engineering (implantation or electropolishing) and/or microstructure control (heat treatment or innovative manufacturing techniques) into the endodontic file design has resulted in more favorable outcomes for instrument flexibility, fatigue resistance and cutting efficiency. However, each rotary system has its own advantages; so, a hybrid concept should be utilized to gain optimum advantage of the newer generation rotary systems.

- Understanding metallergic characteristics of NiTi alloy.
- Being familiar with thermomechanical treatment of NiTi files.
- How to clinically take benefit of advances in NiTi alloy.



Amira Galal Ismail- Egypt Manar Galal- Egypt

BDS, MSc, PhD.
Associate Researcher Professor, National Research Centre.

Technology Paving Customization in Root Canal Instrumentation

The goal of endodontic treatment is to provide a well retained functional tooth following healing of apical periodontitis. This is accomplished by the triad of endodontic success; root canal shaping, disinfection and subsequent sealing of the root canal system. Root canal anatomical complexities represent eminent challenges jeopardizing the control of microorganisms and hence healing. Technological revolution has been a constant in the dental health with rapid advances and geometric progression. Digital endodontics employed various tools leading predictability and safer treatment. Artificial intelligence is a newer technology in dentistry that has the potential to mimic the human brain to perform prediction and complex decision making that will change the concept of diagnosis, treatment planning and prognosis in the future. It is composed of computational models and algorithms to create an artificial neural network that can then learn and make decisions on its own, similar to the human brain by gaining information from a series of images or radiographs. Thus, the aim of this study was to create novel rotary files designs with different metallurgy to be used in conjunction with artificial intelligence addressing various canal complexities. The mechanical behavior of the innovative files' designs was tested using finite element analysis to decide the suitable design for each clinical situation. Incorporating artificial intelligence in endodontics will allow accuracy and precision of the treatment and will allow the using of a custom made file for each canal in the future.



Abdelrahman A. Hamouda - Egypt

BDS, MSc.

Assistant Lecturer of Endodontics, Department of Endodontics Alazhar university, Cairo, Egypt.

Multidisciplinary Approaches to Management of Separated Endodontic Instruments (The secrets behind the scenes)

The main goals of endodontic treatment are the elimination of bacteria from the anatomical complexity of the root canal system, prevention of reinfection, and preservation of structural integrity of dentin for a successful treatment outcome. Unfortunately, the fracture of an instrument within a root canal impedes adequate disinfection, preparation, and 3D filling of the root canal system. There are various factors have been associated with instrument fracture including operator, anatomy, instrument, related factors. Although technique/use some instrument fragments can be removed by a variety of mechanical methods, others cannot be removed effectively due to the presence of curves, or the absence of straight-line access to the fragment Thus, the management of the broken fragments especially which located beyond a curve in a root canal is challenged procedures. The longterm prognosis of treatment after instrument fracture is influenced by many factors including canal preparation stage, level of microbial contamination, and intracanal location of the fractured instrument. The multidisciplinary approaches to the management of broken instruments depend on 3 main strategies: retrieval, bypassing, and surgical removal of the broken instrument. Currently, a computeraided design utilizing cone-beam computed tomography (CBCT) data followed by 3D printing of a guided template to the endodontic field aims for augmenting the concept of management of broken instruments with the minimally invasive approach. This lecture will spot the light on the multidisciplinary approaches to the management of broken instruments safely and efficiently while answering many questions regarding their effects on the treatment outcome.

- Learning how to make an accurate diagnosis and treatment planning for broken instrument management.
- Learning the benefits of using a 3D printed micro guided endodontics template during the removal of the broken instrument to preserve the structural integrity of dentin as much as possible.
- Predictable techniques to make removal attempts of broken instruments safely and efficiently.



Sherief Elzahar – Turkey

BDS, HDD, MSc, STS, Turkish Borad of Endodontics

Rotation or Reciprocation: When to use and how to use

Root canal files has undergone great advancement eitherthrough a lloy modification or file design alterations. These changes aim at saf er use by the practitioner. Another point of view was negelected d uring the past years that is the type of rotary motion. With the intro duction of new motors the use of reciprocation or rotation or oscill ation has placed new options at hands. The rotary motion classificat ion will be discussed at this lecture. Elaborating different clinical sit uations that demonstrate different type of rotary motion.

- 1- Classification of rotary motions
- 2- File system for different rotary motions
- 3- Clinical situations for different motion types



Mahmoud Badr - Egypt

BDS, MSc, PhD. Lecturer of Endodontics, Future University in Egypt.

Dealing with infected and curved canals The Knowhow

Knowledge about root canal morphology Obstacles of root canal treatment regarding microorganisms and root canal complexities. challenges during routine endodontic treatment. Proper selection of your armamentarium (files, master cone, technique of obturation). Golden rules for safe and efficient rotary instrumentation Rationale of irrigation activation during root canal treatment Recent advances in agitation techniques in Endodontics.

- Knowledge about the obstacles and challenges during root canal treatment.
- How to safely and efficiently deal with infected and/or curved canals.
- Understanding the rationale of irrigation activation in Endodontics.



Mahmoud Fahim- Egypt

BDS, MSc, PhD. Lecturer of endodontics, Ain Shams University.

Management of severely curved canals. A clinically oriented approach

Shaping and obturation of severely curved canals is considered a great challenge with high risk of procedural errors, so a delicate protocol is required while dealing with such cases to avoid these errors starting from analyzing the preoperative radiograph, coronal access, radicular access, obtaining patency, shaping till reaching obturation.

- Detecting and assessing difficulty of curved canals.
- Recognising challenges during management curved canals.
- A step by step approach for management of severely curved canals.



Nagy Abdulsamee- Egypt

Professor of Dental Biomaterials
Msc Prosthodontics and PhD Dental Biomaterials
Ex Vice Dean for Graduate Studies and Rsearches, College of Oral and Dental Medicine, Misr University for Science & Technology.

Minimal Invasive Post Endodontic Monoblock Restoration: Sharonlay Crown.

The most difficult task is the rehabilitation of highly damaged endotreated teeth. Although the traditional crown supported by radicular metal posts is still extensively used in dentistry, it has been heavily criticized for its invasiveness. The decision to place a full crown or an onlay is based on the remaining tooth structure; onlay can be inserted if the cuspal width to length ratio is 1:2 or above. A full crown must be planned when the ratio is less than 1:2. Cast post and core or a prefabricated post can provide fracture resistance with equivalent outcomes in singlerooted teeth requiring post-endodontic repair. In the case of premolars, however, contrary to the common practice of just providing cuspal covering through onlays, cervical reinforcement would be required to counteract horizontal stresses acting in the cervical region. Sharonlay is one of the newer ways being developed by researchers to improve the function of teeth and repair in such circumstances. The main goal of restorative dentistry is to conserve natural tooth structure. No doubt that endodontic treatment results in a significant loss of tooth structure; i.e. during preparing access cavity and canals instrumentation, leaving the unrestored endodontically treated teeth structurally compromised having a lower lifetime prognosis. Different protocols have arose to restore endodontically treated teeth including direct restorative protocol, indirect restorative protocol, post and core placement followed by full coverage. Multiple factors must be considered during the selection of a final restoration. These include the amount of remaining tooth structure, occlusal function, and position of the tooth in the arch. Since one of the main factors responsible for the increased fracture susceptibility of endodontically treated teeth is extensive tissue loss, restoration technique should preserve maximum healthy structures.

- Understand different changes in the provided dental tissues post endodontic treatment
- Recognize different clinical solutions for restoring endodontically treated teeth using the guided subtractive approach.
- Correlate the most reliable evidence with the different restorative modalities for more durable clinical outcomes.



Areej Ayad Alkhalifi - Egypt Amgad Soliman - Egypt Maie Magdy - Egypt Islam kassem - Egypt

FUE Microscope Center - Future university in Egypt

Dealing with tauridontic tooth

Taurodontism is a dental anomaly describe by enlargement of the pulp chamber of multirooted teeth with apical displacement of the pulp floor and bifurcation of the roots with no constriction at the level of cementoenalmle junction is the key features representing a taurodontic tooth, as a change in tooth shape caused by the failure of Hertwig's epithelial sheath diaphragm to invaginate at the proper horizontal level. Taurodontism can be an isolated trait or part of many syndromes. Permanent molars are most commonly affected with relatively low incidence in contemporary societies The large and deep pulp chamber makes instrumentation of canals difficult, thereby challenging an endodontist. This case report describes the endodontic challenge faced in cases of taurodontism as well as the clinical steps involved in its successful endodontic management in right permanent maxillary molar

- How to recognize abnormal anomaly.
- Management of difficult structural.
- Minimum invasive with modern concept treatment modality.



Islam Abdelhalim Abdelaziz Ali - Egypt

BDS, MDS, PhD Assistant lecturer Faculty of Dentistry, Mansoura University

Endodontic Biofilms: Where did we begin and how far have we come? Apical Periodontitis (AP) is a biofilm-mediated disease caused by the ingress of microorganisms and their toxic-by products from the infected root canal system into the surrounding periradicular tissues. Highly adherent, antimicrobial-tolerant biofilm communities both within (intraradicular) and outside (extraradicular) the roots pose severe challenges to the successful healing of AP. While elimination of biofilms, at least partially, is possible by a combination of mechanical instrumentation and chemical disinfectants, an in-depth understanding of biofilm biology is integral to (a) completely eliminate biofilms and (b) prevent reinfection due to biofilm recovery. We have recently demonstrated that the dense extracellular polymeric substance (the matrix) of biofilms is differentially influenced by environmental conditions relevant to root canal treatment and retreatment. Intriguingly, we also demonstrated that microbial communication system i.e. quorum sensing contributed critically to matrix development over time. Current biofilm knowledge has advanced to an understanding where dismantling of the matrix is not supplementary, but a primary objective of disinfection. With knowledge gleaned from our own studies and those of others.

- Highlight biofilm properties which contribute to its tolerance to antimicrobial agents compared to planktonic bacteria.
- Describe the activity of current endodontic disinfection protocols and strategies against biofilm matrix.
- Shine new light on the futuristic prospects in biofilm matrix elimination and prevention of biofilm recovery.



Waleed Kurdi – Egypt

BDS

Broken file Dilemma

Radicular separation of endodontic instruments is the worst nightmare facing every dentist in the modern dentistry. Instrument separation inside the canal worsens the root canal procedures and make cleaning and shaping the canal more difficult. Hindering the procedures will affect the outcome and the prognosis of the case. Separation mode is a complicated phenomenon affected by many factors which I will clarify in my lecture and how to prevent that. Managing a separated instrument will range from orthograde to surgical option.

Orthograde conservative conventional options including removal or bypassing the fragment will be the specific part of our lecture. A decision should be taken either to bypass or to retrieve according to many affecting factors which I will clarify. The main goal is not only removing the separated fragment but also the tooth integrity should be maintained so bypass is a good option in many situations.

I will clarify when, why and how to bypass a broken file fragment through different protocols and trials. I will clarify all the available treatment options that clinician can perform in broken file cases. Clinicians should be familiar with all options in facing broken file cases even before referral if needed.

- When to bypass when to retrieve
- Factors affecting prognosis of broken file cases



Abdulrahman Alfadag – Yemen

BDS, MSc, PhD. Assistant professor Ibb university, Yemen

Persistent infection: the real battle beyond the apex

Endodontic treatment failure is usually characterized by the presence of post-treatment apical periodontitis is an evidence of root canal treatment failure. It may be persistent, emergent or recurrent. The major etiology of post-treatment disease is persistent intraradicular infection, but in some cases a secondary intraradicular infection due to coronal leakage or an extraradicular infection may be the cause of failure. Understanding the causes of endodontic treatment failure is of paramount importance for the proper management of this condition. Teeth with post-treatment apical periodontitis can be managed by either nonsurgical endodontic retreatment or periradicular surgery, both of which have very high chances of restoring the health of the periradicular tissues and maintaining the tooth function in the oral cavity.

- Diagnosis of persistent infection and role of the bacterial biofilm
- management of the infection
- new approaches to improve diagnosis and management



Mohamed Salah - Egypt Ayman Galal el demery - Egypt BDS, MSc.

The power combo: perfection & perseverance

Restorative dentistry has remarkably evolved in the past decade. Innovation in materials, technologies and techniques have significantly improved the success of restorations, yet many challenges have emerged in the past couple of years. The COVID pandemic and the economic drop have greatly affected our profession leading to undesirable changes in how dentists operate. The power of our profession lies within helping our patients and reducing their suffering. This can only be managed through the constant pursuit of perfection and the perseverance to improve and do a better job, regardless of the challenges facing us.

- How to get the perfect result in endo-resto specialty.
- How to use the technology to enhance the final results.
- The know how is the major baseline for best results.



Abdel Rahman Hamza - Egypt Maryam ElAhmady - Egypt

Internship students, NewGiza University.

Turning your Access Cavity from zero to hero!

Since Minimally Invasive Dentistry and being conservative, is the paradigm that all dentists is shifting to. Conventional Root canal treatment was well-established since centuries, however, since the 19th century, development of new concepts in endodontics were settled, they first introduced the concept of Minimally Invasive Endodontics (MIE) of which it aims to maximally preserve the healthy tooth structure during the endodontic treatment, then Contracted endodontic cavities' (CEC) concept was developed which focuses on preserving peri-cervical dentin (PCD) which is crucial to transferring load from the occlusal table to the root. However, with years of Digital revolution changing and shaping all of our lives, it also changed our workflow and shifted operating procedures into a safer, less invasive and to predictable outcomes. To elaborate, the concept of effective method to obtain safe and reliable results in root canal treatment was introduced in our field by an advancement called "Guided Endodontics". Same as concept of Guided Implantology and Guided Teeth preparation, in Guided Endodontics a 3D endodontic guide is fabricated to guide drills into pre-planned positions for localization and exploration of root canal orifices or bone trephination and root end re-sectioning surgeries. Discussing its steps, benefits, uses, Impact and outcomes of Guided endodontics on treatment planning and limitations over the conventional root canal treatment, and some future perspectives which will eventually develop research, clinical and educational fields in dentistry.

- Discuss concept, use and steps of Guided Endodontics and 3D digital Printing in stages of conventional and surgical endodontic treatment.
- Explain Impact and outcomes of Guided in endodontics on treatment planning.
- Identify Advantages, limitations & future perspectives of Guided in endodontics.



Hajer Abd Elhamid-Egypt

BDS, MSc, PhD.
Associate Professor
Head of Endodontic Department, MTI University.

Revolution in Minimal invasive dentistry in endodontics

Minimal invasive dentistry is our goal to preserve the tooth structure. In this era the revolution

in technological advances used in endodontic treatment such as digital radiographic imaging, operating microscopes, newly-designed endodontic access burs, heat treated rotary nickel titanium root canal instruments, ultrasonic irrigation, negative pressure irrigation and lasers could enable the

application of conservative endodontic access (CEC) cavity preparations. This is done to conserve

tooth structure, especially chamber roof and peri-cervical dentine, working effectively in confined spaces, and avoiding procedural complications, while lacking a convenient form, also biological (debridement) is a point of challenges to clinicians.

- One of the most important factors in conservative endodontic treatment is the conservation of tooth structure which affects the survival of endodontically treated teeth
- New concepts in Using laser in endodontic practice
- The Challenge in root canal treatment is the complete debridement and cleaning of root canals and pulp chamber
- Using of the new technology improve the quality of root canal treatment and preservation of tooth structure is our goal in endodontics



Ahmed Shawky El Sheshtawy – Egypt

BDS, M.Sc, PhD.

Lecturer, Department of Endodontics, Cairo University.

Amgad Hassan Soliman – Egypt

BDS, M.Sc, PhD.

Lecturer, Department of Endodontics, Future University.

Contemporary management of Endodontic procedural accidents

The incidence of procedural accidents during endodontic treatment is a common incident. Careful attention to the causes and predisposing factors is essential for avoidance as well as management. That is why the endodontic practitioner, whether a specialist or general practitioner, must be aware of the prognostic factors affecting the outcome of the correction procedure once spotting the mishap.

The aim of this clinically oriented lecture is to guide clinicians about the prognostic factors as well as the management techniques of the various procedural accidents that would happen during endodontic treatment as well as providing them with a guide for decision making concerning "when and when not to interfere"

- Decision making in management of endodontic mishaps
- The know how of management of different procedural accidents
- The outcome predicted from each specific management protocol



Mohamed Nageh – Egypt

BDS, M.Sc, PhD.

Lecturer, Department of Endodontics. Faculty of Dentistry, Fayoum University.

Fatma M. Abu Naeem - Egypt

BDS, M.Sc, PhD. Lecturer, Department of Endodontics Faculty of Dentistry, Cairo University.

Selection of the best regenerative endodontic treatment protocol for the management of root resorption according to the different clinical situations.

Local pathologic root resorption is a permanent irreversible condition that can be classified into either internal or external according to the damaged protective layer. It is usually asymptomatic and is detected accidentally through routine radiographs. If it is left untreated it can cause serious complications and may lead to rapid tooth loss. Traditional nonsurgical treatment of non-perforating root resorption is based on optimum root canal preparation and disinfection then obturation using thermoplasticized techniques. Although with the success of these techniques, it had its own limitations as sealer can dissolve over time, leading to voids within the canal which may act as a nidus for reinfection. Recently bioceramics were used for obturation of root resorptive defects due to its desirable properties. However, the flow properties of MTA are significantly poorer than those of thermo-plasticized gutta percha and its use as an effective filling material in root resorption depends on adequate ultrasonic activation of the material to disperse it into the recesses of the defect. Moreover, these techniques cannot replace the damaged pulp and tooth structure with vital tissues that act as a defensive mechanism during tissue injury and protection from further damage. Currently Endodontics looks forward towards regeneration rather than repair. However, regenerative endodontic treatment was mainly limited to pulp revascularization of necrotic pulp in immature teeth followed by mature teeth. Recently pulp revascularization techniques were applied in the treatment of root resorption

- Shed light on the recent different pulp revascularization protocols that is applied in the treatment of root resorption.
- Guide in the selection of the treatment protocol that suits different clinical situations.
- Evaluate the outcome of regenerative endodontic treatment in management of root resorption.



Nermine Hassan - Egypt

BDS, MSc, PhD., Lecturer of Endodontics, Cairo University

Nader Ramsis - Egypt

BDS, MSc, Assistant Lecturer ERU

Regenerative Endodontics: A road less travelled

Regenerative endodontic procedures "REP" are intended to repair & regenerate part of the pulp-dentin complex, which involves introducing stem cells, tissue scaffolds, growth factors & other ingredients beneficial for regeneration into the root canal system.

Most regenerative endodontic procedures reported in literature have presented promising clinical, radiographic results and even regaining pulp sensibility. REP was initially proposed for the treatment of immature permanent teeth to allow for root development and apical closure with subsequent enhancement of the tooth's fracture resistance. Nowadays, an increasing trend in the applications of REPs in necrotic mature teeth as well, coinciding with the shift towards minimally invasive dentistry with the main goal of preservation of tooth structure.

With growing knowledge and better understanding about this treatment procedure; Will there be a Paradigm Shift in clinical endodontics in the near future??

- Provide a clinician's perspective on the regenerative endodontic procedures.
- Discuss different challenges in regenerative endodontics.
- Discuss several clinical scenarios and the different course of actions to manage them.
- Introduce the new modality of Pulp autotransplantation.



Mostafa Anwar - Egypt

BDS, MSc, PhD Researcher Former Assistant Lecturer of Endodontics – The British University in Egypt

Series of Complicated Endodontic Retreatments of Upper Lateral Incisors

Last years, many different techniques have been proposed to manage the complicated cases in RCT either for managing intracanal broken instruments, bypassing ledges, gutta-percha removal, perforation repair or treating calcified canals. Moreover, Morphological variations of root canal system became so popular specially the severely curved root canals, where hybridization of rotary systems becomes a must.

This lecture covers sequential steps for managing of nearly all root canal cases. It simplifies the procedural steps where all the iatrogenic errors can be avoided or treated, depending on using a simplified, reproducible and clinical approaches, where they can be applied for all complicated root canal cases, helping to either reduce the risk of instruments fracture in severely curved canals or to manage them in cases of fracture. Also, to highlight the solution to manage calcified canals, remove gutta-percha efficiently or perforation repair techniques & materials. Moreover, to role of CBCT in challenging express the these

- Shape all difficult root canal anatomies safely
- Reduce the risk of instruments fracture,
- know different techniques to manage broken instruments
- Learn how to repair perforations
- Be able to remove gutta-percha in retreatment cases & how to manage a calcified or ledged canal



Albaraa Alkady - Egypt

Teaching Assistant - Misr international University.

Single Cone with Bioceramic a Myth or a Truth

The technique of single-cone obturation with biocearmic is a technique that uses only the master cone. There have been an increase in its use, especially by employing larger cones with larger taper sizes that best match the geometry of rotary nickel-titanium systems (NiTi), not requiring the use of accessory cones, thus reducing the time spent in endodontic obturation.

Objective: To review the literature on this technique and to compare it with other existing techniques, single cone with resin sealer, single cone with bioceramic, discussing different properties of bioceramic during setting reaction comparing with lateral obturation and continues wave obturation in term of antibacterial, voids, leakage, apical seal, solubility and how many study show that bioceramic is soluble but in the real body fluid the result are different, retreatment using formic acid and finally the outcome based on Literature review

The single-cone obturation technique with bioceamic enables an easier and faster endodontic obturation. And according to RCT study publish on 2022 and A RETROSPECTIVE SUDY aimed to compare the efficacy of single cone with bioceramic with CWC with resin-The success rates of the obturation techniques were 92.3% in the CWC group and 94.3% in the single cone with follow up period 30 month.

- To review the literature on the single cone technique and to compare it with other existing techniques, single cone with resin sealer, single cone with bioceramic
- discussing different properties of bioceramic during setting reaction
- comparing with lateral obturation and continues wave obturation in term of antibacterial, voids, leakage, apical seal, solubility and how many study show that bioceramic is soluble but in the real body fluid the result are different, retreatment using formic acid and finally the outcome based on Literature review
- The success rates of the single cone on 30 month follow up



Amr Abdelwahab Bayoumi - Egypt

BDS, MSc, PhD. Lecturer Faculty of Dental medicine, Alazhar University, Cairo (boys)

Guided endodontics towards a new world

3D-guided endodontics is a technology-driven treatment protocol, which provides safe and predictable solution in cases of partial and complete calcifications root canal and root end surgeries. Navigation in dentistry is an example of technological advancements applied to medicine and health science and known as guided dentistry. It is emerging as one of the most reliable representatives of digital technology as it continues to transform surgical interventions into safer, predictable, and less invasive procedures. A paradigm shift in endodontic therapy provides an accurate insight and step-by-step planning on the usage of static and dynamic navigation for difficult root canal treatments enabling the dentists to view any portion of the jaws in three dimensions on a screen or to create a 3D printed model for more sophisticated diagnosis and/or treatment planning. Static guided endodontic approach is a safe and clinically feasible method to locate root canals and prevent root perforations. Special software aligned with CBCT and 3D scan allows virtual planning of the root canal access cavity. Subsequently, a 3D template can be developed to guide the drill into calcified canal. This virtual planning can help to preserve the tooth structure and avoid any procedural errors. Dynamic navigation can also be an efficient tool as these state-of-the-art devices allow virtual realtime navigation intraorally. There is a lack of general awareness and the true potential of Guided Endodontics in clinical dentistry.

- Help in understanding the importance of cone-beam computed tomography, digital impression systems, three-dimensional printing technology, template designing software and dynamic navigation, which are the core parts of Guided Endodontics.
- The detailed and practical instructions will guide the specialist to perform challenging clinical cases such as preserving teeth with calcified canals and management of root-end resection surgeries efficiently.
- The use of guided endodontics makes the procedure faster, predictable, and more convenient.



Ali Fahd - Egypt

BDS, MSc, PhD. Lecturer of Diagnostic Science & Oral and Maxillofacial Radiology Sinai University

CBCT in endodontics: Explore the hidden

CBCT is a 3D imaging modality that is designed for dentists and it offers a low dose high resolution images that can be manipulated with user friendly software. CBCT should used only when justified according to guidelines. Well understanding of guidelines is not only useful to determine when it is indicated to use CBCT but also to know how to use to get the maximum benefits. How to prepare patient before imaging, what to include in request, important considerations during imaging and step by step post-imaging interpretation will be discussed during the presentation.

- CBCT, Why? When? How?
- The importance of patient preparation before imaging The effect of 3D data on 2D imaging techniques and interpretation of the same case.



Maha Nasr Morsy Abo Shanab - Egypt

BDS, MSc, PhD. Lecturer Egyptian Russian University

Vital Pulp Therapy in Permanent Teeth: Challenges & Promises

Whenever treating deep caries, trauma or iatrogenic incidents resulted in pulp exposure, complete pulpectomy and root canal treatment (RCT) were traditionally the advocated line of treatment. Vital pulp therapy, on the other hand, was only recommended either in treating primary dentition or under certain circumstances where the pulp vitality is necessary for a still developing tooth to continue its maturation. The acceptance of VPT has experienced many ups and downs over the past century, with the famous comment of Rebel in 1922 that the 'exposed pulp was a doomed organ' still having its impact on the minds of some even today.

However, over the past two decades, numerous improvements including, the introduction of bioactive calcium silicates, advances in the understanding of pulp reparative processes as well as technical and biological improvements in tissue handling have led to excellent clinical outputs for different VPT techniques. Nowadays, VPT with the advantage of dentine preservation and the fact that the pulp retains its ability to react to future insults and noxious stimuli, gained high popularity in practice with success rates comparable to those of RCT.

This lecture reviews the application of Vital Pulp Therapy in permanent teeth while addressing possible promises and challenges, thus answering the clinical questions that practitioners face in their practices.

- To highlight the paradigm shift in managing deep carious lesions in permanent teeth.
- To review the application of Vital Pulp Therapy in permanent teeth.
- Addressing possible promises and challenges, thus answering the clinical questions that practitioners face in their practices.



Howida A. Enan - Egypt Ebrahim M. Sakr - Egypt Nada M. Ali - Egypt

Faculty of Dentistry, Pharos University in Alexandria, Egypt

To do or not to do recent trends in endodontics : evidence based.

The main goals of endodontic therapy are to prevent and treat apical periodontitis by reducing the microbial content in root canal system. Although the principles of cleaning and shaping root canals remain unchanged, several improvements in endodontic therapy and technological advancements have been made, including the use of single rotary file systems and single cone obturation techniques, to promote simpler and more predictable technical procedures. However, such techniques should not only be simpler but also result in high-quality root fillings, which increase the likelihood of obtaining healthy peri-apical conditions. This seminar will quickly over view how and when should such techniques be used and are these trends scientific based?

- To give clear outlines When to apply recent trends in endodontics.
- To reach a consensus regarding single file instrumentation in cleaning canals.
- To reach a consensus regarding single cone obturation.



Yousra Nashaat - Egypt

BDS, MSc, PhD.

Professor of Endodontics, Head of Endodontic Departement Faculty of Dentistry, October 6 University.

Nano Intracanal Medicaments; A New Strategy In Root Canal Disinfection.

A successful endodontic treatment depends on the initial eradication of all the bacteria; those present in the root canal as well as those already penetrated in depth. The achievement of microbicidal doses becomes critical in the endodontic environment, because in such harsh conditions bacteria may aggregate to form a biofilm or enter a stationary phase, thus acquiring a resistant phenotype. Therefore, disinfection of the root canal is a major determinant in the healing of periapical tissues. Although the chemo mechanical preparation and use of antimicrobials are effective in reducing the bacterial load, some bacteria can still persist. Local use of Antibiotics as intracanal medicament have been reported to be effective in reducing bacterial numbers in the root canal systems of infected teeth which help to reduce the periapical inflammatory reaction including clastic-cell mediated resorption.

Wael Hussein Kamal

Professor of endodontic Head of endodontic department Future university

Safwat Saber Mohamed

Phd in endodontic

Pulpotomy past and future

Vital pulp therapy is an important treatment modality to preserve and maintain the pulp tissue in a good condition. Vital pulp therapy has been revolutionized recently as the new progress achieved in pathobiology understanding, and recent improvements in dressing material. owing to the availability of newer material nowadays, There is a lot to do with still vital pulp.



Dalia Abd Allah M. Moheb - Egypt

BDS, MSc, PhD. Lecturer, Endodontic Department Faculty of Dentistry, Suez Canal University.

Could Phage Therapy Replace Antibiotics in Treatment of endodontic Infections?

Post-treatment apical periodontitis is caused mainly by persistent intraradicular infection. Enterococcus faecalis, a Gram-positive microorganism, is frequently recovered from secondary persistent infections associated with root canal treatment failures. The lack of E. faecalis sensitivity to conventional antibiotics may be attributed to its biofilm formation ability. Attacking mature biofilms with antibiotics works poorly, requiring much higher drug doses than usual. Since the bacteria residing in biofilms not only become inaccessible to antibacterial agents and the body's immune system but also provide a reservoir of bacteria for chronic infections throughout the body. The extensive misuse of antibiotics becomes very common in the last few years; unfortunately, this has led to a worrying emergence of virulent, antibiotic-untreatable, multidrug resistant pathogens. So, recent medicine trends are now directed toward the use of biological and natural medications as an alternative to synthetic antimicrobial agents. One alternative recently regaining interest is bacteriophage (phage) therapy, which was first introduced at the beginning of the 20th century. There was a doubt about using phage therapy due to fear of possible unknown harmful genes and the phages' unknown nature.

Recently, with the emergence of multidrug resistant strains and the high through put sequencing abilities, the risk of using phages with unwanted genes has been greatly reduced. studies had shown that, the lytic activity of phage therapy against E. faecalis biofilms the ability to control the growth of E. faecalis invitro. Accordingly, it has been proposed for the treatment of endodontic infections.

- Explain what is the phage therapy?
- Discuss the advantages of phage therapy over traditionally used intracanal antibiotics.
- Clinical prospective for the application of phage therapy in the treatment of endodontic infections.



Wafaa Ahmed Omar Segari - Egypt

BDS, MSc, PhD. Associate Professor of Endodontics Cairo University.

Insight into electronic work determination

Working length determination (WLD) is an essential step of root canal treatment procedures that determine the termination point for cleaning, shaping and obturation of the root canal systems. Improper working length determination through underestimating or overestimating this terminating point may affect the outcome of root canal treatment. Currently, electronic WLD using apex locators considers the main standard method used for working length determination recommended to be complemented with WL radiograph to allow greater accuracy of determination.

Results accumulated over years from vitro and vivo studies have confirmed the accuracy of electronic WLD with some recorded discrepancies. Some factors are recorded that may result in these discrepancies and cause an inability to obviate the need for radiographic verification

- Recognise the apical landmark that apex locators are able to locate and its correlation with manufacturer's instructions
- Appraise the reliability and consistency of apex locators to set the end point for WLD.
- Distinguish the factors that might affect the quality of apex locators'



Mohamed Ahmed Hamed - Egypt

BDS , MSC & PHD Lecturer of Endodontics Faculty of Dentistry, Al Azhar University

Revisiting Intentional Replantation: Factors Affecting the Success

Intentional replantation was considered, by many authors, as the last treatment option for management of failed endodontic cases that can't be treated by nonsurgical approach or not amenable for surgical intervention due to anatomical considerations or patient medical status. The retardation of this procedures since it's invention by Aboelkasem Elzahrawy may attributed to the most recorded complication after intentional replantation which are ankylosis and external root resorption, but with the advent of atraumatic extraction techniques as periotome assisted extraction ,physics forceps and orthodontic assisted extraction techniques, the literatures record a reasonably raised success rates of the procedure which may give the chance for the intentional replantation to be considered as a "treatment option "rather than "the last treatment option".

It is worthy to discuss, in this lecture, beside a traumatic extraction technique, there are multiple factors that affect the success of intentional replantation which may be the handling technique, extra alveolar time, splinting technique, size of the periapical defect and presence or absence of root defects.

- Mention the common and uncommon indications of intentional replantation.
- Spotlight on the standard technique for intentional replantation.
- Shed light on the drawbacks of intentional replantation.
- Discussing the factors affecting the success of intentional replantation.



Ibrahim El Naggar - Egypt Abdullah Abohalima - Egypt

BDS. Former Teaching Assistant Sinai University

Can MicroSurgery fix problems or Non-Surgical Retreatment is Enough?

The challenges in Endodontics may present for the clinician in many situations, these challenges may be in the anatomy of the tooth due to curvatures or canal tightness another kind of challenge may be during the Retreatment like perforations , transportation & Instruments separation some of these problems could be saved by Non-Surgical Retreatment but on the other hand other problems may need Microsurgical Intervention that we are going to go through.

- When to choose the right approach NSRCR or Surgical Retreatment.
- The Rationale and the steps toward modern Microapical Surgery.
- Materials & Flap selection in different surgery cases.



Mohamed Fakhr – Egypt Moustafa Aboudoura - Egypt

Master's Degree Candidate Teaching Assistant Misr International University (MIU)

Recent Trends in Vital Pulp Therapy

Vital pulp therapy has always been a method to reach the ultimate goal of dentistry, which is conservation of tooth structure and pulp vitality. However, it was never as effective and promising as it has been during the last few years. By the introduction of new materials and technologies, a new gate of hope is open for more tooth structure and pulp vitality conservation.

Though a full consensus regarding the diagnosis and management of exposed vital pulps has not yet reached, both the European Society of Endodontology (ESE) and American Association of Endodontists (AAE) have expressed very similar guidelines regarding the matter. Moreover, presence of new materials such as calcium silicates and methodologies such as, tissue engineering and laser therapy have proven to be vital options to achieve a long lasting vital pulp therapy. Hence, reaching tooth and pulp tissue conservatism and maintaining dentinal immunological response and dentinal proprioceptive function.

Use of calcium silicates (MTA, Biodentine, Bioceramics) is an integral part to achieve all goals of vital pulp therapy. Moreover, Laser therapy and Tissue Engineering have proven to be future treatments that still require further research and clinical trials in order to conserve more pulp tissue and hence, consider vital pulp therapy as a first choice treatment over nonsurgical root canal treatment.

- Understanding the latest guidelines for vital pulp therapy
- Understanding the latest techniques to achieve vital pulp therapy
- Pointing out new ideas for further research regarding vital pulp therapy



Abdelrahman Hemida Elkholy - Egypt

Msc

Assistant lecturer Faculty of Dentistry Suez Canal University

Mb2: The dentist's Nightmare

One of the most infamous canals we chase in endodontics is the second mesio-buccal (MB2) canal of maxillary molars. It's often referred to as the "fourth canal" and is one of the most frustrating aspects of maxillary molar root canals.

Objectives:

- MB2 Incidence
- MB2 Location
- How to detect MB2 ????
- Factors affecting MB2 detection ???
- MB2 Radiography
- Preparation of MB2
- Obturation of MB2
- Clinical cases of MB2
- Mb2 radiography, identification, preparation and obturation

Ahmed Soudi - Egypt

BDS

General practitioner Mansoura faculty of dentistry

Open apex: discussing 3 dilemmas

open apex cases management is one of the hardest situations we face during our daily routine. In this lecture; I would try to minimize the risk of management, illustrate the dilemma of open apex and make it clear enough how to manage and what shall we do if we face a failure.

- Discuss 3 cases with different management protocol
- Discuss the challenges during treatment of open apex.
- Manage failure.



Mohamed H. Abdel Maged - Egypt

BDS, Msc.

The daily clinical applications of intracanal medications

The usage of intracanal medication has been widely spread during our daily endodontic treatment protocols, However the accurate applications of intracanal medications, the correct choice of the type of medication and the proper management of weeping canals still being a part of hard to puzzle to many of dentists.

Discussing the aim of canal dressings and great disinfection benefits should be reveled to maximum the ease of getting a well cleaned root canal complex and to demonstrate a better success rates of our daily endodontic treatments.

- Understand the aim behind intracanal medication usage.
- Proper selection of intracanal medication type & material according to case situation and factors which may affect our selection.





Research Presentation						
Chairpe	rsons: Teresa Arias Moliz Ghad	da Elhilaly Suzan Abdelwanis				
OR1	Maha Tarek Aboulkheir	Evaluation of chitosan scaffold and MTA pulpotomy in mature permanent molars with irreversible pulpitis (a randomized controlled trial)				
OR2	Abd El Rahman El Mekkawi	Evaluation of the Efficacy of Diode Laser in Maturogenesis of Immature Teeth with Necrotic Pulps: A Preliminary Randomized Controlled Trial				
OR3	Ahmed Sobhy	Investigating the biocompatibility of Silver nanoparticles gel as an intra-canal medicament: an in-vitro study on dental pulp stromal cells				
OR4	Mohamed Radwan	Impact of conservative access cavity using micro-guided endodontics				
OR5	Alaa Abd El Sattar	The Effect of Trypsin-Chymotrypsin On Postoperative Pain After Single Visit Endodontic Treatment: A Randomized Controlled Trial				
OR6	Hoda Elnawawy	Fabrication and evaluation of the physico-chemical properties of a novel locally produced modified white Portland cement				
Chairpe	rsons: V Gopi Krishna Ree	m Lotfy Nehal Sabet				
OR7	Mohamed El-Wakeel	Cyclic Fatigue Resistance, EDX and Differential Scanning Calorimetric Analysis of Three Different Nickel-Titanium Rotary File Systems				
OR8	Abdelrahman Hamouda	Functionalized Nanoparticles as a Novel Approach for Antibiofilm Strategy; a New Era in 3D Cleaning of Complex Root Canal System				
OR9	Mai Fakhreldeen	Apotherapy: the recent era for pulpotomy				
OR10	Mahmoud Moussa	Revascularization-associated Intracanal Calcification				
OR11	Maha Nasr	Antimicrobial Efficacy of NanoChitosan, Chlorhexidine, Chlorhexidine/ NanoChitosan Combination versus Sodium Hypochlorite Irrigation in Necrotic Mandibular Premolars: A Randomized Clinical Trial				
OR12	Maha Refaat	Apical Extrusion & Cleanliness of WaveOne Gold versus iRace				
Chairpe	rsons: Omar Abu Steit Abee	r Hashem Abeer Elgendy				
OR13	Mohamed Farahat	The effect of addition of silver nanoparticles on the antibacterial effect of three different root canal sealers (an in vitro study)				
OR14	Mina Zaher	Root Canal Morphology and Isthmus Portion Detection Using Teeth Clearance Technique and Cone Beam Computed Tomography				
OR15	Pola Ibrahim	Percentage of Touched Surfaces and Change in Cross- Sectional Area of Oval Shaped Root Canals after XP-Endo Shaper, IRaCe and HyFlex CM Instrumentation Using AutoCAD Software				
OR16	Ahmed Abdelaal	Evaluation of Sealing Ability and Adaptation of Resin and Bioceramic Sealers in Curved Roots(An in-vitro Study)				
OR17	Nirvana Mansour	Efficacy of Injectable-Platelet Rich Fibrin in Vital Pulp Therapy; An Experimental Animal Study				
OR19	Mohamed Elashiry	Enterococcus faecalis; the endodontic pathogen and its diverse effects on monocyte derivatives				
OR20	Asmaa Desouky	A power of Nano Sealers In Endodontics				





Posters						
Authors Dotails	Poster	Author Name	Poster Title			
Authors Details Elkalashy AA, Darrrag AM,	ID#	Position, Institution Abdel Moneim Ahmed Elkalashy	Effect of Using Different Single-File Root Canal Preparation Systems on Microbial Count and Post-Operative Pain			
Ghoneim WM, Attia DA, Madbouly LA	PR1	assistent lecturer faculty of dentistry, Tanta university				
Abdelrahman Hemida Elkholy, Marwa Elsayed Sharaan, Dalia	PR2	Abdelrahman Elkholy Assistant lecturer	Effectiveness of various irrigants with or without Activation on radicular dentin microhardness: an in-vitro study			
Abdallah Mohamed		Faculty of Dentistry Suez Canal University	in-vitro study			
Ahmed Youssef , Magdy Ali , Amr ElBolok ,	PR3	Ahmed Ali Youssif Lecturer	Regenerative endodontic procedures for the treatment of necrotic mature teeth: A preliminary randomized clinical trial			
Reham Hassan		Faculty of dentistry Minia University				
Elsamra AH, Darrag AM,	PR4	Ahmed Htem Elsamra Researcher	Efficacy of Different Chelating Agents in			
Ghoneim WM	PR4	Faculty of dentistry Tanta University	Smear Layer Removal			
Ahmed Mohamed,	PR5	Ahmed Mohamed Resident Dentist,	Cytotoxicity of Three Root Canal Sealers with Different Bases on Human Dental Pulp Stem Cells Using MTT Assay			
Manar Selim, Hayam Hassan		Endodontic Department Faculty of Dentistry,				
		Suez Canal University				
Ahmed Mohamed, Manar Selim, Hayam Hassan	PR6	Resident Dentist, Endodontic	Biocompatibility of Three Different Root Canal Sealers			
		Department, Faculty of Dentistry, Suez Canal University				
Ali M. Soliman, Mohamed I. Rabie, Hayam Y.	PR7	Ali Mohamed Soliman Resident Dentist,	1%Phytic Acid for Smear Layer Removal after			
Hassan		Endodontic Department, Faculty of Dentistry, Suez Canal University	Root Canal Preparation with Three Different Rotary Systems			
Ameera Lotfy Mahfouze, Abeer		Ameera Lotfy Mahfouze	Bacterial reduction of mature Enterococcus faecalis biofilm by different irrigants and			
A. El Gendy, Tarek Medhat Elsewify	PR8	assistant lecturer October six university	activation techniques using confocal laser scanning microscopy			
	n, PR9	Basma Ahmed				
Basma Ahmed , Mai Hamdy , Rania Galhom,		Resident Dentist, Endodontic Department	Evaluation of Dental Pulp Stem Cells Behavior after Induction by Three Different Bioactive Materials Using Two Different Scaffolds			
Hayam Hassan,		Faculty of Dentistry, Suez Canal University				
Dalia Hemdan, Hayam Hassan.	PR 10	Dalia Hemdan Resident Dentist,	Effects of Autologous Dental Pulp Stem Cells and Mineral Trioxide Aggregate on Dogs' Dental Pulp			
,		Endodontic Department, Faculty of Dentistry, Suez Canal University				
Dina A. Sarhan,Dalia A. Sheriff , Ahmed	PR 11	Dina Abdullah Sarhan	Depth and Percentage of Penetration of Sure Seal Root and AH Plus sealers into			
H. Labib, Mohammed A. EL-Magd		assistant lecturer, Faculty of Dentistry, Kafrelshiekh University	Dentinal Tubules with two different obturation techniques			

Elsherif MA, Shaheen NA, Saudi HI, Darrag AM	PR 12	Mariam Ahmed Elsherif Demonstrator Faculty of Dentistry, Tanta University	Single Visit Root Canal Treatment Versus Pulpotomy in Management of Pulpitis
Mohamed Fawzy Mansour, Dalia Abd Elhameed Sherif, Walaa Mohamed Ghoneim, Ahmed Hussin Labib	PR 13	Mohamed Fawzy Mansour Assistant Lecturer of Endodontics Faculty of Dentistry, Tanta University	Healing Rate of Periapical Lesions after Using Different Intra-canal Medications
Mohamed S. Din, Abeer A. ElHakim ElGendy, Sarah H. Fahmy.		Mohamed Salah El- Din Ahmed Abd El- Rahman Assistant lecturer, MIU	The Effect of Amorphous Calcium Phosphate Nanoparticles Loaded in Chlorhexidine as an Intracanal Medicament on the Enterococcus Faecalis Biofilm
Hashad NA, Labib AH, Shaheen NA, Ezzat MM	PR 15	Nada Ahmed Hashad Teaching Assistant, Tanta university	Microbial Evaluation Following Two Irrigation-Medication Protocols in Secondary Infection Cases
Nader Wadie Ramsis, Kariem Elbatouty, Tarek Elsewify	PR 16	Nader Wadie Ramsis Assistant Lecturer Egyptian Russian University	Comparison of Postoperative Pain after Root Canal Shaping with Two Rotary Systems: A Clinical Trial
Nehal Mohsen Habib	PR 17	Nehal Mohsen Habib Resident at AinShams University educational hospitals AinShams University	Effect of Neo Mineral Trioxide Aggregate and Hydroxyapatite Nanoparticulates on Odontogenic Differentiation and Proliferation of Human Dental Pulp Stem Cells
Shymaa Shaaban Rezk Ramadan, Marwa A. Meheissen, Salma Genena, Gamal M. Hamad, Sybel Moussa	PR 18	Shymaa Shaaban Rezk Ramadan Instructor Faculty of Dentistry, Alexandria University	The Antibacterial Activity of Lactobacilli Probiotics on Enterococcus faecalis biofilm.
Moukhtar.T.M, Darrag.A.M, Labib.A.H, Ghoneim.W.M	PR 19	Tokka Mohamed Moukhtar Assistant lecturer in Endodontic department, Faculty of dentistry, Tanta University	Revascularization Induced Maturogenesis of Non-Vital Immature Teeth Using Different Scaffolds and Intra Canal Medications
Mariam Ahmed Hossam Ahmed , Alaa El Baz, Mohamed Mohsen	PR 20	Mariam Ahmed Hossam Ahmed Resident Cairo University	The effect of Ibuprofen SR on intraoperative and postoperative pain in mandibular molars with symptomatic irreversible pulpitis and apical periodontitis
Mohammed abdulatif ibrahim, Nelly mohammed abdelsalam, Marwa elsayed sharaan	PR 21	Mohammed Abdulatif Ibrahim MSc	BioAkt new irrigant for smear layer removal

Courses



WORKSHOP



Endodontic Apical Microsurgery: A Solid Foundation



Precongress Day at Ain Shams University







 $oldsymbol{Q}$ Ain shams University



6-8 JULY CAIRO-EGYPT 2022

panendo.net

1200EGP



Endodontic Apical Microsurgery: A Solid Foundation

This workshop is designed to educate endodontists on various aspects of contemporary endodontic apical microsurgery to start adopting this technique in their practices predictably. Emphasis will be put on clinical protocols based on scientific evidence for enhanced patient centered outcomes. The workshop will outline:

- Diagnosis
- CBCT interpretation.
- Case selection and treatment planning.
- Anesthesia
- Operator, microscope, and patient positioning.
- Flap design.
- Osteotomy.
- Root end resection.
- Hemostasis and curettage.
- Root end preparation.
- Root end filling.
- Indications for guided bone regeneration.
- Suturing and soft tissue management.
- Management of complications
- Outcomes

A Live surgery will be performed and broadcasted to lecture hall with live Q & A session.

Location: Ain shams University

Date: July 5, 2022 9:00 -16:00

Fees: 1200 EGP Fees (Non EDS members): 300 USD

CE 7 Credit Hours

WORKSHOP



Everyday Endodontic Challenges







Abdeen Hall
InterContinental CityStars



panendo.net

1500EGP



Everyday endodontic challenges

Endodontic science is unique about it's diversity, each case has a scenario and every canal is a challenge. The morphological variation and challenges associated with cleaning and shaping process always raised the questions about how efficient our rotary systems are. In this workshop we are going to spotlight the newly introduced GlydO rotary system. A unique system crafted to suit different clinical situations and provide different maneuvers to overcome challenges of every root canal.

ILOs:

- 1. Analyze the different metallurgies and their impact on clinical performance of rotary
- 2. Apply different clinical maneuvers using GlydO rotary system that suits different canal morphologies and accommodate their diversities.
- 3. Utilize the GlydO system in retreatment and how to efficiently revert the kit into a retreatment kit.

Date: July 6, 2022 9:00 - 12:00

Fees: 1500 EGP

Hall Abdeen

CE 4 Credit Hours

DR. FILIPPO CARDINALI

Mastering the obturation in Endodontics: Warm Gutta Percha or Cold Gutta Percha with Bioceramic sealer? Why not both?

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BEYOND EXPECTATIONS —







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et

1500_{EGP}

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Mastering the obturation in Endodontics: Warm Gutta Percha or Cold Gutta Percha with Bioceramic sealer? Why not both?

The obturation of the root canal system is a very important step of the root canal system in order to achieve a positive outcome of the therapy; as a matter of fact an high percentage of the endodontic failures are associated with incomplete root canal obturation.

The Warm Gutta Percha techniques fixed the problems arising from the cold techniques, allowing the clinician to properly seal the root canal system in a three dimensional way.

Warm gutta percha techniques are certainly the best techniques to achieve the obturation objectives and can be considered the "golden standard" techniques to get an high quality obturation. Lately, the introduction of the Bioceramic sealer changed the obturation scenario. Bioceramic sealers, as the CeraSeal, represent a real game changer; thanks to their properties brought a specific obturation technique back from the past and make it more modern and predictable: the Single Cone. In both cases, to carry out a proper obturation is really important that the clinician knows the technique and the characteristics and /or properties of the materials he is using, as sealer and obturation devices.

The aim of this workshop is first to analyze characteristics, benefits and limitation of the different techniques in order to create a rationale for the selection of a specific obturation technique according with the clinical situation. The second aim is to share with the attendees the clinical experience of the speaker on Warm Gutta Percha techniques, analyzing details and sharing tips on the proper use of the EQV system, never forgetting that nowadays the Single Cone – thanks to bioceramic sealer – has become a very interesting option when it comes to carry out high quality root canal obturation.

The participants will have the opportunity during the workshop to apply the obturation techniques on 3D printed model for better understanding the teachings received during the theoretical part.

Date: July 6, 2022 13:00 - 14:00

Fees: 1500 EGP

Fees (Non EDS members): 350 USD

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META Company Sponsor



Bypassing ledges and false canals. Instruments and techniques

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6-8 JULY CAIRO-EGYPT 2022

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Bypassing ledges and false canals.

Instruments and techniques

Occasionally, during root canal instrumentation, instruments cannot be advanced to full working length in a previously patent canal. This may be due to ledge formation or false canal creation. Both these iatrogenic procedural accidents might affect treatment outcome if the canals below the blockages are infected. Bypassing the ledges and the false canals will re-establish the previously blocked canal pathway enabling full length disinfection procedures to take place. This workshop is designed to highlight the instruments, techniques and skills required for the successful management of ledges and false canals.

Learning objectives

1. Understand the mechanism of ledge and false canal creation.

2. Understand how to bypass and eliminate ledges and false canals

3. Understand how to use woodpecker T mode to eliminate the ledges.

4. Take away tips and tricks to use them in the everyday practice

Date: July 7, 2022 9:00 - 12:00

Fees: 1500 EGP

Fees (Non EDS members): 350 USD

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Woodpecker Sponsor

PROF. MEHMET BAYBORA KAYAHAN

Easy Endo: Clean, Shape & Obturate

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Easy Endo: Clean, Shape & Obturate

In this course;

Participants will learn;

- 1. Negotiating the root canals with K-files
- 2. Preflaring the root canals
- 3. Preparing micro-glide path & glide-path with Ni-Ti rotary files
- 4. Irrigating the root canals effectively
- 5. Shaping the root canals with "EndoArt Touch Blue", heat-treated, blue wire Ni-Ti rotary file system

Shaped canals will be obturated with single-cone and cold lateral condensation techniques

Date: July 7, 2022 1:00 pm - July 7, 2022 4:00 pm

Fees: 1500 EGP

Fees (Non EDS members): 350 USD

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Incident Sponsor

DR. RICCARDO

Simplexity: Why Simple Things Become Complex and How Complex Things Can Be Made Simple

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Simplexity: Why Simple Things Become Complex and How Complex Things Can Be Made Simple

Is endodontics stressful?If endodontic treatment is organized, it can be easy, efficient, and enjoyable. But if it is disorganized, it becomes stressful, confusing, and chaotic. The very best way to get organized in any field of dentistry is to create reproducible systems for every performed procedure. In this way the operator can approach difficult anatomies in an easy way during all the procedure composed

by three main phases: shaping, cleaning and tridimensional filling. Even if the root canal system is curved, it's possible nowadays to maintain the centered shaping without over enlarging the root canal system and avoiding the risk of iatrogenic errors. But a complex case can be represented by a retreatments A plan should be developed after the clinician has determined the cause of failure and weighed other factors that may affect the prognosis. Retreatment cases may require surgical endodontics in combination with nonsurgical retreatment. Usually they are considered as challenge, but if

managed with a proper instrumentation, they become easy and predictable. The goal of this lecture is sharing protocols, techniques and choices for managing all the complexities that a clinician can

face during the daily practice

Key learning points

- How to make a proper Diagnosis in Endodontics
- How to deal with curved canals
- How to manage complex retreatments
- How to manage internal external resorptions
- How to manage broken files

Date: July 7, 2022 13:00 - 16:00

Fees: 1500 EGP

Fees (Non EDS members): 350 USD

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WORKSHOR

DR. HUGO SOUSA

Challenges in Endodontic Retreatment: Separated Instruments

Sponsor







8 JULY 09:00 - 12:00

♦ Abdeen HallInterContinental CityStars



6-8 JULY CAIRO-EGYPT 2022

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Challenges in Endodontic Retreatment: Seperated Instrument

The fracture of endodontic instruments during root canal treatment is a complication every endodontist must have to deal with. According to Spili P. et al. (2005) the reported frequency rate for fractured instruments varies from 0.7% to 6% of cases.

With this workshop we will explain step by step the staging platform technique and the loop technique for the separated instruments retrieval.

TOPICS

- Preparing the canal for broken instrument removal
- Dislodging and removal of fractured instruments
- Principles for the use of US technique in separate instruments retrieval
- Principles for using a loop technique in separate instruments retrieval
- Training in 3D models
- Understand and practice the retrieval technique

Date: July 8, 2022 9:00 am - July 8, 2022 12:00 pm

Fees: 1500 EGP

Fees (Non EDS members): 350 USD

Abdeen Hall

Woodpecker Sponsor

Endo Resto



Full 3 days course







Abdeen Hall
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Endo Resto

Endo Resto course
Day 1
<u>Mastering Contemporary Root canal treatment</u>
Course Instructor:

Ahmed Abderahman Hashem – Ahmed Shawky

Course Objectives

At the end of the course, participants will be able to:

- 1. Perform sound techniques for both coronal and radicular access;
- 2. Apply proper methods of root canal system shaping and disinfection;
- 3. Understand and be able to clinically apply effective methods of root canal system obturation;
- 4. Complete the endodontic treatment properly with a clinically effective coronal seal;
- 5. And perform treatments comfortably and confidently integrating the use of a dental microscope in all aspects of the procedure.
- Prepare partial posterior indirect restorations and endo crowns using different materials
- Appropriately select materials and cementation techniques for partial posterior indirect restorations.

Day 2 Problem solving in nonsurgical endodontic retreatment

Course Instructor:

Ahmed Ghobashy

Objectives

- 1. Understand the rationale behind non-surgical retreatment and causes of initial root canal treatment failure.
- 2. Master different techniques of removal of obturation materials from root canals, remove Carrier based obturation from the root canals, and remove posts.
- 3. Repair pulp floor perforations, and perform apical plugs with biocompatible materials.
- 4. Manage root canal blockage, ledges, and broken instruments using advanced techniques and tools.
- 5. Exposed to most of the current technology, magnification and 3d imaging, used during non-surgical retreatment procedures.

Know different types of 3d software's, applications and different modalities that can be used to manage complicated cases.



Day 3 Contemporary Restoration of Endo Treated teeth

Course Instructor:

Tarek Salah and Doaa Taha

Course Objectives

At the conclusion of the course participants should be able to:

- Understand problems associated with mutilated endodontically treated teeth.
- Experience decision making in treatment of such cases
- Distinguish the need for posts in different clinical scenarios
- Get introduced to CAD/CAM and ceramics technologies
- Learn different approaches for reinforcing badly mutilated teeth
- Explore different treatment approaches and future implications
- Prepare partial posterior indirect restorations and endo crowns using different materials
- Appropriately select materials and cementation techniques for partial posterior indirect restorations.

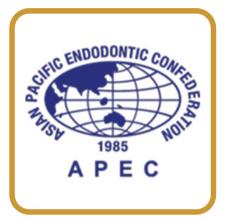
Date: July 6, 2022 9:00 am - July 8, 2022 4:00 pm

Fees: 2950 EGP

Fees (Non EDS members): 500 USD

Hall Abdeen

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OPERATIVE





RADIOLOGY



I-SCAN



I-SENSOR

AIR PURIFIER











SENSODYNE



Life is too short for sensitivity

parodontax



Helps stop and prevent Bleeding Gums



















Strong Hold Even For Well Fitting Dentures























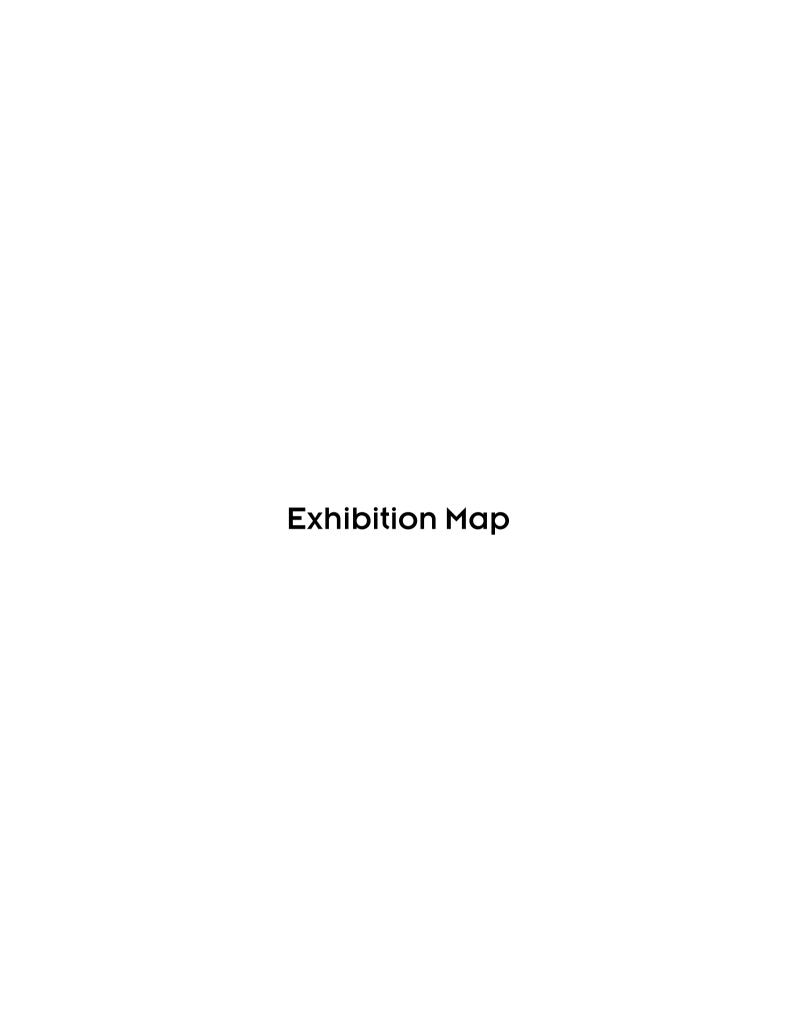
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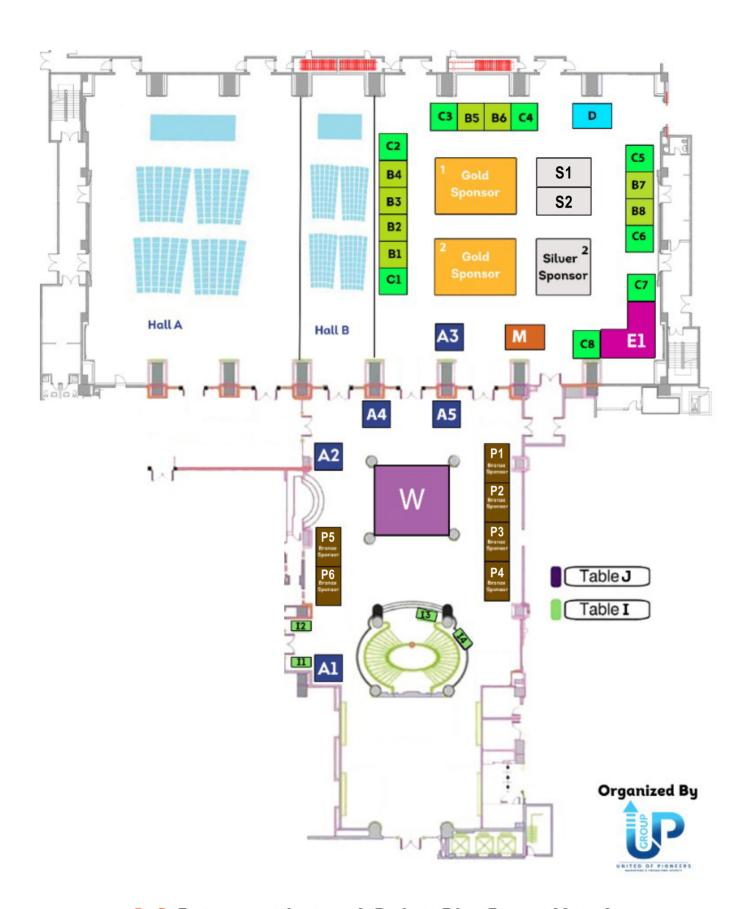
— BEYOND EXPECTATIONS —











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Trust Dental C1, B1, B2 El-Ezaby C3	Photon	B4
El-Ezaby C3	Meditech	B3
·	Trust Dental	C1, B1, B2
EDSIC B5	El-Ezaby	C3
	EDSIC	B5
Professional Group C5, B7	Professional Group	C5, B7
Sinirgia C6	Sinirgia	C6
Al-Manar C4	Al-Manar	C4
Egyptian Association of Endodontists P2	Egyptian Association of Endodontists	P2



