

The 22nd Congress of the International Association of Paediatric Dentistry



in Munich (Germany)
on June 17–20, 2009



‘Pinnacles in
Paediatric Dentistry’

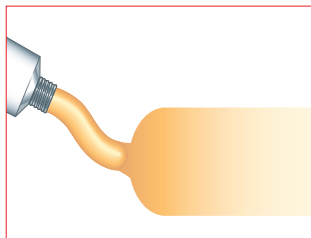
Colgate 
Your partner in oral health

Colgate® Duraphat® Varnish

A milestone of in-office fluoridation since 40 years



Visible during application

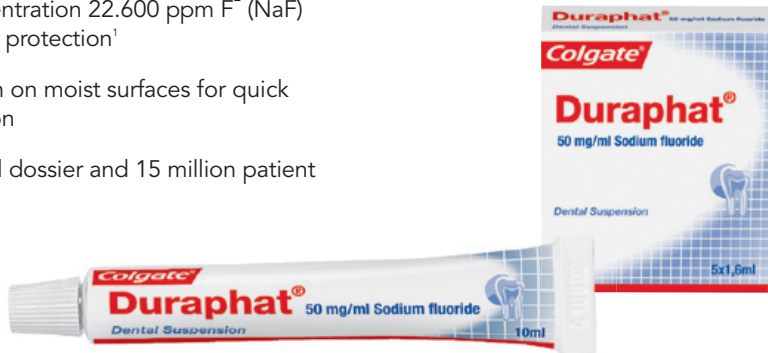


Becomes almost invisible on the teeth

Now! Application control and optimal aesthetics

Colgate Duraphat® Varnish for caries prevention¹ and hypersensitivity relief²

- High fluoride concentration 22.600 ppm F⁻ (NaF) for long term caries protection¹
- High adhesion even on moist surfaces for quick and easy application
- Outstanding clinical dossier and 15 million patient applications



Name of the medicinal product: Duraphat 50 mg/ml Dental Suspension. **Active ingredient:** 1 ml of suspension contains 50 mg Sodium Fluoride equivalent to 22.6 mg of Fluoride. **Therapeutic Indications:** For the prevention of caries in children and adults as part of a comprehensive control program. For the desensitization of hypersensitive teeth as part of a treatment regimen which includes the daily use of a suitable toothpaste. **Contra-Indications:** Hypersensitivity to colophony and/or any other constituents; ulcerative gingivitis; stomatitis; bronchial asthma. **Undesirable Effects:** Gastrointestinal disorders: Very rare (<1/10,000): Stomatitis, gingivitis ulcerative, retching and oedema mouth may occur in sensitive (allergic) individuals - if necessary, the dental suspension layer can easily be removed from the mouth by brushing and rinsing. Skin and subcutaneous tissue disorders: Very rare (<1/10,000): Irritation in sensitive individuals, angioedema. Respiratory, thoracic and mediastinal disorders: Very rare/Isolated report (<1/10,000): Asthma. **Marketing authorization holder:** Colgate-Palmolive (U.K.) Ltd, Guildford Business Park, Middleton Road, Guildford.

¹ Marinho VCC et al.: Fluoride varnishes for preventing dental caries in children and adolescents. The Cochrane Library, issue 2, 2002

² Gaffar A: Treating hypersensitivity with fluoride varnishes. Compend Contin Educ 1998; 19: 1089-97

German Association of Paediatric Dentistry
Deutsche Gesellschaft für Kinderzahnheilkunde

PROGRAM

The 22nd Congress of the International
Association of Paediatric Dentistry

June 17 – 20, 2009
Munich

Congress President
Prof. Dr. Reinhard Hickel



 **DMG**

Icon® – the innovative caries treatment without drilling.

For incipient caries even a minimally invasive therapy will sacrifice healthy hard tissue. Icon now offers a revolutionary solution: First, the enamel surface is prepared with a specially developed HCl gel. The pore system is then filled, stabilized and sealed with a light-curing resin, thus arresting caries progression and preserving healthy hard tissue – without drilling.

Icon is indicated for incipient caries with non-cavitated enamel and a radiological lesion progression into the outer third of the dentine. Treatment sets are available for proximal and smooth surface applications. **DMG. A smile ahead.**

More information at
www.drilling-no-thanks.com

NEW



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Ubistesin™ 1/400 000

Bedarfsgerecht dosiert – punktgenau platziert.



Das Lokalanästhetikum für kleinere Routineeingriffe

- Wirkdauer: ca. 30 Minuten
- Anästhesiewirkung vergleichbar mit Ubistesin™ 1/200 000
- Reduziertes Taubheitsgefühl

1/400 000

1/200 000

1/100 000



Ubistesin™ 1/100 000, 40 mg/ml + 10 Mikrogramm/ml Injektionslösung; Ubistesin™ 1/200 000, 40 mg/ml + 5 Mikrogramm/ml Injektionslösung; Ubistesin™ 1/400 000, 40 mg/ml + 2,5 Mikrogramm/ml Injektionslösung. **ZUSAMMENSETZUNG** 1 ml Injektionslösung enthält: Ubistesin 1/100 000: 40 mg/ml wirksame Bestandteile: Articaïnhydrochlorid 40 mg, Epinephrin (Adrenalin) 10 Mikrogramm als Epinephrin (Adrenalin)hydrochlorid; Ubistesin 1/200 000: 40 mg/ml wirksame Bestandteile: Articaïnhydrochlorid 40 mg, Epinephrin (Adrenalin) 5 Mikrogramm als Epinephrin (Adrenalin)hydrochlorid; Ubistesin 1/400 000: 40 mg/ml wirksame Bestandteile: Articaïnhydrochlorid 40 mg, Epinephrin (Adrenalin) 2,5 Mikrogramm als Epinephrin (Adrenalin)hydrochlorid. Sonstige Bestandteile: Natriumsulfat (E221) 0,6 mg, Natriumchlorid, Wasser für Injektionszwecke, Salzsäure 14% und Natriumhydroxid zur Einstellung des pH-Wertes. **ANWENDUNGSGEBIETE** Ubistesin 1/100 000: Lokalanästhetikum (lokale Schmerzausschaltung – Infiltrations- und Leitungsanästhesie – in der Zahnheilkunde. Ubistesin 1/100 000 ist besonders indiziert bei aufwendigen Eingriffen, die eine verlängerte Anästhesie erfordern. Ubistesin 1/200 000: Lokalanästhetikum (Infiltrations- und Leitungsanästhesie) für Routineeingriffe in der Zahnheilkunde. Ubistesin 1/400 000: Ubistesin 1/400 000 ist eine Injektionslösung für die Zahnheilkunde zur Infiltrations- und Leitungsanästhesie für Routineeingriffe mit einer Dauer bis zu 30 Minuten, wie komplexionäre Extraktionen, Kavitäten- und Kronenimplantationspräparationen. **GEGENANZEIGEN** Ubistesin darf nicht angewendet werden bei: Kindern unter 4 Jahren (< 20 kg) • Überempfindlichkeit gegen die Wirkstoffe, Naturamüll (E 221) oder einen der sonstigen Bestandteile. Ubistesin darf aufgrund des lokalnästhetischen Wirkstoffes Articaïn nicht angewendet werden bei: bekannter Allergie oder Hypersensitivität gegen Lokalanästhetika vom Süramin-Typ • schweren Störungen des Reizleitungs- oder Reizleitungsapparates am Herzen (z. B. Atrio-Block II. und III. Grades, ausgeprägter Bradykardie) • akute dekompensierter Herzversagen • schweren Hypertonie Patienten mit bekannter eingeschränkter Plasmachloridresistenz Nierenerkrankungen Dialyse, speziell bei Leitungsanästhesie. Entzündung des Injektionsgebietes. Ubistesin darf aufgrund von Einzelfällen als Vasokonstriktorsubstanz nicht angewendet werden bei: Herz-Kreisläufvermögen, wie z. B.: instabile Angina pectoris • frischer Myokardinfarkt • kürzlich durchgeführte Bypass-Operation an Koronararterien • refraktäre Arrhythmie und paroxysmale Tachykardie oder hochfrequente abnormale Arrhythmie • unbehandelte oder unkontrollierte schwere Hypertonie • unbehandelte oder unkontrollierte dekompensierte Herzversagen • gleichzeitige Einnahme von Monoaminoxidasehemmern (MAO) oder tricyclischen Antidepressiva. Ubistesin darf nicht an den Enden der Gliedmaßen verwendet werden. Ubistesin darf nicht angewendet werden bei: Allergie oder Überempfindlichkeit gegen Süßholzwurzel • schweren Asthma bronchiale. Ubistesin kann akute allergische Reaktionen mit anaphylaktischen Symptomen, z. B. Bronchospasmus auslösen. **WARNHINWEISE UND VORSICHTSMASSNAHMEN FÜR DIE ANWENDUNG** Ubistesin darf nur mit besonderer Vorsicht angewendet werden bei: schweren Nierenfunktionsstörungen • Angina pectoris • Arteriosklerose. Ubistesin darf nur mit besonderer Vorsicht bei folgenden kontrollierten kompensierten Krankheitsbildern angewendet werden bei: erheblichen Störungen der Blutgerinnung • Thyreotoxikose • Engwinkelglaukom • Diabetes mellitus • Lungenerkrankungen, speziell allergische Asthma • Phäochromozytom. Eine versenlichte intravasculäre Injektion kann Krämpfe auslösen sowie eine Dämpfung des zentralen Nervensystems oder kardiozerebraler Versagen verursachen. Geräte zur Wiederbelebungs-, Sauerstoff- und Arzneimittel für die Notfalltherapie sollten zum sofortigen Einsatz bereit sein. Da Lokalanästhetika vom Süramin-Typ auch von der Leber metabolisiert werden, sollte Ubistesin bei Patienten mit Lebererkrankungen vorsichtig eingesetzt werden. Bei Patienten mit schweren Lebererkrankungen besteht ein erhöhtes Risiko toxische Plasmakonzentrationen zu erreichen. Das Arzneimittel sollte mit Patienten mit Herz-Kreislaufstörungen angewendet werden. Bei diesem Personenkreis könnte möglicherweise die Fähigkeit angetastet sein, funktionelle Veränderungen, in Verbindung mit der von diesem Medikament verursachten Verlängerung der A-V-Leitung, auszugleichen. Das Arzneimittel sollte bei Patienten mit einer epistatischen Angiopathie vorsichtig verwendet werden. Positive Ergebnisse bei den Sportlern durchgeführten Dopingtests sind möglich. Es ist zu beachten, dass während der Anwendung mit Antikoagulantien (z. B. Heparin oder Acetylsalicylsäure) eine versenlichte Gefäßpunktion bei der Injektion des Lokalanästhetikums zu ersten Blutungen führen kann und auch die Blutungsneigung allgemein erhöht ist. Intravasculäre Fehlinjektion ist zu vermeiden. Im Rahmen der Kavitäten- bzw. Kronenimplantationspräparation ist aufgrund des Epinephrin-zusatzes die geringere Durchblutung des Pulpsagewebes und damit das Risiko, eine eröffnete Pulpa zu übersehen, zu beachten. Ubistesin enthält Natrium, aber weniger als 1 mmol (23 mg) Natrium pro 1 ml. **Vorsichtsmaßnahmen bei der Anwendung**: Bei jedem Einsatz eines Lokalanästhetikums sollten folgende Anzeichen/Behandlungsmethoden sowie ein Dauerkontakt-Selbst-UV zur Verfügung stehen: • Krampfsymptome: Azemetilol (Benzodiazepin oder Barbiturate, Muskelrelaxantien, Alpropr) und blutdrucksenkende Mittel oder Epinephrin sowie eine Erhöhtung des Fall von ersten allergischen oder anaphylaktischen Reaktionen. • Geräte zur Wiederbelebungs- bzw. Sauerstoffzufuhr, die falls erforderlich • künstliche Beatmung ermöglichen. Nach jeder Injektion eines Lokalanästhetikums müssen die Vitalfunktionen Herz-Kreislauf und Atmung sowie der Bewusstseinszustand des Patienten sorgfältig und konstant überwacht werden. Urinurie, Angst, Tinnitus, Schwindel, Sehstörungen, Tinnitus, Depression oder Benommenheit können möglicherweise Hinweise auf toxische Einflüsse auf das Zentralnervengewebe und/oder Sildenafil befeuert werden? Für Ubistesin liegen keine klinischen Daten über exponierte Schwangeren vor. Tierexperimentelle Studien mit Articaïn lassen nicht auf direkte oder indirekte schädliche Auswirkungen auf Schwangerschaft, embryonale/foetale Entwicklung, Geburt oder postnatale Entwicklung schließen. Tierexperimentelle Studien mit Epinephrin haben Reproduktionsfähigkeit gezeigt. Bei der Anwendung in der Schwangerschaft ist Vorsicht geboten. Die Übergang von Articaïn und Epinephrin in die Muttermilch ist nicht bekannt. Die Ausscheidung von Articaïn und Epinephrin in die Muttermilch wurde nicht in Tierexperimentellen Studien überprüft. Da das Stillen oder die Therapie mit Ubistesin während der oder unterbrochen werden ist, muss unter Berücksichtigung des Nutzens in Bezug auf das Stillen für das Kind und in Bezug auf die Behandlung der Frau mit Articaïn entschieden werden. Stillende Mütter sollten deshalb die erste Muttermilch nach der Articaïn- oder Epinephrin-Injektion abpumpen und verworfen. **Wass in Strahlengeräten sowie bei der Arbeit mit Maschinen und bei Arbeiten ohne sicheren Halt beachten?** Obwohl bei Probanden keine Abweichungen von der normalen Verkehrsfähigkeit festgestellt werden konnten, sollte die Zahnarzt-Patienten auf eine mögliche Beeinträchtigung der Sicherheit im Straßenverkehr und beim Bedienen von Maschinen hingewiesen. Der Patient sollte nicht vor Ablauf von mindestens 30 Minuten nach Injektion die Praxis verlassen. **Zuglängliche Phosphorsäureanhydrid** Phosphorsäure können die blutdrucksenkende Wirkung von Epinephrin verringern oder unterbrechen. Die gleichzeitige Gabe von nicht-kardiotoxischen Beta-Blockern kann aufgrund des in Ubistesin enthaltenen Epinephrin zu einem Blutdruckanstieg führen. **NEBENWIRKUNGEN** Aufgrund des lokalnästhetischen Wirkstoffes Articaïn können die folgenden Nebenwirkungen auftreten: Herz-Kreislauf-System selten (< 1/10000 - < 1/10 000): Abnahme der Herzfrequenz, Hypertonie, Bluthochdruck, kardiale Überleitungsstörungen, Bradykardie, Aysstolie, Herz-Kreislauf-Sstillstand. Nervensystem selten (< 1/10000, < 1/10 000): Metallgeschmack, Tinnitus, Schwindel, Nausea, Übelkeit, Angst, Schläfrigkeit, Zittern, Nervosität, Nykturie, Kopfschmerzen, Anstieg der Atemfrequenz, Parästhesie der Lippe, der Zunge oder anderer Organe. Wenn diese Nebenwirkungen auftreten, sind sofort korrigierende Maßnahmen erforderlich, um eine mögliche Verschlechterung zu verhindern. Benommenheit, Verwirrung, Tremor, Muskelzuckungen, tonisch-klonische Krämpfe, Koma und Atemstillstand. **Altemweg selten** < 1/100 000, < 1/10 000): Schweiß, nach Bradykardie, die zu einer Apnoe führen können. **Allergische Reaktionen** sehr selten (< 1/10 000): Anaphylaxie gegenüber Articaïn kann beobachtet werden, wie Hautausschlag, juckendes Ödem, Pruritus und Erythem sowie Übelkeit, Durchfall, keuchende Atmung oder Anaphylaxie. Eine Neuzusatzion gegen Articaïn wurde von einem Patienten mit einer Spät-Typ-Überempfindlichkeit gegenüber Phosphorsäure berichtet. Im Allgemeinen sollten Patienten mit einer nachgewiesenen Überempfindlichkeit gegenüber Articaïn oder anderen Lokalanästhetika vom Süramin-Typ für nachfolgende Behandlungen Lokalanästhetika der Ester-Gruppe erhalten. Die Gabe von hohen Dosen Articaïn könnte zu einer Methämoglobinämie bei Patienten mit subklinischer Methämoglobinämie führen. **Aufgrund des Zusatzes von Epinephrin als Vasokonstriktor können die folgenden Nebenwirkungen auftreten:** Herz-Kreislauf-System selten (< 1/100 000, < 1/10 000): Hypertonie, Schweißausbruch, Herzrasen, mäßiger Kopfschmerzen, Bluthochdruck, palpatorische Beschwerden. Tachykardie, Tachypnoe können die folgenden Nebenwirkungen auftreten: Herz-Kreislauf-System selten (< 1/100 000, < 1/10 000): Metallgeschmack, Tinnitus, Schwindel, Nausea, Übelkeit, Angst, Schläfrigkeit, Zittern, Nervosität, Nykturie, Kopfschmerzen, Anstieg der Atemfrequenz, Parästhesie der Lippe, der Zunge oder anderer Organe. Wenn diese Nebenwirkungen auftreten, sind sofort korrigierende Maßnahmen erforderlich, um eine mögliche Verschlechterung zu verhindern. 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WORDS OF WELCOME



Christian Ude
Mayor of Munich
Oberbürgermeister der
Landeshauptstadt München

Message of Greeting

The 22. Congress of the IAPD is particularly welcome in Munich. For once, it will find here a highly qualified forum which could not be better. In fact, our city is a leading international center of medical research and science with famous dental institutions ranking among the medically best supplied areas in all of Germany. Munich has a close relationship and multi-faceted links with dental, mouth and jaw-bone surgery even as a significant high-tech location with a strong presence in medical engineering, bio-technology and materials research.

However, these reasons are not only ones why the dental faculty likes to come to Munich. The dental faculty is also fond of the atmosphere and Munich's attractions as a metropolis of fine arts and culture, as a modern congress city with first-class touristic infrastructure and as an open and hospitable place of international encounters.

I therefore take great pleasure in expressing my best wishes for a successful congress 2009 in the Gasteig. Likewise, I wish to extend a cordial welcome to all participants and guests here in Munich.

Christian Ude
Mayor of Munich

Michael Schwarz
President of the Bavarian
Chamber of Dentists
Präsident der Bayerischen
Landeszahnärztekammer



Dear Colleagues,

In the name and on behalf of the Chamber of Dentists in the Federal Land of Bavaria, I should like to extend a cordial welcome to the participants to the 22nd Congress of the International Association of Paediatric Dentistry, IAPD, and to the 16th annual convention of the German Society for Paediatric Dentistry.

It is for the first time that the international IAPD congress is held in Germany. It is a particular honor for the Bavarian dentists that the organizers have selected Munich as the place of the event. In view of its importance and international character, the Congress may be expected to become a highlight in continuing education and training in paediatric and juvenile dentistry.

The program of the Congress includes lectures and papers on topics such as nutrition and nutritional disorders, molar incisive hypo mineralization, early infantile caries, dental traumatology, endodontology, orthodontics as well as caries diagnostics, prevention and therapy – which documents the wide spectrum in paediatric and juvenile dentistry.

The Fourth German Oral Health Study by the German Institute of Dentists is an impressive evidence of the great effects of preventive dentistry. Affection by caries is no longer a horror topic – among children, in particular – but rather quite the contrary. The disappearance of caries on account of comprehensive prevention is a story of success which presumably hardly anybody would have anticipated only a few years ago.

But despite the success achieved in group prophylaxis for children, which is a focal commitment supported by the Working Committee for Dental Health in the Federal Land of Bavaria, affection by caries now as before requires special attention. It is a particular concern to begin the care of the children as soon as possible, with inclusion of the mother's pregnancy as the early stage.

For ten years, the Bavarian Chamber of Dentists has relied on the Dental Children's Certificate as an efficient instrument in prophylaxis, in particular for infants. The Dental Children's Certificate documents the aspects focal in oral and dental health of children. It contains the schematics of the respective examination as a form to be filled in by the dentist. These examinations begin as early as during the mother's pregnancy, specifically at the commencement and the end of gravidity. Then follow the dental explorations of the child's oral cavity up to the school entrance age. Since the first edition of the Dental Children's Certificate in 1999, almost 400,000 copies have been circulated.

The Bavarian Chamber of Dentists is convinced of the necessity of advanced efficient paediatric dentistry. Qualified continuing education and training in this field is to be welcomed and recommended to any dentist. The work of the scientific specialized associations is indispensable for the progress in this discipline. It is equally our opinion that any dental practitioner must be committed to the special role as „family dentist“ in caries prevention – as the first contact for parents and in the treatment of their children.

I wish a great deal of success to the Congress and an agreeable stay in the capital of Bavaria to all participants.

Michael Schwarz
President of the Bavarian Chamber of Dentists



Dr. Wolfgang Heubisch
Bavarian State Minister of Sciences,
Research and the Arts
Bayerischer Staatsminister
für Wissenschaft, Forschung und Kunst

Greetings

In my function as Bavarian State Minister of Sciences, Research and the Arts and as patron of this event, I am highly pleased to welcome you to the 22nd Congress of the International Association of Paediatric Dentistry (IAPD) and to the 16th Annual Meeting of the German Association of Paediatric Dentistry in Munich.

At this biannual convention scientists as well as dentists from the private practice from all over the world meet for an exchange of knowledge and expertise. National and international highly ranked experts focus on the oral health of children. The subjects range from nutrition habits and their effects on dental health to caries prevention and up to date diagnostics and therapies.

It is our concern to encourage the oral health of our children as early as possible. Special programs such as those initiated by The State Chamber of Dentists of Bavaria show impressive results. However, it is primarily the exchange of know-how across borders which makes further progress in Paediatric Dentistry possible and which supports collaboration in international scientific projects. In Munich, we have the largest University Dental School of Germany, and our students can directly profit from the results of the congress for their training.

I would like to express my deep gratitude to the organizers of the congress, Ms. Professor Fuks, Mr. Professor Hickel and Mr. Professor Schiffner! I wish all the participants stimulating discussions and a pleasant stay in Munich, our state capital.

Munich, March 2009

Dr. Wolfgang Heubisch
Bayerischer Staatsminister
für Wissenschaft, Forschung und Kunst

Prof. Dr. Thomas Hoffmann
President German Society of Dental,
Oral and Craniomandibular Sciences
Präsident der Deutschen Gesellschaft
für Zahn-, Mund- und Kieferheilkunde



Pediatric Dentistry at its best

It is the challenge, to make the 22. Congress of the International Association of Pediatric Dentistry (IAPD) in Munich an unique success. Therefore it is my pleasure and a great honor to welcome this important international meeting in Munich, one of the most beautiful cities in Germany! The privilege of being your host is even bigger as this event only takes place every other year.

Being the President of the German Society of Dental, Oral and Craniomandibular Sciences, that is celebrating its 150th anniversary this year, I am also proud to host an international scientific event with such an outstanding value in means of persons and issues you chose for this congress.

The straight development of Pediatric Dentistry in Germany has lead to a success in preventing children from dental harm. Latest statistics show that German dentistry has reached an international top ranking in dental health of children and young adults. These efforts receive an important confirmation and new impulse for the future with this congress in Munich. This meeting is an excellent forum for international exchange between scientists, specialists and general practitioners and will deal with future trends and new developments.

Munich, Capital of Bavaria, is one of the economic centers of Germany. Munich Universities and the surrounding medical and dental Institutes are well known in national and international sciences. Besides, in one hour you can be in the Alps skiing or enjoy the countryside right outside of the city where nice lakes and much green are waiting for you.

The City of Munich itself is also worth seeing, you will find lots of historical places as well as the famous English Garden, that invites for a break. To get a glimpse of Bavarian way of life I recommend the visit of a Bavarian "beer garden".

I wish you a great stay in Munich enjoying scientific discussion, meeting colleagues and friends and getting an impression of German hospitality.

Prof. Dr. Thomas Hoffmann
President
German Society of Dental
Oral and Craniomandibular Sciences



Prof. Dr. Reinhard Hickel
Congress President / Tagungspräsident
Prof. Dr. Christian Hirsch
President of the German Association
of Paediatric Dentistry
Präsident der Deutschen Gesellschaft
für Kinderzahnheilkunde

Dear colleagues,

It is a pleasure to welcome you to Munich for the 22nd Congress of the International Association of Paediatric Dentistry.

This biannual Congress is an important event in paediatric dentistry in which scientists, specialists and general practitioners from all over the world can exchange and deepen their knowledge. The Congress will provide first hand information on new developments, current and future trends. The venue sets the stage for science, clinical practice and industry to unite in professional advancement.

More than 50 invited international speakers, more than 500 posters and oral presentations, much more than 1000 participants from all over the world show that paediatric dentistry is not in a crisis. The scientific program will be divided into several main lectures, oral sessions and poster demonstrations on all congress days and in addition, some workshops will be organised. The Congress includes a wide range of contemporary topics in paediatric dentistry, for example nutrition and nutritional disorders, MIH, early childhood caries, dental traumatology, endodontology, orthodontics as well as caries diagnostics, prevention and therapy. Thus, every participant can compose their own Congress program. Reflecting the title of the congress „Pinnacles in Paediatric Dentistry“, all speakers were chosen in recognition of their exceptional achievements in basic and/or clinical research.

The Congress city Munich – the capital of Bavaria near the Alps – and its surrounding regions offer boundless opportunities for those who love exciting cosmopolitan flair, cultural life, history and beautiful countryside. You should use the opportunity to discover some interesting places of Munich and Bavaria.

We wish all participants an interesting congress and an enjoyable stay in Munich.

Prof. Reinhard Hickel
Congress President
Dean of Dental School
University of Munich

Prof. Christian Hirsch
President of the
German Association
of Paediatric Dentistry

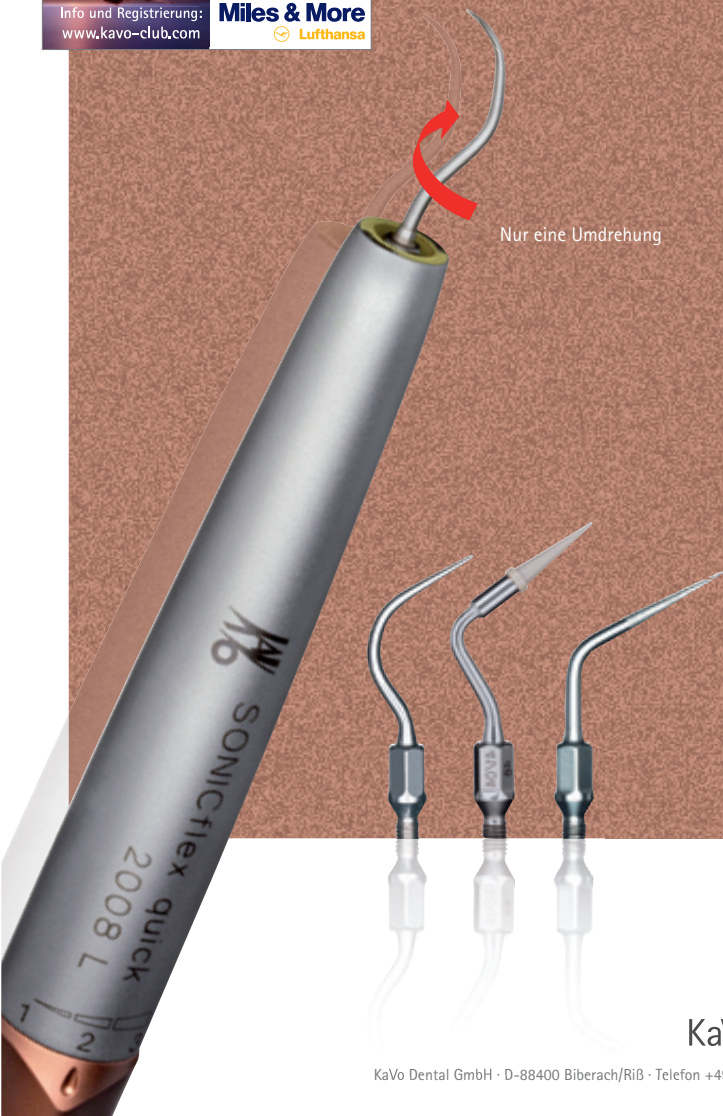


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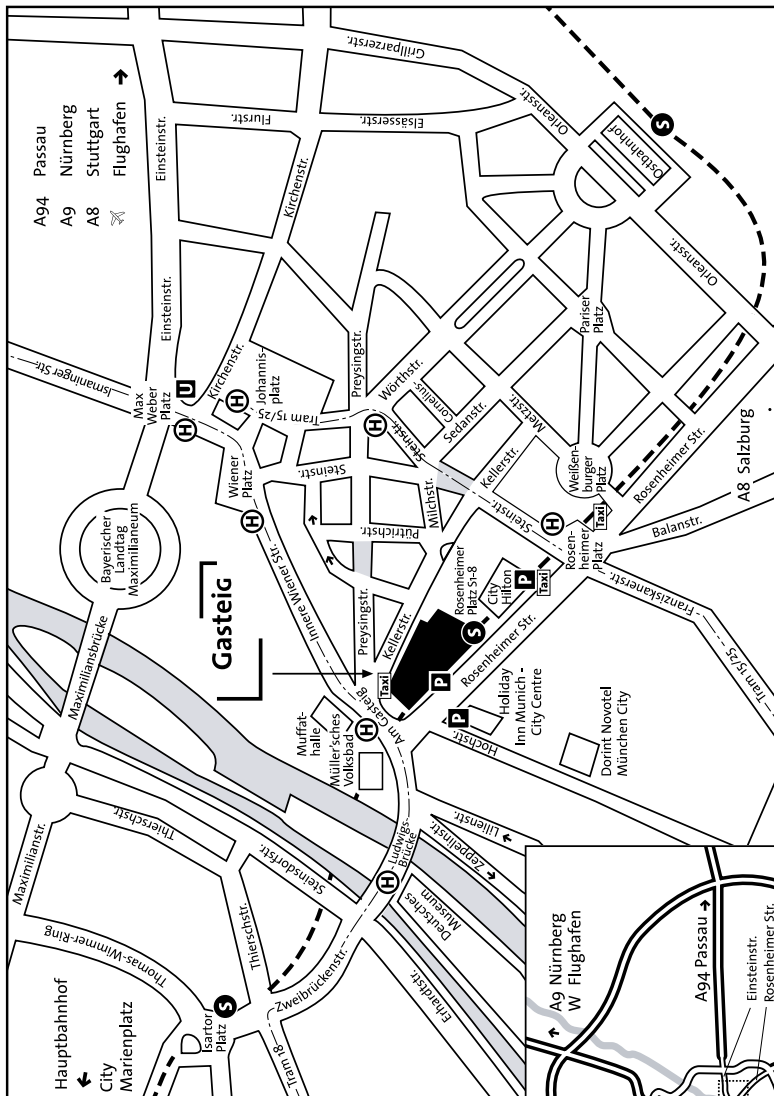
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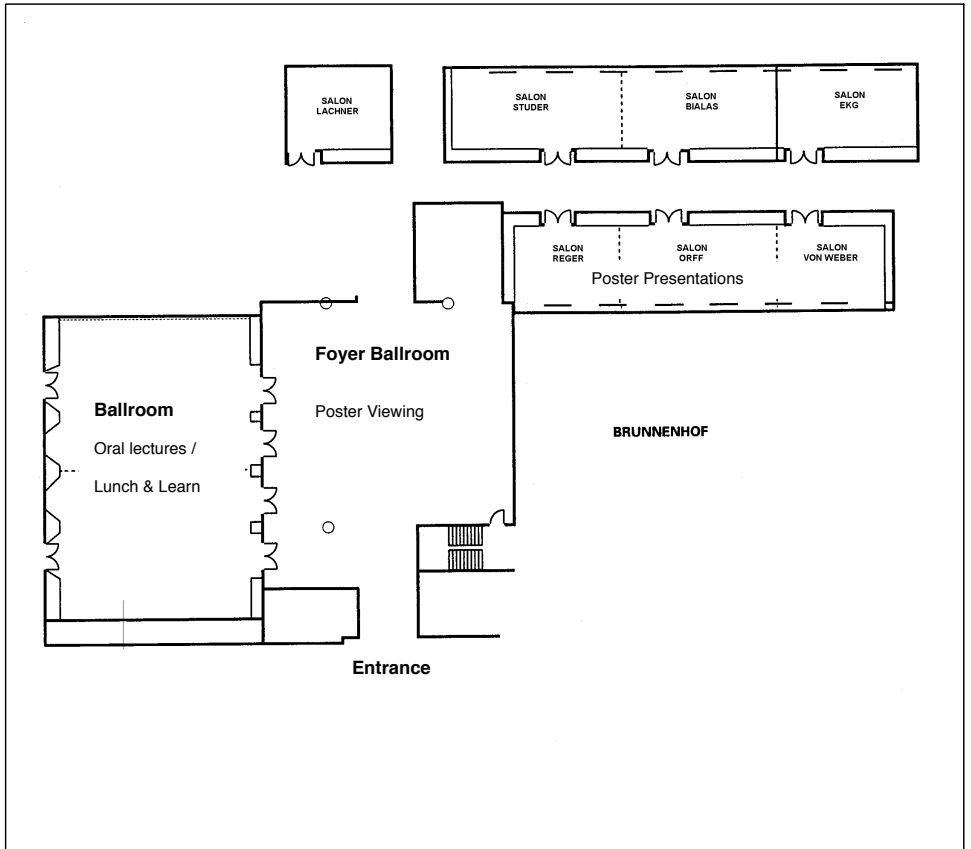


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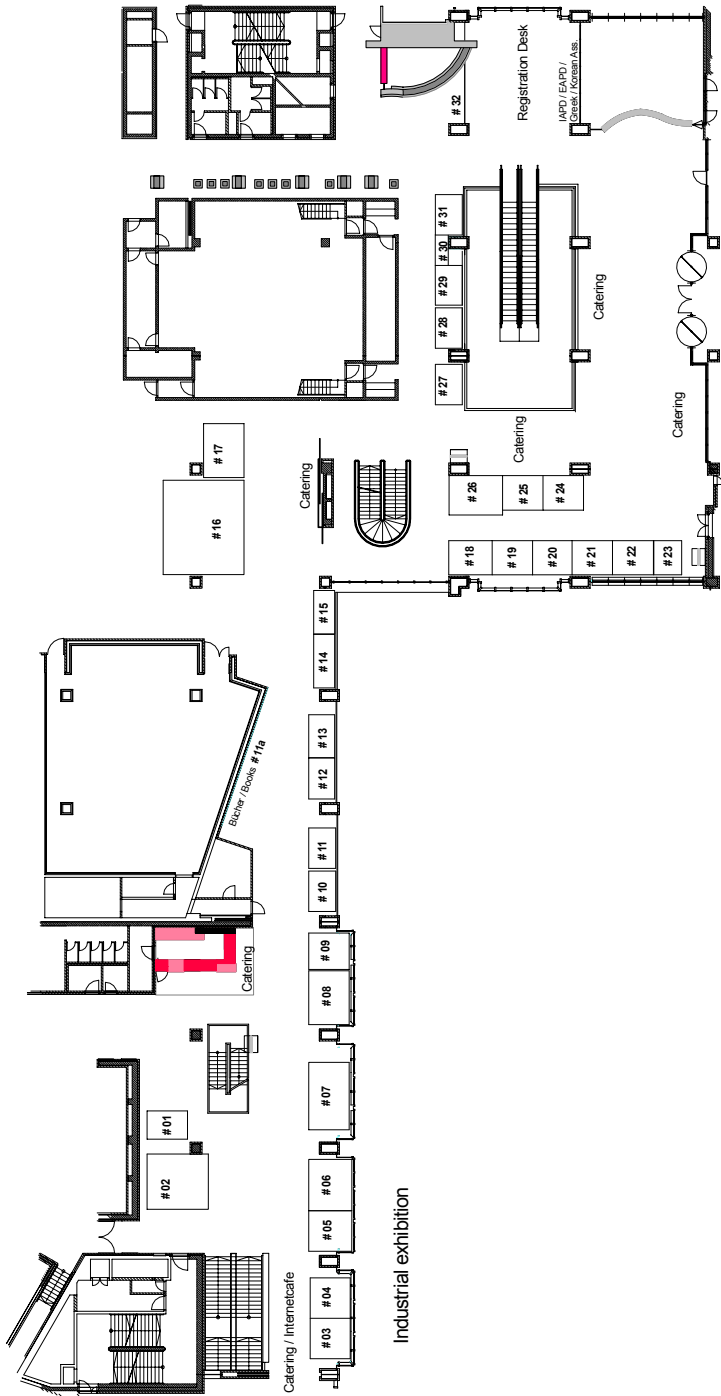
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SCIENTIFIC PROGRAM

Poster Presentations:

For poster sessions P01 to P15, posters will be viewed first and discussed in a room nearby afterwards. All posters which are allocated to the sessions P16 to P22 (case reports) will be discussed and moderated at the posters directly.

Wednesday (June 17, 2009)

	Gasteig Carl Orff Hall Carl Orff Saal	Gasteig Small Concert Hall Kleiner Konzert- saal	Gasteig Black Box	Gasteig Library Hall Bibliothekssaal	Hilton Hotel Ballroom Ballsaal	Hilton Hotel (von Weber / Orff / Reger)
10:00 – 12:00				Bright Smile Bright Future Finalist Session		
16:00	Registration at the Gasteig Convention Centre & Presentation Check-In					
18:00	Opening Ceremony at the University					

Thursday (June 18, 2009)

	Gasteig Carl Orff Hall Carl Orff Saal	Gasteig Small Concert Hall Kleiner Konzert- saal	Gasteig Black Box	Gasteig Library Hall Bibliothekssaal	Hilton Hotel Ballroom Ballsaal	Hilton Hotel (von Weber / Orff / Reger)
08:30			P01 Poster Viewing			P05 Poster Viewing
09:00 – 10:30	M1 Eating disorders and Obesity	O01 Oral Session Cariology 1	P01 Poster Session Endodontics	O05 Oral Session Special Needs Patients 1	O05 Oral Session Dental Anomalies 1	P05 Poster Session MORITA PRIZE
10:30	Morning Break, Opening of the Exhibition		P02 Poster Viewing			P06 Poster Viewing
11:00 – 12:30	M2 Nutrition & Erosion Sponsor: Colgate	O02 Oral Session Cariology 2	P02 Poster Session Dental Materials 1	O06 Oral Session Special Needs Patients 2	O10 Oral Session Dental Anomalies 2/ Syndromes & Genetics	P06 Poster Session Dental Anxiety
12:30	Lunch at the Exhibition Area (Gasteig)				Lunch & Learn KinderDent	
13:30			P03 Poster Viewing			P07 Poster Viewing
14:00 – 15:30	M3 Global oral health care for children – a need for reorientation? Sponsor: Colgate	O03 Oral Session Cariology 3	P03 Poster Session Dental Materials 2	O07 Oral Session Oral Medicine & Pathology 1	O11 !! 14:20 !! Oral Session Orthodontics	P07 Poster Session Dental Anomalies
15:30	Afternoon Break		P04 Poster Viewing			P08 Poster Viewing
16:00 – 17:30	M4 Molar Incisor Hypomineralisation (MIH) – a challenge for diagnosis and treatment	O04 Oral Session Cariology 4	P04 Poster Session Growth & Development	O08 Oral Session Oral Medicine & Pathology 2	O08 Oral Session Syndromes & Genetics	P08 Poster Session Prevention 1
18:30	Reception by the Bavarian State Government at the Munich Residence					

Friday (June 19, 2009)

	Gasteig Carl Orff Hall Carl Orff Saal (English language only)	Gasteig Small Concert Hall Kleiner Konzertsaal	Gasteig Black Box (German language only)	Gasteig 2 nd Floor	Gasteig Library Hall Bibliothekssaal	Hilton Hotel Ballroom Ballsaal	Hilton Hotel (von Weber / Orff / Reger)
08:30				P16 Poster Viewing			P09 Poster Viewing
09:00 – 10:30	M5 New methods in caries diagnosis and monitoring Sponsor: 3M Espe	M6 Pulp therapy in primary and immature permanent teeth	M5 New methods in diagnosis and monitoring Sponsor: 3M Espe	P16 Case reports	O13 Oral Session Epidemiology 1	O16 Oral Session Traumatology	P09 Poster Session Prevention 2
10:30	Morning Break			P17 Poster Viewing			P10 Poster Viewing
11:00 – 12:30	M5 Caries protective treatment Sponsor: Kuraray	M8 Postgraduate training in Paediatric Dentistry	M7 Caries protective treatment Sponsor: Kuraray	P17 Case reports	GABA Practitioner Prize (in German language)	O17 Oral Session Endodontics	P10 Poster Session J. ANDREASEN AWARD
12:30	Lunch at the Exhibition Area (Gasteig)					Lunch & Learn Philips	
13:30				P18 Poster Viewing			P11 Poster Viewing
14:00 – 15:30	M5 Caries therapy Sponsor: 3M White	M10 Traumatology 1	M9 Caries therapy Sponsor: 3M White	P18 Case reports	O14 Oral Session Epidemiology 2	O18 !! 14:20 !! Oral Session Miscellaneous	P11 Poster Session Traumatology
15:30	Afternoon Break			P19 Poster Viewing			P12 Poster Viewing
16:00 – 17:30	M11 Traumatology 2 – Treatment strategies after traumatic tooth loss in adolescents	M12 Customized treatment and care concepts for children. The basis for well-being today and in future. Sponsor: Ivoclar Vivadent	M11 Traumatology 2 – Treatment strategies after traumatic tooth loss in adolescents	P19 Case reports	O15 Oral Session Dental Materials	IME-Seminar Ernährungserziehung – gut gemeint aber oft verkehrt (In German Language)	P12 Poster Session Epidemiology 1
17:45					Mitgliederversammlung (DGK)		
20:00	Bavarian Evening at the Löwenbräukeller						

Saturday (June 20, 2009)

	Gasteig Carl Orff Hall Carl Orff Saal (English language only)	Gasteig Small Concert Hall Kleiner Konzertsaal	Gasteig Black Box (German language only)	Gasteig 2 nd Floor	Gasteig Library Hall Bibliothekssaal	Hilton Hotel Ballroom Ballsaal	Hilton Hotel (von Weber / Orff / Reger)
08:30				P20 Poster Viewing			P13 Poster Viewing
09:00 – 10:30	M13 Caries Infiltration Technique Sponsor: DMG	M14 Timing of orthodontic intervention and early orthodontic treatment	M13 Caries Infiltration Technique Sponsor: DMG	P20 Case reports	O19 Oral Session Prevention 1	O22 Oral Session Dental Anxiety & Sedation 1 Sponsor: 3M Espe	P13 Poster Session Epidemiology 2
10:30	Morning Break			P21 Poster Viewing			P14 Poster Viewing
11:00 – 12:30	M15 Early Childhood Caries 1 Sponsor: GABA International	M16 Interdisciplinary treatment approaches for patients with syndromes	M15 Early Childhood Caries 1 Sponsor: GABA International	P21 Case reports	P20 Oral Session Prevention 2	O23 Oral Session Dental Anxiety & Sedation 2	P14 Poster Session Cariology 1
12:30	Lunch at the Exhibition Area (Gasteig)						
13:30				P22 Poster Viewing		Lunch & Learn KaVo	P11 Poster Viewing
14:00 – 15:30	M17 Early Childhood Caries 2 Sponsor: GABA International		M17 Early Childhood Caries 2 Sponsor: GABA International	P22 Case reports	O21 Oral Session Growth & Development	O24 !! 14:20 !! Oral Session Dental Anxiety & Sedation 3	P15 Poster Session Cariology 2
15:30	Afternoon Break						
15:45	Closing Ceremony						
17:45	Congress Dinner at Hilton Park Hotel						

Gasteig Library Hall / Bibliothekssaal

10:00 – 12:00

**Bright Smile Bright Future
Finalist Session (6 Poster)**

Main Lectures

Thursday (June 18, 2009)

Gasteig Carl Orff Hall / Carl Orff-Saal

M1 Eating disorders and obesity

09:00 A. Zeeck (GER) Eating disorders in children and adolescents
09:45 A. Agouropoulos (GRE) Obesity in childhood and oral health

10:30 Morning Break, Opening of the Exhibition

M2 Nutrition & Erosion

Sponsor: Colgate Palmolive Europe SARL



11:00 A. Lussi (SUI) Etiology, Diagnosis and Epidemiology
11:45 C. Ganss (GER) Dental Erosion

12:30 Lunch at the Exhibition Area (Gasteig)

M3 Global oral health care for children – A need for reorientation?

Sponsor: Colgate Palmolive Europe SARL



14:00 W.v. Palenstein Heldermaann (NED) Oral health problems in children – a global analysis
14:30 C. Holmgren (NED/FRA) Reorientating oral health care for children – building from the basics
15:00 B. Monse (GER/PHI) Oral health within general health – the “Fit for School” program in the Philippines

15:30 Afternoon Break

M4 Molar Incisor Hypomineralisation (MIH) – a challenge for diagnosis and treatment

16:00 B. Jälevik (SE) Etiology, Diagnosis and Epidemiology
16:45 I. Mejare (SE) MIH – present knowledge about its cause and effective therapy

18:30 Reception by the Bavarian State Government

Gasteig Small Concert Hall / Kleiner Konzertsaal

001 Oral session – Cariology 1

- 09:00 **Salivary mutans streptococci and lactobacilli associated with caries patterns in primary dentition**
C. L. TSAI¹ & Y. H. YANG²
¹Department of Pediatric Dentistry, Chang Gung Memorial Hospital, Kaohsiung Medical Center; ²Graduate Institute of Oral Health Sciences, College of Dental Medicine, Kaohsiung Medical University, Kaohsiung, Taiwan
- 09:11 **Factors influencing caries in second primary molars of Dutch 5-year-olds**
M. E. C. ELFRINK¹, A. A. SCHULLER², J. S. J. VEERKAMP¹, K. L. WEERHEIJM¹ & H. A. MOLL³
¹Department of Cariology, Endodontology and Pedodontology, ACTA, Amsterdam, The Netherlands
²TNO Quality of Life, Leiden, The Netherlands
³The Generation R Study Group and Department of Pediatrics, Erasmus Medical Centre - Sophia Children's Hospital, Rotterdam, The Netherlands
- 09:22 **Risk factors for rampant caries in children from South Western Nigeria**
M. O. UKPONG¹, A. C. SOWOLE² & A. KOLA-JEBUTU³
¹Obafemi Awolowo University, Ile-Ife, Nigeria; ²Massey Children's Hospital, Lagos, Nigeria; ³Obafemi Awolowo University Teaching Hospitals Complex, Ile-Ife, Nigeria
- 09:33 **Caries in small children in Suriname: the use of molasses and honey for 'oral hygiene purpose**
M. R. GHOLAM GHAAHROODI & W.E. VAN AMERONGEN
Dept. Cariology, Endodontology, Pedodontology, ACTA, Amsterdam, The Netherlands
- 09:44 **Family parameters related to oral health and caries development in preschool children**
S. GIZANI, A. AGOUROPOULOS, I. VASILOUDIS & L. PAPAGIANNOULIS
Dept of Paediatric Dentistry, Dental School, University of Athens, Greece
- 09:55 **Mother-child transmission of Streptococcus mutans in a group of Turkish children**
S. PEKER, B. KARGUL & I. TANBOGA
Marmara University Dentistry Pediatric Dentistry Dept., Istanbul, Turkey
- 10:06 **Prevalence of dental caries in children with cleft lip and/or palate**
P. ARANGANNAL
Department of Pedodontics, Sree Balaji Dental College and Hospital, Chennai, Tamilnadu, India
- 002 Oral session – Cariology 2**
- 11:00 **Investigation of dental health indices and caries associated microflora in children with cleft lip and palate**
N. HUROGLU & I. TANBOGA
Pediatric Dentistry Department Dentistry Faculty of Marmara University, Istanbul, Turkey
- 11:11 **Avoidance behaviours as risk indicators for dental caries in 5 year-old children**
T. I. WIGEN, E. SKARET & N. J. WANG
Institute of Clinical Dentistry, Department of Paedodontics, University of Oslo, Oslo, Norway
- 11:22 **Oral biofilm activity, culture testing and caries experience in school children**
K. B. HALLETT¹ & P. K. O'ROURKE²
¹Royal Children's Hospital; ²QLD Institute of Medical Research, Brisbane, Australia
- 11:33 **Plaque mutans streptococci levels on glass ionomer restorations with and without chlorhexidine**
E. EDEN¹, F. ERTUGRUL¹, R. ELTEM², Ö. İMAMOĞLU² & S. İMAZATO³
¹Ege University, School of Dentistry, Department of Pedodontics, Izmir Turkey; ²Ege University, Science Faculty, Basic and Industrial Microbiology, Izmir, Turkey; ³Osaka University, Osaka, Japan
- 11:44 **Black stain: microbiological quantification and salivary buffer capacity**
B. LEYTON^{1,2}, M. CERECEDA², A. ORMEÑO² & M. BITTNER¹
¹Laboratorio de Microbiología y Biotecnología Oral, Departamento de Ciencias Biológicas, Universidad Andres Bello; ²Asignatura de Odontopediatria, Facultad de Odontología, Universidad Andres Bello
- 11:55 **Effect of sucrose concentration on cariogenicity of S. mutans in s-ECC**
W. ZHAO & W. LI
Dept. of Pediatric Dentistry, Guanghua School of Stomatology, Sun Yat-sen University, Guangzhou, China
- 12:06 **Role of IL-1β, IL-1ra and IL-10 on the colonization of Streptococcus mutans**
D. COGULU¹, Y. OZDEMIR¹, N. KUTUKCULER² & C. ERONATI¹
¹Ege University School of Dentistry, Department of Pedodontics; ²Ege University School of Medicine, Department of Pediatric Immunology, Izmir, Turkey

- 12:17 **Cariogram profiles for 2–6 year-old Greek children**
K. KAVVADIA¹, R. PAPADOPOULOU¹, S. GIZANI¹, L. PAPAGIANNOULI¹ & S. TWETMAN²
 Departments of Paediatric Dentistry, Dental School, Universities of ¹Athens and ²Copenhagen
- 003 Oral session – Cariology 3**
- 14:00 **Dental caries and dental care index in children with type 1 diabetes**
A. TAGELSIR¹, R. CAUWELS¹, S. VAN AKEN², J. VANOBBERGEN³ & L. MARTENS¹
¹Dept. Paediatric Dentistry & Special Care; ²Dept Pediatrics; ³Dept. Community Dentistry and Dental Public Health, Belgium
- 14:11 **Restorative Care Index of 12-19 year-old school children in Ibadan, Nigeria**
O. O. DENLOYE¹ & D. M. AJAYI²
¹Department of Child Oral Health; ²Department of Restorative Dentistry, Faculty of Dentistry, University of Ibadan, Nigeria
- 14:22 **The validity and reproducibility of bitewing radiographs and a laser fluorescence device**
C. DEERY¹, Z. J. NUGENT², D. N. J. RICKETTS³ & L. SHOAI⁴
¹Dept of oral Health and Development, School of Clinical Dentistry, University of Sheffield, Sheffield UK; ²Epidemiology & Cancer Registry CancerCare Manitoba, Winnipeg, Canada; ³Restorative Dental Care & Clinical Dental Sciences, Dundee Dental Hospital and School, University of Dundee, UK; ⁴Dept of Children's Dentistry and Orthodontics, University of Malaya, Kuala Lumpur, Malaysia
- 14:33 **X-Ray Microtomography study of dentine remineralisation after caries removal by two techniques**
F. S. L. WONG, M. AHMED & G. R. DAVIS
 Barts and The London Dental School, Queen Mary University of London, Centre for Oral Growth and Development, London, UK
- 14:44 **Association of oral hygiene and dental caries status in children affected with β -Thalassemia Major**
S. NAMINENI¹ & D. DOSHI²
¹Pediatric Dentistry, Sri Sai College of Dental Surgery, Kothere pally, Vikarabad; ²Senior Lecturer, Community Dentistry, Army College of Dental Sciences, ACDS Nagar, Secunderabad, India
- 14:55 **Snacking habits, dental caries and associated factors in urban Nigerian children**
O. O. ORENUGA
 Department of Child Dental Health, College of Medicine, University of Lagos, Lagos, Nigeria
- 15:06 **Association between caries and body mass index**
R. DALY¹, S. GIBSON², G. FROST³ & M. DUGGAL¹
¹Department of Child Dental Health, University of Leeds, Leeds, UK; Sig-Nurture Nutrition Consultants, Guildford, UK; ³Department of Nutrition, Imperial College, London, UK
- 004 Oral session – Cariology 4**
- 16:00 **Influence of application time on caries infiltration in primary teeth**
S. PARIS¹, A. J. CHATZIDAKIS² & H. MEYER-LUECKEL¹
¹Clinic for Operative Dentistry and Periodontology, School of Dental Medicine, Christian-Albrechts-Universität zu Kiel, Germany; ²Department of Prosthetic Dentistry, University School of Dental Medicine, Charité Centrum 3, Charité-Universitätsmedizin Berlin, Germany
- 16:11 **Influence of Operator/assistant-experience on the survival rate of proximal ART restorations**
A. M. KEMOLI¹ & W. E. VAN AMERONGEN²
¹Dept. Paediatric dentistry/Orthodontics, University of Nairobi, Nairobi, Kenya; ²Dept. Paedodontology, ACTA, Amsterdam, The Netherlands
- 16:22 **Atraumatic restorative treatment in children up to 3 years: three-year study**
N. V. BIDENKO, J. M. TRACHUK & L. O. KHOMENKO
 Department of Pediatric and Preventive Dentistry, the National O.O. Bogomolets Medical University, Kyiv, Ukraine
- 16:33 **Antimicrobial efficacy of a newly developed 'Caries Removing Agent'**
K. GILHOTRA & P. SUBRAMANIAM
 Department of Pedodontics and Preventive Dentistry, The Oxford Dental College, Hospital and Research Centre, Bangalore, India
- 16:44 **The effect of ozone on inhibition of demineralisation of enamel and dentine in situ**
A. NIKOLOPOULOU, J. F. TAHMASSEBI & M. S. DUGGAL
 Paediatric Dentistry, Leeds Dental Institute, Leeds, UK

- 16:55 **Biocompatibility testing of a novel anti-caries peptide (StN21)**
 J. A. DAVIES, M. HANINO, A. T. CRUCHLEY, F. S. L. WONG & M. P. HECTOR
 Queen Mary University of London, Barts and the London School of Medicine and Dentistry, Institute of Dentistry, Turner Street, London, UK
- 17:06 **Frequency of fluoridated milk to re-mineralize artificial carious lesions**
 K. ONGTENGO¹, R. P. ANTHONAPPA¹, A. ITTHAGARUN² & N. M. KING¹
¹Paediatric Dentistry and Orthodontics, Faculty of Dentistry, The University of Hong Kong, Prince Philip Dental Hospital, Pokfulam, Hong Kong SAR, China; ²Paediatric Dentistry, School of Dentistry and Oral Health, Griffith University, Australia
- 17:17 **Treatment strategies for occlusal caries lesions in children and adolescents**
 T. R. ANDERSEN¹, K. D. MØLLER², M. K. BORUM³, S. PILEMAND⁴ & V. QVIST⁵
 Public Dental Health Service ¹Hoersholm, ²Hilleroed, ³Hoeje-Taastrup and ⁴Alleroed municipalities, Dental School, University of ⁵Copenhagen, Denmark

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0 05 Oral session – Special needs patients 1

- 09:00 **Dental implant in cleft palate gap**
 P. KRIZ, M. SEYDLOVA & T. DOSTALOVA
 Charles University, 2nd Medical School, Department of Paediatric Stomatology, Prague, Czech Republic
- 09:11 **Using a storybook to prepare autistic children for a dental examination**
 N. CROSS & D. FUNG
 Royal Hospital for Sick Children, Yorkhill, Glasgow, UK
- 09:22 **A field day for the mentally challenged child**
 S. ERTUĞRUL
 Pedodontics, Faculty of Dentistry, University of Ege, Bornova/Izmir, Turkey
- 09:33 **Dental care for patients who are unable to open their mouths**
 B. L. NUSSBAUM & Z. GRUNWALD
 University of Pennsylvania, School of Dental Medicine, Philadelphia, USA
- 09:44 **Oral use of atropine eye drops in children with excessive drooling**
 J. NORDERYD¹, K. NILSSON², G. STEINWALL², J. GRAF³ & A. MARCUSSON⁴
¹National Oral Disability Centre, The Institute for Postgraduate Dental Education, Jönköping; ²Habilitation Centre, Ryhov County Hospital, Jönköping; ³ENT-clinic, University Hospital, Linköping; ⁴Maxillofacial Unit, University Hospital, Linköping, Sweden
- 09:55 **Threaded acrylic cone to improve microstomia in severe recessive dystrophic Epidermolysis Bullosa**
 S. M. KRAMER¹, J. E. MELLERIO², S. R. PORTER¹, C. MASON² & M. L. CALVERTE²
¹Eastman Dental Institute, UCL; ²Great Ormond Street Hospital, London, UK
- 10:06 **Development of clinical care pathway for looked after children in East Kent**
 T. KANDIAH¹, M. HENDERSON² & M. HECTOR³
¹Paediatric Dental Department, Eastman Dental Hospital, UCLH; ²Eastern and Coastal Kent PCT Dental Service; ³Barts and The London School of Medicine and Dentistry, UK
- 10:17 **The dental management of child patients with haemophilia – prospective study**
 K. CHLEBORÁD, K. GINZELOVÁ & T. DOSTÁLOVÁ
 Department of Paediatric Stomatology, 2nd Medical School, Charles University, Prague, Czech Republic

0 06 Oral session – Special needs patients 2

- 11:00 **Assessment of autistic patients from a special dental care service**
 E. DURSUN, B. GOGLY, F. BDEOUI & M. M. LANDRU
 Department of Pediatric Dentistry, Faculty of Dental Surgery, Paris, France
- 11:11 **Child abuse & neglect: is indian dental professional aware?**
 N. SINGH, A. KOHLI, K. MALLIKARJUN & A. KUMAR
 Department of Pedodontics & Preventive Dentistry, Rama Dental College, Kanpur, U. P. India
- 11:22 **Dental health in 12- to 17-year-old german athletes with mental disabilities**
 A. G. SCHULTE & A. BISSAR
 Department of Conservative Dentistry, Heidelberg University, Heidelberg, Germany
- 11:33 **Comparing quality of life in 4-7 year-olds with cleft-lip-palate with normative data**
 S. VON MACKENSEN¹, D. SAGHERI² & B. BRAUMANN²
¹Institute and Policlinics for Medical Psychology, University Medical Centre Hamburg-Eppendorf, Hamburg;
²Department of Orthodontics, Cologne University Hospital, Cologne, Germany

- 11:44 **The oral health of children considered high risk for infective endocarditis**
R. BALMER¹, G. BOORAS¹ & J. PARSONS²
¹Division of Child Dental Health, Leeds Dental Institute; ²Department of Paediatric Cardiology, Leeds General Hospital, Leeds, UK
- 11:55 **The dental findings of coeliac disease in children**
S. ACAR¹, N. K. ERSIN¹, O. ONCAG¹ & S. AYDOGDU²
¹Department of Pediatric Dentistry; ²Department of Pediatric Gastroenterology Hepatology and Nutrition, Ege University, Izmir, Turkey
- 12:06 **Oral health status of children with renal disorders**
P. SUBRAMANIAM & M. GUPTA
 Department of Pedodontics and preventive Dentistry, The Oxford Dental College, Hospital and Research Centre, Bangalore, India
- 12:17 **Evaluation of parodontium and oral hygiene state in children with asthma**
M. MIELNIK-BŁASZCZAK & A. WĘCŁAWSKA-WASIURA
 Department of Paedodontics, Medical University of Lublin, Poland
- 007 Oral session – Oral medicine & pathology 1**
- 14:00 **Oral lesions in children from 0 to 12 years old: ten years experience**
 A. MAJORANA¹, F. AMADORI¹, P. FLOCCINI¹, G. CONTI² & G. CAMPUS³
¹University of Brescia; ²University of Milano; ³University of Sassari, Italy
- 14:11 **An unusual white lesion in a 10 month old child**
N. M. KING & R. P. ANTHONAPPA
 Paediatric Dentistry and Orthodontics, Faculty of Dentistry, The University of Hong Kong, Prince Philip Dental Hospital, Hong Kong SAR, China
- 14:22 **Incidence of oro-facial infection in children at hospital in Jeddah, Saudi Arabia**
M. AL-MALIK
 Dental Department, Armed Forces Hospital, Jeddah, Saudi Arabia
- 14:33 **Plaque index and gingival index as statistical references of the state of gingival**
L. KOSTADINOVIC, M. IGIC, O. TRICKOVIC-JANJIC & D. SURDILOVIC
 Department of Children and Preventive Dentistry, Medical Faculty, University of Nis, Serbia
- 14:44 **The presence of Porphyromonas gingivalis and Aggregatibacter actinomycetemcomitans among the children with gingivitis**
M. IGIC¹, L. KESIC², J. MILASIN³, M. APOSTOLOVIC¹ & L. KOSTADINOVIC¹
¹Department of Children and Preventive Dentistry, Medical Faculty, University of Nis; ²Department of Oral Medicine and Parodontology, Medical Faculty, University of Nis; ³Department of Human Genetics, School of Dentistry, University of Belgrade, Serbia
- 14:55 **Treatment of mucosal infections of the oral cavity in Kyrgyzstan**
P. T. JOLUEVA & B. A. BAKIEV
 Department of c Dentistry, Kyrgyz State Medical Academy, Bishkek, Kyrgyz Republic
- 008 Oral Session – Oral medicine & pathology 2**
- 16:00 **An unusual case of facial palsy**
 A. FLETT, S. CAREW O'DONNELL, G. RICHARDSON, M. BOYLE & J. C. COOPER
 Department of Maxillofacial Surgery, Royal Liverpool Children's NHS Trust, Alder Hey Hospital, Liverpool, UK
- 16:11 **Psoriatic arthritis: temporomandibular joint involvement as the first articular phenomenon**
U. GARAGIOLA, V. CARLETTI, V. GHIGLIONE & G. FARRONATO
 Department of Orthodontics, School of Dentistry I, University of Milan, Italy
- 16:22 **Salivary secretion rates after pediatric stem cell transplantation**
G. DAHLLÖF¹, K. GARMING-LEGERT², M. HASSAN³, M. REMBERGER³ & O. RINGDÉN³
¹Departments of Pediatric Dentistry, ²Maxillofacial Surgery, ³Karolinska Institutet, Center for Allogeneic Stem Cell Transplantation, Karolinska University Hospital, Huddinge, Stockholm, Sweden
- 16:33 **Evaluation of teledentistry learning object applied to anesthesia/exodontics for Pediatric Dentistry**
C. J. F. ALENCAR¹, L. W. CHAO², R. D. N. FONOFF¹, M. BONECKER¹ & A. E. HADDAD¹
¹Department of Orthodontics and Pediatric Dentistry - School of Dentistry; ²Department of Telemedicine – School of Medicine, São Paulo University, São Paulo, Brazil
- 16:44 **Pseudotumours in children with Blood Dyscrasias**
N. YUNUS
 Paediatric Institute Kuala Lumpur Hospital, Malaysia
- 16:55 **Early detection of Behcet's Syndrome**
S. H. KIM, B. J. CHOI, H. J. CHOI, H. K. SON & J. H. LEE
 Department of Pediatric Dentistry, Yonsei University College of Dentistry, Seoul, Korea

- 17:06 **Dental treatment in children under general anaesthesia: The retrospective study**
R. IVANCAKOVA¹, Z. SUSTOVA¹, B. HAVLOVICOVA¹ & Z. REHACKOVA²
¹Dept. of Dentistry, University Hospital and Faculty of Medicine Charles Univ., Hradec Kralove, Czech Republic; ²Dept. of Anaesthesiology, Resuscitation and Critical care medicine, University Hospital, Hradec Kralove, Czech Republic

Hilton Hotel Ballroom / Ballsaal

009 Oral session – Dental anomalies 1

- 09:00 **A novel approach for the management of an odontome**
J. JAYARAMAN, R. P. ANTHONAPPA & N. M. KING
 Paediatric Dentistry and Orthodontics, Faculty of Dentistry, The University of Hong Kong, Prince Philip Dental Hospital, Hong Kong SAR, China
- 09:11 **Microabrasion techniques used by paediatric dentists on the UK specialist list**
N. S. WILLMOTT & R. A. E. BRYAN
 Department of Child Dental Health, Leeds Dental Institute, Leeds, United Kingdom
- 09:22 **Generalised short roots and Vitamin D deficiency in absence of skeletal anomalies**
A. C. O'CONNELL^{1,3}, L. FITZPATRICK¹ & E. ROCHE^{2,3}
¹Division of Public and Child Dental Health, School of Dental Science, University of Dublin; ²Department of Paediatrics, University of Dublin; ³Adelaide and Meath incorporating The National Children's Hospital, Dublin, Ireland
- 09:33 **Hypodontia in a paediatric orthodontic population in Venezuela**
A. C. MEDINA & M. G. MARTINEZ
 Paediatric Dentistry Department, Universidad Central de Venezuela, Caracas, Venezuela
- 09:44 **Evaluation of sealants retention in MIH molars, following different methods of application**
N. A. LYGIDAKIS, G. DIMOU & E. STAMATAKI
 Paediatric Dentistry Dept, Community Dental Center for Children, Athens, Greece
- 09:55 **Caries around Nickel Chromium adhesive cast onlays – an audit**
C. M. GEORGOPOULOU, A. JOHNSON, P. F. ASHLEY & I. HOLROYD
 Paediatric Dentistry, Eastman Dental Hospital, University College London Hospitals Foundation Trust, London, UK
- 10:06 **Frequency of referrer- and child-reported teasing in relation to visible enamel defects**
H. WONG, A. ABDUL-KARIM, Z. MARSHMAN, M. FARMAN & H. D. RODD
 Department of Oral Health and Development, University of Sheffield, UK
- 10:17 **Hypomineralization on deciduous and permanent teeth**
S. RIENHOFF¹, J. RIENHOF¹ & R. SCHILKE²
¹Dental practice, Hannover; ²Department of Conservative Dentistry and Periodontology, MH Hannover, Germany

010 Oral session – Dental anomalies 2/Syndromes & Genetics

- 11:00 **Secondary retained molar with clinical, radiological, histological, immunohistochemical and SEM studies**
V. ROY¹, I. JAMAZI² & S. GHOUL-MAZGAR³
¹Ped. Dent., Paris, France; ²Department of Paediatric dentistry, Rabta Hospital, Tunis, Tunisia; ³Laboratory of Histology and Embryology, Dental Faculty of Monastir, University of Monastir, Tunisia
- 11:11 **Unusual tooth malformation involving the permanent mandibular incisors. A case report**
N. KOTSANOS, D. VELONIS & K. KEVREKIDOU
 Department of Pediatric Dentistry, Aristotle University, Thessaloniki, Greece
- 11:22 **Dental ankylosis and aplasia of successor teeth**
K. SALEM¹, B. MIRZAEI² & T. MOHTAVIPOOR³
¹Department of Pediatric Dentistry, Guilan University of Medical Sciences, Rasht, Iran; ²Private Practice; ³Department of Oral and Maxillofacial Radiology, Guilan University of Medical Sciences, Rasht, Iran
- 11:33 **A child-centred approach to seeking children's experiences of cleft lip and palate**
M. J. HALL¹, H. D. RODD¹, B. J. GIBSON¹, M. R. STERN¹ & A. JAMES²
¹Department of Oral Health and Development; ² Department of Sociological Studies, University of Sheffield, Sheffield, UK
- 11:44 **Ectrodactyly with ectodermal dysplasia; dental and radiographic implications**
G. M. WICOMB¹, L. X. G. STEPHEN² & P. H. BEIGHTON³
¹VersTand junior Dental Practice, Utrecht, The Netherlands; ²Department Oral Medicine and Periodontology, University of the Western Cape, Cape Town, South Africa; ³Division of Human Genetics, University of Cape Town, Cape Town, South Africa
- 11:55 **IgA secretory and Lysosyme concentration in whole saliva of patients with Prader Willi Syndrome**
G. SCAGNET^{1,2}, T. FERRARY¹, M. ARMADA^{1,2}, A. ALISIO¹ & L. NICOLOSI¹
¹National University of Buenos Aires. Catedra Patologia y Clinica Bucodental Clapar 2; ²Quinquela Martin Hospital of Paediatric Dentistry, Government of Buenos Aires City, Argentina

- 12:06 **A novel DLX3 mutation associated with tricho-dento-osseus syndrome (TDO)**
P. NIEMINEN, P. L. LUKINMAA, H. ALAPULLI, J. PELTOLA & S. ALALUUSUA
Institute of Dentistry, University of Helsinki and Helsinki University Central Hospital, Helsinki, Finland
- 12:30 **Lunch & Learn KinderDent** 
- 011 **Oral session – Orthodontics**
- 14:20 **Cephalometric evaluation of soft tissue profile changes following functional therapy in Class II Division 1 patients**
G. ESLAMI AMIRABADI¹ & M. BIRIA²
¹Department of orthodontics, dental school, Shahed university; ²Department of pedodontics, dental school, Shaheed Beheshti Medical Sciences university, Tehran, Iran
- 14:31 **Characteristics of impacted maxillary canines in southern Chinese children and adolescents**
A. K. SAJNANI & N. M. KING
Paediatric Dentistry and Orthodontics, Faculty of Dentistry, The University of Hong Kong, China
- 14:42 **Social judgements made by children in relation to orthodontic appliances**
A. J. PATEL, H. D. RODD & P. E. BENSON
Department of Oral Health and Development, School of Dentistry, Sheffield, UK
- 14:53 **Clinical and radiographical characteristics of maxillary canine impaction in a university clinic in Tehran**
J. RAMEZANI & M. ORDOOBAZARI
Department of orthodontics, dental school, Shahid Beheshti University, Tehran, Iran
- 15:04 **Clinical success of a new fixed space maintainer**
S. GULEC¹, M. C. DOGAN¹, E. GURAY² & C. SARITURK³
¹Department of Paediatric Dentistry; ²Department of Orthodontics, School of Dentistry; ³Department of Biostatistics, School of Medicine, Cukurova University, Adana, Turkey
- 012 **Oral session – Syndromes & Genetics**
- 16:00 **Isolation and characterization of dental pulp stem cells from natal teeth**
E. KARAÖZ¹, B. N. DOĞAN², A. AKSOY¹, G. GACAR¹ & S. AKYÜZ²
¹University of Kocaeli, Stem Cell and Gene Therapies Research /Applied Center Turkey; ²University of Marmara, Departments of Paediatric Dentistry, Turkey
- 16:11 **Mandibular phenotype in XLHED patients and Tabby model: CT and immunohistological analyses**
F. CLAUS^{1,2,3}, M. SCHMITTBUHL^{2,3,4}, H. LESOT³ & M. C. MANIÈRE^{1,2}
¹Department of Paediatric Dentistry, Dental Faculty, Strasbourg University, Strasbourg, France; ²Reference Center for Oral Manifestations of Rare Diseases, Dental Faculty, Strasbourg University, Strasbourg, France; ³INSERM Unit 977, Dental Faculty, Strasbourg University, Strasbourg, France; ⁴Department of Radiology, Dental Faculty, Strasbourg University, Strasbourg, France
- 16:22 **Pre- and postnatal enamel formation of primary second molars in children with Familial Dysautonomia**
U. ZILBERMAN¹, S. ZILBERMAN² & E. MASS¹
¹Pediatric Dental Clinic, Barzilai Medical Center, Ashkelon; ²Medical School, Hebrew University, Jerusalem, Israel
- 16:33 **Mutations of the SH3BP2 gene in two families with Cherubism**
E. B. TUNA^{1,2}, T. SHIMIZU², F. SEYMEN¹, M. YILDIRIM¹ & T. MAEDA²
¹Department of Pedodontics, Istanbul University Faculty of Dentistry, Istanbul, Turkey; ²Department of Pediatric Dentistry, Nihon University School of Dentistry at Matsudo, Chiba, Japan
- 16:44 **Oral health in 22q11-deletion syndrome; parental perspectives in a grounded theory study**
G. KLINGBERG¹, U. HALLBERG² & S. ÖSKARSDÓTTIR³
¹National Orofacial Resource Centre for Rare Disorders; ²Nordic School of Public Health; ³Dept. of Pediatrics, University of Göteborg, Gothenburg, Sweden
- 16:55 **The genetic basis of a dentigerous cyst associated with a supernumerary tooth?**
R. P. ANTHONAPPA, N. M. KING & A. B. RABIE
Paediatric Dentistry and Orthodontics, Faculty of Dentistry, The University of Hong Kong, Prince Philip Dental Hospital, Hong Kong SAR, China
- 17:06 **Truncations of PAX9 and non syndromic oligodontia – an Indian perspective**
V. KARTHIK¹, K. S. NAGESH¹, A. ANANTHARAJ¹, P. PRAVEEN¹ & R. PUJA²
¹Dept. of Pediatric Dentistry, D. A. Pandu Memorial R. V Dental College & Hospital, Bangalore, India; ²Vittal Mallya Scientific Research Foundation, Bangalore, India
- 17:17 **New mutation of PAX9 gene in a patient with hypodontia**
J. X. ZHU, S. G. ZHENG & L. H. GE
Department of Pediatric Dentistry, Peking University School of Stomatology, Beijing, China

Gasteig Black Box

P01 Poster session – Endodontics

- 09:00 **Application of Mineral Trioxide Aggregate in achieving apical barrier in permanent teeth**
S. ALBADRI & F. D. JARAD
School of Dental Science, University of Liverpool, Liverpool, UK
- 09:05 **Clinical and radiographic evaluation of diode laser pulpotomy on human primary teeth: a 12 month follow up**
G. ANSARI, M. VAHID GOLPAYGANI, I. CHITSAZAN & R. FEKRAZAD
Dept of Pedodontics, Dental School, Shahid Beheshti University of Medical Sciences, Tehran, Iran
- 09:10 **Dental pulp tissue regeneration in mini-pig by deciduous dental pulp stem cells**
Y. T. CHANG¹, B. S. LEE^{1,2,3}, Y. I. WANG^{3,4}, H. H. CHANG^{3,4} & G. F. HUANG^{3,4}
¹Pediatric Dentistry, Graduate Institute of Clinical Dentistry; ²Operative Dentistry; ³School of Dentistry; ⁴Pediatric Dentistry, National Taiwan University Hospital, Taipei, Taiwan
- 09:15 **Effects of sodium fluoride on deciduous tooth pulp cells**
Y. W. HAN¹, M. H. CHEN^{1,2,3}, G. F. HUANG³, H. H. CHANG^{1,3} & Y. L. WANG^{2,3}
¹Graduate Institute of Clinical Dentistry School of Dentistry; ²Department of Dentistry School of Dentistry; ³Department of Dentistry National Taiwan University Hospital, Taipei, Taiwan R.O.C.
- 09:20 **Comparison of rotary and manual instruments in canal preparation of primary molars**
S. H. JAVADI NEJAD, M. ZAREJAHROMI & A. MIRENAYAT
Department of Pedodontics Faculty of Dentistry, Islamic Azad University of Khorasgan, Esfahan, Iran
- 09:25 **Estimating the extent of mineralization in hard tissues of young permanent teeth**
L. KISELNIKOVA & V. ALPATOVA
Department of Ped. Dent, Moscow State University of Medicine and Dentistry, Russia
- 09:30 **Physical stability of different formulations of an endodontic iodoform-based paste**
A. C. V. MELLO-MOURA¹, D. P. RAGGIO¹, M. A. NICOLETTI², A. C. GUEDES-PINTO¹ & F. M. MENDES¹
¹Paediatric Dentistry Department; ²Pharmaceutical Sciences Department, University of São Paulo, São Paulo, Brazil
- 09:35 **Clinical and radiographical outcomes of three pulpotomy techniques performed by dental students**
A. ALAÇAM¹, M. E. ODABAŞ ME¹, T. TÜZÜNER², H. SILLELIOĞLU¹ & Ö. BAYGIN¹
¹University of Gazi, Faculty of Dentistry, Department of Pediatric Dentistry Ankara; ²University of Karadeniz Technical, Department of Pediatric Dentistry, Trabzon, Turkey
- 09:40 **Comparative evaluation of Ca(OH)₂ plus points and Ca(OH)₂ paste in apexification treatment**
T. CETINBAS BEZGIN¹, K. ORHAN² & H. SONMEZ³
¹Department of Pedodontics; ²Department of Oral Diagnosis and Radiology; ³Department of Pedodontics, Faculty of Dentistry, Ankara University, Ankara, Turkey
- 09:45 **Pulp chamber microflora of primary teeth with inflammatory symptoms in Costarican children**
L. URIBE-LORIO¹, S. MORALES² & C. QUESADA³
¹Centro de Investigación en Biología Celular y Molecular; ²Facultad de Odontología; ³Laboratorio de investigación en Bacteriología Anaerobia, Universidad de Costa Rica
- 09:50 **Influence of temporary filling material on bacteria contamination during endodontic treatment**
O. E. ZINOVIEVA & L. P. KISELNIKOVA
Department of Pediatric Dentistry, Moscow State University of Medicine and Dentistry, Russia
- 09:55 **Fracture resistance of primary anterior teeth restored with different intra-canal post systems**
A. M. MASHALY & N. M. KING
Paediatric Dentistry and Orthodontics, Faculty of Dentistry, University of Hong Kong, Hong Kong SAR, China
- 10:00 **Apical microleakage evaluation of chitosan as root filling material**
J. J. SHANG, S. H. YANG & X. Y. LIU
Department of pediatric dentistry, Capital Medical University School of Stomatology, Beijing, PR China
- 10:05 **A comparative evaluation of root canal sealers (study in vitro)**
G. V. KIKERI & N.A. SAVELIEVA
Department of Conservative and Pediatric Dentistry, Ryazan State I. P. Pavlov Medical University, Ryazan, Russia
- 10:10 **Endodontic treatment of a maxillary lateral incisor with two root canals**
Ç. ÇINAR, A. ALTUNTAŞ & N. AKAL
University of Gazi, Faculty of Dentistry, Department of Pediatric Dentistry, Ankara, Turkey
- 10:15 **Regeneration of symptomatic permanent teeth by antibiotics and conservative pulp management**
T. P. TSAI¹ & W. H. HUANG²
¹Anthony's Dental Clinic; ²Pediatric Dentistry, Chang-Gung Memorial Hospital, Taipei, Taiwan

- 10:20 **Apexification with MTA on a necrotic immature permanent tooth**
F. BEN ABDELOUAHED, V. GOSSIAUX & A. VAN DEN ABBELE
 Department of Paediatric Dentistry, Université Libre de Bruxelles, Brussels, Belgium
- P02 Poster session – Dental materials 1**
- 11:00 **Fluoride releasing capacity and physical properties of a nano-filled fissure sealant**
 A. KUSGÖZ¹, T. TÜZÜNER¹, B. KEMER² & O. SARAY³
¹Department of Paediatric Dentistry; ²Department of Chemistry; ³Department of Mechanical Engineering, Karadeniz Technical University, Trabzon, Turkey
- 11:05 **Microleakage and penetration ability of different sealants**
 L. ZHAO & Q. SHI
 Capital Medical University School of Stomatology, Beijing, PR China
- 11:10 **Inhibition of mutans streptococci adherence to saliva-treated hydroxyapatite by new enamel coating material**
 S. AIZAWA¹, E. FUKUMOTO³, A. YAMADA¹, N. TAKAHASHI² & S. FUKUMOTO¹
¹Division of Paediatric Dentistry; ²Oral Ecology and Biochemistry, Tohoku University Graduate School of Dentistry, Sendai; ³Division of Preventive Dentistry, Nagasaki University Graduate School of Biomedical Sciences, Nagasaki, Japan
- 11:15 **Analysis of GIC clinical procedures knowledge (by questionnaire poll of doctors and students)**
 E. A. SKATOVA, E. M. NOSOVA, N. A. ANDRONOVA, L. V. SENINA & I. I. MALANCHUK
 Department of Paediatric Dentistry, Moscow State University of Medicine and Dentistry, Moscow, Russia
- 11:20 **Evaluation of microhardness in bovine dentine adjacent to fluoride-releasing restorations**
 D. ATABEK, M. BANI, N. OZTAS & A. ALTUNTAS
 Department of Paediatric Dentistry, Gazi University Faculty of Dentistry, Ankara, Turkey
- 11:25 **A new polishing material; nano-technology liquid polish**
 D. ATABEK, H. SILLELIOGLU & A. OLMEZ
 Department of Paediatric Dentistry, Gazi University Faculty of Dentistry, Ankara, Turkey
- 11:30 **Fluoride uptake from various fluoride-releasing restorative materials by bovine enamel in vitro**
 M. BANI¹, D. ATABEK¹, A. BERKKAN² & N. OZTAS¹
¹Department of Paediatric Dentistry, Gazi University, Faculty of Dentistry; ²Department of Analytic Chemistry, Gazi University, Faculty of Pharmacy, Ankara, Turkey
- 11:35 **Evaluating GIC bond strength: microshear and microtensile**
 C. C. BONIFÁCIO^{1,2}, A. M. SHIMAKA², A. P. ANDRADE², W. E. VAN AMERONGEN¹ & R. C. R. CARVALHO²
¹Department of Cariology Endodontology Pedodontology, Academic Centre for Dentistry Amsterdam (ACTA), Amsterdam, The Netherlands; ²Department of Restorative Dentistry, School of Dentistry, University of São Paulo (USP), São Paulo, Brazil
- 11:40 **Effects of tooth type, dentin adhesives and base materials on occlusal/gingival microleakage**
 E. CANOGLU, H. C. GUNGOR & Z. C. CEHRELI
 Dept. of Paediatric Dentistry, Hacettepe University, Ankara, Turkey
- 11:45 **Adhesive systems application substantiation for cavity treatment in teeth with differing enamel mineral content**
 Z. H. CHUIKO & L. KISELNIKOVA
 Department of Paediatric Dentistry, Moscow State University of Medicine and Dentistry, Russia
- 11:50 **Effect of chlorhexidine concentration on the mechanical properties of dental adhesive resins**
 C. W. M. CHUNG, C. K. Y. YIU, N. HIRAISHI & N. M. KING
 Paediatric Dentistry and Orthodontics, Faculty of Dentistry, The University of Hong Kong, Prince Philip Dental Hospital, Hong Kong SAR, China
- 11:55 **Bond strengths of self-etch adhesives in laser prepared cavities**
 Y. GUVEN, H. COMLEKCI & O. AKTOREN
 Istanbul University, Faculty of Dentistry, Department of Pedodontics, Istanbul, Turkey
- 12:00 **24-month clinical evaluation of a self-etching bonding agent in preventive resin restoration**
 Y. ZHAO, C. YU & L. H. GE
 Department of Pediatric Dentistry, School and Hospital of Stomatology, Peking University, Beijing, China
- 12:05 **Effects of polymerisation unit on the flexural strength of glass carbomer**
 K. GORSETA, D. NEGOVETIC VRANIC, D. GLAVINA & I. SKRINJARIC
 Dept. of Paediatric and Preventive Dentistry, School of Dental Medicine, University of Zagreb, Croatia
- 12:10 **The therapeutic effect of fluoride-containing adhesive tape on dentin hypersensitivity**
 H. G. JANG, N. Y. LEE & S. H. LEE
 Department of Pediatric Dentistry, Chosun University, Gwang ju, South Korea

- P03 Poster session – Dental materials 2**
- 14:00 **The effects of children's drinks on the colour stability of restorative materials**
E. S. TUNC¹, S. BAYRAK¹, A. U. GULER² & N. TULOGLU¹
¹Department of Pediatric Dentistry; ²Department of Prosthodontics, Faculty of Dentistry, University of Ondokuz Mayıs, Samsun, Turkey
- 14:05 **Evaluation of micromorphology of etched primary and permanent enamel following APF treatment**
A. R. SARRAF-SHIRAZI¹, B. M. AJAMI¹, A. EMAMI² & M. REZAIFAR¹
¹Pediatric Dentistry Department and Dental Research Center, Mashhad University of Medical Science, Mashhad; ²Dentist, Shiraz, Iran
- 14:10 **Clinical evaluation of Ca/F releasing of «Esterfill Ca/F» in primary teeth**
M. S. KOSHMAN, A. G. SEDOYKIN & A. P. POLIKARPOVA
Dept. of Paediatric Dentistry, Moscow State University of Medicine and Dentistry, Moscow Russia
- 14:15 **Feature of gap formation between different cavities walls and resin composite systems on primary teeth**
A. G. SEDOYKIN, V. M. ELIZAROVA & A. P. POLIKARPOVA
Dept. of Paediatric Dentistry, Moscow State University of Medicine and Dentistry, Moscow, Russia
- 14:20 **In-vitro evaluation of the effects of power bleaching on enamel microhardness**
E. CAKIR, O. TULUNOGLU, S. OZCAN & M. B. UCTASLI
Departments of Paediatric Dentistry and Operative Dentistry, Faculty of Dentistry, University of Gazi, Ankara, Turkey
- 14:25 **Calcium and hydroxyl ion diffusion through dentin – comparison study of various materials**
V. TZIGKOUNAKIS¹, V. MEGLOVÁ¹ & L. TREFIL²
¹Dentistry Department; ²Clinical Biochemistry Department; Faculty of Medicine and Faculty Hospital in Pilsen, Charles University in Prague, Czech Republic
- 14:30 **Effect of chlorhexidine on self-etch bond on primary teeth dentin in vitro**
Y. LIU & D. M. YANG
Pedodontic Department, Capital Medical University School of Stomatology, Beijing, PR China
- 14:35 **Evaluation of a new material in restoration of primary molars**
F. SAJADI
Dept. of Pediatric Dentistry, Dental School, Kerman, Iran
- 14:40 **Knoop hardness of resin-modified glass ionomer cements**
A. F. B. CALVO¹, E. C. BRANCO², L. B. CAMARGO¹, J. C. P. IMPARATO¹ & D. P. RAGGIO¹
¹Pediatric Dentistry Department, University of São Paulo, São Paulo; ²São Leopoldo Mandic, Campinas, Brazil
- 14:45 **Effects of MTA on proliferation and differentiation capacity of human pulp cells**
M. Y. WANG¹, H. LIU¹, S. L. LI² & M. QIN¹
¹Department of Pediatric Dentistry; ²Research Laboratory of Oral and Maxillofacial Surgery, Peking University School and Hospital of Stomatology, Beijing, PR China
- 14:50 **The effect of storage media on the solubility of three restorative materials**
N. OZALP¹, S. BAYRAK² & Z. OKTE¹
¹Department of Pedodontics, Faculty of Dentistry, Ankara University, Ankara; ²Department of Pedodontics, Faculty of Dentistry, 19 Mayıs University, Samsun, Turkey
- 14:55 **Handling time of self-etching adhesives vs. etch and rinse adhesives**
D. NEGOVETIC VRANIC, K. GORSETA, S. GLAVINA & I. SKRINJARIC
Dept Paediatric Dentistry, School of Dental Medicine, University of Zagreb, Croatia
- 15:00 **Basic research on biomaterials for restoration of primary teeth**
T. MIZUTANI^{1,2}, A. NAKAYAMA^{1,2}, N. TAKANASHI¹, H. IWASAKI^{1,2} & H. MIYAZAWA^{1,2}
¹Department of Pediatric Dentistry; ²Department of Oral Health Promotion, Graduate School of Matsumoto Dental University, Japan
- 15:05 **Resistance to degradation of bonded restorations to simulated caries-affected primary dentin**
M. MARQUEZAN¹, D. P. RAGGIO¹, B. L. SILVEIRA², M. TOLEDANO³ & A. L. CIAMPONI¹
¹Department of Orthodontics and Pediatric Dentistry, Universidade de São Paulo – USP, Brazil; ²Department of Restorative Dentistry, Centro Universitario Franciscano – UNIFRA, Brazil; ³Department of Dental Materials, School of Dentistry, University of Granada, Granada, Spain
- 15:10 **Survival rate of class II ART restorations testing different salivary barriers**
T. S. CARVALHO¹, W. E. VAN AMERONGEN², A. DINIZ³, M. BÖNECKER¹ & F. C. SAMPAIO³
¹Department of Pediatric Dentistry, University of São Paulo, São Paulo, Brazil; ²Department of Cariology, Endodontology and Pedodontology, ACTA, Amsterdam, The Netherlands; ³Department of Clinic and Social Dentistry, Federal University of Paraíba, João Pessoa, Brazil

- 15:15 **Survival rate of ART restorations in primary and permanent dentitions: meta-analysis**
M. BÖNECKER¹, E. STRINGHINI JÚNIOR², L. B. OLIVEIRA¹ & S. MICKENAUTSCH³
¹Department of Orthodontics and Paediatric Dentistry, Faculty of Dentistry, University of São Paulo, São Paulo, Brazil; ²School of Dentistry, CPO São Leopoldo Mandic, Campinas, Brazil; ³Division of Public Oral Health - University of the Witwatersrand, Johannesburg, South Africa
- 15:20 **Enamel etching of immature and mature permanent teeth in children – A comparative study**
C. H. SAKKAS, L. O. KHOMENKO & N. V. BIDENKO
 Department of Paediatric and Preventive Dentistry, O.O. Bogomolets National Medical University, Kyiv, Ukraine
- P04 Poster session – Growth & Development**
- 16:00 **Dental status of parenterally fed children - presentation of two cases**
A. REMISZEWSKI¹, D. OLCZAK-KOWALCZYK^{1,2}, P. SOBIECH¹, A. GRZYBOWSKA¹ & K. POPIŃSKA³
¹Department of paediatric dentistry, Warsaw Medical University; ²Department of oral pathology, the Children's Memorial Health Institute; ³Nutrition Clinic, the Children's Memorial Health Institute, Warsaw, Poland
- 16:05 **Effects of tooth extractions on hippocampus in senescence-accelerated mice**
M. IINUMA¹, H. HIOKI¹, Y. ICHIHASHI¹, Y. TAMURA¹ & K. KUBO²
¹Department of Pediatric Dentistry, Asahi University School of Dentistry, Mizuho Gifu; ²Department of Oral Anatomy, Division of Oral Structure, Function and Development, Asahi University School of Dentistry, Mizuho Gifu, Japan
- 16:10 **The effect of different transfusion on dental development in severe talassemic children**
P. HOONCHARON¹, V. JIRARATTANASOPA¹, A. KAWKUNCHON² & K. TORCHARUS³
¹Department of Pediatric Dentistry, Mahidol University; ²Division of Pediatric Hematology, Queen Sirikit National Institute of Child Health; ³Division of Pediatric Hematology, Phramongkutklao College of Medicine, Bangkok, Thailand
- 16:15 **The effect of BTXA injection on mandibular growth in growing rats**
S. Y. KWAK, J. Y. KIM & K. T. PARK
 Department of Pediatric Dentistry, the Institute of Oral Health Science, Samsung Medical Center, Sungkyunkwan University School of Medicine, Seoul, Korea
- 16:20 **Biomarkers of mineral status in primary teeth in children born prematurely**
E. MORENO¹, E. PLANELLS², D. FLOREA², E. MILLÁN² & P. PLANELLS¹
¹Department of Estomatología IV, Universidad Complutense de Madrid; ²Institute of Nutrition, Biomedical Research Center, University of Granada, Spain
- 16:25 **Emergence of permanent teeth in a Hungarian child population**
J. A. NEMES¹ & Z. PAPP²
¹Department of Pediatric Dentistry, Faculty of Dentistry, University of Debrecen, Debrecen; ²Private practice, Nyíregyháza, Hungary
- 16:30 **The development of German versions of paediatric sleep quality assessment instruments**
D. SAGHERI¹, A. WIATER², R. D. CHERVIN³, J. A. OWENS⁴ & B. BRAUMANN¹
¹Department of Orthodontics, Cologne University Hospital, Cologne, Germany; ²The Children's Hospital Sleep Disorders Laboratory, Porz am Rhein Hospital, Cologne, Germany; ³Sleep Disorders Center, Department of Neurology, University of Michigan, Ann Arbor, USA; ⁴Academic General Pediatrics, Rhode Island Hospital, Brown University, Providence, USA
- 16:35 **The central neuronal activity regarding gustatory stimulus in tube-feeding rat**
T. OOKA, T. HAINO, S. HIRONAKA & Y. MUKAI
 Department of Hygiene and Oral Health, School of Dentistry, Showa University, Tokyo
- 16:40 **Morphological and chemical aspects of primary teeth from pre-term infants**
M. RYTHÉN^{1,2}, J. G. NORÉN¹, F. STEINIGER³, W. DIETZ³ & A. ROBERTSON¹
¹Department of Pedodontics, Institute of Odontology at the Sahlgrenska Academy, University of Gothenburg, Gothenburg, Sweden; ²Department of Pedodontics, Public Health Service, Region of Western Götaland, Gothenburg and Borås, Sweden; ³Centre of Electron Microscopy, Friedrich-Schiller-University Jena, Germany
- 16:45 **Combined effect of TCDD and fluoride on dental hard tissue formation in vitro**
E. SALMELA¹, A. M. PARTANEN¹, C. SAHLBERG¹, P. L. LUKINMAA^{2,3} & S. ALALUUSUA^{1,4}
¹Department of Pediatric and Preventive Dentistry, Institute of Dentistry, University of Helsinki; ²Department of Oral Pathology, Institute of Dentistry, University of Helsinki; ³Department of Pathology, Helsinki University Central Hospital; ⁴Department of Oral and Maxillofacial Diseases, Helsinki University Central Hospital, Helsinki, Finland
- 16:50 **Dental development in children with mild-to-moderate hypodontia**
E. S. TUNC, S. BAYRAK & A. E. KOYUTURK
 Department of Pediatric Dentistry, Faculty of Dentistry, University of Ondokuz Mayıs, Samsun, Turkey
- 16:55 **Age estimation of Amelogenesis Imperfecta patients using three different methods: a retrospective study**
Z. KIRZIOĞLU, K. G. ULU & A. C. ALTUN
 Department of Pediatric Dentistry, University of Süleyman Demirel, Isparta, Turkey

- 17:00 **Influence of feeding methods on the development of the mandibular dental arch**
T. YONEZU¹, M. YAKUSHIJI¹, S. SHINTANI¹, N. MATSUBARA² & H. SIRAI²
¹Department of Pediatric Dentistry, Tokyo Dental College, Chiba; ²Combi Co, Tokyo, Japan
- 17:05 **Establishment of ameloblasts derived from induced pluripotent stem cells**
M. ARAKAKI, A. YAMADA & S. FUKUMOTO
University Graduate School of Dentistry, Division of Pediatric Dentistry, Department of Oral Health and Development Sciences, Sendai, Japan
- 17:10 **TMJ internal derangement following condylar fractures: impact on facial growth**
P. DEFABIANIS
Dental School, Department of Biomedical Sciences and Human Oncology, Section of Pedodontics, Traumatology and oro-facial malformations in the growing patients, University of Torino, Italy
- 17:15 **Body weight of Australian children undergoing treatment of caries under general anaesthesia**
H. FUNG¹, N. PRABHU¹, A. CAMERON¹ & A. BLINKHORN²
¹Department of Paediatric Dentistry, Westmead Hospital; ²Faculty of Dentistry, University of Sydney, Sydney, Australia
- 17:20 **Acoustic Characteristics of children of the Japanese Consonants[s][j]**
T. SUGIYAMA, J. ASARI, M. SATO & M. INOUE
Showa University School of Dentistry, Department of Pediatric Dentistry, Japan

Hilton Hotel (von Weber / Orff / Reger)

P05 Poster session – MORITA PRIZE

- 09:00 **Oral manifestation and behavior attitude of autistic patients in United Arab Emirates**
A. S. HUSSAIN, H. M. MUSTAFA & A. H. ZIAD
Department of growth and development, Ajman University, Ajman, United Arab Emirates
- 09:05 **Anodontia in Hypohidrotic Ectodermal Dysplasia (HED), early intervention**
J. HASSI¹, M. ZUÑIGA², J. MUÑOZ² & P. GÁLVEZ²
¹Pediatric Dentistry and Orthodontic department, University of Chile; ²Private Practice
- 09:10 **Dental treatment in a patient with a Factor XII deficit: case report**
M. L. HERMIDA, L. ALVAREZ, W. LEWIS, B. BOGGIA & I. RODRÍGUEZ
Transfusional Department, Pereira Rossell Hospital, Montevideo, Uruguay
- 09:15 **Oral rehabilitation of Ectodermal Dysplasia with anodontia: a case report**
T. ALCAN¹, M. I. SALIH², M. A. DURHAN³ & B. KARGUL³
Departments of ¹Orthodontics, ²Oral Surgery and ³Pediatric Dentistry, Dental School, Marmara University, Istanbul, Turkey
- 09:20 **Management of visible enamel defects: seeking children's perspectives**
G. YESUDIAN, A. ABDUL-KARIM, Z. MARSHMAN, M. FARNAM & H. D. RODD
Department of Oral Health and Development, School of Dentistry, Sheffield, UK
- 09:25 **Clinical evaluation of conventional versus colored compomers for Class II restorations**
F. ERTUGRUL, D. COGULU, Y. OZDEMIR & N. ERSIN
Ege University School of Dentistry, Department of Pedodontics, Izmir, Turkey
- 09:30 **Quality of the interface of primary dentin bonded with antibacterial fluoride-releasing adhesive**
Y. HOSOYA¹, S. ANDO², K. YAMAGUCHI², S. OOOKA² & F. R. TAY³
¹Nagasaki University Graduate School of Biomedical Sciences, Medical and Dental Sciences, Department of Pediatric Dentistry, Nagasaki, Japan; ²Nihon University Dental School, Department of Operative Dentistry, Tokyo, Japan; ³Medical College of Georgia, Dental School, Department of Endodontics, Augusta, USA
- 09:35 **Comparison of remineralization effect between Fuji IX and Surefil**
A. YETKINER¹, C. ERONAT¹, D. ŞİMŞEK² & M. ÇİFTÇİOĞLU²
¹Department of Pediatric Dentistry, Ege University; ²Department of Chemical Engineering, Izmir Institute of Technology, Izmir, Turkey
- 09:40 **Two-year clinical evaluation of fiber-reinforced nanofill resin composite in stress-bearing cavities**
N. ERONAT & U. CANDAN
Department of Pediatric Dentistry, Ege University, School of Dentistry, Izmir, Turkey
- 09:45 **Obesity and dental caries of Greek preschool children**
A. AGOUROPOULOS, S. MAMALI, S. GIZANI, L. PAPAGIANNOULIS
Department of Paediatric Dentistry, University of Athens, Greece

- P06 Poster session – Dental anxiety and behavioural management**
- 11:00 **Investigation of human reliability relations between child patients and dentist**
A. SUGIMOTO, M. OZAKI & W. MOTOKAWA
Division of Pediatric Dentistry, Department of Oral Growth and Development, Fukuoka Dental College, Japan
- 11:05 **Child behaviour modulation during first dental visit after administration of lemon balm**
K. PARDO-ALDAVE¹, M. E. DÍAZ-PIZÁN², L. F. VILLEGAS² & E. BERNABÉ^{2,3}
¹Universidad San Martín de Porres, Lima Peru; ²Universidad Peruana Cayetano Heredia, Lima Peru, ³Department of Epidemiology and Public Health, University College London, London, UK
- 11:10 **Success rate and side-effects by different inhalation sedation systems in paediatric dentistry**
C. VERGALLE, A. A. NEVES, D. DECLERCK & F. VINCKIER
Dental School, Unit of Paediatric Dentistry and Special Care, Catholic University of Leuven, Belgium
- 11:15 **Children's stress in dental treatment with salivary chromogranin A**
C. MITSUHATA, J. SUZUKI & K. KOZAI
Department of Pediatric Dentistry, Hiroshima University Graduate School of Biomedical Sciences, Hiroshima, Japan
- 11:20 **Evaluation of children's pain by students during dental anaesthesia**
A. MARIE-COUSIN, A. HUET, B. HINGANT, J. C. ROBERT & J. L. SIXOU
Department of Paediatric Dentistry, University of Rennes 1 and CHU of Rennes, France
- 11:25 **Pilot study in the adaptation of CFSS-DS Latvian version**
L. KRONINA¹, M. RASCEVSKA² & R. CARE³
¹Pediatric Department, Institute of Stomatology, Riga Stradins University; ²Faculty of Pedagogy and Psychology, Latvian University; ³Department of Conservative Dentistry, Riga Stradins University, Riga, Latvia
- 11:30 **Do uncooperative children feel more afraid of the dentist than those who cooperate well?**
A. CZERLINSKI¹, D. J. KOENEN¹, H. LANG¹ & P. KROPP²
¹Department of Operative Dentistry and Periodontology; ²Department of Medical Psychology, University of Rostock, Germany
- 11:35 **The effects of extraction on recovery characteristics in deeply sedated pediatric patients**
L. ÖZER¹, Z. B. ÖKTEM¹ & Z. KÜÇÜKYAVUZ²
¹Department of Pedodontics; ²Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Ankara University, Ankara, Turkey
- 11:40 **Measurements of dental fear in 7 years old children**
D. GALAMB¹, A. LENKEY², J. MATH³ & M. ALBERTH¹
¹Department of Pediatric Dentistry, Faculty of Dentistry; ²Department of Clinical Biochemistry and Molecular Pathology, Medical and Health Science Center; ³Institute of Psychology, University of Debrecen, Debrecen, Hungary
- 11:45 **Dental anxiety patterns in adolescents born preterm compared with matched controls**
S. BROGÅRDH-ROTH¹, K. STJERNQVIST², L. MATSSON¹ & G. KLINGBERG¹
¹Department of Paediatric Dentistry, Faculty of Odontology, Malmö University; ²Department of Psychology, Lund University, Sweden
- 11:50 **The German version of the child perceptions questionnaire – association to overall well-being**
K. BEKES¹, H. G. SCHALLER¹ & C. HIRSCH²
¹Department of Paediatric Dentistry, Martin-Luther University Halle-Wittenberg, Halle; ²Department of Paediatric Dentistry, University of Leipzig, Leipzig, Germany
- 11:55 **Which premedication agent is more comfortable for anxious children in dental treatment?**
O. BAYGIN¹, H. BODUR² & B. ISIK³
¹Department of Paediatric Dentistry, Karadeniz Technical University Faculty of Dentistry, Trabzon; ²Department of Paediatric Dentistry, ³Department of Oral and Maxillofacial Surgery, Gazi University Faculty of Dentistry, Ankara, Turkey
- 12:00 **Guidelines for nonpharmacologic behavior management: changes through the last 20 years**
K. ARAPOSTATHIS, V. BOKA, E. L. EXARCHOU & N. KOTSANOS
Department of Paediatric Dentistry, School of Dentistry, Aristotle University of Thessaloniki, Greece
- 12:05 **Reliability of the salivary alpha-amylase activity as an index of psychological stress**
K. AOYAGI, H. KARIBE, Y. HAGIWARA, T. KAWAKAMI & K. SHIMAZU
Department of Pediatric Dentistry, Nippon Dental University, Tokyo, Japan
- 12:10 **Relationship between dental anxiety, oral health status and sociodemographic factors in children**
Z. KIRZIOĞLU, A. C. ALTUN, K. G. ULU & Y. ERDOĞAN
Department of Pediatric Dentistry, University of Süleyman Demirel, Isparta, Turkey
- 12:15 **Sudometry for assessing dental fear in adolescents**
M. ALBERTH¹, D. GALAMB¹, A. LENKEY², A. OLAH² & J. MATH³
¹Department of Pediatric Dentistry, Faculty of Dentistry; ²Department of Clinical Biochemistry and Molecular Pathology, Medical and Health Science Center; ³Institute of Psychology, University of Debrecen, Debrecen, Hungary

- 12:20 **Dental anxiety in 7-11 years-old children and its relationship to dental caries**
A. AKBAY OBA¹, C. T. DÜLGERGİL² & I. ŞAROĞLU SÖNMEZ¹
¹Department of Pediatric Dentistry; ²Department of Operative Dentistry, School of Dentistry, University of Kırkkale, Turkey
- 12:25 **A case report of Trichotillomania and its influence on dental treatment**
D. TSIANTOU, D. VELONIS & N. KOTSANOS
 Department of Paediatric Dentistry, Aristotle University of Thessaloniki, Thessaloniki, Greece
- P07 Poster session – Dental anomalies**
- 14:00 **Relationship between lower second premolars and molars in the formative stage**
E. K. JUN, S. I. LEE, K. T. JANG, S. H. HAHN & S. H. LEE
 Department of Pediatric Dentistry, School of Dentistry, Seoul National University, Seoul, Korea
- 14:05 **Intracellular calcium regulates enamel matrix expression via gap junctional communication**
A. YAMADA¹, E. FUKUMOTO², T. IWAMOTO¹ & S. FUKUMOTO¹
¹Division of Pediatric Dentistry, Department of Oral Health and Development Sciences, Tohoku University Graduate School of Dentistry, Sendai; ²Division of Preventive Dentistry, Nagasaki University Graduate School of Biomedical Sciences, Nagasaki, Japan
- 14:10 **Prevalence of three-rooted primary mandibular first molars among Taiwanese children**
J. F. LIU¹, M. G. TU², M. J. JOU³ & S. Y. CHEN²
¹Department of Pediatric Dentistry, Taichung Veterans General Hospital; ²School and Department of Dentistry, China Medical University and Hospital; ³Department of Anatomy, China Medical University, Taichung, Taiwan
- 14:15 **The study of impacted supernumerary teeth in infants by means of cone-beam CT**
W. MOTOKAWA & M. OZAKI
 Dept. of Oral Growth and Development, Fukuoka Dental College, Japan
- 14:20 **Double primary teeth and the correlation with the permanent successors**
Y. T. LIN & Y. T. LIN
 Department of Pediatric Dentistry, Chang Gung Memorial Hospital-Kaohsiung Medical Center, Chang Gung University College of Medicine, Taiwan
- 14:25 **Management of Dens Evaginatus in premolars in the School Dental Service (Singapore)**
O. C. EU & J. J. NG
 School Dental Service, Youth Health Division, Health Promotion Board, Singapore
- 14:30 **Peculiarities of enamel formation in the first permanent molars of children living in an area of endemic fluorosis**
S. S. BOGOMOLOVA & L. P. KISELNIKOVA
 Department of Paediatric Dentistry, Moscow State University of Medicine and Dentistry, Russia
- 14:35 **Designing a clinical tool to record molar incisor hypomineralisation**
M. APPS¹, S. HIBBERT¹ & E. MAHONEY²
¹Paediatric Dentistry Department, Westmead Hospital, Sydney, Australia; ²Hutt Valley District Health Board, Lower Hutt, New Zealand
- 14:40 **Prevalence of dens evaginatus in premolars in Singapore**
J. J. NG & O. C. EU
 School Dental Service, Youth Health Division, Health Promotion Board, Singapore
- 14:45 **Enamel microstructure and genetic analysis of rough hypoplastic amelogenesis imperfecta**
A. PAVLIČ¹, L. JUREČIČ², M. KRIŽNAR ŠKAPIN³ & S. ALALUUSUA^{4,5}
¹Dept of Paediatric and Preventive Dentistry, Faculty of Medicine, University of Ljubljana, Ljubljana, Slovenia; ²Community Health Centre, Nova Gorica, Slovenia; ³Community Health Centre, Celje, Slovenia; ⁴Department of Paediatric and Preventive Dentistry, Institute of Dentistry, University of Helsinki, Helsinki, Finland; ⁵Department of Oral and Maxillofacial Diseases, Helsinki University Central Hospital
- 14:50 **Prevalence of dental developmental anomalies: a radiographic study**
K. DALCI¹, A. ALANKUŞ KALENDER¹, L. ÖZKAN¹, L. VAHDETTIN² & S. ÇETINER¹
¹Department of Pediatric Dentistry; ²Department of Orthodontics, Near East University, Lefkoşa, Cyprus
- 16:00 **Microleakage of fissure sealant: beveling of fissures on buccal surfaces of teeth**
F. MAZHARI, M. MEHRABKHANI & S. SADEGHI
 Pediatric Department, Mashhad University of Medical Sciences, Mashhad, Iran
- 16:05 **The effect of sealant viscosity and different bonding agents on sealant microleakage in vitro**
M. MEHRABKHANI, F. MAZHARI & S. SADEGHI
 Paediatric Dentistry, Faculty of Dentistry, Mashad University of Medical Sciences (Mums), Mashad, Iran

- 16:10 **Retention and caries prevention of a resin-based sealant and a glass-ionomer used as a fissure sealant: a clinical study**
T. ULUSU¹, M. E. ODABAŞ, T. TÜZÜNER², H. SİLLELIOĞLU¹ & Ö. BAYGIN¹
¹University of Gazi, Faculty of Dentistry, Department of Pediatric Dentistry Ankara; ²University of Karadeniz Technical, Faculty of Dentistry, Department of Pediatric Dentistry Trabzon, Turkey
- 16:15 **Comparison of new and 3-month-old tooth brushes in the removal of plaque in children**
B. MALEKAFZALI, H. ABBASSI & A. MIRFASIHI
Beheshti university, Pediatric dentistry, Tehran, Iran
- 16:20 **Professionally applied toothbrushing study to evaluate plaque removal in children**
M. PELKA¹, K. RUMI¹, A. PELKA¹, M. DELAURENTI² & J. WEI²
¹Dental Clinic 1, Erlangen, Germany; ²Philips Oral Healthcare, Snoqualmie, WA, USA
- 16:25 **Comparative plaque removal efficacy of two power toothbrushes in children**
T. RIMMER¹, D. PAYNE¹, M. OLSON², P. SCHMITT² & A. MASTER²
¹4 Front Research, Chester, UK; ²Philips Oral Healthcare, Snoqualmie, WA, USA
- 16:30 **Brushing-duration and use-interaction patterns of manual versus sonic toothbrushes in children**
J. STRATE, J. DEFENBAUGH, A. MASTER, P. SCHMITT & W. JENKINS
Philips Oral Healthcare, Snoqualmie, WA, USA
- 16:35 **Plaque removal efficacy of two power toothbrushes in children**
J. L. MILLEMAN¹, M. S. PUTT¹, A. MASTER², M. OLSON² & P. SCHMITT²
¹University-Park Research Center, IN; ²Philips Oral Healthcare, Snoqualmie, WA, USA
- 16:40 **Plaque removal efficacy of sonic versus manual toothbrushes in children**
M. S. PUTT¹, J. L. MILLEMAN¹, W. JENKINS², M. OLSON² & P. SCHMITT²
¹University-Park Research Center, IN; ²Philips Oral Healthcare, Snoqualmie, WA, USA
- 16:45 **Number, length and end-rounding quality of bristles in manual child toothbrushes**
T. ILERI KECELI, B. TEZEL, M. D. TURGUT, M. TEKCICEK & Z. C. CEHRELI
Department of Paediatric Dentistry, Hacettepe University, Ankara, Turkey
- 16:50 **Impact of different recommendations on the amount of toothpaste used for infants**
Š. BURNIK¹, T. TOMAŽEVIČ² & R. KOSEM¹
¹Department of Paediatric and Preventive Dentistry, University Medical Centre Ljubljana; ²Department of Paediatric and Preventive Dentistry, Faculty of Medicine, University of Ljubljana, Slovenia
- 16:55 **Oral hygiene management of pediatric transplantation patients**
Y. WAGNER & R. HEINRICH-WELTZIEN
Department of Preventive Dentistry, Friedrich-Schiller-University of Jena, Germany
- 17:00 **The influence of foods and tooth brushing on Streptococcus mutans**
K. YANAGITA, M. OZAKI, Y. NOMURA & W. MOTOKAWA
Pediatric Dentistry, Fukuoka Dental College, Japan
- 17:05 **Caries preventive effect of Bifluorid 12® on first permanent molars**
N. NEHRING¹, M. WAGNER², T. TSEREKHAVA³, N. SHAKOVETS³ & A. BORUTTA¹
¹Friedrich-Schiller University of Jena, Dental School/WHOCC, Germany; ²Friedrich-Schiller University of Jena, Department of Business Statistics, Germany; ³University of Minsk, Dental School, Belorussia
- 17:10 **Urinary fluoride excretion in preschool children exposed to fluoridated salt (150ppmF) in Belarus**
T. V. PAPRUZHENKA & T. N. TSERAKHAVA
Chair of Paediatric Dentistry, Belarusian State Medical University, Belarus
- 17:15 **Effect of fluoride varnish on the enamel demineralization**
E. Y. YOON, S. H. LEE & N. Y. LEE
Department of Pediatric Dentistry, College of Dentistry, Chosun University, Gwangju, Republic of Korea
- 17:20 **Fluoride concentrations of tap waters in Greece for up to 6 months**
G. MASTORAKIS & K. J. TOUMBA
Department of Paediatric Dentistry, Leeds Dental Institute, University of Leeds, UK
- 17:25 **Dental erosions in young adults and lifestyle factors during young ages**
H. ISAKSSON¹, L. K. WENDT², G. KOCH¹, D. BIRKHED³ & C. ULLBRO¹
¹Department of Paediatric Dentistry, The Institute for Postgraduate Education, Jo' nko' ping, Sweden; ²Centrum of Oral Health, School of Health Sciences, Jo' nko' ping University, Jo' nko' ping, Sweden; ³Department of Cariology, Institute of Odontology, Sahlgrenska Academy at Go'teborg University, Sweden

Gasteig Carl Orff Hall / Call-Orff-Saal (Übertragung und Simultanübersetzung in Black Box)

- M5 New methods in caries diagnosis and monitoring**
 Sponsor: 3M ESPE AG 
- 09:00 D. Ricketts (GBR) New methods in caries diagnosis and monitoring – Visual methods
- 09:30 J. Kühnisch (GER) Potential of additional caries detection and diagnostic methods
- 10:00 I. Häberlein (GER) Clinical treatment opportunities by modern caries activity diagnosis
- 10:30 Morning Break**
- M7 Caries protective treatment**
- 11:00 R. Frankenberger (GER) Antibacterial adhesives
 Sponsor: Kuraray Europe GmbH 
- 11:30 G. Pearson (GBR) Photo Activated Disinfection as a means of bacterial control in dental disease
 Sponsor: SciCan GmbH 
- 12:00 U. Schiffner (GER) Fluoride releasing restorative materials
- 12:30 Lunch at the Exhibition Area (Gasteig)**
- M9 Caries therapy**
 Sponsor: SS White Burs Inc. 
- 14:00 T. Watson (GBR) How clean should a cavity be before restoration?
- 14:30 K.-H. Kunzelmann (GER) New methods in caries therapy – Self limiting caries excavation
- 15:00 N. Krämer (GER) New aspects in minimal-invasive restorative techniques
- 15:30 Afternoon Break**
- M11 Traumatology 1 – Treatment strategies after traumatic tooth loss in adolescents**
- 16:00 B. Thilander (SE) Orthodontic aspects of the use of oral implants in adolescents
- 16:45 M. Kern (GER) Current prosthetic measures for replacing the early lost anterior permanent teeth
- 20:00 Bavarian Evening at the Löwenbräukeller**

Gasteig Small Concert Hall / Kleiner Konzertsaal

M6 Pulp therapy in primary and immature permanent teeth

09:00	K. Huth (GER)	Pulpotomy in primary teeth
09:30	A. Fuks (ISR)	Pulpectomy and root canal treatment in Primary Teeth
10:00	C. Kaaden (GER)	Endodontics in immature permanent teeth

10:30 Morning Break**M8 Postgraduate training in Paediatric Dentistry**

11:00	J. Berg (USA)	Postgraduate Training in the US
11:20	L. Martens (BEL)	EAPD concept of postgraduate training in Europe / ADEE
11:40	J. Toumba (GBR)	Postgraduate Training in Paediatric Dentistry
12:00	C. Hirsch (GER)	Current trends in Germany

12:30 Lunch at the Exhibition Area (Gasteig)**M10 Traumatology 1**

14:00	H. Dietz (GER)	Traumatology in Pediatrics
14:45	H. van Waes (SUI)	Guidelines for treatment of traumatized teeth

15:30 Afternoon Break**M12 Customized treatment and care concepts for children. The basis for well-being today and in future**

Sponsor:
Ivoclar Vivadent AG



16:00	S. Kneist (GER)	Early risk diagnostics – important for oral health and future general well-being?
16:20	S. Twetman (DEN)	Preventive and non-invasive therapeutical treatment strategies
16:40	C. Pine (GBR)	Public health and individual care go hand in hand
17:00	N. Krämer (GER)	Customized restorative and after care programs for children of different age groups
17:20	Discussion	

20:00 Bavarian Evening at the Löwenbräukeller

Gasteig Library Hall / Bibliothekssaal

O13 Oral session – Epidemiology 109:00 **Prevalence of dental fluorosis and the influence of water fluoride level on caries activity**M. NICHANI

Department of Pedodontics Sree Balaji Dental College and Hospital Chennai, Tamilnadu, India

09:11 **A comparison of DGA for children in ambulatory and stationary care (Hesse/Germany)**I. WOLTMANN, V. KNAPP, R. SIAHI-BENLARBI & W. E. WETZEL

Poliklinik für Kinderzahnheilkunde, Zentrum für ZMK, Giessen

09:22 **Parental knowledge and behavioral aspects regarding oral health of preschool children**G. STEL¹ & A. TJALSMA²¹Radboud University Nijmegen Medical Centre, College of Dental Sciences, Department of Preventive and Restorative Dentistry, Nijmegen; ²Netherlands Institute for Health Promotion and Disease Prevention (NIGZ), Woerden, The Netherlands09:33 **Parents' locus of control and caries in their toddlers**A. HIPPE, C. ZABEL & U. SCHIFFNER

Dept. of Restorative and Preventive Dentistry, University of Hamburg, Hamburg, Germany

09:44 **Relationship between oral health, socioeconomic parameters and BMI in 6-year-old Filipino students**R. HEINRICH-WELTZIEN¹, M. SEIFERT¹ & B. MONSE²¹Department of Preventive Dentistry, Friedrich-Schiller University of Jena, Germany; ²Department of Education, Health and Nutrition Centre, City of Division Cagayan de Oro, Philippines09:55 **Re-examination of caries experience and fluorosis prevalence of children in Jamaica**H. MEYER-LUECKEL¹, K. BITTER², W. HOPFENMULLER³ & S. PARIS¹¹Clinic for Operative Dentistry and Periodontology, School of Dental Medicine, Christian-Albrechts-Universität zu Kiel, Germany; ²Department of Operative Dentistry and Periodontology, University School of Dental Medicine, Charité-Universitätsmedizin Berlin, Germany; ³Department of Medical Informatics, Biometry, and Epidemiology, Institute of Medical Biometry and Clinical Epidemiology, Charité-Universitätsmedizin Berlin, Germany10:06 **Reasons for seeking dental care among children in Chennai, India**V. CHARANYA, M. S. MUTHU, E. M. G. SUBRAMANIAN, A. SHARATH & S. SHIFA

Pedo Planet, Pediatric Dental Centre, Chennai, India

10:17 **Oral health and associated factors in 12 year-old children in Thimphu, Bhutan**S. NGEDUP¹, P. LEELATAWEEWUD¹ & D. LEXOMBOON²¹Department of Pediatric Dentistry; ²Department of Community Dentistry, Faculty of Dentistry, Mahidol University, Bangkok, Thailand**11:00 GABA Practitioner Prize****12:30 ... for the best case report in Paediatric Dentistry** (in German language)**Verzögert auftretende Komplikation eines dentalen Traumas – ein Fallbericht**Dressler S., Jablonski-Momeni A. und Pieper K.

Abteilung Kinderzahnheilkunde, Philipps-Universität Marburg

Hypnose, eine Alternative zur Analgosedierung?Kant J. M.

Zahnärztin, Oldenburg, GER

Frühkindliche ProphylaxekonzepteLaurisch L.

Korschenbroich

Verbesserung der Compliance durch GebärdenspracheWolff A.

Poliklinik für Zahnerhaltungskunde, Universitätsklinikum Heidelberg

Behandlung einer Kronen-Wurzel-Fraktur mit zusätzlicher WurzelfrakturJockel-Schneider Y. und Feierabend S.

Poliklinik für Zahnerhaltung und Parodontologie, Universität Würzburg

Amelogenesis imperfecta – klinisches Management – eine praktische HerausforderungJaklitsch-Willhuber U. und Städtler P.

Universitätsklinik für Zahn-, Mund- und Kieferheilkunde, Abteilung für Zahnerhaltung

O14 Oral session – Epidemiology 2

- 14:00 **A group of pediatricians' knowledge and practices regarding the pediatric dentistry in Turkey**
S. PEKER¹, B. KARGUL¹, A. DURHAN¹ & B. KARADAG²
¹Marmara University Dentistry Faculty, Pediatric Dentistry Dept; ²Marmara University Medicine Faculty, Division of Pediatric Pulmonology, Istanbul, Turkey
- 14:11 **Caries experience of schoolchildren in two industrial areas in Romania**
R. LUCA, D. D. D. PRELIPCEAN, C. CHIS, T. A. FARCASIU & M. TANASE
Paediatric Dentistry Department, Carol Davila University, Bucharest, Romania
- 14:22 **Caries incidence in adolescent's one rural and suburban area in Croatia**
T. RIJETKOVIC¹, H. JURIC²
¹Private practice, Garesnica; ²School of Dental Medicine, University of Zagreb, Department of pediatric and preventive dentistry, Croatia
- 14:33 **Dental prevalence, diagnostics and prevention of children population in Ukraine**
O. DENGÄ
Odessa State Medical University, Odessa, Ukraine
- 14:44 **The impact of socioeconomic factors on dental health status of Lithuanian adolescents**
V. BRUKIENE¹ & J. ALEKSEJUNIENE²
¹Institute of Odontology, Faculty of Medicine, Vilnius University, Vilnius, Lithuania; ²Department of Oral Health Sciences, Faculty of Dentistry, The University of British Columbia, Vancouver, Canada
- 15:55 **Caries pattern in small children in Riga, Latvia**
S. SKRIVĒLE¹, S. BERZINA¹, R. CARE¹, S. KNEIST² & A. BORUTTA²
¹Department of Conservative Dentistry, Riga Stradins University, Riga, Latvia; ²Friedrich Schiller University of Jena, Germany
- 15:06 **Translation and validation of a Chinese language version of the ECOHIS**
G. H. M. LEE¹, C. MCGRATH², C. K. Y. YIU¹ & N. M. KING¹
¹Paediatric Dentistry and Orthodontics; ²Periodontology and Dental Public Health, Faculty of Dentistry, The University of Hong Kong, Hong Kong SAR, China

O15 Oral session – Dental materials

- 16:00 **Clinical assessment of two adhesive systems on sealant retention in newly-erupted teeth**
M. KARAMI NOGOURANI¹, P. KHADEM², Z. JADIDI³, G. AMIRPOOR³ & S. H. JALALI³
¹Pediatric Dentistry Dep., Islamic Azad University Korasgan Branch, Esfahan; ²Community Dentistry Dep., Islamic Azad University Khorasgan Branch, Esfahan; ³Esfahan, Iran
- 16:11 **Chlorhexidine release from Calcium Phosphate Cements**
C. PADOVASILAKI¹, S. PAREKH¹, G. PALMER² & A. YOUNG²
¹Unit of Paediatric Dentistry; ²Department of Biomaterials, UCL Eastman Dental Institute, London, UK
- 16:22 **Sealing ability and fissure penetration level of a nano-filled resin-based sealants**
G. QADRI, S. N. F. MOHD NOOR & C. H. SPLIETH
Department of Preventive and Pediatric Dentistry, Greifswald University, Germany
- 16:33 **Quality and longevity of posterior restorations in permanent teeth of adolescents**
V. QVIST
Dental School, University of Copenhagen, Denmark
- 16:44 **Clinical evaluation of GC Fuji IX GP-Fast restorations after 24 months**
A. C. CHIS¹, D. D. D. PRELIPCEAN¹, A. STROIANU² & R. LUCA¹
¹Paediatric Dentistry Department, Carol Davila University, Bucharest, Romania; ²Paediatric Dental Clinic, Barzilai Medical Center, Ashkelon, Israel
- 16:55 **Enamel shear-bond strength of Glass Carbomer after heating with three polymerization units**
D. GLAVINA, K. GORSETA, D. NEGOVETIC-VRANIC & I. SKRINJARIC
School of Dental Medicine, University of Zagreb, Croatia
- 17:06 **Enamel remineralization potential of two dentifrices based on CPP-ACP and Novamin® (Calcium-sodium-phosphosilicate)**
E. GJORGIEVSKA¹ & J. W. NICHOLSON²
¹Faculty of Dental Medicine, Department of Paediatric and Preventive Dentistry, University "Sts. Kiril and Metodij" Skopje, Republic of Macedonia; ²School of Science, University of Greenwich, Medway, Kent, UK
- 17:17 **Microhardness and surface roughness of Glass Ionomer Cements after APF and TiF4 application**
A. K. A. TOPALOGLU¹, D. COGULU¹, N. ERSIN KOCATAS¹ & B. H. SEN²
¹Department of Pedodontics; ²Division of Endodontology, Ege University, School of Dentistry, Bornova, Izmir, Turkey
- 17:45 **Mitgliederversammlung (DGK)**

Hilton Hotel Ballroom / Ballsaal

016 Oral session – Traumatology

- 09:00 **Avulsion guidelines – do they agree?**
P. SHAH, S. PAREKH, D. R. MOLES & P. ASHLEY
UCL Eastman Dental Institute and Hospital, London, UK
- 09:11 **Effect of non-setting calcium hydroxide and MTA on human dentine following long term application**
W. A. TWATI, D. J. WOOD, T. W. LISKIEWICZ & M. S. DUGGAL
Dept Paediatric Dentistry and Dept of Dental Materials, Leeds Dental Institute, School of Mechanical Engineering, University of Leeds, UK
- 09:22 **Dental and orofacial injuries among snowboard riders, Turkey**
E. CAGLAR, O. O. KUSCUM, S. ÇALIŞKAN & N. SANDALLI
Dept. of Paediatric Dentistry, Dental School, Yeditepe University, Istanbul, Turkey
- 09:33 **Choosing patient-centred outcome measures for a randomised controlled trial involving non-vital incisors**
Z. MARSHMAN¹, M. HALL¹, J. PORRITT¹, S. ALBADRI² & H. D. RODD¹
¹Department of Oral Health and Development, School of Dentistry, Sheffield; ²Department of Paediatric Dentistry, School of Dental Science, University of Liverpool, UK
- 09:44 **Direct pulp-capping in traumatized teeth with 'Homemade' MTA: a report of cases**
J. JAE CHEOUN LEE
Seoul Children's Dental Center, Seoul, Korea
- 09:55 **Tooth fragment reattachment – a report of two cases**
B. KAUR
Department of Pediatric Dentistry, Institute of Dental Sciences, Jammu University, Jammu, India
- 10:06 **Late presentation of traumatised anterior teeth – management of two cases**
S. STEPHEN
Department of Paediatric Dentistry, Sydney Dental Hospital, Sydney, Australia
- 10:17 **Association between trauma to primary incisors and various types of root resorption**
G. HOLAN & K. SHEINVALD-SHUSTERMAN
Department of Pediatric Dentistry, The Hebrew University – Hadassah School of Dental Medicine, Jerusalem, Israel

017 Oral session – Endodontics

- 11:00 **Radiographic changes associated with pulp- infection in primary incisors**
M. ASHKENAZI¹, E. HERSHKOVITZ² & L. AFEK¹
¹Private practice, Tel Aviv; ²The Maurice and Gabriela Goldschleger School of Dental Medicine, Tel-Aviv University, Tel-Aviv, Israel
- 11:11 **Effectiveness of German chamomile, MTAD and sodium hypochlorite irrigants on smear layer**
V. VENKATARAM, A. KOHLI, K. MALLIKARJUN & A. KUMAR
Department of Paediatric and Preventive Dentistry, Rama Dental College, Hospital and Research Centre, Dr. Ambedkar B R University, Agra Kanpur, India
- 11:22 **MTA produces superior outcomes in vital primary molar pulpotomy**
M. CASAS¹, T. DOYLE², D. KENNY¹ & P. JUDD¹
¹The Hospital for Sick Children and University of Toronto, Toronto; ²WK Health Center, Halifax and Dalhousie University, Halifax, Canada
- 11:33 **Investigation of one-visit endodontic therapy for children with acute periradicular periodontitis**
M. LIU, S. LI, E. CHEN & Q. XU
West China College of Stomatology, Sichuan University, PR China
- 11:44 **Pulpotomy in primary teeth using ferric sulfate and mineral trioxide aggregate**
M. MUELLER¹, S. A. BENZINGER² & H. J. M. VAN WAES²
¹Department of Paediatric Dentistry, Sydney Dental Hospital, Sydney, Australia; ²Clinic for Orthodontics and Paediatric Dentistry, Center for Dental and Oral Medicine and Cranio-Maxillofacial Surgery, University of Zurich, Zurich, Switzerland
- 11:55 **Antibacterial efficacy of NaOCl/Biopure MTAD, diode laser and NaOCl/EDTA in primary molars**
S. S. KUVVETLI¹, S. K. CILDIRI¹, E. CAGLAR¹, N. TOPCUOGLU² & N. SANDALLI¹
¹Yeditepe University Faculty of Dentistry, Department of Pedodontics; ²Istanbul University Faculty of Dentistry, Department of Oral Microbiology, Istanbul, Turkey

- 12:06 **Direct pulp capping with self etching adhesives in primary pig teeth**
 A. SHAYEGAN¹, M. PETEIN², R. ATASH¹ & A. VANDEN ABEELE¹
¹Department of Operative and Paediatric Dentistry; ²Department of Pathology and Cell Biology Université Libre de Bruxelles, Brussels, Belgium
- 12:30 **Lunch & Learn Philips “Oral health behaviours in children – challenge and opportunity”**
- 
- O18 Oral session – Miscellaneous**
- 14:20 **Evaluation of an online and nationally-distributed child protection learning resource**
J. C. HARRIS^{1,2}, J. BRADBURY³, F. NILCHIAN² & C. D. FRANKLIN⁴
¹Sheffield Salaried Primary Dental Care Service; ²Department of Oral Health and Development, School of Clinical Dentistry, University of Sheffield; ³School of Life Sciences, Kingston University; ⁴South Yorkshire and East Midlands Regional Postgraduate Dental Deanery, Sheffield, UK
- 14:31 **Preschool Children’s awareness to absence of maxillary primary incisors**
D. RAM¹, D. KATZIR-GOLDENBOUM², V. N. MATALON¹ & G. HOLAN¹
¹Department of Pediatric Dentistry, Hebrew University - Hadassah School of Dental Medicine; ²Psychological Services of the Jerusalem Municipality, Jerusalem, Israel
- 14:42 **Scientific case presentation – laser in pediatric dentistry: Frenectomy**
G. SCHINDLER & N. GUTKNECHT
 Department of Restorative Dentistry and Pediatric Dentistry, RWTH Aachen University, Aachen, Germany
- 14:53 **An analysis of children requiring multiple General Anaesthetics (GA’s) for dental treatment**
F. L. BELL
 Department of Paediatric Dentistry, Westmead Centre for Oral Health (WCOH), Sydney, Australia
- 15:04 **The urine-fluoride concentration after fluoride tablets intake of disabled children in special education schools**
S. T. HUANG^{1,2,3}, H. Y. LIU⁴, S. Y. HSIAO³ & W. C. HU⁴
¹Department of Oral Hygiene, College of Dental Medicine, Kaohsiung Medical University; ²Graduate Institute of Oral Health Sciences, College of Dental Medicine, Kaohsiung Medical University; ³Division of Pediatric Dentistry, Department of Dentistry, Kaohsiung Medical University Hospital; ⁴Graduate Institute of Dental Sciences, PhD course, College of Dental Medicine, Kaohsiung Medical University, Kaohsiung, Taiwan
- 16:00 – 17:30 **IME-Seminar – Ernährungserziehung – gut gemeint aber oft verkehrt“** (in German Language)
 Ellrott (GER)



Hilton Hotel (von Weber/Orff/Reger)

- P09 Poster session – Prevention 2**
- 09:00 **Results of a 1-year Dental Programme for pre-school and school children in Moscow (Russia)**
 L. P. KISELNIKOVA, T. E. ZUEVA, M. V. MIROSHKINA, S. I. SOKOLOVA & M. M. NAGOEVA
 Department of Paediatric Dentistry, Moscow State University of Medicine and Dentistry, Moscow, Russia
- 09:05 **Oral health practice in Taiwanese primary schools**
T. CHIANG, S. HUANG, S. LIU, S. SHIE & Y. CHO
 Department of Dental Hygiene, Kaohsiung Medical University, Kaohsiung, Taiwan
- 09:10 **Quantitative analysis of periodontopathogens in subgingival plaque in adolescents by real-time PCR**
 N. Y. YANG, Q. ZHANG & Q. SHI
 Pedodontic Departmen, Capital Medical University School of Stomatology, Beijing, PR China
- 09:15 **A pilot study: A communication sheet to improve children’s preventive care**
R. FITZGERALD & C. CAMPBELL
 Department of Paediatric Dentistry, Glasgow Dental Hospital and School, Glasgow, UK

- 09:20 **Oral health educational program for HIV(+) mothers**
M. E. GUERRA, A. RODRÍGUEZ, S. RODRÍGUEZ & V. TOVAR
 Centro de Atención a Pacientes con Enfermedades Infecciosas, Facultad de Odontología Universidad Central de Venezuela
- 09:25 **Air quality in a busy university pediatric dental clinic**
N. KARIYA¹, O. RODIS², M. NISHIMURA¹, S. MATSUMURA² & T. SHIMONO²
¹Dental Hospital; ²Department of Behavioral Pediatric Dentistry, Okayama University, 2-5-1 Shikata-cho, Okayama City, Japan
- 09:30 **Oral health related knowledge/attitude of school faculties in Taiwanese primary schools**
Y. LIU, S. HUANG, S. LIU, S. SHIE & Y. CHO
 Department of dental hygiene, Kaohsiung medical university, Kaohsiung/Taiwan
- 09:35 **Dental education project for preschool children: towards healthier first permanent molars**
R. LUCA, I. A. STANCIU, C. FARCASIU, A. MUNTEANU & A. OLARU
 Paediatric Dentistry Department, Carol Davila University, Bucharest, Romania
- 09:40 **Prevention of dental decay from theory to every day practice**
A. MUNTEAN, M. MESAROS, A. SERBANESCU & M. SIMU
 Department of Paediatric Dentistry, University of Medicine and Pharmacy "Iuliu Hatieganu", Cluj Napoca, Romania
- 09:45 **Long-term effects on oral health of preventive activities in preschool children**
A. SUNDELL, C. ULLBRO & G. KOCH
 The Department of Paediatric Dentistry, the Institute for Postgraduate Dental Education, Jönköping, Sweden
- 09:50 **Bifidobacterium lactis Bb12 may reduce the risk of respiratory infections in children**
T. TAIPALE¹, K. PIENIHÄKKINEN², P. ALANEN², J. JOKELA¹ & E. SÖDERLING²
¹Korpilahti-Muurame Health Care Center, Muurame; ²Institute of Dentistry, University of Turku, Turku, Finland
- 09:55 **The dental hygiene /dietary behavior of young children with S-ECC in southern Taiwan**
H. Y. HU¹, S. T. HUANG^{1,2,3}, R. S. TANG⁴, S. Y. HSIAO¹ & H. S. CHEN^{1,3}
¹Division of Pediatric Dentistry, Department of Dentistry, Kaohsiung Medical University Hospital; ²Department of Oral Hygiene, Kaohsiung Medical University; ³Graduate Institute of Oral Health Sciences, college of Dental Medicine, Kaohsiung Medical University; ⁴Graduate Institute of Dental Sciences, College of Dental Medicine, Kaohsiung Medical University, Kaohsiung, Taiwan
- 10:00 **Early Childhood Caries (ECC) and the Occurrence of Candida albicans**
S. KNEIST, K. SENF, A. HARZENDORF, A. UDHARDT & A. BORUTTA
 Friedrich-Schiller-University of Jena, Centre of Dentistry, Jena, Germany
- 10:05 **Knowledge of parents of 3-year-old children about early dental health care promotion**
A. RAHMAN, T. SPANIĆ, K. MEYER & H. GÜNAY
 Department of Conservative Dentistry, Periodontology and Preventive Dentistry, Hannover Medical School, Germany
- 10:10 **The nutritional status of young children with S-ECC in southern Taiwan**
R. S. TANG¹, S. T. HUANG^{2,3,4}, M. C. HUANG^{5,6}, F. H. CHUANG⁷ & H. S. CHEN^{3,4}
¹Graduate Institute of Dental Sciences, College of Dental Medicine, Kaohsiung Medical University; ²Department of Oral Hygiene, College of Dental Medicine, Kaohsiung Medical University; ³Graduate Institute of Oral Health Sciences, College of Dental Medicine, Kaohsiung Medical University; ⁴Division of Pediatric Dentistry, Department of Dentistry, Kaohsiung Medical University Hospital; ⁵Department of Nutrition and Dietetics, Kaohsiung Medical University Hospital; ⁶Faculty of Medicine & Respiratory Care, College of Medicine, Kaohsiung Medical University; ⁷Division of Endodontic Dentistry, Department of Dentistry, Kaohsiung Medical University Hospital, Kaohsiung, Taiwan
- 10:15 **Occurrence of Cariogenic microflora in infants and their mothers**
T. TSERAKHAVA & N. SHAKAVETS
 Belorussian State Medical University, Department of Paediatric Dentistry
- 10:20 **The erosive potential of lollipops**
H. S. BRAND¹, D. L. GAMBON², A. PAAP¹, M. S. BULTHUIS¹, E. C. IVEERMAN¹ & A. V. NIEUW AMERONGEN¹
¹Department of Dental Basic Sciences, Section of Oral Biochemistry, Academic Centre for Dentistry Amsterdam (ACTA), Amsterdam; ²Bambodino Pediatric Dental Clinic, Rotterdam, The Netherlands
- P10 Poster session – J. Andreasen Award**
- 11:00 **Discolouration of teeth following avulsion and replantation, a randomised controlled trial**
P. F. DAY¹, M. S. DUGGAL¹, A. HIGH², A. ROBERTSON³ & S. WESTLAND⁴
¹Department of Paediatric Dentistry, ²Department of Oral Pathology, ³Department of Medical & Dental and ⁴School of Design, University of Leeds, UK

- 11:05 **One Step Apexification using two types of Mineral Trioxide Aggregate**
A. MOORE, M. F. HOWLEY & A. C. O'CONNELL
 Department of Public & Child Dental Health, Dublin Dental School and Hospital, Dublin, Ireland
- 11:10 **Management of a complicated trauma case of avulsed permanent teeth**
A. S. BOUGA & G. P. VADIAKAS
 Department of Paediatric Dentistry, School of Dentistry, University of Athens, Greece
- 11:15 **Tooth avulsion in growing patients: mini-implant rehabilitation?**
A. MURRI DELLO DIAGO & L. GIANNETTI
 University of Modena and Reggio Emilia, School of Dentistry, Department of Paediatric
- 11:20 **Luxation injuries to permanent incisors-factors affecting development of complications**
G. VADIAKAS, I. VASILOUDIS, A. BOUGA & L. PAPAGIANNOULIS
 Department of Paediatric Dentistry, School of Dentistry, University of Athens, Greece
- 11:25 **Parents' ability to recall past injuries to maxillary primary incisors in their children**
K. SHEINVALD-SHUSTERMAN & G. HOLAN
 Department of Pediatric Dentistry, The Hebrew University – Hadassah School of Dental Medicine, Jerusalem, Israel
- P11 Poster session – Traumatology**
- 14:00 **Mineral Trioxide Aggregate in the treatment of internal root resorption: case report**
C. DEVECI
 Department of Pedodontics, Gazi University Faculty of Dentistry, Ankara, Turkey
- 14:05 **Basketball players' experience of dental injury and awareness about mouthguard in China**
W. L. MA
 Department of Pediatric Dentistry, Peking University, School and Hospital of Stomatology, Beijing, China
- 14:10 **Anastrophic impacted maxillary permanent incisor: a case report**
S. JUNG¹, F. OBRY¹, R. MATHIS² & M. C. MANIERE¹
¹Department of Paediatric Dentistry; ²Department of Orthodontics, Faculty of Dentistry, Strasbourg, France
- 14:15 **Restoration using the avulsed crown following loss of an upper permanent incisor**
M. EIDE, A. KEIGHTLEY & C. CAMPBELL
 Department of Child Dental Health, Glasgow Dental Hospital and School, Glasgow, Scotland UK
- 14:20 **From intrusive luxation to acute relapsing glomerular nephritis**
K. GINZELOVA
 Charles University, 2nd Medical School, Department of Paediatric Stomatology, Prague, Czech Republic
- 14:25 **Esthetic management of complicated crown fracture in an immature permanent incisor**
S. SHIFA, M. S.MUTHU, M. FARZAN, V. CHARANYA & S. A. GOURI
 Pedo Planet, Pediatric Dental Centre, Chennai, India
- 14:30 **Unraveling permanent incisor - a case report**
C. SAMPATH REDDY
 Dept. of Pedodontics, Sri Sai College of Dental Surgery, Vikarabad, India
- 14:35 **Multidisciplinary treatment to a subgingival complicated crown-root fracture**
J. WANG & P. F. MAO
 Department of pediatric Dentistry, School of Dentistry, Shanghai Jiao Tong University, Shanghai, China
- 14:40 **The clinical and radiographic changes of fractured immature teeth after pulpotomy**
R. Z. JIA RZ¹, S. G. ZHENG² & G. ZHANG²
¹Pedodontic Department, Capital Medical University School of Stomatology; ²Pedodontic Department, Peking University School of Stomatology, Beijing, China
- 14:45 **Prevalence of traumatic dental injuries in preschool children in Brazil**
D. HESSE¹, G. A. V. C. BONINI¹, C. C. BONIFÁCIO², F. M. MENDES¹ & M. BÖNECKER¹
¹Department of Pediatric Dentistry, Dental School, University of Sao Paulo, Sao Paulo, Brazil; ²Department of Pediatric Dentistry, ACTA, Amsterdam, The Netherlands
- 14:50 **Traumatic injuries of permanent teeth in schoolchildren in Kadıköy region of İstanbul**
U. KABALAY, J. ATUKEREN, Y. AYDIN, B. DOGUSOY & S. ERGENELI
 Kadıköy Municipality's Dental Clinics, Kadikoy, Istanbul, Turkey

- 14:55 **Epidemiological survey of dentofacial trauma occurrence on children at county emergency unit**
A. J. NOGUEIRA, R. NOGUEIRA & G. F. EMMI
 Federal University of Pará, Odontology, Belém, Pará, Brazil
- 15:00 **How many avulsions are preventable?**
A. KEIGHTLEY¹, G. WRIGHT¹ & R. WELBURY²
¹Glasgow Dental Hospital & School; ²University of Glasgow Dental School, Glasgow, Scotland
- 15:05 **Traumatic dental injuries in children with Attention Deficit/Hyperactivity Disorder**
A. AVSAR¹, S. AKBAŞ² & T. ATAIBIŞ¹
¹Department of Pedodontics, Ondokuz Mayıs University; ²Department of Child Psychiatry, Faculty of Medicine, Samsun, Turkey
- 15:10 **The profile of dental trauma presenting to a specialist centre recorded on a computer database**
P. KANDIAH & P. DAY
 Department of Paediatric Dentistry at the Leeds Dental Institute, Leeds, UK
- 15:15 **Retrospective analysis of dentofacial trauma patients attending the Royal Children's Hospital, Melbourne**
F. SOLDANI, N. KILPATRICK & J. LUCAS
 Department of Dentistry, Royal Children's Hospital, Melbourne, Australia
- 15:20 **Factors that influence children's psychosocial adjustment to dentoalveolar trauma**
J. M. PORRITT, S. R. BAKER & H. D. RODD
 Department of Oral Health and Development, University of Sheffield, Sheffield, UK
- 15:25 **Predictors for pulp necrosis in permanent incisors following crown fractures with concurrent luxation**
E. F. LAURIDSEN¹, N. V. HERMANN¹, S. A. CHRISTENSEN² & J. O. ANDREASEN³
¹Department of Pediatric Dentistry and Clinical Genetics, School of Dentistry, Faculty of Health Sciences, University of Copenhagen; ²Resource Centre for Rare Oral Diseases, Copenhagen University Hospital; ³Resource Centre for Rare Oral Diseases and Department of Oral and Maxillo-facial Surgery, Copenhagen University Hospital, Copenhagen, Denmark
- P12 Poster session – Epidemiology 1**
- 16:00 **Early Childhood Caries in children up to four years of age in Chile**
M. E. GUEVARA, G. SIFRI, C. BARRIOS, N. TORRES & M. CUEVAS
 Pediatric Department, San Sebastian University, Concepción, Chile
- 16:05 **The relation between dental caries and BMI in preschool children in Babol, Iran**
M. GHASEMPOUR, K. HAJIAN, Z. MOAZEZY & M. ZAVAR
 Pediatric Dentistry Department, Babol University of Medical Sciences, Iran
- 16:10 **Caries pattern and the related socio-economic factors in preschool children in Taiwan**
Y. S. HONG¹, S. T. HUANG^{2,3,4}, S. Y. HSIAO⁴ & H. Y. LIU¹
¹Graduate Institute of Dental Sciences, PhD course, College of Dental Medicine, Kaohsiung Medical University; ²Department of Oral Hygiene, College of Dental Medicine, Kaohsiung Medical University; ³Graduate Institute of Oral Health Sciences, College of Dental Medicine, Kaohsiung Medical University; ⁴Division of Pediatric Dentistry, Department of Dentistry, Kaohsiung Medical University Hospital, Kaohsiung, Taiwan
- 16:15 **Research of sealant treatments for the intervention in school children of Aborigines**
H. J. HSIEH¹, S. T. HUANG^{2,3}, C. C. TSAI^{2,4}, M. J. CHIOU⁵ & C. D. LIAO⁶
¹Graduate Institute of Dental Sciences, College of Dental Medicine, Kaohsiung Medical University; ²Faculty of dental Hygiene, College of Dental Medicine, Kaohsiung Medical University; ³Division of Pediatric Dentistry, Department of Dentistry, Chung-Ho Memorial Hospital, Kaohsiung Medical University; ⁴Division of Periodontal Dentistry, Department of Dentistry, Chung-Ho Memorial Hospital, Kaohsiung Medical University; ⁵Taoyuan Township Public Health Center, Kaohsiung County, Taiwan; ⁶Graduate Institute of Oral Health Sciences, College of Dental Medicine, Kaohsiung Medical University, Kaohsiung, Taiwan
- 16:20 **Oral health status and treatment needs of elementary school children in Taiwan**
Y. C. HOU¹, Y. S. LIN³, S. T. HUANG^{1,2} & S. Y. HSIAO¹
¹Division of Pediatric Dentistry, Department of Dentistry, Kaohsiung Medical University Hospital; ²Graduate Institute of Oral Health Sciences, College of Dental Medicine, Kaohsiung Medical University; ³Graduate Institute of Dental Sciences, College of Dental Medicine, Kaohsiung Medical University, Kaohsiung, Taiwan
- 16:25 **Assessment of hygiene procedures among dental practitioners in Istanbul, Turkey**
N. BEKIROGLU¹ & B. KARGUL²
¹Biostatistics Department, Medical School; ²Pediatric Dentistry, Dental School, Marmara University, Istanbul, Turkey

- 16:30 **Oral status of 12~18 years old students in Taiwan**
J. LIN^{1,4}, S. T. HUANG^{2,3,4}, N. T. WANG¹, S. Y. HSIAO⁴ & H. S. CHEN^{3,4}
¹Graduate Institute of Dental Sciences, College of Dental Medicine, Kaohsiung Medical University; ²Department of Oral Hygiene, College of Dental Medicine, Kaohsiung Medical University; ³Graduate Institute of Oral Health Sciences, College of Dental Medicine, Kaohsiung Medical University; ⁴Division of Pediatric Dentistry, Department of Dentistry, Kaohsiung Medical University Hospital, Kaohsiung, Taiwan
- 16:35 **Oral health knowledge of 8- to 12-years-old Turkish children and of their parents**
G. SEYDAOGLU¹, M. C. DOGAN², S. UGUZ³, R. S. DILER⁴ & C. SARITURK¹
¹Department of Biostatistics, University of Pittsburgh, USA; ²Department of Psychiatry, Faculty of Medicine; ³Department of Pedodontics, Faculty of Dentistry, Cukurova University, Adana-Turkey; ⁴Western Psychiatric Institute and Clinic, University of Pittsburgh, USA
- 16:40 **Caries prevalence of 3- to 12-year-olds in Moscow (Russia)**
L. P. KISELNIKOVA, T. E. ZUEVA, M. V. MIROSHKINA, S. I. SOKOLOVA & A. A. ALIBEKOVA
 Department of Paediatric Dentistry, Moscow State University of Medicine and Dentistry, Moscow, Russia
- 16:45 **Caries patterns of under three year-old children in Taiwan**
C. T. TSENG¹, Y. C. TAI¹, S. T. HUANG^{2,3,4}, H. Y. LIU⁴ & C. C. CHEN¹
¹Department of Oral Hygiene, College of Dental Medicine, Kaohsiung Medical University; ²Graduate Institute of Oral Health Sciences, College of Dental Medicine, Kaohsiung Medical University; ³Division of Pediatric Dentistry, Department of Dentistry, Kaohsiung Medical University Hospital; ⁴School of Dentistry, College of Dental Medicine, Kaohsiung Medical University, Kaohsiung, Taiwan
- 16:50 **Oral health and molar-incisor-hypomineralisations (MIH) in Turkish children**
E. YAMAC YILMAZ, D. ONER OZDAS, G. AREN & Z. AYTEPE
 Istanbul University, Faculty of Dentistry Department of Pedodontics, Istanbul, Turkey
- 16:55 **Evaluation of oral health and caries prevalence in 3-5 Year old children**
K. DALCI¹, B. EMRE² & S. ÇETINER¹
¹Department of Pediatric Dentistry, Near East University, Lefkoşa, Cyprus; ²Department of Pediatric Dentistry, Ankara University, Ankara, Turkey
- 17:00 **Prevalence of malocclusion in 6-8-year-old schoolchildren in Santiago: 2005-2006**
G. ZILLMANN¹, A. MUÑOZ², R. ORTIZ¹, J. HASSI¹ & S. ECHEVERRÍA¹
¹Área de Odontopediatría; ²Área Salud Pública, Departamento del niño y ortopedia dentomaxilar, Facultad de Odontología, Universidad de Chile
- 17:05 **Decline in Acute Necrotizing Ulcerative Gingivitis in Ile – Ife, Nigeria**
C. A. ADEKOYA – SOFOWORA¹, K. C. NDUKWE² & K. E. ADEBIYI²
¹Department of Child Dental Health, Faculty of Dentistry, Obafemi Awolowo University, Nigeria; ²Department of Oral / Maxillofacial Surgery and Oral Pathology, Obafemi Awolowo University
- 17:10 **Caries and sealant prevalence on occlusal surfaces in permanent molars in Greek adolescents**
C. OULIS & E. BERDOUSES
 Department of Paediatric Dentistry, Dental School, University of Athens
- 17:15 **Prevalence of caries on the first and second permanent molars of Greek adolescents and use of sealants**
C. OULIS, E. BERDOUSES & M. MICHALAKI
 Department of Paediatric Dentistry, Dental School, University of Athens
- 17:20 **Evidence-based medicine in paediatric dentistry**
S. FEIERABEND
 Department of Conservative Dentistry and Periodontology University of Würzburg, Germany
- 17:25 **Comparison of a basic and risk-specific school-based preventive programme for caries-risk students**
C. DROSEN¹, H. SENKEL² & R. HEINRICH-WELTZIEN¹
¹Department of Preventive Dentistry, Friedrich-Schiller University of Jena; ²Health Department of the Ennepe-Ruhr-District, Schwelm, Germany

Gasteig 2nd Floor

- P16 Syndromes and Genetics**
- 09:00 **Zinsser-Engman-Cole syndrome: a case report**
 B. BADRE¹, A. BOUSFIHA², M. C. MANIERE³, A. BLOCH-ZUPAN³, 4, S. EL ARABI¹
¹Department of Paediatric Dentistry, Faculty of Medicine Dentistry, Casablanca, Morocco; ²Department of Paediatrics, Faculty of Medicine, Casablanca, Morocco; ³Department of Paediatric Dentistry, Faculty of Dentistry, Strasbourg University, France; Reference Centre for Oral Manifestations of Rare Diseases, Hôpitaux Universitaires de Strasbourg, France; 4IGBMC, Inserm, U964; CNRS, UMR7104, Illkirch, France
- 09:05 **Ellis-van Creveld syndrome (case report)**
 H. BANGAR & M. ALSIMI
 Paediatric Dentistry Department, Riyadh Military Hospital, Riyadh, Saudi Arabia
- 09:10 **Floating-Harbor Syndrome: orofacial manifestations and dental management**
 N. CHRYSAFI, S. GKOURTSOGIANNI & M. S. DUGGAL
 Department of Paediatric Dentistry, Leeds Dental Institute, University of Leeds, UK
- 09:15 **Rothmund-Thomson Syndrome: a case report**
 M. C. DOGAN¹, H. OZTUNC², İ. SASMAZ³ & B. ANTMEN³
¹Department of Paediatric Dentistry; ²Department of Oral Diagnosis and Radiology, School of Dentistry, Cukurova University, Adana, Turkey; ³Department of Paediatric Haematology, School of Medicine, Cukurova University, Adana, Turkey
- 09:20 **A case report of Pallister-Killian syndrome (PKS): new dental findings**
 R. Y. DU, C. W. M. CHUNG & N. M. KING
 Paediatric Dentistry and Orthodontics, Faculty of Dentistry, The University of Hong Kong, Prince Philip Dental Hospital, Pokfulam, Hong Kong SAR, China
- 09:25 **Unusual dental findings in a girl with Russell-Silver syndrome**
 V. L. GOPALAKRISHNAN, C. W. M. CHUNG & N. M. KING
 Paediatric Dentistry and Orthodontics, Faculty of Dentistry, University of Hong Kong, Prince Philip Dental Hospital, Hong Kong SAR, China
- 09:30 **Ketone Utilization Disorder and Hypodontia**
 A. ALAÇAM¹, Z. A. GÜÇLÜ¹ & A. HASANOĞLU²
¹Department of Paediatric Dentistry, Faculty of Dentistry; ²Department of Pediatric Metabolism and Nutrition, Faculty of Medicine, Gazi University, Ankara, Turkey
- 09:35 **Levy-Hollister Syndrome - Case Report**
 B. HAVLOVICOVA¹, R. IVANCAKOVAR¹ & J. JUTTNEROVA²
¹Dept. of Dentistry, University Hosp. and Medical Faculty, Charles University; ²Dept. of Genetics, University Hospital, Hradec Kralove, Czech Rep
- 09:40 **Ectodermal Dysplasia – A case report**
 S. NATESH, V. ANANTHAN, V. RAJENDREN & R. APATHSAKAYAN
 Department of Pedodontics and Preventive Dentistry, Sri Ramachandra Dental College, Porur, Chennai, India
- 09:45 **Airway characteristics implications in Pierre Robin Sequence on intubation for dental treatment**
 Y. PALMON¹ & P. BOKSENBOJM²
¹Pediatric Dentistry Clinic; ²Surgical Day Care Unit, Anesthesia Department, Barzilai Medical Center, Ashkelon, affiliated to the Faculty of Health Sciences Ben-Gurion University of The Negev, Israel
- 09:50 **Management of anodontia in hypohidrotic ectodermal dysplasia**
 G. L. RICHARDSON, F. MACAULAY & K. E. HARLEY
 Department of Paediatric Dentistry, Edinburgh Postgraduate Dental Institute, Edinburgh, UK
- 09:55 **Phenotype and treatment of Amelogenesis Imperfecta with unerupted and resorbed permanent teeth**
 A. STROIANU, S. SEGAL & U. ZILBERMAN
 Pediatric Dental Clinic, Barzilai Medical Center, Ashkelon, Israel
- 10:00 **Dental management for patient with Incontinentia Pigmenti: a case report**
 J. M. SU
 Dental Department, Show-Chwan Memorial Hospital, Chang-Hua, Taiwan
- 10:05 **Uncommon oral findings in Ellis-van Creveld syndrome: a case report**
 B. TEZEL¹, T. ILERI KECELI¹, M. TEKCICEK¹, M. D. TURGUT¹ & Y. ALANAY²
¹Department of Paediatric Dentistry; ²Clinical Genetics Unit, Department of Paediatrics, Hacettepe University, Ankara, Turkey
- 10:10 **Infantile Malignant Osteopetrosis: dental findings and management in 2 siblings**
 H. J. TONG & M. S. DUGGAL
 Child Dental Health, Leeds Dental Institute, Leeds, UK

- 10:15 **Dental management of a young girl diagnosed with neurofibromatosis**
K. SEREMIDI, A. BOUGA, I. VASILOUDIS & G. VADIAKAS
Department of Paediatric Dentistry, School of Dentistry, University of Athens, Greece
- P17 Oral medicine and pathology**
- 11:00 **Pathologic root resorption of maxillary primary central incisors**
J. E. LEE, C. H. CHUNG, H. J. CHOI, S. O. KIM & B. J. CHOI
Department of Pediatric Dentistry, Yonsei University, College of Dentistry, Seoul, Korea
- 11:05 **Frey's syndrome, a complication of congenital haemangiopericytoma**
H. ZAITOUN¹, M. FARMAN¹ & A. Y. YOUSEFPOUR²
¹Department of Paediatric Dentistry; ²Department of Oral and Maxillo-facial Surgery, School of Clinical Dentistry, Sheffield, UK
- 11:10 **Management of Arteriovenous malformation**
S. AL-BAHLANI
Al-Nahdha Hospital, Muscat, Oman
- 11:15 **Alteration in Odontogenesis caused by Chemotherapy and Radiotherapy in Children's Oncology – Report of two cases**
L. ARANEDA^{1,2}, F. YURGENS³, S. PARROCHIA², M. PINTO² & ZUNINO²
¹Children's Hospital Roberto del Rio; ²Escuela Odontologia Fac. Medicina-Clinica Alemana-Universidad del Desarrollo; ³Hospital San Jose, Santiago, Chile
- 11:20 **Unexplained oral self-mutilation in a young boy: a case report**
R. G. E. C. CAUWELS & L. C. M. MARTENS
Department of Paediatric Dentistry & Special Care, PaeCaMeD Research, Ghent University, Ghent, Belgium
- 11:25 **Multifocal epithelial hyperplasia in Australia – a case report**
C. L. HALL, M. MCCULLOUGH, C. ANGEL & D. J. MANTON
Paediatric Dentistry, School of Dental Science, University of Melbourne, Melbourne, Australia
- 11:30 **Fanconi anemia manifesting as a squamous cell carcinoma after bone marrow transplantation**
A. PINAR ERDEM¹, G. İKİKARAKAYALI¹, N. YALMAN², G. AK³ & E. SEPET¹
¹Department of Pedodontics; ²Department of Medical Biology; ³Department of Oral Surgery and Medicine, Istanbul University, Istanbul, Turkey
- 11:35 **Oral rehabilitation of a child with gastroesophageal reflux disease: Case report**
A. KARAGIANNI, M. ANGELOPOULOU, D. ZAMPELI & G. VADIAKAS
Department of Paediatric Dentistry, University of Athens, Greece
- 11:40 **Oral-anal Crohn's Disease with Staphylococcus Aureus infection**
R. KAUR & J. FEARNE
Paediatric Dental Department, Dental Hospital, Royal London Hospital, New Road, London, UK
- 11:45 **Solitary Bone cyst – an unusual case report in a 7 year-old patient**
D. LAZARIDOU¹, A. ARHAKIS¹, N. KOTSANOS¹, A. KEVREKIDOU¹ & K. ANTONIADIS²
¹Department of Paediatric Dentistry, Aristotle University, Thessaloniki; ²Department of Oral and Maxillofacial Surgery, Thessaloniki, Greece
- 11:50 **Adenomatoid odontogenic tumor associated with deciduous molar: report of an unusual case**
P. EELATAWEEWUD¹, S. VISUTTIWATTANAKORN² & S. POOMSAWAT³
¹Department of Pediatric Dentistry; ²Department of Surgery; ³Department of Oral Pathology, Faculty of Dentistry, Mahidol University, Bangkok, Thailand
- 11:55 **A difficult diagnosis of a large unilocular radiolucency in the mandible**
N. LUSH¹, V. LOPES² & K. E. HARLEY³
¹Department of Paediatric Dentistry; ²Department of Oral Surgery; ³Department of Paediatric Dentistry, Edinburgh Dental Institute, Edinburgh, UK
- 12:00 **Spontaneous regression of congenital epulis: a case report**
P. RITWIK¹, R. BRANNON² & R. MUSSELMAN¹
¹Department of Pediatric Dentistry, LSU School of Dentistry New Orleans, USA; ²Oral and Maxillofacial Pathology LSU School of Dentistry New Orleans, USA
- 12:05 **Amelogenesis Imperfecta in 11 Year-old Girl: a case report**
A. I. SASMIT & A. M. KANIA
Department of Pediatric Dentistry Padjadjaran University, Bandung-West Java, Indonesia
- 12:10 **Intraoral osseous choristoma in a newborn: A case report**
D. SOTERIOU¹, E. PAPADOPOULOU², N. NIKITAKIS² & G. VADIAKAS¹
¹Department of Paediatric Dentistry; ²Department of Oral Pathology, Dental School, University of Athens, Greece
- 12:15 **A case of bilateral parotid and submandibular salivary gland aplasia**
S. S. TAJJI¹, N. W. SAVAGE¹, T. HOLCOMBE², F. KHAN³ & W. K. SEOW¹
¹The University of Queensland, Brisbane, Australia; ²Kingston Oral Health Centre, Queensland Health, Brisbane, Australia; ³Private Practice, Brisbane, Australia

- 12:20 **Irritation fibroma in a 3 year-old child: a case report**
K. TAOUFIK, C. REPPA & G. VADIAKAS
 Department of Pediatric Dentistry, Dental School, Athens University, Athens Greece
- P18 Syndromes and Genetics / Oral medicine and pathology**
- 14:00 **A novel DSPP mutation (p.V18D) causing Dentinogenesis Imperfecta type II**
M. KIDA¹, T. TSUTSUMI², M. SHINDOH³ & T. ARIGA¹
¹Department of Pediatrics; ²Hinode Dental Office; ³Oral Pathology and Biology, Hokkaido University Graduate School of Dentistry, Japan
- 14:05 **KBG syndrome – clinical features and specific dental findings**
A. A. ALMANDAEY¹, R. P. ANTHONAPPA² & N. M. KING²
¹Paediatric Dentistry, Hamad Medical Corporation Qatar; ²Paediatric Dentistry and Orthodontics, Faculty of Dentistry, University of Hong Kong, Prince Philip Dental Hospital, Hong Kong SAR, China
- 14:10 **The clinical study on a Chinese family with Amelogenesis imperfecta**
J. ZHONG, L. GE & S. ZHAO
 Department of Pediatric Dentistry, Peking University School of Stomatology, Beijing, China
- 14:15 **A survey of oral biopsies from paediatric patients at the University Hospital**
M. TOMIZAWA¹, T. TSUDA², S. HAYASHI-SAKAI² & F. IIZAWA²
¹Department of Oral Health and Welfare, Faculty of Dentistry, Niigata University; ²Division of Pediatric Dentistry, Department of Oral Health Science, Niigata University Graduate School of Medical and Dental Sciences, Niigata, Japan
- 14:20 **Investigation of the correlation between intestinal parasitic infections and bruxism among preschool children**
M. TEHRANI¹, N. PESTECHIAN², H. YOUSEFI³ & H. SEKHAVATI⁴
¹Department of Pediatric Dentistry, School of Dentistry, Isfahan University of Medical Sciences; ²School of Medicine, Isfahan University of Medical Sciences; ³School of Medicine, Isfahan University of Medical Sciences; ⁴Dental Practitioner, Torabinejad Research Center, Isfahan, Iran
- 14:25 **Dentilsin involvement in coaggregation between Treponema denticola and Tannerella forsythia**
Y. SANO¹, M. YAKUSHIJI¹, S. SHINTANI¹ & K. ISHIHARA¹
¹Department of Microbiology, Tokyo Dental College, Chiba, Japan
- 14:30 **Gingival expression of SOD and NOS mRNA in NOS1 knockout mice**
M. ISHIOKA¹, H. WATANABE², Y. ISHIZUKA³, T. YANAGISAWA⁴ & S. SHINTANI¹
¹Department of Paediatric Dentistry, Tokyo Dental College; ²Division of Oral Histology, Department of Morphological Biology, Ohu University School of Dentistry; ³Department of Periodontology, Tokyo Dental College; ⁴Department of Ultrastructural Science, Tokyo Dental College, Japan
- 14:35 **Can mesiodentes be resorbed?**
T. MENSAH, C. ULLBRO & G. KOCH
 Department of Paediatric Dentistry, The Institute of Postgraduate Dental Education in Jönköping, Sweden
- 14:40 **Clinic and subgingival bacteria research on aggressive periodontitis and chronic periodontitis**
D. Y. LI & L. Y. GAO
 Oral Basic Department, Ninth People's Hospital, Shanghai Jiao Tong University, School of Medicine, Shanghai Key Laboratory of Stomatology, PR China
- 14:45 **Some salivary parameters of children with and without black stain**
A. GARAN¹, S. AKYUZ¹, L. KOC OZTURK² & A. YARAT²
¹Departments of Paediatric Dentistry, ²Basic Science, ³Dental School, Marmara University, Istanbul, Turkey
- 14:50 **IMUDON for treating atopic cheilitis in children**
L. N. DROBOTKO, S. Y. STRAKHOVA, V. M. ELIZAROVA & A. V. DIKAYA
 Department of Paediatric Dentistry, Moscow State University of Medicine and Dentistry, Moscow, Russia
- 14:55 **Clinic and laboratory aspects of herpetic stomatitis severity course in children**
L. N. DROBOTKO & S. Y. STRAKHOVA
 Department of Paediatric Dentistry, Moscow State University of Medicine and Dentistry, Moscow, Russia
- 15:00 **Vermilion border and tongue at children with diseases of the alimentary tract**
A. V. GORELOV, V. ELIZAROVA & A. DIKAYA
 Moscow State University of Medicine and Dentistry, Department of Pediatric dentistry, Moscow, Russia
- 15:05 **Buco-dental health in children with HIV**
C. ANDREUJIC², L. ARANEDA^{1,2}, I. GALAZ¹, I. ESPINOZA² & M. PINTO²
¹Children's Hospital Roberto del Río; ²Universidad de Chile, Santiago, Chile
- 15:10 **Dental health of children with cleft lip and palate**
A. E. ANUROVA, V. M. ELIZAROVA & V. D. SHCHEGOLEVA
 Department of Paediatric Dentistry, Moscow State University of Medicine and Dentistry, Russia

- 15:15 **Taste perception evaluation in a 100 healthy children sample**
E. BARDELLINI, F. AMADORI, S. BONADEO, P. FLOCCINI & A. MAJORANA
University of Brescia, Italy
- P19 Orthodontics**
- 16:00 **Odontoma associated with impacted teeth: three case reports**
H. ZHU
Department of Stomatology, Beijing Children's Hospital, Capital Medical University, Beijing, China
- 16:05 **Rapid palatal expansion for the treatment of an ectopically erupting maxillary canine**
K. T. PARK & J. Y. KIM
Department of Pediatric Dentistry, the Institute of Oral Health Science, Samsung Medical Center, Sungkyunkwan University School of Medicine, Seoul, Korea
- 16:10 **Autotransplantation: Using cone beam CT and computer-aided rapid prototyping. Two case reports**
R. FITZGERALD, D. L. CROSS, R. A. MCKERLIE & P. MCLAUGHLIN
Department of Paediatrics and Orthodontics, Glasgow Dental Hospital and School, Glasgow, UK
- 16:15 **Orthodontic traction of an impacted tooth using a modified removable appliance: a case**
D. S. LEE^{1,2}, M. J. KIM¹, J. H. SHIN¹, S. KIM¹ & T. S. JEONG¹
¹Department of Pediatric Dentistry, School of Dentistry, Pusan National University; ²Seo-Myeun Children's Dental Clinic, Busan, Korea
- 16:20 **Management of ectopically erupting lower second deciduous molar by modified Halterman Appliance: a case report**
S. K. KIM, S. J. KIM, Y. C. CHOI, K. C. KIM & J. H. PARK
Department of Pediatric Dentistry and Institute of Oral Biology, College of Dentistry, Kyung Hee University, Seoul, South Korea
- 16:25 **Correction of anterior cross bite using different techniques**
N. LOGANATHAN & S. STEPHEN
Department of Paediatric Dentistry, Sydney Dental Hospital, Sydney, Australia
- 16:30 **Autotransplantation of maxillary canine using the stereolithographic model: report of 2 cases**
S. J. KIM, S. K. KIM, K. C. KIM, S. C. CHOI & Y. C. CHOI
Department of Pediatric Dentistry and Institute of Oral Biology, School of Dentistry, Kyung Hee University, Seoul, South Korea
- 16:35 **Aesthetic fixed appliance using a natural tooth: a case report**
M. G. MARTINEZ & A. C. MEDINA
Department of Paediatric Dentistry, Faculty of Dentistry, Central University of Venezuela
- 16:40 **Functional appliance with raising tongue trainer**
T. WATANABE
Tatsuya Koyanagi, Yuuji Funabashi, Naomi Uno and Syouko Matsuhsa, Owari orthodontic clinic, Aichi, Japan
- 16:45 **Orthodontic treatment possibilities of allergic patients**
G. VITÁLYOS, J. TÖRÖK, T. RADICS & C. S. HEGEDŰS
Faculty of Dentistry, Medical and Health Science Center, University of Debrecen, Debrecen, Hungary
- 16:50 **Orthodontic treatment needs of children: comparison of three indices**
F. SEYMEN¹, M. YILDIRIM¹, A. PATIR¹, E. B. TUNA¹ & G. ACAR²
¹Department of Pedodontics; ²Department of Endodontics, Istanbul University, Faculty of Dentistry, Istanbul, Turkey
- 16:55 **The true three-dimensional craniofacial anatomy: 3-D versus 2-D cephalometric analysis**
G. FARRONATO, U. GARAGIOLA, D. FARRONATO & D. DE NARDI
Department of Orthodontics, School of Dentistry I, University of Milan, Milan, Italy
- 17:00 **Prevalence of hypodontia in some children attended in Mashhad School of Dentistry**
M. SHABZENDEGAR¹, B. AJAMI² & M. MEHRJERDIAN³
¹Department of Pediatric Dentistry, Mashhad Dental School, Mashhad University of Medical Sciences; ²Department of Pediatric Dentistry, Mashhad Dental School, Mashhad University of Medical Sciences; ³Mashhad, Iran
- 17:05 **Three-dimensional space changes after premature loss of a primary first molar**
J. H. LEE, J. Y. KIM & K. T. PARK
Department of Pediatric Dentistry, Sungkyunkwan University School of Medicine, the Institute of Oral Health Science, Samsung Medical Center, Seoul, Korea
- 17:10 **Orthodontic treatment need in 4th and 5th grade students in Al-Mabrur, Bandung (Indonesia)**
A. SETIAWAN, D. S. LATIF & R. SAPTARINI
Department of Pediatric Dentistry Padjadjaran University, Bandung-West Java, Indonesia
- 17:15 **Ultrasound bone measurement age changes in cerebral palsy children before orthodontic treatment**
S. BABI
Department of Paediatric Dentistry, Odessa State Medical University, Odessa, Ukraine

Gasteig Carl Orff Hall / Call-Orff-Saal (Übertragung und Simultanübersetzung in Black Box)

M13 Caries infiltration technique

Sponsor:
DMG Chemisch-
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09:00 S. Paris (GER)

09:30 J. Berg (USA)

10:00 H. Meyer-Lückel (GER)

Caries sealing and infiltration: theoretical background

Clinical application of smooth surface sealing and infiltration in children

Indication and efficacy of smooth surface sealing and infiltration

10:30 Morning Break

M15 Early Childhood Caries 1

Sponsor:
GABA International AG



11:00 K. Pieper (GER)

11:45 S. Twetman (DEN)

Early Childhood Caries (ECC) – epidemiology and association with (of?) independent variables

Early childhood caries – microbiological aspects and vertical transmission

12:30 Lunch at the Exhibition Area (Gasteig)

M17 Early Childhood Caries 2

Sponsor:
GABA International AG



14:00 D. Declerck (BEL)

14:45 K. Bücher (GER)

Prevention of ECC: Why is it so difficult?

Therapy strategies for early childhood caries

15:30 Afternoon Break

15:45 Closing ceremony

20:00 Congress Dinner at Hilton Park Hotel

Gasteig Small Concert Hall / Kleiner Konzertsaal

M14 Timing of orthodontic intervention and early orthodontic treatment

09:00	F. Stahl (GER)	Prevalence of malocclusions and of orofacial dysfunctions and their interrelation in the primary and early mixed dentition
09:30 B.	Kahl-Nieke (GER)	Early Orthodontic Treatment and Timing of Transversal Discrepancies
09:50	I. Rudzki-Janson (GER)	Early orthodontic treatment and timing of sagittal discrepancies
10:10	A. Wichelhaus (GER)	Early Orthodontic treatment and timing of vertical discrepancies

10:30 Morning Break**M16 Interdisciplinary treatment approaches for patients with syndromes**

11:00	A. Cameron (AU)	Dental treatment planning for children with cranio-facial anomalies
11:45	H. Korbmacher (GER)	Orthodontic treatment in patients with syndrome

12:30 Lunch at the Exhibition Area (Gasteig)**15:30 Afternoon Break****15:45 Closing ceremony****20:00 Congress Dinner at Hilton Park Hotel**

Gasteig Library Hall / Bibliothekssaal

O19 Oral session – Prevention 1**09:00 High school children as advocates of oral health promotion in schools**S. BHASKAR, A. AL- HAMOUR, M. AL-SHARQI & R. AL-ADWANI

Department of Growth and Development, Faculty of Dentistry, AUSTN, Fujairah, UAE

09:11 Prevention of oral health – knowledge of Polish paediatriciansK. EMERICH

Department of Paediatric Dentistry, Medical University of Gdansk, Poland

09:22 The role of salivary carboanhydrase and salivary buffers in caries prevention in childrenD. ŠURDILOVIĆ¹, I. STOJANOVIĆ², M. IGIĆ¹, M. APOSTOLOVIĆ¹, O. TRIČKOVIĆ JANJIĆ¹ & L. J. KOSTADINOVIĆ¹¹Dentistry Clinic; ²Institute of Biochemistry, Medical Faculty, University of Niš, Serbia**09:33 Obesity and oral health among adolescents in the United Arab Emirates**F. A. KHADRI, M. P. HECTOR & E. S. DAVENPORT

Queen Mary University of London, Barts and The London School of Medicine and Dentistry, Institute of Dentistry, London, UK

09:44 Pathway to oral health: the management of high caries risk paediatric patientsA. M. SANARES, A. STEPHEN & L. SANK

Dept. of Paediatric Dentistry, Sydney Dental Hospital, Sydney, Australia

09:55 Pregnant women's knowledge of oral health care for childrenB. DRUMMOND, J. ROTHNIE, C. WALSH, M. WANG & K. MORGAINE

Department of Oral Sciences, University of Otago School of Dentistry, Dunedin, New Zealand

10:06 Comparison of salivary characteristic between children with ECC and caries-free childrenA. BAGHERIAN¹, G. H. ASADIKARAM², A. JAFARZADEH³ & M. REZAEIAN⁴¹Department of Pedodontics, Dental School; ²Department of Biochemistry, Medical School; ³Department of Immunology, Medical School; ⁴Department of social medicine, Medical School, Rafsanjan University of Medical Sciences, Rafsanjan, Iran**10:17 Baby clinic – a pre- and postnatal project to promote oral health**E. MAMBER, S. FAIBIS, M. MOSKOVITZ, Y. SHAPIRA & K. ZISKIND

Department of Pediatric Dentistry, Hadassah School of Dental Medicine, Hebrew University, Jerusalem, Israel

O20 Oral session – Prevention 2**11:00 New method of in vivo monitoring of the enamel surface**J. HANDZEL¹ & M. MARYŠKA²¹Stomatological Clinic, Faculty of Medicine, Charles University Prague; ²Institute of Chemical Technology, Dept. Glass and Ceramics, Prague, Czech Republic**11:11 The richest infant feed – a tested approach**A. M. XAVIER, K. RAI & A. M. HEGDE

Dept. of Pedodontics and Preventive children dentistry, Rajiv Gandhi University of health sciences, Mangalore, India

11:22 Effect of xylitol-containing chewing gum on S.mutans scores in pregnant womenN. S. POPOVA, L. P. KISELNIKOVA, O. A. OKSENTJUK, J. N. JAKOVLEVA & E. V. KIRILLOVA

Moscow Medical-Stomatological University Chair of children's stomatology, Russia

11:33 A statherin-like peptide reduces the rate of enamel demineralisation in vitroM. P. HECTOR, P. ANDERSON, J. KOSORIC, P. GROSVENOR & R. A. D. WILLIAMS

Centre for Oral Growth and Development, Barts and The London School of Medicine and Dentistry, London, UK

11:44 Effect of CCP-ACP and APF on S.mutans biofilm: an in vitro studyA. PINAR ERDEM¹, E. SEPET¹, T. AVSHALOM², V. GUTKIN³ & D. STEINBERG²¹Department of Pediatric Dentistry, Istanbul University, Istanbul, Turkey; ²Institute of Dental Sciences, Hebrew University, Jerusalem, Israel; ³The Harvey Krueger Center for Nanoscience and Nanotechnology, Hebrew University, Jerusalem, Israel**11:55 Effect of xylitol on some salivary risk factors of caries in schoolchildren**A. TRUMMLER¹ & W. STRÜBIG²¹Childrens Dental Clinic, St. Gallen, CH; ²School Dental Clinic, Bern, CH**12:06 The Effect of CPP-ACP and Fluoride on Salivary Parameters in Malay Adolescents**A. VENKITESWARAN, H. AWANG & Z. H. A. RAHIM

University of Malaya, Kuala Lumpur, Malaysia 54


12:17 Examination of antimicrobial and clinical effect of chlorhexidine-containing oral health care gel in childrenA. BEGZATI¹, S. KNEIST², A. RAKA¹, T. ADEMAJ-KUTLLOVCI¹ & G. DAVID³¹Department of Pedodontics and Preventive Dentistry, University of Prishtina, Dental School of Prishtina, Kosova;²Department of Preventive Dentistry, Friedrich-Schiller-University of Jena, Jena, Germany; ³Ivoclar Vivadent, Liechtenstein

O21 Oral session – Growth & Development

- 14:00 **SEL1L may cross-talk with Notch and Tgf-beta signaling in tooth development**
X. XING, X. WANG, L. WEN & Y. JIN
 Department of pediatric dentistry, school of stomatology, Fourth Military Medical University, Xi'an, Shaanxi, China
- 14:11 **Expression and Localization of Connexin 43 in odontoblast-like cells**
L. A. WU¹, Y. TAKAGI², I. MORITA², X. J. WANG¹ & L. Y. WEN¹
¹School of Stomatology, Fourth Military Medical University, Xi'an, China; ²Graduate School, Tokyo Medical and Dental University, Tokyo, Japan
- 14:22 **The relationship between bite force and body mass index (BMI) in adolescents**
K. T. SUN¹, S. C. CHEN², H. H. CHIANG¹ & H. H. TSAI³
¹Department of Pediatric Dentistry, China Medical University Hospital; ²Department of Endocrinology, Cheng Ching Hospital; ³Department of Pedodontics, School of Taipei Medical University, Taipei, Taiwan, R.O.C.
- 14:33 **Space changes following premature loss of a primary maxillary first molar: a 12-month study**
Y. T. J. LIN & Y. T. LIN
 Department of Pediatric Dentistry, Chang Gung Memorial Hospital-Kaohsiung Medical Center, Chang Gung University College of Medicine, Taiwan
- 14:44 **The developing apical foramen in permanent incisors**
H. M. LIVERSIDGE¹ & T. MOLLESON²
¹Queen Mary University of London, Barts & The London School of Medicine and Dentistry; ²Palaeontology Department, Natural History Museum, London, UK
- 14:55 **Apoptosis and proliferation approach of human primary teeth with physiological root resorption**
 Z. BEN AOUN¹, B. SRIHA², A. BAAZIZ³ & S. GHOUL-MAZGAR¹
¹Laboratory of Histology and Embryology, Dental Faculty of Monastir, University of Monastir; ²Department of Pathology, Farhat Hached Hospital, Sousse, University of Sousse; ³Paediatric Department, Dental Clinic of Monastir, University of Monastir, Tunisia
- 15:06 **The Effect of Pulpectomy on Root Resorption of Deciduous Teeth without Successors**
Y. ZHAO, J. YANG, B. LIN & L. GE
 Department of Pediatric Dentistry, School and Hospital of Stomatology, Peking University, Beijing China

Hilton Hotel Ballroom / Ballsaal

O22 Oral session – Dental anxiety and behavioural management 1

- 09:00 – 09:30 N. Krämer (GER)
 First experiences with a new local anesthesia with a lower adrenalin concentration
 Sponsor: 3M Espe AG

- 09:30 **Repeated sessions of rectal midazolam-sedation for dental treatment in children**
M. BÄGESUND¹ & C. MALMCRONA²
¹Division for Public & Child Dental Health, Dublin Dental School & Hospital, Trinity College, University of Dublin, Ireland; ²Centre for Orthodontics and Pediatric Dentistry Norrköping, Sweden
- 09:41 **Preoperative analgesics for additional pain relief in children having dental treatment**
A. BEHBEHANI¹, S. PAREKH¹, D. M. MOLES² & P. F. ASHLEY¹
¹Unit of Paediatric Dentistry; ²International Centre for Evidence-Based Oral Health (ICEBOH), UCL Eastman Dental Institute, London, UK
- 09:52 **Oral and rectal administration of midazolam in pediatric dentistry**
E. KOERPERICH¹ & M. ATAR²
¹Centre for Dental and Craniofacial Sciences Department of Orthodontics, Dentofacial Orthopaedics and Paediatric Dentistry Charité Universitätsmedizin Berlin CC3, Berlin, Germany; ²Head Swiss Smile Kids Dental Clinics, Mayfair, London, UK
- 10:03 **Evaluation of osteocentral (trans-septal) anaesthesia in children and adolescents**
J. L. SIXOU, A. MARIE-COUSIN, A. HUET, B. HINGANT & J. C. ROBERT
 Department of Paediatric Dentistry, University of Rennes 1 and CHU of Rennes, France

- 10:14 **Outcome measures used for dental sedation in children and adolescents**
S. PARALIKAKI¹, D. M. MOLES², S. PAREKH¹ & P. F. ASHLEY¹
¹Unit of Paediatric Dentistry; ²International Centre for Evidence-Based Oral Health (ICEBOH), UCL Eastman Dental Institute, London, UK
- 10:25 Discussion
- 023 Oral session – Dental anxiety and behavioural management 2**
- 11:00 **Tramadol-A viable local anaesthetic alternative for pediatric dental extractions**
M. Y. PADMANABHAN & R. K. PANDEY
Department of Pedodontics with Preventive Dentistry, Faculty of Dental Sciences, CSM Medical University (Erstwhile, King George Medical University), Lucknow, India
- 11:11 **Dental Fear in children with CLP, a prospective study**
W. E. J. C. VOGELS & J. S. J. VEERKAMP
Dept. of Cariology, Endodontology, Pedodontology, ACTA, Amsterdam, The Netherlands
- 11:22 **Confidence of therapy students in paediatric dentistry**
E. GIBSON¹, P. DAY¹, J. ROWBOTHAM² & L. MORROW³
¹Department of Child Dental Health; ²Department of Dental Hygiene and Therapy; ³Department of Restorative Dentistry, University of Leeds, Leeds, UK
- 11:33 **The effects of different hypnotic interventions and distraction in pediatric dentistry**
L. JILG, B. DETTMER & T. SCHNELLER
Medical Psychology, Medical University, Hannover, Germany
- 11:44 **Child-parent interaction in different daily- and dentistry-related situations, an explorative analysis**
M. A. KLAASSEN^{1,2}, J. S. J. VEERKAMP¹ & J. HOOGSTRATEN^{2,3}
¹Department of Cariology Endodontology Pedodontology, Academic Centre for Dentistry Amsterdam (ACTA); ²Department of Social Dentistry and Behavioural Sciences, Academic Centre for Dentistry Amsterdam (ACTA); ³Department of Psychological Methods, University of Amsterdam (UvA), Amsterdam, The Netherlands
- 12:30 Lunch & Learn KaVo**
- 
KaVo. Dental Excellence.
- 024 Oral session – Dental anxiety and behavioural management 3**
- 14:20 **Child rearing styles, dental anxiety and emotional and behavioral problems; an exploratory study**
J. B. KRIKKEN & J. S. J. VEERKAMP
Dept. Cariology, Endodontology, Pedodontology, ACTA, Amsterdam, The Netherlands
- 14:31 **Efficacy of non-aversive behaviour management techniques: Based on video assisted parental ratings**
O. O. KUSCU, E. CAGLAR & N. S&ALLI
Department of Paediatric Dentistry, Yeditepe University, School of Dentistry, Istanbul, Turkey
- 14:42 **Evaluation of aversive conditioning techniques in pediatric practice in Chennai, India**
M. S. MUTHU, S. A. GOURI, V. CHARANYA & S. SHIFA
Pedo Planet, Pediatric Dental Centre, Chennai, India
- 14:53 **Behaviour management techniques employed by dentists for their child patients**
F. A. OREDUGBA & O. O. SANU
Department of Child Dental Health, College of Medicine, University of Lagos, Nigeria
- 15:04 **The effect of low level laser therapy on pain during cavity preparation with laser in children**
I. TANBOGA, F. EREN, F. ERTUGRAL & B. ALTINOK
Marmara University, Dentistry School, Department of Pediatric Dentistry Istanbul, Turkey

Hilton Hotel (von Weber / Orff / Reger)

P13 Poster session – Epidemiology 2

- 09:00 **Provision of dental general anaesthesia for children and associations with social deprivation**
F. GILCHRIST¹, S. A. CRAIG¹, H. D. RODD¹, A. KING² & Z. MARSHMAN²
¹Department of Oral Health and Development, School of Dentistry, Sheffield; ²NHS Sheffield, UK
- 09:05 **The pattern of attendance of the paediatric patient to the undergraduate clinic**
L. GARTSHORE & S. ALBADRI
 Paediatric Dentistry Department, Liverpool University Dental Hospital, Liverpool, UK
- 09:10 **Effect of health counseling of women in childbed on children's dental health**
S. GREINER¹, T. BISCHOF², G. BORGERT² & R. HEINRICH-WELTZIEN¹
¹Department of Preventive Dentistry, Friedrich-Schiller University of Jena, Germany; ²Zahnprophylaxe Vorarlberg GmbH, Bregenz, Austria
- 09:15 **Characteristics of children treated for early childhood caries in Tygerberg, Cape Town**
N. MOHAMED¹ & J. BARNES²
¹Department of Paediatric Dentistry, University of the Western Cape; ²Department of Community Health, University of Stellenbosch, Cape Town, South Africa
- 09:20 **Emergency dental care for children: an attendance profile**
A. MORGAN¹, C. PATCHETT², S. ALBADRI³, C. DEERY¹ & H.D. RODD¹
¹Paediatric Dentistry Department, Charles Clifford Dental Hospital, Sheffield; ²Paediatric Dentistry Department, University Dental Hospital of Manchester, Manchester; ³Paediatric Dentistry Department, School of Dental Science, University of Liverpool, Liverpool
- 09:25 **Salivary antioxidant status of healthy and type 1 diabetic children**
D. ONER OZDAS¹, S. CAN TROSALA², Y. GUVEN² & G. AREN¹
¹Faculty of Dentistry, Department of Pedodontics; ²Faculty of Dentistry, Department of Biochemistry, Istanbul University, Istanbul, Turkey
- 09:30 **Knowledge of parents about oral health in children with heart disease**
H. NOOROLLAHIAN
 Mashhad University of Medical Sciences, Dept. of Pediatric Dentistry, Mashhad, Iran
- 09:35 **Epidemiological evaluation of temporomandibular disorder in a group of Iranian students**
M. EBRAHIMI, H. DASHTI & M. ARGHAVANI
¹Department of Pediatric Dentistry, Mashhad Dental School, Mashhad University of Medical Sciences; ²Department of Prosthodontics, Mashhad Dental School, Mashhad University of Medical Sciences; ³Dentist, Mashhad, Iran
- 09:40 **Comparing the root-crown ratio of Japanese, Hungarian and German young population**
B. RENCZ, M. IINUMA, B. REMPORT, G. FABIÁN & I. TARJÁN
¹Department of Paedodontics and Orthodontics, Semmelweis University, Budapest, Hungary; ²Department of Paediatric Dentistry, Asahi University School of Dentistry, Hozumi, Japan
- 09:45 **Oral health awareness in 8- to 12-year-olds in Adana, Turkey**
M. C. DOGAN¹, G. SEYDAOGLU² & C. SARITURK²
¹Department of Pedodontics, Faculty of Dentistry; ²Department of Biostatistics, Faculty of Medicine, Cukurova University, Adana, Turkey
- 09:50 **Parent's awareness on their children's malalignment and malocclusion in China**
W. XIAOJING¹, L. YINGFENG¹, S. HIROSHI² & Y. MASASHI²
¹Department of Pediatric Dentistry, School of Stomatology, The Fourth Military Medical University, Xi'an, China; ²Department of Pediatric Dentistry, Tokyo Dental College, Masago, Mihama-ku, Chiba, Japan
- 09:55 **Radiographic evaluation Of third molar development in a group of Turkish children**
E. YAMAC YILMAZ, A. PINAR ERDEM, E. SEPET & Z. AYTEPE
 Department of Pedodontics, Istanbul University, Istanbul, Turkey
- 10:00 **The related factors of bruxism in children**
X. ZHU, S. G. ZHENG & C. YU
 Department of Pediatric Dentistry, Peking University School and Hospital of Stomatology, Beijing, China
- 10:05 **Use of sealants among general dental practitioners and paediatric dentists in Greece**
M. SIFAKAKI, M. MICHALAKI, E. BERDOUSES & C. OULIS
 Department of Paediatric Dentistry, Dental School, University of Athens, Greece
- 10:10 **Some issues on dental public health in in rural parts**
G. GONCHIG¹, M. MYAGMARJAV² & U. KHASBAZAR³
¹Shidet-Od' dental clinic, Ulaanbaatar; ²Mongolian Development Institute; ³Rural Public Health Centre, Khuvsgul, Mongolia
- 10:15 **Oral health status according to WHO criteria and laser fluorescence measurements**
S. KADIC¹, V. PICEK¹, O. LULIC DUKIC², B. DELIJA² & Z. SOSTAR³
¹Department of Paediatric Dentistry, Dental Polyclinic Zagreb; ²Department of Paediatric Dentistry, School of Dental Medicine, University of Zagreb; ³City Office for Health, Labour, Social Protection and War Veterans, Zagreb, Croatia

P14 Poster session – Cariology 1

- 11:00 **Caries risk, cariogenic bacteria and the Cariostat: From childhood through old age**
O. RODIS¹, S. MATSUMURA¹, N. KARIYA², Y. OKAZAKI¹ & M. NISHIMURA²
¹Department of Behavioral Pediatric Dentistry, Okayama University Graduate School of Medicine, Dentistry and Pharmaceutical Sciences; ²Dental Hospital, Okayama University, Shikata-cho, Okayama City, Japan
- 11:05 **Levels of S-IgA among the infants with or without Early Childhood Caries**
H. R. POURSLAMI
Department of Paediatric Dentistry, Member of Kerman Oral & Dental Diseases Centre, Dental School, Kerman, Iran
- 11:10 **The prevalence and etiological factors of dental erosion in children**
M. MENDERES, D. COGULU & N. ERSIN
Ege University School of Dentistry, Department of Pedodontics, Izmir, Turkey
- 11:15 **Functional analysis of ATP transporter proteins associated with antibiotic resistance in Streptococcus mutans**
M. MATSUMOTO-NAKANO, K. NAGAYAMA, S. INAGAKI, K. FUJITA & T. OOSHIMA
Department of Pediatric Dentistry, Osaka University Graduate School of Dentistry, Suita, Osaka, Japan
- 11:20 **Influence of chlorhexidine and xylitol on oral microflora in children with ECC**
E. V. KIRILLOVA, L. P. KISELNIKOVA & N. S. POPOVA
Department of Pediatric Dentistry, and V. N. Tsarev, Dept. of Microbiology, Moscow State University of Medicine and Dentistry, Russia
- 11:25 **Infiltration of resin adhesive into proximal early caries lesions according to pretreatment methods**
H. J. KIM, J. H. SHIN, M. J. KIM, S. Y. LEE & S. KIM
Dept. of Pediatric Dentistry, School of Dentistry, Pusan National University, Busan, Korea
- 11:30 **The antibiotic activity of Actinomyces isolated from black-stained primary teeth to S.mutans**
J. H. SHIN, M. J. KIM, S. Y. LEE, H. J. KIM & S. KIM
Dept. of Pediatric Dentistry, School of Dentistry, Pusan National University, Busan, Korea
- 11:35 **Effect of extremely low frequency magnetic field on enamel microhardness in rats**
B. KARGUL¹, I. YAVUZ², Z. AKDAG², A. DURHAN¹
¹Marmara University, Dental School, Department of Paediatric Dentistry, Istanbul; ²Dicle University, Dental School, Department of Paediatric Dentistry, Diyarbakir, Turkey
- 11:40 **Performance of ICDAS-II and fluorescence methods for detection of occlusal caries**
A. JABLONSKI-MOMENI¹, S. M. ROSEN¹, H. M. SCHIPPER¹, M. HEINZEL-GUTENBRUNNER¹ & K. PIEPER¹
¹Dental School, Department of Paediatric and Community Dentistry, Philipps-University, Marburg, Germany
- 11:45 **Reproducibility of three fluorescence methods for occlusal caries diagnosis in permanent teeth**
S. M. ROSEN¹, K. PIEPER¹, V. STACHNISS², M. HEINZEL-GUTENBRUNNER¹ & A. JABLONSKI-MOMENI¹
¹Dental School, Department of Paediatric and Community Dentistry; ²Dental School, Department of Operative Dentistry, Philipps-University, Marburg, Germany
- 11:50 **Contribution of recA gene for gtf expression by Streptococcus mutans**
S. INAGAKI, M. MATSUMOTO-NAKANO, K. FUJITA, K. NAGAYAMA & T. OOSHIMA
Department of Pediatric Dentistry, Osaka University Graduate School of Dentistry, Suita, Osaka, Japan
- 11:55 **Senior dental students' experience with cariogram in a radiatric dental clinic**
C. GONZALEZ¹ & C. OKUNSERI²
¹Department of Developmental Sciences/Pediatric Dentistry; ²Department of Clinical Services/Dental Public Health, Marquette University School of Dentistry, Milwaukee, WI, USA
- 12:00 **Identification of oral Streptococci by Denaturing Gradient Gel Electrophoresis (DGGE)**
I. KONISHI, T. HOSHINO, Y. KONDO & T. FUJIWARA
Department of Pediatric Dentistry, Nagasaki University Graduate School of Biomedical Sciences, Nagasaki, Japan
- 12:05 **Correlation of biological properties and expression profile of glucan-binding protein B in Streptococcus mutans clinical isolates**
K. FUJITA, M. MATSUMOTO-NAKANO, Y. TAKASHIMA, S. INAGAKI & T. OOSHIMA
Department of Pediatric Dentistry, Osaka University Graduate School of Dentistry, Suita, Osaka, Japan
- 12:10 **Black stain: A PCR microbiological study of cariogenic and periodontopathogenic microflora**
B. BARTSCH¹, S. EICK² & R. HEINRICH-WELTZIEN³
¹Health Department of Rhein-District, Neuss; ²Institute of Medical Microbiology, Friedrich-Schiller-University, Jena; ³Department of Preventive Dentistry, Friedrich-Schiller-University, Jena, Germany

- 12:15 **In vitro activity of *Scutellaria baicalensis* Georgi extracts against *Streptococcus mutans* biofilms**
C. DUAN¹, S. MATSUMURA², N. KARIYA² & T. SHIMONO²
¹Department of Pediatric Dentistry Zhong Shan Hospital of Dalian University, Dalian, China; ²Department of behavioral Pediatric Dentistry, Okayama University Graduate School of Medicine Dentistry Sciences, Okayama, Japan
- 12:20 **The correlation between the mean DMFT and odontogenic infections in children**
T. ADEMAJ-KUTLLOVCI¹, A. BEGZATI¹, K. MEQA², A. J. BEGZATI¹ & B. BRUÇI¹
¹Department of Pedodontics and Preventive Dentistry; ²Department of Periodontology and Oral Medicine, University of Prishtina, Dentistry School, Prishtina, Kosovo
- 12:25 **A clinical study of enameloplasty applied in deep pit and fissure of young permanent molars**
Y. CHANG, G. LIHONG, Z. YAN & Z. XIMING
Department of Second Dental Centre, Peking University School & Hospital of stomatology, Peking, China
- 12:30 **An in-vitro comparison of visual inspection, bite-wing radiography and laser fluorescence methods for the diagnosis of occlusal caries**
S. J. POURHASHEMI
Department of Pediatric Dentistry, School of Dentistry, Tehran University of Medical Sciences Tehran, Iran
- P15 Poster session – Cariology 2**
- 14:00 **Characterization of enamel remineralization under sealants via polarized light microscopy**
R. P. RUSIN¹, K. J. DONLY², I. HAEBERLEIN³ & A. M. PFARRER¹
¹3M ESPE, Maplewood, MN, USA; ²University of Texas Health Science Center, San Antonio, USA; ³3M ESPE, Seefeld, Germany
- 14:05 **Micro-computed tomographic evaluation of effects of CPP-ACP on demineralized dentin**
S. WARITA, K. OGATA, K. SHIMAZU, T. KAWAKAMI & H. KARIBE
Department of Pediatric Dentistry, Nippon Dental University, Tokyo, Japan
- 14:10 **Selection of filling materials for conservative adhesive restorations in occlusal fissures**
E. S. BOYARKINA & L. P. KISELNIKOVA
Department of Paediatric Dentistry, Moscow State University of Medicine and Dentistry, Russia
- 14:15 **Use of “atraumatic restorative treatment” by pediatric dentistry professors in Brazil**
C. FELL¹, L. B. CAMARGO², J. C. P. IMAPARATO², A. E. HADDAD² & D. P. RAGGIO²
¹Sao Leopoldo Mandic; ²Pediatric Dentistry Department, University of São Paulo, São Paulo, Brazil
- 14:20 **Correction of artefacts and calibration of μ CT for studying caries-excavation methods**
A. A. NEVES, E. COUTINHO, S. JAECQUES, P. LAMBRECHTS & B. VAN MEERBEEK
Leuven BIOMAT Research Cluster, Department of Conservative Dentistry, Catholic University of Leuven, Belgium
- 14:25 **Microhardness of dentine under Glass Ionomer Cement after three different caries removals**
C. THANAOALARN, V. JIRARATTANASOPA & A. PHONGHANYUDH
Department of Pediatric Dentistry, Mahidol University, Bangkok, Thailand
- 14:30 **The clinical performance of the occlusal minimally invasive restorations in primary molars**
A. M. RĂDUCANU¹, C. HERTELIU², I. FERARU¹ & I. CRISTEA¹
¹Department of Paediatric Dentistry, U.M.F. “Carol Davila”, Faculty of Dental Medicine; ²Department of Statistics and Econometrics, University of Economics, Bucharest, Romania
- 14:35 **Assessment of manual restorative treatment (MRT) with amalgam: results after 5 years**
I. M. SCHÜLER¹, B. MONSE² & R. HEINRICH-WELTZIEN¹
¹Department of Preventive Dentistry, University Hospital Jena, Germany; ²Department of Education, Health and Nutrition Center, Cagayan de Oro, Philippines
- 14:40 **Effects of lasers and fluoride on the acid resistance of human decalcified enamel**
C. C. CHEN¹ & S. T. HUANG^{2,3,4}
¹Graduate Institute of Dental Sciences, College of Dental Medicine, Kaohsiung Medical University; ²Graduate Institute of Oral Health Sciences, College of Dental Medicine, Kaohsiung Medical University; ³Dentistry for Children and Disabled, Chung-Ho Memorial Hospital, Kaohsiung Medical University; ⁴Faculty of Dental Hygiene, College of Dental Medicine, Kaohsiung Medical University, Kaohsiung, Taiwan
- 14:45 **Effects of an ART restoration on dentin**
N. L. VISSER, C. P. J. M. BOON, W. E. VAN AMERONGEN & A. M. KEMOLI
Department Cariology Endodontology Pedodontology, Academic Centre of Dentistry Amsterdam (ACTA), Amsterdam, The Netherlands
- 14:50 **Influence of the Hall-technique on the open bite and the crown length**
W. E. VAN AMERONGEN & L. RADEMAKERS
Academic Centre of Dentistry Amsterdam (ACTA), Department Cariology Endodontology Pedodontology, Amsterdam, Netherlands

- 14:55 **Validation of a prolonged filling method of dental caries treatment of children**
M. A. SHEVCHENKO, L. P. KISELNIKOVA & N. V. OZHGIKHINA
Dept. of Paediatric Dentistry, Moscow State Medicine and Dentistry University, Moscow, Russia
- 15:00 **Delivery of treatment in a paediatric dental practice – Changes over a 10-year period**
N. KOTSANOS^{1,2}, & M. KOSTOPOULOU²
¹Department of Pediatric Dentistry, Aristotle University; ²Paediatric dentist, Thessaloniki, Macedonia province, Greece
- 15:10 **The influence of ozone on retention of sealing material: a clinical study**
W. DUKIC¹, O. LULIC DUKIC¹, A. ERDELJAC¹ & S. KADIC²
¹Department of Pediatric Dentistry, School of Dental Medicine, University of Zagreb; ²Department of Pediatric Dentistry, Dental Polyclinic Zagreb, Zagreb, Croatia
- 15:15 **The effect of ozone pretreatment on the microleakage of fissure sealants**
S. B. CEHRELİ¹, Z. YALCINKAYA¹, T. DEMIR¹ & G. GUVEN-POLAT²
¹Dept. of Paediatric Dentistry, Baskent University Faculty Dentistry; ²Dept. of Paediatric Dentistry, Center of Dental Sciences, Gulhane Medical Academy, Ankara, Turkey
- 15:20 **Effect of saliva contamination on microleakage of three different fissure sealants**
A. R. ALPOZ & A. TOPALOGLU-AK
Ege University, School of Dentistry, Department of Pedodontics, Bornova, Izmir, Turkey
- 15:25 **Risk factors for Early Childhood Caries (ECC) in 2 to 5 year-old children**
M. YILDIRIM, A. PATIR & F. SEYMEN
Istanbul University, Faculty of Dentistry, Department of Pedodontics, Istanbul, Turkey

Gasteig 2nd Floor

- P20 Dental trauma**
- 09:00 **Measurement of pulpal blood flow oscillation in luxated permanent incisors by laser Doppler flowmetry**
T. SHIRAKAWA^{1,2}, M. TAKEUCHI² & T. KIKUIRI³
¹Division of Oral and Craniomaxillofacial Research, Dental Research Center; ²Department of Pediatric Dentistry, Nihon University School of Dentistry, Tokyo; ³Dentistry for Children and Disabled People, Department of Oral Functional Science, Hokkaido University Graduate School of Dental Medicine, Sapporo, Japan
- 09:05 **Use of pacifier and type of dental injury in children 0-2 years**
B. H. ØSTERGAARD¹, J. O. ANDREASEN², S. S. AHRENSBURG² & S. POULSEN¹
¹Dept. Pediatric Dentistry, School of Dentistry, Aarhus University; ²Dept. of Oral and Maxillofacial Surgery, Copenhagen University Hospital, Denmark
- 09:10 **School teachers' knowledge on dental trauma first aid**
K. ARAPOSTATHIS¹, A. KEVREKIDOU¹, A. MICHAILIDOU², V. TOPITSOGLU² & S. KALFAS²
¹Department of Pediatric Dentistry; ²Department of Preventive Dentistry, Periodontology and Implant Biology; School of Dentistry, Aristotle University of Thessaloniki, Greece
- 09:15 **Knowledge, attitude and practices of school teachers in Lagos on the emergency management of dental trauma**
O.O. ORENUGA, O. O. OLATOSI & B. C. NWANIA
Department of Child Dental Health, College of Medicine University of Lagos/ Lagos University Teaching Hospital, Nigeria
- 09:20 **Microscopic management of three patients with root fractures using mineral trioxide aggregate**
G. ABOU AMEIRA, L. FOO & P. BRIGGS
Dept Paediatric Dentistry, St Georges Hospital, UK
- 09:25 **Management of avulsed permanent incisors with an immature apex: Two case reports**
K. TAOUIFIK¹, A. AGRAFIOTI², D. ZAMPELI¹ & G. VADIAKAS¹
¹Department of Pediatric Dentistry; ²Department of Endodontology, Dental School, Athens University, Athens, Greece
- 09:30 **Replacement of a lateral luxated primary incisor by using composite inclined plane**
V. ARIKAN & S. SARI
Ankara University, Faculty of Dentistry, Department of Pedodontics, Ankara, Turkey
- 09:35 **The observation of dental trauma using limited cone beam CT: case report**
J. ASARI, T. SUGIYAMA, K. YAMASHITA, M. KADENA & M. INOUE
Showa University School of Dentistry, Department of Pediatric Dentistry, Japan

- 09:40 **Management of horizontal root fracture in mature permanent teeth: Two cases reports**
N. ALTAY, S. BEKTAS, E. CANOGLU & H. C. GUNGOR
Department of Paediatric Dentistry, Hacettepe University, Ankara, Turkey
- 09:45 **Post-traumatic aesthetic approach in primary teeth: case report**
A. L. COSTA, M. T. XAVIER, J. C. RAMOS & B. P. LEMOS
Department of Dentistry, Coimbra Medical and Dental School, Portugal
- 09:50 **Management of multiple traumatized teeth**
P. K. DHANPAL & N. M. KING
Paediatric Dentistry and Orthodontics, The University of Hong Kong, Hong Kong SAR
- 09:55 **Conservative approach of condylar fracture in growing patient: 1 year follow-up**
E. B. TUNA¹, A. DUNDAR¹, B. CANKAYA² & K. GENÇAY¹
¹Department of Pedodontics; ²Department of Oral Surgery, Istanbul University Faculty of Dentistry, Istanbul, Turkey
- P21 Dental anomalies**
- 11:00 **Two cases of eruption disturbance of primary teeth**
R. OKAWA, K. NAKANO, M. MATSUMOTO & T. OOSHIMA
Department of Pediatric Dentistry, Osaka University, Osaka, Japan
- 11:05 **Dentin Dysplasia (DD) type II: report of an atypical case**
K. TAOUFIK, C. REPPA, R. PITROU & D. EMMANOUIL
Department of Pediatric Dentistry, Dental School, Athens University, Athens Greece
- 11:10 **Dentinogenesis imperfecta type II: Case report**
R. PITROU, D. ZAMPELI & D. EMMANOUIL
Department of Paediatric Dentistry, University of Athens, Greece
- 11:15 **The co-occurrence of mesiodens and talon cusp: Two case reports**
B. AKSOY, T. ILERI KECELI & H. C. GUNGOR
Dept. of Paediatric Dentistry, Hacettepe University, Ankara, Turkey
- 11:20 **Report of two cases of Dentin Dysplasia with rootless teeth**
A. PINAR ERDEM¹, B. BALLI¹, H. KURT², I. ULUKAPI¹ & E. SEPE¹
¹Department of Pedodontics; ²Department of Prosthodontics, Istanbul University, Istanbul, Turkey
- 11:25 **Molar Incisor Hypomineralization – clinical management**
P. FISCHER, V. BARDENHEUER, N. HAJEK-AL KHATAR & L. PIEHLMEIER
Kids Dental Care Center, München, Germany
- 11:30 **Fiber-reinforced composite post restorations in Molar Incisor Hypomineralization: a case report**
S. PEKER, S. GUNER & B. KARGUL
Department of Paediatric Dentistry, Faculty of Dentistry, Marmara University, Istanbul, Turkey
- 11:35 **Long-term conservative management of regional odontodysplasia**
S. OLMEZ, M. D. TURGUT & I. GUZELER
Department of Paediatric Dentistry, Hacettepe University, Ankara, Turkey
- 11:40 **Hemisection and vital treatment of a fused tooth: a case report**
T. ILERI KECELI¹, H. G. KECELI², M. D. TURGUT¹, Z. YILMAZ³ & M. TEKÇİÇEK¹
¹Department of Pediatric Dentistry, Hacettepe University; ²Specialist in Periodontology, Private Practice; ³Department of Endodontics, Hacettepe University, Ankara, Turkey
- 11:45 **Developmental disturbances of teeth after cancer therapy: case reports**
H. J. KIM, H. K. HYUN, Y. J. KIM, J. W. KIM & C. C. KIM
Department of Pediatric Dentistry, School of Dentistry, Seoul National University, Seoul, Korea
- 11:50 **Management of an unerupted dilacerated maxillary central incisor with transplantation: Case Report**
G. M. KELLY & A. C. O'CONNELL
Division of Public and Child Dental Health, Dublin Dental School and Hospital, Dublin, Ireland
- 11:55 **Conservative management of hypomineralised enamel defects**
R. MATUSIAK & K. E. HARLEY
Department of Paediatric Dentistry, Edinburgh Postgraduate Dental Institute, Edinburgh, UK
- 12:00 **Using nanocomposites in restorative treatment of dental fluorosis in children**
E. A. SKATOVA, Y. N. NAZAROVA, S. S. BOGOMOLOVA, G. A. OSIPOV & G. R. BADRETDINOVA
Department of Paediatric Dentistry, Moscow State University of Medicine and Dentistry, Moscow, Russia

- 12:05 **Restorative management of primary teeth affected by Hypoplastic Amelogenesis Imperfecta**
S. SOOD & K. E. HARLEY
Department of Paediatric Dentistry, Edinburgh Dental Institute, Edinburgh, UK
- 12:10 **Prosthetic rehabilitation of hypodontia: two cases report**
I. UZEL¹, A. K. A. TOPALOĞLU¹, B. ÖZPINAR², G. UZEL² & B. GÖKÇE²
¹Department of Pediatric Dentistry; ²Department of Prosthodontics, Ege University, Izmir, Turkey
- 12:15 **Dens invaginatus or “dens in dente”: a case report, histological evaluation**
S. VAN BEVEREN¹, M. PETEIN², T. H. DUJARDIN³, A. VANDEN ABBEELE⁴ & A. SHAYEGAN¹
¹Department Paediatric dentistry of Children’s Hospital of Queen Fabiola; ²Pathology and genetic department; ³Department of orthodontics of Children’s Hospital of Queen Fabiola; ⁴Department of adult and children operative dentistry, Université Libre de Bruxelles, Brussels, Belgium
- P22 Special needs patients**
- 14:00 **Dental treatment under general anesthesia for a cleft palate child with heart disease**
Y. HORIKAWA¹, Y. MIYAUCHI¹, S. YOSHIMURA², M. SATO¹ & M. INOUE M¹
¹Dept. of Pediatric Dentistry; ²Dept. of Dental Anesthesiology, Showa Univ. School of Dentistry, Tokyo, Japan
- 14:05 **Hypohidrotic ectodermal dysplasia: prosthodontic treatment in a paediatric patient**
M. PÄUNA¹, A. M. RĂDUCANU², I. V. FERARU² & R. ANGHELESCU³
¹Prosthodontics Department, U.M.F. “Carol Davila”, Faculty of Dental Medicine; ²Paediatric Dentistry Department, U.M.F. “Carol Davila”, Faculty of Dental Medicine; ³Paediatric dentist, Bucharest, Romania
- 14:10 **Orthodontic management of patients with disabilities: report of three cases**
A. TRIKALIOTIS¹, E. KAKLAMANOS², D. VELONIS¹, N. KOTSANOS¹ & N. TOPOUZELIS²
¹Department of Paediatric Dentistry; ²Department of Orthodontics, Aristotle University of Thessaloniki, Greece
- 14:15 **Childhood diabetes as dental risk factor**
K. KÁRPÁTI¹, K. KÜRTI², E. KÓKAI¹ & G. KOCSIS SAVANYA¹
¹University of Szeged Faculty of Dentistry; ²University of Szeged Faculty of Medicine, Szeged, Hungary
- 14:20 **Oral findings in Patients with NF1**
L. KONDO¹, F. AMADORI¹, P. FLOCCCHINI¹, G. PIANA¹ & A. MAJORANA²
¹Department of Dental Science, Special Care Patients Unit, Alma Mater Studiorum University of Bologna; ²Department of Pediatric Dentistry, University of Brescia, Italy
- 14:25 **Research of utilizing TEACCH on oral hygiene education for autistic children**
Y. H. HO¹ & S. T. HUANG^{1,2}
¹Department of Oral Hygiene; ²Division of Pediatric Dentistry, Kaohsiung Medical University
- 14:30 **Oral health of underprivileged Romanian children: special needs versus normal kids**
A. VINEREAŃU¹, A. GARRET-BERNARDIN², S. JUNG², F. CLAUS² & D. ANDRITOIU¹
¹Department of Pediatric Dentistry, University Carol Davila, Bucharest, Romania; ²Department of Pediatric Dentistry, University of Strasbourg, Strasbourg, France
- 14:35 **Monitoring of healthy and handicapped patients within treatment under general anesthesia**
A. BUCEK, M. STANKOVA, K. GINZALOVA & T. DOSTALOVA
Charles University, 2nd Medical School, Department of Pediatric Stomatology, Prague, Czech Republic
- 14:40 **Oral health status of cardiac surgical children in Istanbul**
E. BOZDOGAN¹, A. DINDAR² & O. AKTOREN¹
¹Department of Pedodontics, Faculty of Dentistry; ²Department of Paediatric Cardiology, Istanbul Faculty of Medicine, Istanbul University, Istanbul, Turkey

ABSTRACTS

MAIN LECTURES



**Almut Zeeck, Prof. Dr.
Freiburg, Germany**

Almut Zeeck is a Professor for Psychosomatic Medicine and Psychotherapy at Freiburg University and responsible for the day clinic as well as the outpatient clinic for eating disorders. She was born in 1963 in Frankfurt a. Main / Germany and attended Medical School in Göttingen / Germany. Clinically, she is specialized in Psychosomatic Medicine and Psychotherapy as well as in Psychiatry. Her main research interests are in eating disorders, psychotherapy research and day clinic treatment. She has published several articles in this field. Currently, she is involved in the development of the German AWMF guidelines for the treatment of eating disorders. Until March 2009 she was a member of the managing board of the German College for Psychosomatic Medicine (DKPM).

Eating disorders in children and adolescents (M1)

Eating disorders like anorexia nervosa and bulimia nervosa most often have their onset in childhood or adolescence. They can be associated with serious medical problems. One possible consequence is acid-related dental erosion, which can be caused by exogenic (selection of food) or endogenic (gastric acid) factors. Dentists and general practitioners therefore are important collaborators of psychotherapists in the treatment of these patients.

First, an overview over different forms of eating disorders will be given, including etiology, characteristic symptoms, treatment and prognosis. A focus will be on early detection and intervention, which is crucial to prevent a chronic course of the illness. Besides general practitioners, dentists often are in "the front line" in detecting an eating disorder, especially bulimia nervosa. The typical difficulties in the interaction with eating disordered patients, who are highly ambivalent regarding treatment and their parents are addressed.

Finally, some characteristic damages to the teeth are reviewed and suggestions made for preventive and therapeutic interventions.

Andreas Agouropoulos, DDS, MSc
Athens, Greece



Dr. Andreas Agouropoulos was born in Greece and graduated from the University of Athens, Dental School in 1997. He received a Certificate in Paediatric Dentistry from Tufts University, School of Dental Medicine, Boston, USA in 2003 and a M. Sc. Degree in Oral Biology from the University of Athens in 2008. He is currently a PhD candidate in Oral Biology at the University of Athens. Since 2003 he is working in private practice and as a clinical instructor at the Department of Paediatric Dentistry of Athens University.

He is a member of the Board of the Hellenic Society of Paediatric Dentistry and member of other scientific societies. He has participated as a speaker in several congresses in Greece and abroad. His current research interest is in prevention of dental caries and obesity in preschool children.

Obesity and dental caries of Greek Preschool children (M1)

Introduction

Obesity is a risk factor for several general health problems. The purpose of the present study is to investigate the relationship between obesity and dental caries in preschool Greek children.

Patients and methods

Using one-stage cluster sampling, children were randomly selected from 28 public kindergartens of the major area of Attica, Greece. The study protocol was approved by University of Athens Dental School Ethics Committee. After obtaining parental consent, a clinical dental examination was performed, recording open caries lesions. Weight and height were measured and the Body Mass Index (BMI) as well as z-scores were calculated for each child. Associations were estimated using correlation coefficients and a regression analysis model. A 5% level of significance was used to evaluate the results.

Results

One thousand and forty two children 2–6 years old were examined, out of which 36.4 % had at least one carious lesion. Regarding obesity, 17.5 % of the boys were overweight and 5.8 % were obese, while 15.8 % of the girls were overweight and 6.4 % obese. An increase of the boys' mean BMI, comparing to the growth charts of the Greek population, was observed. The correlation coefficients as well as the regression analysis results indicate a negative relationship between obesity and dental caries, but this was statistically significant only for 4 yo boys ($p=0.01$) and 5yo girls ($p=0.003$).

Conclusion

The results indicate that children with carious lesions have reduced growth as indicated by the BMI index. Obesity was not found to be a risk factor for dental caries in preschool Greek children.



**Adrian Lussi, Prof. Dr.
Bern, Switzerland**

Dr. Adrian Lussi is Professor and Head of the Department of Operative, Preventive and Paediatric Dentistry, University of Bern, Switzerland. In the same Department he was head of the Pediatric Dentistry Division for eleven years. He holds a diploma in chemistry of the Swiss Federal University of Technology, Zurich, Switzerland, a teaching licence at college level with chemistry as main subject as well as a diploma and a doctorate in dentistry of the University Bern, Switzerland. His research over the past 20 years has covered several aspects of erosion, caries diagnosis as well as minimally invasive preparation techniques in operative dentistry. The publications in English has reached a number of over 170. He has received numerous National and International awards.

Etiology, Diagnosis and Epidemiology (M2)

Erosive tooth wear is becoming increasingly important when considering the long term health of the dentition. There is some evidence that dental erosion is growing steadily. Dental erosion is a multifactorial condition: The interplay of chemical, biological and behavioural factors is crucial and helps explain why some individuals exhibit more erosion than others. It is important that diagnosis of the tooth wear process in children and adults is made early. Clinical detection of erosive tooth wear is important once dissolution has started. The clinical appearance is the most important sign for dental professionals to diagnose erosion. Adequate preventive measures can only be initiated when the different risk factors are known and interactions between them are present. This lecture deals with the importance of early diagnosis of dental erosion, with its epidemiology as well as with its risk factors.

**Carolina Ganss, Prof. Dr.
Gießen, Germany**



1981/1982	Studies in Classical Languages and Chemistry
1982–1987	Studies in Dentistry
1988	Lecturer at the Department of Conservative Dentistry, Phillips University, Marburg, Germany
From 1992	Senior Lecturer and Assistant Professor at the Department of Conservative and Preventive Dentistry, Justus-Liebig University Giessen, Germany
1992	Doctorate;
2003	Habilitation
2004	Venia Legendi
2007	apl. Professor

Main research field: Epidemiology, aetiology, prevention and therapy of dental erosion

Positions and Memberships: Membership Secretary and Webmaster of the European Organisation for Cariology (ORCA), Chairperson of the Working Group for Epidemiology and Public Health of the German Association of Dentistry, International Association for Dental Research (IADR)

Dental Erosion – Prevention and Therapy (M2)

Dental erosion is a phenomenon which is subject of increasing scientific efforts and – because it is an acid induced disease – mostly is addressed in the frame of our knowledge from cariology. However, dental erosion has to be considered as an entity. For better understanding of the various aspects of prevention and therapy, the presentation will at first address its particular pathomechanism.

Going further to prevention, reasonable approaches for the primary prevention of the condition will be suggested. Most important is the appropriate information about causes of erosive tooth damage within the scope of the established prevention strategies and individual mentoring. Further measures related to the population depend upon the prevalence of erosion and should therefore be discussed specifically for the country in question. Secondary prevention should focus on the diagnostically correct detection of the early stages of erosions and should be followed by individually tailored causal approaches.

For therapy, effective causal and symptomatic strategies will be presented. Causal therapy essentially means the identification and elimination of the acid source whilst symptomatic measures aim to strengthen or protect the tooth surface so that both erosive demineralisation and loss of microhardness are inhibited. Substances that lead to acid resistant mineral precipitations in or on the tooth surface or that form permanent coatings are suitable for this. An update on the role of fluorides will be presented; further, particular emphasis will be given to oral hygiene recommendations. The presentation will conclude with a flow chart for prevention/treatment and case reporting.



**Wim. H. van Palenstein Helderma, DDS, PhD
Nijmegen, Netherlands**

Professor in education and research on oral health care for deprived communities, College of Oral Science, University of Nijmegen. Netherlands.

Previously, Professor in Community and Preventive Dentistry, Faculty of Medicine, Dar es Salaam, Tanzania and co-ordinator of the establishment of the dental faculty in Tanzania.

Former vice-chairman of the FDI World Dental Development Health Promotion Committee and now expert to the WDDHPC

Consultant and PhD supervisor for oral health projects in Bangladesh, Indonesia, Nepal, Turkey, China, Philippines, South Africa, Laos, Burma (Myanmar), Syria, Guatemala

Co-author of the WHO endorsed report "Basic Package of Oral Care"

Co-editor Nederlands Tijdschrift voor Tandheelkunde

Oral health problems in children – a global analysis (M3)

Globally, dental caries remains the major child oral health problem. In most countries caries in children remains largely untreated resulting in toothache, pulp involvement, painful ulcerations in the surrounding mucosal tissues, abscesses and fistulas. These conditions impact on the general health of children. Worldwide, caries contributes 15 times more to the burden of disease expressed in disability-adjusted life year (DALY) as compared to periodontal disease. Disability means pain and discomfort and lack of self care, mobility (school absenteeism), cognition, interpersonal activities, sleep and energy.

Globally, for the last 70 years data on caries have been collected worldwide using the DMFT/dmft index. This classical index provides information on caries and treatment experiences but fails to give information on the consequences of untreated dental caries that leads to disabilities. The recently developed PUFA index records the presence of severely decayed teeth with visible pulp involvement (P/p), ulceration caused by dislocated tooth fragments (U/u), fistula (F/f) and abscess (A/a). The PUFA index may be helpful in setting priorities in oral health planning with a reduction in PUFA being a priority goal in any National Oral Health Plan. Furthermore, there is a need to collect data on duration of toothache that children of different ages may experience in order to scale up a data collecting system that can be used for the calculation of DALYs. DMFT/dmft data do not stir the minds of political decision makers, but PUFA and DALYs may do so in advocating for action for improving oral health.

**Christopher Holmgren, Prof.
Nijmegen, Netherlands**



Chris Holmgren is Visiting Professor to the Nijmegen International Centre of Oral Health (NICOH), St. Radboud University Medical Centre, Nijmegen, the Netherlands. He also works in an advisory and consultative capacity to international health organizations and is consultant to the FDI World Dental Development Health Promotion Committee.

He has lectured extensively in many countries around the world and is co-author of "Atraumatic Restorative Treatment for dental caries" and the WHO "Basic Package of Oral Care". He is currently working on the development of approaches for Arresting Caries Treatment (ACT) and on the promotion of the appropriate use of fluoride for the prevention and control of caries in developing countries and disadvantaged communities.

Reorientating oral health care for children – building from the basics (M3)

In most countries, including many high-income countries, caries in children remains largely untreated. Moreover, in low- and middle-income countries, a restorative approach for all children would largely exceed available resources. This failure to correctly address the caries issue in children points to the need for an alternative strategy.

In 2002, the Basic Package of Oral Care (BPOC) was developed with the intention of reorientating oral health care from an highly expensive "top-down" approach, which largely benefited the more wealthy, to a more primary health care approach with its leading principle of basic oral care for all. Here the emphasis was on prevention and affordable and sustainable basic care to meet peoples' perceived needs and treatment demands.

The BPOC has three evidence-based components: a preventive program based on brushing with an affordable but effective fluoride toothpaste (AFT), provision of emergency care for toothache, odontogenic infections and trauma (OUT) and where feasible simple restorations using Atraumatic Restorative Treatment (ART). The first priority for any nationwide strategy to deal with caries must however be the implementation of AFT and OUT.

While originally conceived of principally for middle and low income countries with scarce resources, it has become recognised that the concept of the BPOC is as valid here as in many high-income countries where the poorer, disadvantaged communities often not only have the highest levels of oral disease but also the lowest access to oral health care services.



Bella Monse, Dr.
Cagayan de Oro, Philippines

Worked for 13 years in Germany in her own dental practice focused on paediatric dentistry. Since 2002 working in the frame of an integrated expert program of German Development Cooperation to support the Department of Education in the Philippines in research and implementation of cost effective school based health programs.

Oral health within general health – the “Fit for School” program in the Philippines (M3)

Background: The health status of the child population in the Philippines is alarmingly poor. Mortality rates for infectious diseases like diarrhea and respiratory tract infections are highest among children below 5 years, two-thirds of pre- and school age children have soil transmitted helminth (worm) infection and nearly all elementary school children suffer from dental caries. According to the 2006 National Oral Health Survey caries prevalence in 6-year-olds was 91 %, with a mean dmft of 8.4 and a mean of 3.4 teeth with pulp involvement. Caries prevalence among 12-year-olds was 82 % with a mean DMFT of 2.9. On average, each 12 year old child has one tooth with pulp involvement. Curative treatment is not affordable.

Program: Schools with their administrative system and structure offer the ideal venue to address social inequities and expose all children to proven, evidence based and cost effective preventive measures. Daily handwashing with soap and toothbrushing with fluoride toothpaste is the school intervention of choice in the Philippines. Biannual de-worming of all children is the third health component of this “Fit for School” program. The costs for materials and supply are 0.40 Euro per child/year. Currently 630 000 children are enrolled in the program. Nationwide expansion is planned and the model can be easily modified to be appropriate for other countries.

Promising results have been obtained from a 18-month pilot study on the oral health component of the program with a 40 % preventive fraction for caries increment and 60 % reduction for caries progression into the pulp.

Birgitta Jälevik, PhD
Linköping, Sweden



Works as senior consultant in the Special Clinic of Orthodontics and Paediatric Dentistry in Linköping, Sweden. Her PhD-thesis is on hypomineralized permanent first molars and was published in 2001. She lectures frequently to general practitioners and postgraduates and is also a member of the board of the Swedish Dental Association.

Molar Incisor Hypomineralisation (MIH) – a challenge for diagnosis and treatment
Diagnosis, Epidemiology and Etiology (M4)

The last decades, disintegrating permanent first molars of obscure origin have puzzled the dentists. The defects of the molars are often associated with disintegration of the enamel especially at the occlusal surfaces and the cusps. From a clinical point of view, these teeth are creating severe problems for the patients as well as for the treating dentists due to loss of substance, hypersensitivity and problems in performing adequate filling therapy.

In this presentation I am aiming at elucidating the clinical and histological diagnostic criteria of MIH. Further, I will show recent research concerning prevalence and etiology.

MIH is characterized by demarcated opacities in the enamel of the permanent first molars. The number of affected teeth varies and so the expression of the defects. The incisors are often concomitantly affected. Similar defects also can be seen at the tips of the permanent canines and in the primary second molars. Histologically the hypomineralized enamel had a distinct border to the normal enamel following the band of Hunter-Schreger. The more porous yellow/brown defects extend through the whole enamel layer while the white-cream opacities were situated in the inner parts of the enamel. The prevalence is varying in different European child populations (3.6 – 37.3 %). Prevalence studies from the remaining world are still sparse. The etiology is still obscure. Medical problems in the prenatal, perinatal, postnatal periods seem to influence the prevalence.



Ingegerd A Mejäre
Malmö, Sweden

During 1990's and until 2004 I was head of the department of Paediatric Dentistry at the Eastman Dental Institute in Stockholm. During that period I was also the director of the postgraduate program in Paediatric Dentistry and 15 dentists have been authorized as specialists in Paediatric Dentistry under my supervision. In 2001 I was assigned a professorship in Paediatric Dentistry at the Faculty of Odontology, Malmö University, Sweden. In 2007 I was appointed Professor Emerita.

In 2005 I was assigned to chair the project group on 'Caries - diagnosis, risk assessment and early treatment' at the Swedish Council on Technology Assessment in Health Care (SBU). The report was published in December 2007. During 1999–2002 I was a member of the project group 'Caries prevention' at SBU and in 2003. Presently I am a consultant and member of a group at the National Board of Health and Welfare on National guidelines related to the Swedish insurance system of adult dentistry. I am also a member of a project group at SBU on 'Evidence-based endodontic therapy'.

MIH – present knowledge about its cause and effective therapy (M4)

Several studies on the occurrence of Molar Incisor Hypomineralization (MIH) from around the world indicate that the condition is a global phenomenon. The reported prevalence and severity of MIH vary, however. This may reflect true regional differences, but part of the prevalence variation probably depends on different criteria and methods used to define the presence and severity of MIH. The mineralization disturbances most probably originate from pregnancy, delivery or early infancy and a critical time up to the age of 4 has been suggested. The aetiology remains, however, unclear. Correlations between MIH and severe diarrhoea, episodes of high fever, antibiotic use, chicken pox or other prolonged infections during early infancy are reported, but healthy children without such experiences also meet with MIH.

There is little reported experience and practically no evidence of the effectiveness of different long-term treatment strategies. This presentation includes the clinical features of MIH and aspects of differential diagnostic issues. It will also focus on clinical experience of long-term treatment options and their effectiveness. Lastly, the presentation will highlight the importance of proper temporary treatment and long-term treatment planning in agreement with the parent and the patient, particularly in cases of severe MIH.

**David Ricketts, Prof.
Dundee, United Kingdom**



David Ricketts qualified at Guys Hospital Dental School, now GKT Kings College, in 1986. He worked in hospital and General Practice for two and a half years and returned to Guys to study for an MSc in Conservative Dentistry in 1989. During this period his main research interest in Cariology, and in particular caries diagnosis and its appropriate management, began and led to a PhD which was gained in 1995. He has published widely in his research area and in other aspects of restorative dentistry. His research has led to collaboration with colleagues in numerous European Countries and North and South America. In 1999 David moved to Dundee and was promoted to Senior Lecturer / Honorary Consultant in Restorative Dentistry in 2003. In 2006 he became leader of the Section of Operative Dentistry, Fixed Prosthodontics and Endodontology at Dundee Dental School and in 2007 became Professor of Cariology and Conservative Dentistry.

New methods in caries diagnosis and monitoring – Visual methods (M5)

Examination of the dentition for caries always starts with a visual examination. The way in which this examination is carried out varies considerably depending on the nature of the setting and purpose for which its results will be use. A clinical examination in a general practice setting which informs the individual patient's management plan may be different to an epidemiological examination which collects data for disease prevalence trends for populations, which in turn may be different in a clinical trail looking at the efficacy of a new fluoride toothpaste for example. This lack of consistency means that data collected on caries in different clinical settings or studies are not comparable. In addition criteria for scoring caries from a visual examination is often not associated with the histopathology of the disease.

To address these issues the International Caries Detection and Assessment System (ICDAS) was devised which is based upon the examination of clean, and wet and dry teeth. The system characterises the increasing severity of lesions from the first visible signs of caries to the advanced cavitated lesion and relates this to the histopathology of the disease. It also aims to provide an evidence base for appropriate management of caries. This presentation reviews the development of the ICDAS criteria, the evidence base for its use and how it can be used in conjunction with more novel techniques.



**Jan Kühnisch, PD Dr.
Munich, Germany**

1991–1996 Study of dentistry at the University of Leipzig and at the Friedrich-Schiller-University of Jena/ Erfurt, Germany, 1997 Doctoral researcher at the Friedrich-Schiller-University of Jena, DDS, 1998 Wrigley-Prophylaxis-Award, 1999 Vivadent-Research-Award, 1998–1999 Internship in a dental practice, 2000 Dentist & scientific assistant at the Friedrich-Schiller-University of Jena, Department of Preventive Dentistry, 2002 Wrigley-Prophylaxis-Award, 2003 MDS in Paediatric Dentistry at the Friedrich-Schiller-University of Jena, 2004 Dentist & scientific assistant at the Ludwig-Maximilians-University of Munich, Department of Conservative Dentistry and Periodontology, 2006 Consultant in Paediatric Dentistry at the Department of Conservative Dentistry and Periodontology/ LMU of Munich, 2008 Oral-B blend-a-med Prophylaxis Award, 2008 Assistant professor.

Potential of additional caries detection and diagnostic methods (M5)

In recent decades epidemiological studies have shown a general drop in the caries prevalence together with a concentration of lesions in the pits and fissures of permanent molars in children and young adults in many industrialized countries. While progression of caries lesions generally appears to slow down with increasing age, the paediatric dentist will diagnose young patients and adolescents with non-cavitated caries lesions more frequently. Therefore, early detection, correct diagnosis and monitoring of those lesions are key targets in the overall effort to move away from operative towards non-operative preventive dentistry. Reflecting basic requirements of adjunct caries detection and diagnostic methods, e.g. validity, reproducibility and clinical practicability, the lecture will conclude that visual inspection will be the primary examination method. Nevertheless bitewing radiographs and laser fluorescence measurement (DIAGNOdent) will help the clinician to detect and diagnose visual non-detectable enamel and dentine caries lesions in the primary and/ or secondary dentition. Furthermore, the potential of the available methods for caries monitoring will be discussed.

**Ingo Häberlein, PD Dr.
Seefeld, Germany**



Born 1959, 1978–1983 Study of Chemistry at Philipps University Marburg, Germany and University of Bristol, Great Britain, 1987 PhD in Biochemistry at Philipps University Marburg, 1996 *venia legendi* in Biochemistry, University of Kassel, since 1998 Head of Dental Biotechnology in Research & Development at 3M ESPE, visiting Professor for Biochemistry at the University Kassel and visiting Professor for oral Diagnosis and oral Microbiology at the Ludwig Maximilians University, Munich.

Clinical treatment opportunities by modern caries activity diagnosis (M5)

Caries is a multi-factorial oral disease. Some of the factors which have been considered as essential in the caries process have been used in commercially available caries diagnostics to evaluate individual's caries risk. Many years of clinical experience revealed that almost none of these caries risk diagnostics improve the efficiency of today's Gold Standard for caries risk: DMF(S). Oral microbiology considers caries is an opportunistic disease. That is, the presence of caries bacteria is a prerequisite for caries but not a sufficient condition to understand individual's caries risk. Everybody possesses teeth, consume carbohydrates and harbour substantial amounts of caries pathogens in mouth. Although, everything is in place, individual's can live for decades without caries damages. Obviously, individuals can tolerate the presence of caries bacteria in mouth. It seems to become more and more apparent that the activity of the prevailing caries bacteria in mouth increases and decreases over time when it is "opportune". In this presentation different techniques to determine the activity of caries bacteria in dentin lesions, initial lesions and in the oral microflora will be considered as well as its use to improve treatment procedures and to monitor treatment success. Finally, it will be highlighted that new and adequate caries diagnostics as new guidance in minimal invasive dentistry or minimal interventional dentistry are essential.



**Karin Christine Huth, PD Dr.
Munich, Germany**

- 1997–2002 Assistant Professor, Department of Restorative Dentistry, Periodontology & Pedodontics, Dental School of the LMU, Munich (Dean: Prof. Dr. R. Hickel)
- 1998–2002 Specialisation in Paediatric Dentistry, Certificate conferred by the German Association for Paediatric Dentistry (DGK) and the German Scientific Dental Association (DGZMK), Dental School of the LMU, Munich
- since 2002 Associate Professor, Department of Restorative Dentistry, Periodontology & Pedodontics, Dental School of the LMU, Munich (Dean: Prof. Dr. R. Hickel)
- 2002–2003 Certified Training in Orthodontics, Academy for Dental Education, Karlsruhe (Prof. Dr. G. Sander)
- 2008 Permission to teach, *venia legendi* in the field Restorative Dentistry, Periodontology & Pedodontics

Professional Affiliations

- German Scientific Dental Association (DGZMK)
- German Association for Operative Dentistry (DGZ)
- German Association for Paediatric Dentistry (DGK)
- International Association for Dental Research (IADR)
- Continental European Division (CED) of the IADR

Pulpotomy in primary teeth (M6)

Pulpotomy is the common therapy for cariously-exposed pulps in symptom-free primary molars, its aim being to preserve the radicular pulp, avoid pain, swelling and ultimately retain the tooth. Although many techniques have been suggested, there is still need of evidence to which is the most appropriate technique. Dilute formocresol is regarded as the past “gold standard” due to its concerns regarding cytotoxicity and potential mutagenicity. Calcium hydroxide has reported problems with internal resorption. Ferric sulphate has been used recently due to its haemostatic effect and the Er:YAG laser has also been suggested as an alternative due to its haemostatic, antimicrobial and cell stimulating properties with only slight thermal alteration to the pulpal tissue. Grey and white mineral trioxide aggregate (MTA) is currently the most promising technique, not only for pulpotomy purposes but also for apexification and other special endodontic indications. There is also answer in sight regarding the high costs of MTA with a generic cement from Switzerland called “Weisser Portlandzement”. The aim of this presentation is to give an overview about the different techniques as well as some data to their long-term effectiveness.

Anna B. Fuks, Prof. em.
Jerusalem, Israel



Prof. Anna B. Fuks was born in Curitiba, Brazil, and graduated in Dentistry by the Federal University of the State of Parana. She completed her post-graduate course in Pediatric Dentistry at the University of Alabama, U.S.A. in 1966, and did her residency at the Children's Hospital of the same University. She then returned to her home town in Brazil, where she practiced and taught Pediatric Dentistry at the University of Parana until 1973. At that same year she immigrated to Israel and joined the Department of Pediatric Dentistry of the Hebrew University of Jerusalem, Israel. Following an academic career, she reached the degree of Professor that she maintains until the present date. Concomitantly to teaching and clinical practice Prof. Fuks dedicated herself to clinical and laboratory research, and became a Board member of the International Association of Pediatric Dentistry (IAPD). As visiting professor at the Medical Research Institute of the University of the Witwatersrand (Wits), Johannesburg, South Africa and of the Universities of New Jersey, USA and London, Ontario, Canada, she developed research studies mainly in the fields of Pulp Therapy, Dental Materials and Restorative Techniques. Being fluent in English, Spanish, Portuguese, and Hebrew, she lectured and taught courses in Pediatric Dentistry in several countries in South and Central America, Mexico, United States, Canada, Italy, France, Spain, Greece, Cyprus, Panama, Germany, China, South Africa, Ireland, Thailand and Australia, and became honorary member of the Mexican, Italian, Belgian and Brazilian Academies of Pediatric Dentistry.

Dr. Fuks is a member of the American Academy of Pediatric Dentistry and of the editorial board of several dental journals. Having received several international prizes in research, she has published over 110 articles and 85 abstracts in many international journals, and wrote 15 chapters in Pediatric Dentistry books. Presently she continues teaching at the Department of Pediatric Dentistry of the Hadassah School of Dental Medicine in Jerusalem is a member of the State Board Exams for Pediatric Dentistry and Endodontics, and is President of the International Association of Pediatric Dentistry.

Pulpectomy and root canal treatment in Primary Teeth (M6)

When the pulp of a primary tooth becomes irreversibly infected or necrotic, a pulpectomy and root canal treatment is indicated.

This presentation will focus initially on the indications and contraindications of pulpectomy for primary teeth, followed by a brief description of the techniques available for preparation of the canals and the various rinsing solutions recommended.

The properties of the most commonly used resorbable filling materials will be described and compared to the traditionally employed ZOE. Complications such as the development of cysts or ectopic eruption of the permanent successor will be analyzed. Finally a search of the existing literature on clinical trials of root canal treatments in primary teeth using various materials will be reported. Not too many articles were available and one can conclude that there is no conclusive evidence for the superiority of any type of filling material for primary teeth. There is a substantial need for well-designed clinical studies on this subject.



**Christoph Kaaden Dr.
Munich, Germany**

Associate Professor of Clinical Endodontics, Department of Operative Dentistry & Periodontology at the Ludwigs-Maximilians-University Munich/Germany (Dean: Prof. Dr. R. Hickel). Dr. Kaaden also maintains a private endodontic practice in Munich, Germany.

- 09/1999–10/2000 Visiting Fellow at the Biomaterials Research Centre University of Texas, Houston (Dean: Prof. Dr. J.M. Powers)
- 11/2000–12/2005 Assistant Professor at the Department of Operative Dentistry & Periodontology-Ludwigs-Maximilians-University Munich/Germany (Dean: Prof. Dr. R. Hickel)
- 2003–2006 International Endodontic Program-University of Pennsylvania, Philadelphia/USA (Dean: Prof. Dr. S. Kim)
- 2006 Certified Specialist in Endodontics (DGZ)
- 01/2006 Associate Professor at the Department of Operative Dentistry & Periodontology-Ludwigs-Maximilians-University Munich/Germany (Dean: Prof. Dr. R. Hickel)
- 2008 part-time private practice limited to endodontics in Munich/Germany

Endodontics in immature permanent teeth (M6)

Caries and traumatic injuries are great challenges to the integrity of the developing tooth. They can result in irreversible pulpal damage, eventually causing pulpal necrosis and arrested development of the tooth root. This presentation will review former and current concepts of endodontics in immature permanent teeth and will further address future trends in regenerative endodontics.

**Roland Frankenberger, Prof. Dr.
Erlangen, Germany**



1967	Born in Eichstätt/Bayern
1987–92	Studies in dentistry, University of Erlangen
1993	DMD / Dr. med. dent.
1993–94	Major, German Airforce
1994–99	Assistant Professor, University of Erlangen
1999	Visiting Assistant Professor, University of North Carolina at Chapel Hill, USA
2000	Habilitation, Venia legendi, Associate Professor
2006	Fellowship of the Academy of Dental Materials (FADM)
2006–08	3 Awards for teaching excellence, University of Erlangen
2009	Appointment as Chairman, Department of Operative Dentistry and Endodontics, Philipps University of Marburg, Germany

Antibacterial adhesives (M7)

Effective adhesion to tooth hard tissues is a fundamental prerequisite for clinical success with bonded tooth-colored dental biomaterials. In times of more and more totally bonded restorations, especially dentin bonding gained importance for durable retention of primary teeth restorations. Neglecting dentin bonding may lead to medium-term failures when occlusal enamel is abraded during the first years of clinical service.

Up to now, there exist several recommendations for cavity disinfection from hydrogen peroxide to sodium hypochlorite to chlorhexidine gluconate or even simply phosphoric acid. The present keynote lecture covers different aspects of cavity disinfection, especially by using antibacterial adhesives like Clearfil Protect Bond (Kuraray, Tokyo, Japan), which is proven to reveal antibacterial effects through its effective component MDPB. A comparison of antibacterial efficacy is given compared to conventional methods and discussed together with recent aspects of preserving resin-dentin hybrid layers. Moreover, μ -TBS and chewing simulation results of recent adhesives are shown and open questions and future projects on the subject are discussed such as clinical impact and alternative strategies such as silver particle incorporation into primers, adhesives and resin composite materials.

Using antibacterial adhesives is an interesting trend which is clinically proven at least for Clearfil Protect Bond, however, also alternative strategies are promising.



**Gavin Pearson, Prof. Dr.
London, United Kingdom**

Department of Biomaterial in Relation to Dentistry, Queen Mary University of London, UK

Gavin Pearson trained as a dentist and is also a clinical material scientist. Since retirement three years ago, he has remained as an Honorary Professorial Research Fellow at Queen Mary University of London. He has carried out extensive research on PAD and glass ionomer cements leading two research groups in these areas. He has published widely on both subjects and is currently continuing work on PAD with the University of Brighton.

Photo Activated Disinfection as a means of bacterial control in dental disease (M7)

Introduction: The concept of photo activated disinfection (P.A.D) for use in dentistry dates from the late 1980s. This technique involves the use of a photosensitising agent which targets the rapidly multiplying bacteria and a light operating at a wavelength matched to the peak excitation of the photosensitiser. The photosensitisers are generally low concentration aqueous solutions of phenothiazine derivatives such as Methylene blue and Tolonium chloride. The initial studies utilised laser diodes as the light source. Recently it has been shown that the LED light sources can provide the requisite energy to produce a similar effect. This has led to a diversification in the applications for which this technique may be used.

Materials and methods. Laboratory studies using the LED light sources have measured the bacterial load reduction both in planktonic solutions and in biofilms. Additional investigations have investigated the effect of this treatment on bacteria within dentine. Temperature changes at the operation site were also evaluated. **Results.** Substantial bacterial load reduction was achieved in both planktonic and biofilm models. These are similar to those observed with a laser light source. This finding was also noted on bacteria protected by up to 1mm of dentine. A maximum 3°C rise in temperature was observed over the longest treatment time, two minutes.

Conclusions. The results show that use of LED light has a similar effect to light from a laser light source and provide an effective means of controlling bacterial colonies in dental infection.

The authors wish to acknowledge the funding for this research provided by Denfotex Ltd Handcross UK

**Ulrich Schiffner, Prof. Dr.
Hamburg, Germany**



1980	Thesis and license to practice dentistry
1988–1992	General Secretary of the German Association of Operative dentistry
1994	Habilitation (Effect of salivary proteins on enamel demineralization)
1996	Associate Professor, Dept. of Preventive Dentistry, University of Hamburg
2002–2006	Chairman of the Working Group of Epidemiology and Public Health of the German Society of Dentistry and Oral Medicine
2003–2005	Head of the Section for Preventive Dentistry of the Dept. of Operative and Preventive Dentistry University of Hamburg
2004–2008	President of the German Association of Paediatric Dentistry
Since 2008	Board member responsible for continuing education, German Association of Paediatric Dentistry

Main research: Caries aetiology and -prevention, Caries epidemiology

Fluoride releasing restorative materials (M7)

Due to the well-documented caries inhibiting effects of fluoride different restorative materials have been developed which are able to set minor amounts of fluoride free. The rationale for this concept is to prevent secondary caries or primary caries at adjacent sites. Among the fluoride releasing materials are glass ionomer cements (GIC), composites and their modifications. The fluoride release is highest from conventional GIC but diminishes quickly after an initially high release. The release from other materials follows the same pattern but with lower fluoride amounts. In vitro studies have shown that the fluoride released from the different materials is bound in or on the adjacent enamel, and that, predominantly by glass-ionomers and compomers, secondary caries can be reduced. In vivo, fluoride-releasing materials can increase the fluoride level in saliva, plaque and enamel. However, in vivo studies have shown conflicting results with respect to caries inhibition. In particular, when other fluoride sources like dentifrices are used regularly, there seems to be no additional effect of the fluoride release from the restorative material. This applies also for the caries inhibiting effect after a fluoride 'rechargement' of the material. However, in children who do not use a fluoridated dentifrice as recommended the use of fluoride releasing restorative materials provides some caries inhibiting potential.



Joel H. Berg, DDS, MS
Seattle, USA

Department of Pediatric Dentistry, University of Washington, School of Dentistry, and Seattle Children's Hospital, Seattle, Washington, USA

Joel H. Berg, DDS, MS, is Professor and Lloyd and Kay Chapman Chair for Oral Health. He serves as the Chair of the Department of Pediatric Dentistry at the University of Washington and as Dental Director at Seattle Children's Hospital. He is a Board Certified Pediatric Dentist, and is a Trustee of the American Academy of Pediatric Dentistry. Dr. Berg previously held positions as Vice President of Clinical Affairs at Philips Oral Healthcare from 2000–2003, Head of the Scientific Department for ESPE Dental AG from 1998–2000, and Director of the Postgraduate/Residency Program in Pediatric Dentistry at the University of Texas, Houston from 1989 through 1995, where he conducted numerous clinical trials evaluating restorative materials. He is the author of over a multitude of manuscripts, abstracts and book chapters regarding a variety of subjects, including restorative materials for children and other work related to biomaterials, and is a co-editor of a textbook on early childhood oral health. His current research interests include the development of dental caries prevention programs using risk assessment models and early childhood oral health.

Postgraduate Training in the US (M8)

Advanced education in Pediatric Dentistry in the United States is an area of active and growing interest. Whereas 10 years ago there were only around 250 entering positions per year, there are now over 300 per year. In addition, the number of applicants to programs has grown in even greater proportion to the number of slots. Programs are characterized as being primarily school-based or hospital-based, and offer a variety of advanced degrees in addition to granting a certificate in pediatric dentistry, allowing one to declare themselves as a specialist in the field, and making one educationally qualified to become board certified. In spite of the rapid growth in support and interest in the specialty, there are many challenges facing advanced education in Pediatric Dentistry. Foremost is the matter of recruitment and retention of qualified faculty. Provision of services for an ever growing underserved population is a great challenge. Financial support for programs is getting sparser each year, and governmental programs to sustain residency growth are challenged each year. This program will discuss pre-doctoral and postgraduate Pediatric Dentistry in the United States, and will provide a basic layout of the curriculum as well as providing answers to current and potential challenges. Examples of programs that have developed creative solutions for some of the described issues will be given.

Clinical application of smooth surface sealing and infiltration in children (M13)

Caries is a time-dependent biofilm induced, and saliva mediated acid demineralization of enamel and dentin. Clinicians treating children are continually confronted with caries lesions that are too large to successfully remineralize yet too small to justify cutting into healthy tooth structure merely to gain access to the cavity and create a restoration. In some instances, surface sealing can be used, and this technique will be described. Recently, a technique has been introduced into the marketplace that will allow restoration of caries affected tooth structure, even at or slightly beyond the depth of the dentino-enamel junction, without cutting tooth structure, and obtain restoration. This technique has been developed by Meyer-Lückel & Paris of the University of Kiel and is known as "Infiltration". In the primary dentition, caries progresses even at a greater rate than in the permanent dentition and therefore, there may be a greater need to halt progression of caries lesions before the surface is deeply cavitated, and a traditional restorative procedure is required. This presentation will describe the clinical techniques for using infiltration in the primary dentition on both accessible facial and lingual surfaces as well as less accessible interproximal surfaces. Reference will be made to the science allowing infiltration while focusing on practical clinical requirements to achieve success. The author will present cases performed using the infiltration technique in several different clinical circumstances. Careful review of the appropriate and related techniques of behavior management and rubber dam placement will be described. Clinical success using the new infiltration product, as with any effective restorative technique requires adherence to good clinical protocol.

This presentation is supported by DMG-Hamburg.



**Luc Martens, Prof. Dr.
Gent, Belgium**

Prof. Dr. Luc Martens (UGent 1980) is chairman of the dept. of Paediatric Dentistry and Special Care at the university of Ghent-Belgium. He is the director of the Masters programme in Paediatric Dentistry and Special care and coordinates the PaeCaMeD researchgroup. He promoted 6 pHD theses and published > 75 international papers. Prof Martens is scientific advisor of the European Archives of Paediatric Dentistry and is reviewer for several international journals. Furthermore he is a wellknown national and international lecturer and organised the 3rd European congress of paediatric dentistry (1996) and the 4th European Laser conference in Belgium. Prof.Martens is past-president of the Belgian and the European Academy of Paediatric Dentistry. Recently he became past-president of the International Association for disability and oral health (IADH). In 2007 he was appointed as visiting professor at ACTA-Amsterdam. Prof Martens will be the congress president of the 20th IADH congress in Ghent, Belgium-2010.

EAPD concept of postgraduate training in Europe / ADEE (M8)

After the founding of the EAPD 1990, it was a major concern to work on training programmes. After a first review on the variety in training programmes throughout Europe, the need for curriculum guidelines became clear. A task force came together in Gothenborg and at the 2nd EAPD congress (Athens1994), a forum was organised with 15 academics in paediatric dentistry. After approval of the final guidelines (Bruges 1996), they were published in 1997 (International journal of Paediatric Dentistry: 1997; 7:273-281). The EAPD defined the specialty of Paediatric dentistry as the practice, teaching of and research in the comprehensive, preventive and therapeutic oral care of children from birth to adolescence. One of the major ideas behind this EAPD concept for postgraduate training is to uniform programmes and to train candidates to a comparable standard throughout Europe. For this the general and basic guidelines are the following:

- a 3 years programme or equivalent to 4800 hrs training.
- within the programme there should be a distribution of
- clinical experience including hospital dentistry (min. 50 %)
- didactic study and academic courses (10 %)
- a research project (10 %) suitable for presentation at a scientific congress and/or publication in a scientific journal.
- The core programme requires 75 % of the specified EPAD training guidelines.

The published document includes guidelines for: main goals of a programme, programme objectives, general and specific conditions, objectives of obligatory courses for education and training of paediatric dentists. For each obligatory course, the level of expected knowledge and competence was pointed out.

**K. Jack Toumba, Prof.
Leeds, United Kingdom**



Professor Jack Toumba obtained his BSc(Hons) in biochemistry and physiology from Leeds University in 1976 and his MSc in steroid endocrinology in 1977. He then graduated with BChD from Leeds University in 1984. For eleven years was a Senior Dental Officer in Paediatric Dentistry. He obtained his FDSRCS from the Royal College of Surgeons of England and his PhD from Leeds University on the topic of fluoride slow-releasing devices. He was awarded a personal Chair in Paediatric and Preventive Dentistry in October 2004. He is Director of postgraduate taught courses at Leeds Dental Institute and is also the postgraduate tutor for the MDentSci programme in Paediatric Dentistry at Leeds. Prof Toumba has published over 60 research papers/books/articles in international journals and obtained research grants valuing £2m. Jack is co-author of, 'Restorative Techniques in Paediatric Dentistry' and handbook of Dental Traumatology. He is an internationally respected scientist and clinician and is invited all over the world to give talks and courses on Paediatric Dentistry. His particular expertise is in prevention of dental caries and the use of fluorides.

Postgraduate Training in Paediatric Dentistry (M8)

University postgraduate training programmes in Paediatric Dentistry are usually Master's degree programmes of either two or three years duration. Some Institutions like the University of Leeds are introducing new three year Professional Doctorate programmes in Paediatric Dentistry. In principle approval must be obtained with an external review of the proposed programme followed by approval from the hierarchy of University learning and teaching committees before the full detailed application is then submitted for final approval. The new course must then be advertised together with details of the fees. Postgraduate students wish to gain knowledge and clinical experience to become competent Paediatric Dentists at specialist level or equivalent on completion of their course and good programmes will endeavour to achieve this. The academic curriculum must be up to date and cover all aspects of the subject with the students participating in tutorials, seminars, literature reviews and journal clubs etc.

Clinical training involves a wide range of experiences from personal treatment sessions to trauma and consultant (specialist) clinics and treatments under sedation or general anaesthesia. Examinations and assessments must be performed and feedback given to students on a regular basis. Research projects on a topic related to Paediatric Dentistry must be undertaken and most students also perform an audit project. Final graduation involves the presentation of a number of clinical board cases covering a range of specified topics, written examinations and the defence of a research dissertation. Some Institutions have their programmes accredited by outside professional bodies for example by the European Academy of Paediatric Dentistry. Students are encouraged to present their research and clinical cases at Paedodontic conferences and subsequently to publish in peer reviewed journals.



**Christian Hirsch, Prof. Dr.
Leipzig, Germany**

He received his DDS from the Martin-Luther-University Halle-Wittenberg in 1992. Since 1993 he has been member of the department of paediatric dentistry at the same university, since 2002 as associate professor. He obtained his Dr. med dent in 1997. He received his Dr. med. dent. habil. in 2003. In 2007 he became a full professor for paediatric dentistry at the University of Leipzig and 2008 president of the German Association of Paediatric Dentistry. Research interests are: aetiology and epidemiology of temporomandibular disorders in children and adolescents, oral health related quality of life in children and adolescents. He is a peer-reviewer for several professional journals. Membership: German Association of Paediatric Dentistry, International Association for Dental Research (IADR).

Current Trends in Germany (M8)

Due to the historical development after World War II, the development of paediatric dentistry was different in both parts of Germany. For a long time, paediatric dentistry did not play a role neither in the dental curriculum nor in postgraduate dental education in Western Germany. The first steps to establish paediatric dentistry took place in the late 1980th. In the former Eastern part of Germany (GDR), there had been established a specialist career of paediatric dentistry since 1961 including a broad range of clinical knowledge and experiences at specialist level.

After the German reunification in 1990, there was an upturn of paediatric dentistry due to many reasons, for example due to the European and international development and the increasing number of members in the newly founded German Association of Paediatric Dentistry. Since 1993 paediatric dentistry has been part of the undergraduate dental curriculum in Germany. Currently postgraduate education in paediatric dentistry in Germany includes 2 levels. Interested dentists can achieve:

- a "Certificate for Paediatric Dentistry" based on a 150 hrs program with weekend courses;
- a diploma as a "Dentist with additional qualification in dentistry for children and young patients" based on a 3-year full-time program (equivalent to 4800 hrs of training) at an university dental school accredited by the German Association of Paediatric Dentistry and the German Association for Conservative Dentistry.

Within the program participants should:

- gain clinical experience including hospital dentistry proven by a number of own treated clinical cases,
- take part in didactic studies and academic courses,
- perform a research project suitable for presentation at a scientific congress and publication in a peer-reviewed journal.

To achieve a "Master of Science" degree (based on the ECTS) is a further discussed option. For the future, the aim is to establish an official "Specialist of Paediatric Dentistry" in Germany.

**Tim Watson, BSc BDS PhD FDSRCS
London, United Kingdom**



Tim Watson is Director of Research, Professor of Biomaterials and Restorative Dentistry and Honorary Consultant in Restorative Dentistry at King's College London Dental Institute, Guy's Hospital. He is also Head of the Biomaterials, Biomimetics & Biophotonics Research Group. Much of his research is based on the microscopic imaging of new operative techniques and adhesive restorative materials with extensive publications in the fields of microscopy, dental materials and operative dentistry. He has worldwide lecturing commitments and his research group has attracted over £5M in research grants from Government, charity and Industrial sources. He has worked in the same private practice at weekends for over 26 years.

How clean should a cavity be before restoration? (M9)

Dental caries is an infective process where there is a dynamic relationship between the host and the invading bacteria. There are now known to be hundreds of different types of bacteria present in the mouth, with or without the development of caries and, indeed, they will be present under restorations with absolutely no signs of disease. These bacteria work together to respond to environmental changes e.g. either locally in a restoration-tooth interface or in the mouth as a whole. The dilemmas facing clinicians is more complex now than ever, as we have materials that can have a range of effects: from being simple sealers – to prevent bacterial ingress and proliferation, to materials with anti-bacterial properties.

Furthermore, one mustn't forget that the pulp – dentine complex is a vital living organ and can respond by healing, with the laying down of reparative dentine, especially in the presence of therapeutic agents.

This talk will look at ways of determining the extent of dentine caries, using sound observational techniques backed up by microscopical imaging and bacteriological studies. The dynamics of the bacteria-tooth complex in clinical caries management experiments has shown that there are changes in the depths of a cavity with time, as bacteria and the pulp-dentine complex re-establish equilibrium. This may not result in the continuation of the carious process.

This lecture will therefore give food-for-thought on how much decayed tissue needs to be removed during cavity preparation and how we can use new research methods to measure precisely the amount of remaining carious dentine. New (and old) techniques for caries removal will be briefly introduced, with the main emphasis being the interaction of the residual cavity surface with adhesive restorative materials.



Karl-Heinz Kunzelmann, Prof. Dr. Munich, Germany

Function of Company/Institution	Research, undergraduate and postgraduate education, clinical dentistry and dental science
Current Responsibilities	Research administrator, research scientist, undergraduate and graduate dental education, supervisor of clinical investigations
Higher Education/Training	Approbation 1986 University of Würzburg (D.D.S.)
Advanced Degrees	Dissertation 1987 University of Würzburg 1987–1992 Assistant Professor University of Erlangen 1992–1998 Associate Professor University of Munich Habilitation 1997 University of München (Ph.D.) since 2001 Professor University of Munich
Professional Affiliations	IADR, German Scientific Dental Association (DGZMK), Board Member: German Association for Operative Dentistry (DGZ), Academy of Dental Materials, Board Member: German Society of Computer Assisted Restorative Dentistry (DGcrZ), International Association of Computer Assisted Dentistry, AG Keramik

New methods in caries therapy – Self limiting caries excavation (M9)

Caries excavation can be performed with a variety of techniques. The key question associated with all excavation techniques is, how much material has to be removed.

Defining the therapeutic endpoint for caries excavation still remains a question very hard to answer even today, especially when overtreatment should be avoided.

It would be nice if the excavation technique would be self-limiting. The term “self-limiting” refers to methods which have an implicit therapeutic endpoint. Enzymatic techniques, for example, are self-limiting because the enzymes can only remove tooth substance which is the primary target of the enzyme action.

Polymer burs rely on another self-limiting approach. They are softer than sound dentin, but hard enough to remove certain amounts of demineralized dentin.

There is no single criterion to evaluate the performance of the excavation methods. Therefore a multitude of techniques is usually applied like micro-computer-tomography, CLSM, QLF, WDX-element-analysis, FE-SEM, TEM or micro- and nano-hardness measurements.

All of them prove, that it is possible to preserve tooth tissue. The new self-limiting caries excavation methods, however, change the tactile feedback with an explorer. The tooth surface is still soft. In addition radiographs exhibit translucent halos under the restorations. Moreover, morphological evaluations show remaining microorganisms.

To be sure that we can rely on the excavation quality of the new approaches still a lot more investigations are necessary. But if we add new criteria for excavation, disinfect the cavities and obtain tightly sealed margins we have now the instruments at hand to save tooth tissue and hopefully keep more teeth vital than now.

Norbert Krämer, Prof. Dr.
Dresden, Germany



1959	Born in Albersloh/Westfalen
1980–86	Studies in dentistry, University of Erlangen
1987	DMD / Dr. med. dent.
1986–1997	Assistant Professor, University of Erlangen
1997	Habilitation, Venia legendi
1998–2006	Associate Professor, University of Erlangen
2000–2004	President of the German Society of Paediatric Dentistry
2006	Chairman, Department of Paediatric Dentistry, TU of Dresden, Germany
since 2008	President elect EAPD
2009	Appointment as Chairman, Department of Paediatric Dentistry, Justus-Liebig University of Gießen, Germany

New aspects in minimal-invasive restorative techniques (M9)

Despite a general caries decline by successful prevention, the caries problem is not solved. Given an early and precise diagnostic, minimum intervention strategies are demanded in pediatric dentistry. For cavity preparation, according to the indication, different measures were described:

- A controlled fissure extension is limited by kinetic cavity preparation. Rotary burs show some advantages here in terms of saving sound tooth hard tissue.
- Among lasers, erbium-based solid-state infrared lasers have demonstrated to be effective in dental applications.
- Using oscillating preparation, minimally invasive cavities are realizable in both dentitions with additional protection of adjacent teeth. In permanent Class II cavities, however, a rotary begin is mandatory. Sectional matrix systems help to reach anatomically correct proximal contacts.

The restoration of defects should generally be adhesive and conducted with different material viscosities in accordance to defect size. In the first dentition, dentin adhesion gains importance due to the thin enamel margins. In permanent teeth, multi-step etch-and-rinse adhesives are still superior to self-etch adhesive systems.

Customized restorative and after care programs for children of different age groups (M12)

Despite an effective caries decline, not every child equally profits of improved oral health. While early childhood caries is a major issue in primary teeth, hidden fissure and proximal caries is an important point in adolescents. Additionally, anomalies such as MIH are very problematic.

For an adequate therapy in both dentitions, following recommendations are given:

- Glass ionomer cement is well-suited for Class I cavities in children with low compliance.
- Polyacid-modified resin composites (compomers) show the best long term results in primary tooth restorations. However, these materials at least require a certain minimum compliance during application of adhesive and restorative material.
- Perfect alternative still is the stainless steel crown for larger lesions and postendo restorations.
- Resin composites are suited for small and medium sized cavities in permanent teeth.
- In children with high caries risk and/or hard tissue anomalies, a stepwise therapy with short recall intervals is mandatory.
- A customized preventive care program maintains the oral health status after restoration.



**Hans Georg Dietz, Prof. Dr. h.c.
Munich, Germany**

Medical School

1971–1978

1978

University of Munich

final Examination

Activity

July 1978–July 1979

Since August 1979

October 1986

October 1986

Juli 1996

Mai 2008

Military Service, Navy

Department of Pediatric Surgery LMU Munich

Consultant for Surgery

Consultant for Pediatric Surgery

Professor for Pediatric Surgery

Dr. h.c. University Mostar, Medical School

Membership: Deutsche Gesellschaft für Kinderchirurgie, Deutsche Gesellschaft für Chirurgie, Deutsche Gesellschaft für Unfallchirurgie, ESPU (European Society of Paediatric Urology), AAP (American Academy of Pediatrics)

Traumatology in Paediatrics (M10)

Trauma is the most frequent reason for hospitalisation in children, and up to the age of sixteen the most frequent reason of unnatural death.

Head injury, thoracic trauma, blunt or penetrating abdominal trauma and especially polytrauma are the real life threatening injuries in children. These patients should be referred to level I trauma center with a 24 hours available trauma team including one paediatric surgeon as trauma leader and paediatric specialised physicians in anaesthesiology, neurosurgery, further more one paediatric intensive care team and all necessary diagnostic facilities including ct-scan.

Mild head injuries are the most frequent reasons for outpatient consultation and even hospitalisation in children. The neurological investigation and the use of the Paediatric Glasgow Coma Scale are the key stones in diagnostic reasons and necessary for the therapeutic algorithm.

Peripheral skeletal injuries are the second frequent reasons in injured children and play an important role in paediatric trauma centers.

The rationale of orthopaedic and operative treatment in joint luxation and fractures, in the therapy of epiphyseal metaphyseal fractures and as well in shaft fractures are explained in principles in brief and illustrated with the most frequent and typical examples. Avoiding growth disturbance by injured physis, malunion through therapeutically mistakes and healing problems is the target of fracture therapy.

One of the most challenging problems for the paediatric trauma team are battered children. Not to overlook such patients with the risk of death and not to bring wrong suspicion is the important work for the first contacting physician.

**Hubertus Van Waes, Dr.
Zürich, Switzerland**



- Head of section for paediatric dentistry, Clinic for Orthodontics and Paediatric Dentistry, Centre for Dental and Oral Medicine, University of Zuerich, Plattenstrasse 11, 8032 Zuerich
- Director of Public School Dental Services Zürich, Parkring 4, 8027 Zuerich
- 1959 Born 10.3.59 in Roosendaal (NL)
- 1978–1984 Undergraduate education in dentistry, Centre for Dental and Oral Medicine, University of Zuerich
- 1984–1986 Clinical Assistant for paediatric dentistry, Clinic for Orthodontics and Paediatric Dentistry, Centre for Dental and Oral Medicine, University of Zuerich (Prof. P.Stöckli)
- 1986–1988 Clinical Assistant, Departement for Preventive Dentistry, Cariology and Periodontology, University of Zuerich (Prof. F. Lutz)
- 1988 Dissertation „General anesthesia in paediatric dentistry“ (Supervisor: Dr. E. Ben-Zur).
- 1988–1989 Clinical Assistant, Department for Oral Surgery, University of Zuerich (Prof. H. Sailer).
- 1989–1990 Dentist, Public School Dental Services Zuerich (Prof Z. Curilovic)
- 1990 2 Months at the Institute for Postgraduate Dental Education, Jönköping (Sweden) (Prof. G. Koch)
- 1990–1991 Visiting Professor, Department for Pediatric Dentistry, New York University (Prof. S. Moss)
- 1990–1992
- Since 1990 Senior lecturer for paediatric dentistry and dental traumatology, Clinic for Orthodontics and Paediatric Dentistry, Centre for Dental and Oral Medicine, University of Zuerich
- Since 1.7.2000 Director of Public School Dental Services Zuerich

Guidelines for treatment of traumatized teeth (M10)

Patients with dental trauma are a challenge for all dental practitioners. Therefore different national and international societies have developed guidelines for the treatment of such incidents. The presentation will outline the current guidelines and try to highlight differences between them. Several clinical cases will be presented and possible treatment options will be discussed. Furthermore new developments and trends will be discussed.



**Birgit Thilander, Prof.
Göteborg, Sweden**

Dept of orthodontics, The Sahlgrenska Academy, Göteborg University, Sweden

LDS, Odont Dr (PhD), Professor and chairman at the dept of Orthodontics, University of Umeå (1963–68) and at the University of Göteborg (1969–91). Visiting professor at the National University of Colombia (1993–99). Honorary Doctor degree at the University of Helsinki, Finland, University of Bergen, Norway and the National University of Colombia, Bogota.

Honorary Member of 12 national and international Societies, including the World Federation of Orthodontics. Recipient of 15 distinguished Awards. President of European Orthodontic Society 1981.

Invited speaker in most countries in Europe, in United States, Canada, South-America, Japan, China, Korea and New Zealand.

Author of three textbooks. Published more than 180 articles in International Journals and 15 Chapters in different textbooks.

Orthodontic aspects on the use of oral implants in adolescents (M11)

Introduction. Missing teeth because of trauma or congenital absence affect the upper incisor and the premolar areas. Dento-facial growth/development is a complex process with continuous changes from childhood to adolescents and even up to adult ages. In this complex region, we have to decide which alternative is optimal to the adolescent patient, orthodontic space closure or open up for replacement of an implant. Such a decision shall be performed already in young ages.

Material and Method. From our radiographic and histological studies in growing pigs we could show that osseointegrated titanium dental implants do not move with the eruption of the adjacent teeth. These experimental results were tested clinically and radiographically in adolescent subjects, first during a 3-year period, and then in a 10-year follow-up study.

Results and Conclusion. The longitudinal follow-up showed that dental implants are a treatment alternative for replacing missing teeth, provided that the individual dental/skeletal development is complete. However, disadvantages may be related to the upper incisor region, due to slight continuous eruption of adjacent teeth, which will be discussed against own studies on dentofacial growth/development in, 'normal' individuals followed from 5 to 31 years of age.

**Matthias Kern, Prof. Dr.
Kiel, Germany**



Professor and Chairman

Department of Prosthodontics,
Propaedeutics and Dental Materials
School of Dentistry
Christian-Albrechts University at Kiel

Undergraduate education in Dentistry from 1980–1985 in Freiburg, Germany. 1985 graduation from Dental School. 1985–1989 Assistant Professor in the Department of Prosthodontics, Dental School, University of Freiburg. 1987 DMD thesis. 1989 Academic Lecturer. 1991 Senior Academic Lecturer. 1991–1993 Visiting Research Associate Professor, University of Maryland at Baltimore, USA (Grant of the German Society of Research). 1995 PhD thesis, Academic Director and Vice Chairman of the Department of Prosthodontics, Dental School, University of Freiburg. 1997 Professor and Chairman of the Department of Prosthodontics, Propaedeutics and Dental Materials, School of Dentistry, Christian-Albrechts University at Kiel, Germany. In June 2008 Dr. Kern became Vicepresident of the German Society for Prosthodontics and Dental Materials (Deutsche Gesellschaft für Zahnärztliche Prothetik und Werkstoffkunde).

Current prosthetic measures for replacing the early lost anterior permanent teeth (M11)

Resin-bonded fixed dental prostheses (RBFDPs, so-called Maryland bridges) with two retainer wings have been introduced over 30 years ago for a minimal invasive replacement of missing permanent teeth, when the abutment teeth are caries-free. However, for the replacement of early lost anterior permanent teeth for example after traumatic tooth loss, they had been recommended only after completion of the transversal growth of the jaws, to prevent any growth inhibition. So teeth lost earlier had to be replaced by removable dental prostheses.

RBFDPs with only one retainer wing developed 13 years ago overcome these age restrictions and are even less invasive than the two retainer RPFDPs. In the meantime long-term data of this minimal invasive treatment option are available and it is well-known how to bond these restorations clinically successfully. However, it is a prerequisite that the dentist has a good understanding about indications, materials properties and the clinical procedures including specific bonding techniques.

This lecture summarizes the essential knowledge on the successful clinical application of RBFDPs. It will also show that today high-strength all-ceramic materials are an alternative to base metals as framework. In the anterior area all-ceramic resin-bonded restorations present a highly esthetic and biocompatible treatment alternative.



Susanne Kneist, Prof. Dr.
Jena, Germany

Born in 1950 in Mihla.

1969–1974	Study of Biology at the Friedrich-Schiller University of Jena
1973–1974	Type Culture Collection at the Central Institute of Microbiology and Experimental Therapy, Jena
1979	obtaining the doctorate (Dr. rer. nat.), University of Jena.
1974–1981	Department of Medical Mycology of the Medical School of Erfurt
Since 1981	Experimental Research Unit of the Department of Preventive Dentistry of the Medical School of Erfurt
1987	Habilitation and Facultas docendi for Preventive Dentistry, advarved lecturship, Medical School of Erfurt
1986–1990	Postgraduated education in Experimental and Diagnostic Microbiology, Institute of Postgraduate Education in Medicine, Berlin
1990–2003	Department of Preventive Dentistry at the Dental School of the Friedrich-Schiller-University of Jena
Since 2003	Biological Laboratory at the Dental School of the Friedrich-Schiller-University of Jena
2004	Professor of Preventive Dentistry.

Research interests: Microbial Taxonomy, Medical Mycology, Oral Microbiology, Caries Prevention Member of the German Scientific Dental Society (DGZMK). Member of the German International Association for dental Research (IADR). Member of the European Organization for Caries Research (ORCA).

Author or co-author of 124 publications and 370 oral or poster presentations.

Early risk diagnostics – important for oral health and future general well-being? (M12)

The presence of teeth is the first factor in the aetiology of early childhood caries (ECC). The primary incisors will be erupt between 6 and 8 month of age and will be susceptible to caries from the onset. The second factor is the transmission of mutans streptococci (ms) in the mouth of children. This occurs from the mother's by saliva. If a mother does not harbour ms in her mouth, then the transfer cannot occur and the risk for ECC is low. The third factor is the use of a cariogenic diet, mostly as a result of the use of sweetened drinks given via a bottle. The most dangerous period is during the night as the saliva flow ceases while sleeping. If a child's teeth are covered with sweetened drinks during the night, then the protective action of the saliva is absent and ms growing out. A fourth factor is the absence of any protective factors. In the main this is the use of fluorides. Taking these factors into account can be used to predict ECC. Especially salivary ms in the mouth of mothers and small children together with visible plaque on upper incisors are the early signs to predict the risk of ECC. The reduction of ms together with the use of a trainer cup of one year of age, using safety drinks and brushing daily with a fluoride toothpaste can prevent ECC in small children. The prevention is very important to keep children from serious oral and general diseases.

**Svante Twetman, Prof.
Copenhagen, Denmark**



Dr. Svante Twetman is professor of Cariology at the Faculty of Health Sciences, University of Copenhagen, Denmark. He graduated from the dental school 1974 and holds the Odont. Dr. degree from the Karolinska Institute in Stockholm, Sweden. At the same institute, he is also received post-graduated training as a licensed specialist in paediatric dentistry. The research interest is fluoride and microbial aspects on oral ecology and caries prevention in childhood with focus on clinical trials. Dr. Twetman is author and co-author of several textbooks and over 130 scientific articles. He is a member of The Swedish Council on Health Technology Assessment in Health Care working with systematic reviews and evidence-based clinical guidelines.

Preventive and non-invasive treatment strategies (M12)

Dental caries is one of the most prevalent diseases that affect children of all ages worldwide but the distribution is skewed with socioeconomic and behavioural determinants. It forms through a complex interaction over time between acid-producing bacteria, fermentable carbohydrates and many host factors as recently explained by the ecological plaque hypothesis. On the individual level, the disease can be described as an ever ongoing battle between de- and re-mineralisation; if more mineral is lost than gained from the hard tissues, a lesion will occur over time. The ultimate goal in caries prevention and caries control is to achieve an ecological balance between the pathological and the protective factors.

Primary prevention comprises procedures taken in order to reduce the risk for caries-free people to be decayed while **secondary prevention** aims to hinder an already existing lesion to progress or even to reverse its natural course. In general, the primary prevention should be population-based and utilize the common risk factor approach. Secondary prevention consists of non-invasive measures for caries control on individual level based on a comprehensive risk assessment. Based on recent systematic reviews and controlled trials, the presentation will cover the evidence for non-operative interventions to reduce caries risk and control lesions in childhood and adolescence. The cornerstones are fluoride, fissure sealants, antibacterial agents/sugar substitutes and empowerment. Self-administered regimens, such as daily tooth brushing with fluoridated toothpaste, are the most cost-effective way to reduce risk but they require compliance. Professionally applied fluoride varnish at least two times per year is the most effective professional alternative in those with high risk and poor compliance. General guidelines will be discussed but the clinical recommendations must be adapted to local conditions.

The uneven distribution of caries has called for a risk-based strategy in order to provide additional preventive treatments to those with the greatest need. The pre-requisite for such a strategy is that there are **i)** useful and inexpensive predictors available, and **ii)** cost-effective interventions that not only reduce the risk but also the true incidence of caries. Several recent studies have indicated that the risk-based concept is costly with severe limitations and therefore, a dental age-related strategy can be an alternative. The background thinking is to focus the preventive and risk-reducing efforts on community level to the periods in life when the primary and permanent teeth emerge in the oral cavity; A) the preschool age: 6 month-3 years, B) the early school age 5-7 yr (1st permanent molars), and C) adolescence 12-15 yr (2nd molar and premolars).

Dental caries forms through a complex interaction over time between acid-producing bacteria, fermentable >

› carbohydrates and many host factors including teeth and saliva as recently explained by the ecological plaque hypothesis. On the individual level, it can be described as an imbalance between de- and re-mineralisation; if more mineral is lost than gained from the hard tissues over time, a lesion will occur. On the demineralisation side of the balance, the pathological risk factors are found such as aciduric bacterial overgrowth, frequent carbohydrate intakes, and reduced saliva flow. On the remineralisation side, the protective factors such as fluoride exposure, saliva components and antibacterial measures are located. The ultimate goal in caries prevention and caries control is to achieve a balance (homeostasis) between the pathological and the protective factors. Thus, in individuals with high caries risk or a proven caries activity, the challenge is to decrease the pathological factors and to increase the protective factors.

Early childhood caries – microbiological aspects (M15)

Dental caries forms through a complex interaction over time between acid-producing bacteria, fermentable carbohydrates and host factors including teeth and saliva. The colonisation of the oral cavity starts at birth and the contact with many different bacteria early in life ensures a microbial diversity that is associated with oral health. However, extended periods of low pH in oral environment favour a microbial shift towards an overgrowth of various aciduric species promoting a cariogenic challenge. It is well established that early colonisation of mutans streptococci (MS) is a key factor in early childhood caries (ECC) and that the mothers are the principal sources. Modern molecular techniques have however questioned the “window of infectivity” and the prerequisite of non-shedding surfaces. The early colonisation of MS is determined by a number of factors such as transmission-behaviour, diet, virulence and biofilm diversity as well as saliva and immunological host factors. A recent systematic review has concluded that presence of MS, both in plaque or saliva of young caries-free children, appears to be associated with a considerable increase in caries risk. The strategy to combat vertical transmission of cariogenic bacteria from parents to their off-springs is termed primary-primary prevention. Interventions, based on antibacterial measures, has been directed to mothers of newborn babies with high counts of salivary MS and implemented during the eruption of the primary teeth. Collectively, a number of clinical trials provide limited evidence that such maternal prevention programs can prevent dental caries in their children by inhibiting, or delaying, the transmission of MS from mother to the child. The lecture will also discuss and suggest probiotic therapy as an alternative strategy to maintain a diverse microbial community in early childhood.

Hendrik Meyer-Lückel, PD Dr. Kiel, Germany



Education

1992	Graduation from school (Abitur)
1992–1997	Dental School in Giessen, Germany (Justus-Liebig-Universität)
1997	Final Examination (Staatsexamen) in Giessen
2000	Doctorate degree (Promotion), 'Effects of saliva substitutes and mouth rinses on sound and demineralised dentin in vitro', Albert-Ludwigs-Universität Freiburg
2008	PhD in Dental Medicine (Habilitation), 'Micro-invasive treatment of caries by resin infiltration', Charité – Universitätsmedizin Berlin
2007–2009	Master of Public Health (Focus: Epidemiology) Berlin School of Public Health at Charité Employment
02/98–09/98	Postgraduate Scientist Department of Periodontology, Dental School, Justus-Liebig-Universität Giessen (Prof. Dr. J. Meyle)
10/98–09/00	Employed as dentist in private practice
10/00–10/08	Postgraduate Scientist / Assistant Professor (10/01) Department of Operative Dentistry and Periodontology, Freie Universität Berlin/Charité – Universitätsmedizin Berlin (Prof. Dr. A. M. Kielbassa)
since 11/08	Associate Professor Clinic for Conservative Dentistry and Periodontology Universitätsklinikum Schleswig-Holstein-Campus Kiel, Christian-Albrechts-Universität zu Kiel (Prof. Dr. C. Dörfer)

Main scientific contributions

Dr. Meyer-Lückel has authored and co-authored more than 40 original papers, 20 review articles, 4 book chapters and more than 50 abstracts. His main scientific interests are: microinvasive therapy of carious lesions, de- and remineralization of dental hard tissues, clinical studies on caries prevention, epidemiology of caries and periodontitis, dental public health, and postendodontics.

Indication and efficacy of smooth surface sealing and infiltration (M13)

Fissure sealants have been used in occlusal surfaces in primary and permanent teeth for many years. Sound fissures as well as surfaces showing enamel lesions are supposed to benefit from this treatment the most. The caries process at proximal lesions has been mainly 'managed' by using non-operative options, as fluorides, oral hygiene education, and dietary control or by placing restorations. Caries infiltration is a new micro-invasive approach to deal with caries lesions also for proximal sites. Current use of the sealing technique as well as the development of the infiltration technique and its clinical feasibility will have been shown in the previous lectures. In this presentation treatment thresholds of both techniques with respect to caries extensions at various tooth sites will be discussed. Moreover, current clinical data will be reported for both smooth surface (buccal and proximal) treatments: sealing and infiltration. Guidelines for the use of both techniques will be proposed and discussed.

This presentation is supported by DMG-Hamburg.



Sebastian Paris, Dr.
Kiel, Germany

Education

1997	Graduation from school (Abitur)
1998-2003	Dental School Freie Universität Berlin/Charité – Universitätsmedizin Berlin
2003	Final Examination (Staatsexamen) in Berlin
2005	Doctorate degree (Promotion), Sealing of incipient caries lesions with adhesives and a fissure sealant in vitro, Charité – Universitätsmedizin Berlin

Employment

03/04-7/08	Postgraduate Scientist Department of Operative Dentistry and Periodontology, Freie Universität Berlin/Charité – Universitätsmedizin Berlin (Prof. Dr. A. M. Kielbassa)
since 08/08	Postgraduate Scientist Clinic for Conservative Dentistry and Periodontology Universitätsklinikum Schleswig-Holstein-Campus Kiel, Christian-Albrechts-Universität zu Kiel (Prof. Dr. C. Dörfer)
since 08/06	Research Grant Deutsche Forschungsgemeinschaft (German Research Foundation) „Microinvasive therapy of enamel caries lesions by infiltration with dental resins“

Main scientific interests: microinvasive therapy of carious lesions, de- and remineralization of dental hard tissues, caries epidemiology, postendodontics, immune responses of the dental pulp, antimicrobial peptides

Caries sealing and infiltration: theoretical background (M13)

Fissure sealing is a well-established treatment to prevent caries formation in susceptible fissures. However, existing caries lesions in early stages can also be prevented from further progression by sealing their surface with resins. The concept of caries sealing has been successfully transferred to proximal smooth surfaces. In contrast to sealing, caries infiltration aims to penetrate the lesion body of enamel carious lesions with low viscous light curing resins – so called infiltrants. After curing the resin occludes the lesion pores and thus prevents further demineralization. To achieve sufficient resin penetration into the lesion body the pseudo intact surface layer has to be eroded by etching with hydrochloric acid gel before applying the resin. Moreover, the material properties of the infiltrant have to be optimized for fast capillary penetration. In this presentation the concepts of caries sealing and caries infiltration will be presented. Moreover, the chemical and technical requirements for both techniques will be discussed.

This presentation is supported DMG, Hamburg

**Franka Stahl, PD Dr.
Rostock, Germany**



1993–1999	Study of Dentistry, University of Rostock, Germany
1998–1999	Honorary Research Fellow, Department of Oral and Dental Science, University of Bristol, England
2002	Conferment of doctorate degree
2002–2004	Postgraduate qualification in orthodontics, Department of Orthodontics, University of Rostock, Germany
since 2004	Specialist in orthodontics at the Department of Orthodontics, University of Rostock, Germany
2005–2006	Postdoctoral studies, Department of Orthodontics, University of Michigan, USA
since 2006	Assistant medical director, Department of Orthodontics, University of Rostock, Germany
since 2007	Thomas M. Graber visiting scholar, Department of Orthodontics, University of Michigan, USA
2008	Conferment of academic degree “Dr. med. dent. habil.,” University of Rostock, Germany

Prevalence of malocclusions and of orofacial dysfunctions and their interrelation in the primary and early mixed dentition (M14)

Introduction: The aim of this study is to provide basic data on the prevalence of malocclusions and orofacial dysfunctions in the primary and early mixed dentition, to examine occlusal relationships in their functional context, and to analyze the need for and potential of orthodontic prevention.

Patients and Methods: Occlusal relationships and myofunctional status were evaluated clinically in 766 and 2275 children with primary and early mixed dentitions, respectively. Findings comprised orthodontic findings in single jaws, intermaxillary occlusal relationships, presence of dynamic and static myofunctional disorders as well as presence of oral habits.

Parents consented to their children's participation in the study. Comparison of absolute frequencies of specific characteristics was tested with chi-square test. Statistical significance was assessed at the 5 % level.

Results: Prevalence rates of malocclusions and orofacial dysfunctions increased significantly from primary to mixed dentition period. The frequency of myofunctional disorders was statistically significantly higher in children with increased maxillary overjet, frontal open bite, lateral crossbite and mandibular prognathism. Individuals with frontal open bite, lateral crossbite, reduced and increased maxillary overjet presented static dysfunctions significantly more frequently than those in dentitions with normal occlusion. Dynamic dysfunctions were significantly more prevalent in subjects with frontal open bite and lateral crossbite than in those with normal occlusion.

Conclusion

Our results enable us to prognosticate which children risk future orthodontic problems. Orthodontic prevention and early treatment must include functional rehabilitation so as to eliminate or at least diminish those factors causing undesirable developments.



**Bärbel Kahl-Nieke, Prof. Dr.
Hamburg, Germany**

President of the German Orthodontic Society (2005-2009), FEO Vice-President
Chair of the Department of Orthodontics (1998) and Medical Director at the University Medical Center Hamburg-Eppendorf.
Postgraduate orthodontic training in 1986 and PhD thesis in 1994 at the Department of Orthodontics of the University of Cologne.
2007 to 2009 Vice-Dean of the Medical Faculty at the University of Hamburg.
Since 2005 Ombudsperson for “good clinical research” University of Hamburg.
Scientific and clinical expertises: treatment timing, early orthodontic treatment, functional jaw orthopedics of juvenile idiopathic arthritis, condylar fractures and hemifacial microsomia patients, interdisciplinary treatment in CLP-patients.

Early Orthodontic Treatment and Timing of Transversal Discrepancies (M14)

Orthodontic and orofacial orthopaedic treatment of children with deciduous teeth and first permanent teeth represents a challenge for modern dental medicine that focuses on prevention. The main objective of the early treatment is the prevention of progredient dysgnathies by interrupting the progression of morphological as well as functional abnormalities.

The presentation will be focussed on diagnostic and therapy aspects of the transverse dimension which includes asymmetries of the face and jaws as well as the dentition.

According to the guidelines of the German Orthodontic Society the indications for early orthodontic treatment in patients with class III, crossbite, CLP, condylar fracture, Juvenile Idiopathic Arthritis and hemifacial microsomia are defined and discussed with the latest scientific results of the literature.

Systematic diagnostics of obvious and hidden early findings and individual modifications of anomaly-specific orthodontic treatment concepts complete the overview of the spectrum of early orthodontic treatment.

**Ingrid Rudzki, Prof. em. Dr.
Munich, Germany**



1967	Dental State examination, M.S. – Munich
1970	Promotion to D.D.S. / D.M.D. - Munich
1971	Qualification as a specialist in orthodontics – Munich
1972–1973	Lecturer in orthodontics at the Medical High School of Hannover / FRG
1974–1991	Private orthodontic office with postgraduate education
1976–1978	Lecturer in orthodontics at the University of Munich
1977	Ph.D. in Dentistry, speciality Orthodontics at the University of Munich
1991–2008	Full-time Professor and Head, Orthodontic Department Ludwig Maximilian University of Munich and Member of the Medicine Faculty
since 1986	Member of ICD
since 1999	Dean of foreign affairs of the Medical Faculty of the LMU-Munich
Honorary member:	Societa Italiana di Odontostomatologia, A.M.D.I. Thai Orthodontic Society, Thai.O.S. Association for Promoting Dental Science in Bavaria German Society for Lingual Orthodontics

Early orthodontic treatment and timing of sagittal discrepancies (M14)

The prevention of tooth irregularities and malocclusions is very important since 50 percent of the inaccurate stomatognathic findings can be classified as acquired anomalies. Habits and disfunction of the surrounding muscles are able to lead to a devious growth of the upper and lower jaw.

The knowledge of these causes allows a timely intervention within the interaction of morphology and function. Primarily this can be achieved by briefing of the parents during the infancy, where the impact of nutritional disturbances, habits, para- and disfunction has to be pointed out. The opportune identification of aberrations of the stomatognathic system is very important in order to prevent a malocclusion become manifest. The right time for early orthodontic intervention is during the deciduous and early-mixed dentition.

The main treatment approaches are the elimination of inaccurate occlusion, frontal open bite and of transversal or sagittal forced bite. Problems regarding the sagittal occlusion, caused by sucking habits, premature contacts, habitual open mouth as well as by dysfunctions of the lips and the tongue enhance a growth retardation in the mandible and a deformation of the maxilla. The giving up of such habits by means of removable bimaxillary orthodontic appliances, as well as by a rapid maxillary expansion if necessary with orthopaedic control of the maxilla, can lead to a normalization of the occlusion.

The early orthodontic intervention should secure a relaxed lip seal with an undisturbed nasal respiration. These are important parameters for a further accurate development of the jaws.



**Andrea Wichelhaus, Prof. Dr.
Munich, Germany**

1990–1999	Assistant Professor and Alternate Director of the Division for Orthodontics, Ulm University
1995	Walter-Engel-Price: recognition of scientific developments in orthodontics
1995	Price for best annual publication of the German Society for Orthodontics/Deutsche Gesellschaft für Kieferorthopädie, "The development and testing of a new NiTi-SEsteel uprighting spring"
1996	Habilitation, Phd, Ulm University
1996	Research Fellow at the Harvard University, Department of Orthodontics, Boston USA
1999–2008	Director and Chairperson, Department of Orthodontics and Pediatric Dentistry, University of Basel, Switzerland
since 01.09.2008	Director and Chairperson, Department of Orthodontics, Ludwig-Maximilians University Medical Center, Munich, Germany

Early orthodontic treatment and timing of vertical discrepancies (M14)

The open bite is a vertical anomaly that can occur during the deciduous dentition, the early and late mixed dentition and during the adolescence.

For the aetiology of this vertical anomaly exogenous and acquired factors as well as genetically causal factors play a role.

The therapy of the open bite is determined by the need due to the often present open mouth position and the existing mouth breathing.

Hence a higher risk for infections of the upper air passages and a higher prevalence of gingivitis may result. In the deciduous dentition good treatment results can be achieved for an existing open bite by using a resilient oral shield. Own investigation showed that this leads to an activation of the perioral muscles and to an enhanced muscular tonus.

In the early mixed dentition the Sander-I-Appliance (Spring-Activator) is indicated. As shown by own studies the Sander-I-Appliance induces a counter-clockwise-rotation of the mandible and activates the musculus pterygoideus pars posterior. Thereby, in this phase of growth a skeletal open bite can be affected in a positive way. The open bite treatment in the adults always implies an extensive orthodontic treatment. In most of the cases orthognathic osteotomies are necessary. For prophylaxis of relapse after surgical intervention a positioner is a must. Results of our sirognathographic studies in adults show enhanced muscle coordination after treatment with a positioner. Simulations by a hexapod and 6-component-measurement sensors show a positive effect in the specific settling achieved with the positioner after surgical intervention.

**Klaus Pieper, Prof. Dr.
Marburg, Germany**



Head of the Department of Pedodontics and Community Dentistry
Philipps-University Marburg
Germany

2002 Senator of the Philipps University Marburg
Since 1992 Professor and Head of the Department of Pedodontics and Community Dentistry,
Marburg
1996–2000 Dean of Dentistry, Philipps University Marburg
1988–1991 Professor (Pedodontics and Preventive Dentistry), University Göttingen

Research

His research over the past 30 years has covered several aspects of caries epidemiology, caries risk assessment and caries prevention. He leads a research programme on dental caries, for the last 14 years he has been scientific co-ordinator for a national series of caries prevalence surveys in Germany.

Memberships

1997–2008 Board Member (Treasurer) of the European Association of Dental Public Health
Since 1998 Member of the International Association of Paediatric Dentistry
Since 1997 Senior member of the European Academy of Paediatric Dentistry
Since 1986 Member of ORCA and ORCA Caries Diagnosis Group

Early Childhood Caries (ECC) – epidemiology and association with (of?) independent variables (M15)

Introduction: ECC is major problem in developing and industrialised countries. The aim of the lecture is to present an overview about studies from different countries and special results of a study which was performed in Germany. Caries experience of 3-4-year old children was assessed and correlated to various independent variables.

Patients and Methods: 1532 3-4-year-old children visiting Kindergarten took part in the study which was approved by an institutional ethic committee. Only those children participated whose parents had given their informed consent. d3+4mft values were recorded according to WHO criteria and information about feeding practices during early childhood and preventive measures were collected by a structured questionnaire for each child.

Results: The mean d3+4mft score amounted to 0.66 (f-component = 0.12), the proportion of caries free children being 83 %. The mean d3+4mft of children who were given baby bottles during the night for longer than seven months was 1.62, significantly higher than that of children who were not fed in this way (d3+4mft: 0.47, $p < 0.001$). The binary logistic regression analysis revealed: sugary drinks at night, frequent use of baby bottles during the day and frequent in-between meals were positively correlated with ECC while early start of tooth brushing, intake of fluoride supplements, regular visits to the family dentist and application of topical fluorides showed a negative correlation.

Conclusions: The results of the binary logistic regression analysis suggest that long-term use of baby bottles at night is the most important factor in the development of ECC.



**Angus Cameron, Prof.
Sydney, Australia**

Professor Angus Cameron completed dentistry at the University of Sydney in 1984. He started work in the Department of Paediatric Dentistry at Westmead Hospital as a junior registrar in 1987 and completed his specialty training in 1991. He was appointed a specialist in 1992 and Head of Department in 1997. He is currently Clinical Associate Professor and Head of Discipline in Paediatric Dentistry at the University of Sydney and holds teaching appointments at the Universities of Adelaide and Newcastle. He is also Registrar of the Royal Australasian College of Dental Surgeons. His research interests include craniofacial and developmental biology and his main clinical interests are in the management of children with dental anomalies, developmental pathology and oral medicine.

Dental treatment planning for children with cranio-facial anomalies (M16)

The management of children with disorders of development is complex and requires a multidisciplinary approach. Usually, the relationship with the parents and the child exists over many years and the trust that develops between the treating clinicians and the family is dependant on knowledge and understanding of the condition, and interest in the individual and not the condition, and an empathy for the child. Treatment planning cannot take place in isolation and the formation and development of professional interdisciplinary teams with particular expertise is essential. Diagnosis of children with complex craniofacial anomalies requires an intimate knowledge of the embryological basis for normal development that will enable a prediction of future growth and treatment outcomes. The fundamental basis of the growth anomaly may give indicators as to the timing of surgery or orthodontic treatment. Nonetheless, the maintenance of oral hygiene and prevention of dental disease is essential if more complex procedures are to be successful. This presentation will highlight important aspects of treatment planning for this group of children with special reference to the process of diagnosis and identification of growth patterns.

**Heike Korbmacher, PD Dr.
Hamburg, Germany**



Received her DDS from the university of Aachen in 1996. She obtained her Dr. med dent in 1997 from the same University. Since 1998 she is member of the department of orthodontics, University Hospital Hamburg-Eppendorf. Since 2000 she has been associate professor. She received her Dr. med habil in 2006. Her research interests are: evaluation of form and function (myofunctional therapy, orthodontic treatment in patients with orthopedic disorders and patients with syndromes); basic investigations of mechanically induced sutural growth and questions concerning maxillofacial biology. She is a peer-reviewer and commentary writer for several professional journals. She has received DGKFO research grant and the Arnold Biber Award of the DGKFO in 2007.

Orthodontic treatment in patients with syndromes (M16)

The successful treatment of the orofacial region in patients with syndromes is based on an interdisciplinary treatment approach which takes individual diagnostic records, compliance, patient's and parent's complaints and expectations into account. Therefore, the team is often composed by paediatricians, orthodontists, physiotherapists, speech therapists and maxillofacial surgeons. Due to strong form and function correlations the treatment should be terminated as early as possible during early childhood.

We recommend the first clinical inspection in an interdisciplinary consultation hour. From the orthodontic point of view, the treatment represents a stepwise program starting with stimulation in order to harmonize orofacial functions such as swallowing, eating and breathing disorders. The orofacial regulation therapy according to Castillo Morales represents such an early orofacial treatment approach. It consists of functional exercises and a specific manual program of neuromuscular stimulation. For a daily exercise, parents are taught to conduct a small program of orofacial stimulation. Only as a supplement subject to a strict indication a stimulating plate is inserted. Our results on that treatment approach underline the importance of the initial orofacial findings for the long-term development of the orofacial region.

Within the next orthodontic treatment step skeletal discrepancies, i. e. such as an enlarged overjet, should be corrected. Finally, the dentoalveolar development should be controlled on a regular base and when necessary orthodontic correction should be conducted.

Due to the complex clinical situation, successful orthodontic treatment requires an interdisciplinary treatment approach that is strongly based on the individual situation.



**Dominique Declerck, Prof.
Leuven, Belgium**

School for Dentistry, Oral Pathology and Maxillo-Facial Surgery
Unit Paediatric Dentistry and Special Dental Care
Catholic University Leuven, Belgium

Since 1998 Professor Dental School, Medical Faculty, Catholic University Leuven
1994– Associate Professor Dental School, Medical Faculty, Catholic University Leuven
1991– Clinical collaborator Dental School, University Hospitals Leuven, Unit
Paediatric Dentistry and Special Dental Care
1989–1990 Postdoctoral Researcher Catholic University Leuven
1985–1989 Researcher National Fund Scientific Research

Author of more than 60 international, peer-reviewed publications.

Memberships

IAPD, IADR, EAPD, BAPD, (founding member, treasurer 1997–2007),
EADPH: Vice-President (2003–2005), President (2005–2007)

Prevention of ECC: why is it so difficult? (M17)

Early Childhood Caries (ECC) continues to affect considerable numbers of children, not only in deprived areas but also in communities with well-developed health care systems. This disease entity has a strong impact on the quality of life of the child and its family, not only at young age but also later in life, and therefore needs to be considered as an important public health issue. The clinical condition is well-known and risk factors and determinants have been investigated in depth. Poor control of plaque accumulation and inappropriate dietary habits are often involved. However, preventive approaches seem to fail in this group of children and when extensive oral rehabilitation is performed, the success of restorative treatment is often poor – in most cases because of failing (secondary) prevention.

Although the evidence on preventive strategies for ECC has improved during the last decades, many issues remain inconclusive or even contradictory. Fair evidence is available to support the daily use of fluoride in toothpaste and the application of professional fluoride varnish in high-risk children. Available evidence regarding dental health education includes the promotion of regular tooth cleaning and limitation of consumption of sugar-containing drinks and snacks. Studies evaluating the success of this measure are often contradictory. The evidence supporting the use of anti-bacterial products and primary prevention interventions (mother-child transmission) is inconclusive. An important reason for this is the lack of well-conducted studies allowing the build-up of evidence. Although lack of evidence is not synonymous with absence of effect, the need for high-quality intervention studies is large.

In Flanders (Belgium) a longitudinal oral health promotion project, the **Smile for Life** project, was launched. More than 1000 newborns received an integrated oral health promotion programme, starting from birth, and were followed for 5 years. Some of the results of this study will be presented.

Katharina Bücher, Dr.
Munich, Germany



Department of Conservative Dentistry and Periodontology
Paediatric Dentistry
Ludwig-Maximilians-University
Munich, Germany

Since 2008	Senior Physician of the Paediatric Dentistry Department
2007	Specialist in Paediatric Dentistry of the DGK/DGZ
Since 2004	Department of Conservative Dentistry and Periodontology, Paediatric Dentistry, Ludwig-Maximilians-University, Munich, Germany (Prof. Dr. Reinhard Hickel)
2003	Preceptorship/Continuing Education Programme UIC, Chicago, USA & UCLA, Los Angeles, USA (paediatric dentistry)
2000–2004	In private practice (paediatric dentistry, oral surgery)
2001	Doctoral Thesis
1995–2000	Dental education, Eberhard-Karls-University, Tübingen, Germany

Therapy strategies for early childhood caries (M17)

Despite the remarkable efforts to prevent early childhood caries (ECC) over the last decades, this form of extensive tooth decay still affects a large number of children under the age of six all around the world. To avoid serious medical consequences as well as developmental disadvantages related to the teeth, invasive dental treatment may be unavoidable. Over the last years, the classical understanding of „fill and drill“ has changed to a more medical approach that understands ECC as a multifactorial infectious disease and bounds the success of dental intervention even more inseparably with preventive measures.

Though classical treatment techniques are still valid, this change of thought has influenced our understanding of caries treatment with respect to the point and way of treatment as well. Traditional, alternative as well as lately discussed treatment approaches and techniques will be presented and a variety of solutions will be illustrated. In Conclusion, a modern treatment concept for the ECC patient should not only comprise the correct choice of dental intervention, but necessarily has to take other factors influencing the effectiveness of dental treatment into account. The reduction of elimination of caries risk factors accompanied by educational, behavioural and social support is inevitable to make treatment a success for the young paediatric patient suffering from this medical condition.



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ABSTRACTS
GABA – PRACTITIONER
PRIZE

Verzögert auftretende Komplikation eines dentalen Traumas – ein Fallbericht

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Traumatische Zahnverletzungen treten im Kindes- und Jugendalter häufig auf. Neben sichtbaren Schäden der Zahnhartsubstanz stellen Verletzungen des Endodonts und Parodonts hohe Anforderungen an eine adäquate Diagnostik und Behandlung der Zähne, damit Spätkomplikationen vermieden werden.

Im Januar 2009 stellte sich ein 8-jähriger Junge mit Schmerzen in Regio 21 vor. Im September 2008 hatte ein Schulunfall zu einer komplizierten Kronenfraktur an Zahn 11 und einer unkomplizierten Kronenfraktur an Zahn 21 geführt. Die Erstbehandlung hatte beim Hauszahnarzt stattgefunden, der eine direkte Überkappung an 11 durchgeführt und die frakturierten Zahnkronen 11 und 21 mit Komposit aufgebaut hatte.

Klinisch imponierte vestibulär des Zahnes 21 eine bläulich-livide Schwellung der marginalen Gingiva. Zahn 21 war elongiert, wies einen Lockerungsgrad von I sowie vestibulär eine Taschensondierungstiefe von 7mm auf. Sämtliche OK- und UK-Frontzähne reagierten auf den Sensibilitätstest positiv. Radiologisch imponierte ein unvollendetes Wurzelwachstum der OK-Frontzähne.

Eine initiale Behandlung mit CHX bewirkte einen leichten Rückgang der Schwellung. Die Elongation des Zahns 21 besserte sich kaum. 5 Tage nach der Erstvorstellung wurde eine endodontische Behandlung eingeleitet. Bei der Vitalexstirpation zeigte sich die Pulpa größtenteils nekrotisch. Der Wurzelkanalaufbereitung folgte nach einwöchiger Calciumhydroxid-Einlage die Wurzelkanalfüllung. Im apikalen Bereich wurde der offene Apex unter mikroskopischer Kontrolle mit ProRoot® verschlossen. Der weitere Kanalverlauf wurde in vertikaler Kondensationstechnik mit Guttapercha gefüllt und mit einer adhäsiven Deckfüllung versorgt. Es fand eine radiologische Kontrolle statt. Nach vier Wochen folgte eine Optimierung der Frontzahnfüllungen 11 und 21. Zu diesem Zeitpunkt lagen unauffällige klinische Befunde vor. Es wurde ein vierteljährliches Recall-Intervall festgelegt, eine Röntgenkontrolle ist nach 6 Monaten geplant.

Amelogenesis imperfecta – klinisches Management – eine praktische Herausforderung

JAKLITSCH-WILLHUBER U. UND STÄDTLER P.

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Ein 13-jähriges Mädchen mit Amelogenesis imperfecta stellte sich mit dem Wunsch nach Verbesserung ihres Aussehens in unserer Abteilung vor. Die Inspektion zeigte eine Dysplasie des Schmelzes (DDE 8-3) der gesamten Dentition, einen bis zu 1cm offenen Biss im Seitenzahnbereich, massive Beläge, eine hochgradige Gingivitis und völlig unästhetische, inadäquate, sowohl vertikal als auch horizontal überdimensionierte Frontzahnaufbauten mit teilweise bis zu 2 mm breiten Überständen.

Das klinische Management begann mit Hygieneinstruktionen und einer professionellen Zahnreinigung. Es folgte eine Verminderung des offenen Bisses durch Reduktion der Frontzahnlänge. Sukzessive wurden auch die massiven Überstände entfernt. Nach Abwägen der möglichen Therapievarianten fiel die Wahl auf Einzelzahnrestaurationen mit Komposite. Begonnen wurde mit Freihandaufbauten im Seitenzahnbereich, die zu einer weiteren Reduktion des offenen Bisses führten. Die alten Aufbauten im Frontbereich wurden entfernt, darunter liegende Sekundärkaries dargestellt und excaviert, der verbleibende „Zahnstumpf“ mittels Schichttechnik mit Frasacokronen oder freihändig ästhetisch und funktionell aufgebaut. Es gelang eine so deutliche Verbesserung des äußeren Erscheinungsbildes der Patientin, dass sie die zusätzlich notwendige Eingliederung einer Kappenschiene zur Expansion des Oberkiefers nach 3 Wochen abbrach. Sowohl die Abnahme der Kappenschiene als auch die mittlerweile über einjährige Zeitspanne konnten den Restaurationen nichts anhaben.

Die Versorgung mit direkten Kompositrestaurationen stellt eine zwar von der Zeit her aufwendige aber gute Möglichkeit der ästhetischen und funktionellen Versorgung besonders jüngerer Patienten mit Amelogenesis dar.

Behandlung einer Kronen-Wurzel-Fraktur mit zusätzlicher Wurzelfraktur

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Einleitung: Ein 16-jähriger Patient stellte sich im September 2008 in der Poliklinik vor. Er hatte fünf Wochen zuvor, während der Sommerferien in Frankreich, einen Fahrradunfall gehabt. Dabei wurden der rechte Arm, das Kinn und die oberen mittleren Inzisivi verletzt. Zu diesem Zeitpunkt war er vollständig kieferorthopädisch behandelt. In Frankreich wurde keine Behandlung begonnen. Am Tag vor seiner Vorstellung in Würzburg wurde er entbündert. Das koronale Fragment des Zahns 21 gab man ihm trocken mit.

Klinische Handhabung: Radiologisch zeigte sich eine bindegewebig ausheilende Wurzelfraktur im apikalen Drittel mit deutlichem Versatz. Klinisch imponierte die Kronen-Wurzelfraktur. Zunächst wurde der Wurzelkanal aufbereitet und bis zur Frakturlinie gefüllt. Danach wurde das in situ verbliebene Fragment mittels Mukoperiostlappen freigelegt und der koronale Anteil adhäsiv befestigt. Der Lappen wurde straff mit Nähten fixiert und die mesial fehlende Ecke mittels Komposit wieder aufgebaut. Ein Kontrollröntgenbild zeigte eine suffiziente Wurzelkanalfüllung und ein sauber befestigtes koronales Fragment. Die erste Kontrolle und Nahtexzision erfolgten zehn Tage später. Zu diesem Zeitpunkt waren die Sondierungstiefen labial 7 mm und approximal 4 mm. Sie liegen derzeit bei 4 bzw. 3mm. Bisher trat kein Knochenverlust auf.

Schlussfolgerung: Die Behandlung dieses massiv geschädigten Zahns sollte als temporär betrachtet werden. Da weder die Extraktion noch eine herausnehmbare Apparatur Alternativen darstellten, ist das Hauptziel dieser Behandlung der möglichst lange Erhalt des Zahnes, zumindest bis eine Implantation möglich wird. Die Behandlungsdauer sowie der Aufwand waren sehr gut zu vertreten.

Hypnose, eine Alternative zur Analgosedierung?

KANT, J. M.

Zahnärztin, Tätigkeitsschwerpunkt Kinderzahnheilkunde, niedergelassen in Oldenburg, BRD

Eine Fallvorstellung

Bei der Behandlung von Kindern verdienen Verhaltensführung und Schmerzkontrolle unsere besondere Aufmerksamkeit.

Diese Fallvorstellung zeigt das Video einer Extraktion eines subakut entzündeten zweiten Milchmolaren im Oberkiefer. Die Patientin hatte seit längerem Schmerzen und hatte Angst vor dem Eingriff. Trotz einer deutlichen Schwellung zeigte der Zahn 65 eine Restvitalität und eine heftige Blutung bei der Trepanation. Vor der Extraktion wurden Antibiotika gegeben und der Zahn wurde trepaniert.

Die Extraktion wurde in Lokalanästhesie und mit Hilfe von moderner klinischer Hypnose durchgeführt. Als Metapher für die Extraktion und anschließende Blutstillung wurde eine Analogie zum Gärtnern angeboten. Damit der neue bleibende Zahn wie eine schöne Blume gut wachsen kann, muss vorher der Milchzahn wie Unkraut entfernt werden. Durch das Schließen des Wasserhahns, wenn die Gießkanne zum Wässern des neuen Setzlings genügend Wasser enthält, kann die Blutung unmittelbar nach der Zahnentfernung gestoppt und die Wundheilung begünstigt werden.

Unsere Erfahrung zeigt, dass Patienten durch den Einsatz von hypnotischen Techniken leichter zu führen sind, weniger Angst haben und weniger Lokalanästhetika als bei der Behandlung ohne Hypnose brauchen. Selbst wenn der Patient bei der Behandlung Schmerzen erfährt, wird dieser Schmerz emotional anders gewertet und seltener als unangenehm bezeichnet als bei Behandlungen ohne Hypnose.

Frühkindliche Prophylaxekonzepte

LAURISCH, L.

Arndtstr. 25, 41352 Korschenbroich

Einführung: Die Kariesentwicklung in den ersten 4 bis 6 Lebensjahren hängt maßgeblich von der frühzeitigen Etablierung von Mutans- Streptokokken in der Mundhöhle des Kindes ab. Das von Caufield (1993) prognostizierte „Window of infectivity“ gilt allerdings nicht mehr: vielmehr konnte Lindquist (2004) nachweisen, dass in jedem Alter eine Etablierung von Mutans-Streptokokken in der Mundhöhle des Kindes möglich ist. Das Ziel der Studie war es festzustellen, inwieweit die Kolonisierung der Mundhöhle mit Mutans-Streptokokken rückgängig gemacht werden kann und welche Auswirkungen das auf die Zahngesundheit über einen längeren Zeitraum hat.

Klinisches Vorgehen: Auf der Basis der Ermittlung klinischer und subklinischer Parameter (semiquantitative Erfassung von Mutans-Streptokokken und Laktobazillen (CRT, IvoclarVivadent, Schaan) wurden zwei Patienten im Alter von 2 Jahren bis zu 8 Jahren kontrolliert. Nach entsprechender Diagnosestellung wurden präventive Maßnahmen zur Reduktion des Kariesrisikos bzw. zur Minimierung der einmal erfolgten Kolonisierung der kindlichen Mundhöhle mit Mutans-Streptokokken durchgeführt. Diese umfassten: Applikation chlorhexidin-haltiger Lacke, Reduzierung der Zuckeraufnahme sowie Versiegelungsmaßnahmen durch Applikation von Glasionomerzementen auf die Kauflächen.

Ergebnis: Es konnte gezeigt werden, dass es möglich ist, die im Alter von 2 Jahren erfolgte Kolonisierung der kindlichen Mundhöhle mit Mutans-Streptokokken rückgängig zu machen. Über den Beobachtungszeitraum von bis zu 8 Jahren traten keine neuen kariösen Läsionen auf und es entwickelte sich eine stabile Mundhöhlenökologie ohne Mutans-Streptokokken.

Verbesserung der Compliance durch Gebärdensprache

WOLFF, A.

Poliklinik für Zahnerhaltungskunde, des Universitätsklinikums Heidelberg
INF 400, 69120 Heidelberg

Menschen mit einer schweren Hörbehinderung stoßen im Umgang mit hörenden Menschen auf große Kommunikationsbarrieren. Häufig entstehen durch den Wegfall verbaler Kommunikationsmöglichkeiten beiderseits Frustrationserlebnisse. Die Situation wird verschärft, wenn im Alltag gehörloser Menschen eine Situation eintritt, die mit Ängsten verbunden sein kann, wie z. B. ein Zahnarztbesuch. Eine Aufklärung des Patienten über die bevorstehende zahnärztliche Behandlung ist häufig nicht oder nur sehr eingeschränkt möglich, wenn der Patient nicht von einem Dolmetscher begleitet wird. Ohne verbalen Austausch oder Einsatz der Gebärdensprache gestaltet sich die psychologische Führung des Patienten schwierig. Eine Beziehung zum behandelnden Arzt kann nur über Begleitpersonen, die hörend und der Gebärdensprache mächtig sind, aufgebaut werden. Dies kann zu Defiziten in der Compliance während der Behandlung und im Gesundheitsverhalten der Betroffenen führen.

Vorge stellt wird die Kasuistik eines 14 Jahre alten, gehörlosen Jungen mit einer Mehrfachbehinderung. Nach langjähriger Behandlungsverweigerung erfolgte auf Betreiben der Mutter die Vorstellung in der Poliklinik für Zahnerhaltungskunde mit dem Wunsch nach einer Gebissanierung in Allgemeinanästhesie. Aufgrund der allgemeinmedizinischen Anamnese, der eingeschränkten Compliance und der Dringlichkeit der zahnärztlichen Therapie wurde dem Wunsch der Mutter entsprochen. Anschließend wurde durch die Autorin unter Verwendung der Gebärdensprache eine Adaptation des Patienten an die zahnärztliche Behandlung durchgeführt. Der Patient konnte in die Lage versetzt werden, prophylaxeorientierte und konservierende Maßnahmen ohne erneute Anwendung einer Allgemeinanästhesie durchführen zu lassen.

Eine direkte Arzt-Patienten-Beziehung konnte etabliert werden. Der Einsatz der Gebärdensprache in der zahnärztlichen Behandlung in Verbindung mit einem geeigneten Behandlungsmanagement haben die Compliance des Patienten und die Basis für eine eigenständige Gesundheitsfürsorge im zahnärztlichen Bereich geschaffen.

SOCIAL EVENTS

Opening Ceremony (June 17)

The opening ceremony of the 22nd Meeting of the IAPD will take place on Wednesday evening, 17 June 2009, at 6.00h in the assembly hall (Große Aula) of the

Ludwig-Maximilians-University, Geschwister-Scholl-Platz 1 (main entrance)

Public transportation from the Gasteig Convention Center: any S-Bahn (direction to „Hauptbahnhof“), change at „Marienplatz“ for underground U3 or U6, get off at „Universität“

Reception by the Bavarian State Government (June 18)

On Thursday, 18 June 2009 a Reception by the Bavarian State Government will be offered at the

Munich Residence, entrance: Max-Joseph-Platz 1

At 6:30 pm (sharp!) the reception will start with a guided tour to the „Antiquarium“. This hall is the oldest room of the Munich Residence and the largest and most lavish Renaissance interior north of the Alps with wall and ceiling paintings.

www.residenz-muenchen.de

Public transportation from the Gasteig Convention Center: any S-Bahn (direction to „Hauptbahnhof“), change at „Marienplatz“ for underground U3 or U6, get off at „Odeonsplatz“ or get off at Marienplatz and have a 10 min walk through Munich's pedestrian zone.

Bavarian Evening (June 19)

We couldn't bring the 22nd Meeting of the IAPD to the Oktoberfest, so we have brought Munich's world-famous beer festival to the conference. Join us on Friday evening, 19 June 2009 at 8 pm for a night of Bavarian festivities, hearty food and Munich's legendary beer!

Löwenbräu Beer Hall, Stiglmaierplatz

Public transportation from the Gasteig Convention Center: any S-Bahn (direction to „Hauptbahnhof“), change at „Hauptbahnhof“ for underground U1 (direction to „OEZ“), get off at „Stiglmaierplatz“

Closing Ceremony (June 20)

The closing ceremony will be held on Saturday, 20 June 2009, at the

Gasteig Convention Centre

Gala Dinner (June 20)

The gala dinner of the conference will take place on Saturday, 20 June 2009, at 8:00 pm at the

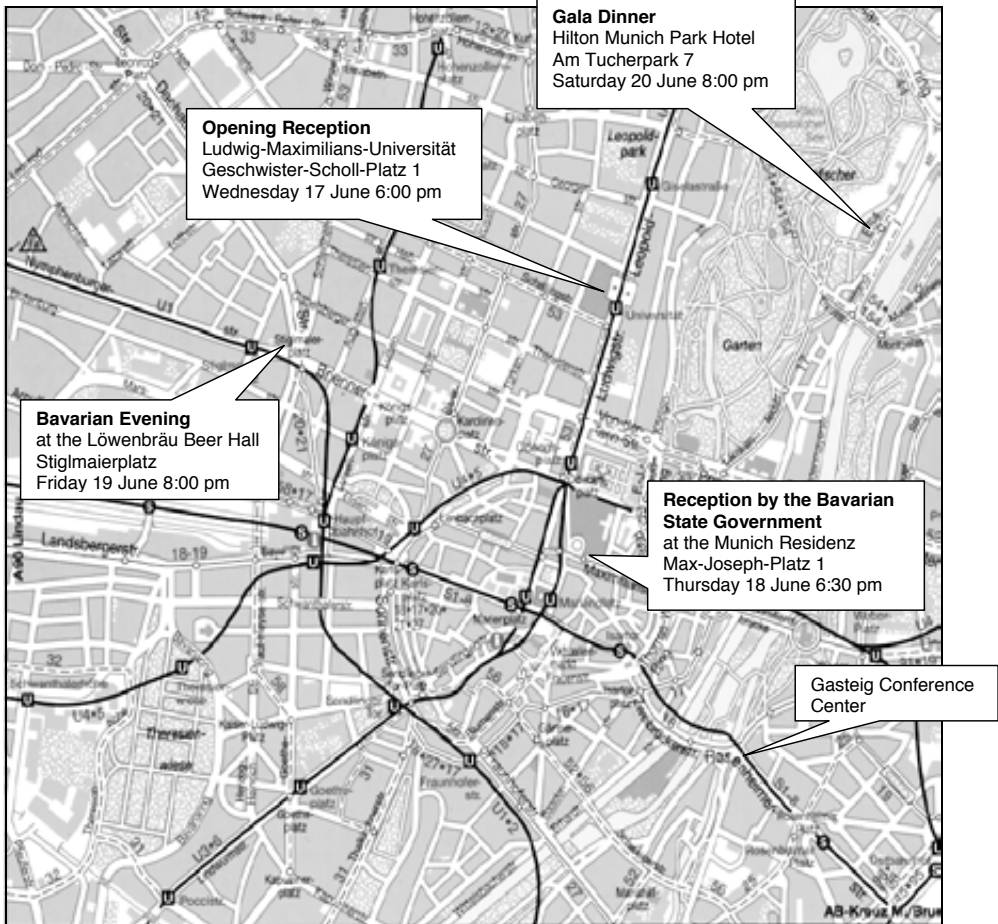
Hilton Munich Park Hotel, Am Tucherpark 7

From the highest floor of the building you will have an impressive view over Munich, the famous English Garden, and with good weather conditions up to the Alps. We are sure this will be an unforgettable evening with friends and colleagues from all over the world! Please note that the Hilton Munich Park Hotel is a different hotel to the Hilton Munich City Hotel (next to the Gasteig Convention Center). Shuttle busses will leave from the Hilton Munich City Hotel at 7:30 pm and bring you back after the dinner.

Public transportation from the city center: any S-Bahn to „Isartor“, change to tramway 17 (direction to „Effnerplatz“), get off at „Tivolistrasse“, from the tramway station it is a 5 min walk.

22nd Meeting of IAPD

18 – 20 June, 2009, Munich



GENERAL INFORMATION

Banks

Banks are usually open from Monday to Friday from 9:00 – 12:00 am and from 1:30 – 4:00 pm. Some banks are also open on Saturday.

Climate

Munich has a continental climate. Summers are generally warm and sunny with a few wet or cloudy days. In June, the average temperature during the day is between 18 and 25 degrees Celsius.

Currency

The German currency is the Euro.

Electricity

Standard international type C or type E plug with 220 V, 50 Hz.

Emergency calls

In case of emergency dial 112 (police and fire department).

Insurance

Participants are responsible for their own travel insurance. The organizers cannot be held liable for any damages, losses or accidents occurring during the journey to/from Munich or during the Congress. All guests participate at their own risk.

Shopping

Shops are usually open from Monday to Friday from 10:00 am – 8:00 pm and on Saturday from 9:00 am – 4:00 pm.

Time zone

Central European summer time (GMT +2).

Tips

Tips in restaurants, hotels and taxis are not mandatory, but usual for satisfying services.

Travelling

Arriving by plane: The Munich airport is situated approx. 50 km from the city centre. The suburban railway “S-Bahn” (lines S8/S1) runs every 10 minutes to the centre. The journey takes about 40 min. The cost for a one-way-ticket is approx. 9.20 Euro. Munich Airport International: www.munich-airport.de

Arriving by train: The main train station “Hauptbahnhof” is located in the city centre. All suburban trains (S-Bahn) bring you in 6 minutes to the Gasteig Convention Center. German railway: www.bahn.de/international/view/en/index.shtml

Visitor’s information

If you are interested in visiting Munich, please collect some information material at the registration desk.

Day trips and sightseeing tours by bus with Gray Line:
www.stadtrundfahrten-muenchen.de/eng/index.html

Munich Tourist Office:
www.muenchen.de/home/60093/Homepage.html

Conference Organiser

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Conference Office on site / Registration desk

Gasteig Convention Center
Rosenheimer Strasse 5
81667 Munich, Germany
First floor (US: second floor)
Telephone: ++49 / 89 / 480 98 97 200

opening hours:

Wednesday, 17 June	16.00h–19.00h
Thursday, 18 June	08.00h – 18.00h
Friday, 19 June	08.00h – 18.00h
Saturday, 20 June	08.00h – 17.00h

Conference City – Munich

Munich, the capital of Bavaria, is located close to the Alps of south-east Germany. Direct flights connect the International Airport with all major European cities as well as numerous destinations around the world. Founded as a monastery village in 1158, the town has a proud and colorful history of 850 years (and an equally long tradition of beer brewing).

Today, Munich has evolved into a high-tech city with two major universities, renowned research centers and industry engaged in aerospace, automobile manufacturing, electronics and biotechnology. Numerous theaters, art galleries, museums, and castles are just some of the town's famous sights, which attract millions of tourists from all over the world each year.

Discover some interesting places of Munich and Bavaria! www.muenchen.de

Conference Venue

The Gasteig Convention Center (Rosenheimer Strasse 5) located in the heart of Munich near the Isar river is the conference venue of the 22nd Meeting of the IAPD. The Gasteig is easy to reach by public transportation. www.gasteig.de

Some of the oral and poster sessions will take place at the Hilton Munich City Hilton (Rosenheimer Strasse 15), located right next to the Gasteig Convention Center. For further information on the lecture halls, please see scientific program.

How to get to the Gasteig Convention Center:

S-Bahn (suburban train): S1 - S8 to "Rosenheimer Platz" (follow the signs to "Gasteig") - any suburban train from the airport, central station or city center

Tramway: line 18 station "Am Gasteig" or line 15/25 station "Rosenheimer Platz"

Parking (from Rosenheimer Strasse):

underground parking of the Gasteig Convention Center

underground parking of the Hilton Munich City Hotel

Official Language

The official congress language will be English. The main program at Carl-Orff-Saal on Friday and Saturday will be translated into German.

Oral Presentations

Please hand in all oral presentations the day before your presentation in the speakers' room (next to Kleiner Konzertsaal – Small Concert Hall).

Industrial Exhibition

The 22nd Meeting of the IAPD will include an exhibition designed to highlight the latest services and products of dentistry business, institutes and research groups. The exhibition will be open on Thursday, Friday and Saturday.

Please see the list of exhibitors and the floor plan on page 15–17

Internet Services

An internet café will be available for congress participants.

Meals

During breaks, drinks and snacks / lunch will be served in the exhibition area. Food and beverages can also be purchased in the cafeteria and the self service restaurant in the Gasteig Convention Center.

Hotels

Accommodation has been secured in various categories at special rates. The hotels are situated within walking distance or have good access to the public transportation system. All prices quoted on the registration form are per room / per night and include breakfast and all taxes.

The Hilton Munich City Hotel is in the building next to the Gasteig, the Holiday Inn Munich City Center is right across the street.

Public Transport

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Congress tickets for the public transport (MVV) can be purchased at the registration desk (not valid for trips to the Munich airport).

Ticket for 3 days: 12 Euro

Ticket for 4 days: 15 Euro

Registration fees

	Registration & payment until 09 April 2009	Registration & payment from 10 April 2009
Member (IAPD, DGK)	450 Euro	530 Euro
Non-Member	540 Euro	620 Euro
Student/Postgraduate	290 Euro	380 Euro
KinderDent Lunch & Learn Session (18 June)	free of charge	
Philips Lunch & Learn Session (19 June)	free of charge	
KaVo Lunch & Learn Session (20 June)	free of charge	
Welcome Reception (17 June)	price included for congress participants 25 Euro for guests	
Reception by the Bavarian State Government (18 June)	price included for congress participants 25 Euro for guests	
Bavarian Evening (19 June)	20 Euro for congress participants 65 Euro for guests	
Gala Dinner (20 June)	95 Euro for congress participants 120 Euro for guests	

The registration fee includes:

- Scientific program & abstracts
- Coffee & refreshments during breaks
- Lunch
- Welcome Reception
- Reception by the Bavarian State Government
- Reduced prices for the Bavarian Evening and Gala Dinner

Credit points

The 22nd Meeting of the IAPD has been evaluated with 24 credit points as equivalent to 24 hours of continuing medical education according to the guidelines of the BZÄK / KZBV & DGZMK.

Program changes

Nor the organizer nor the congress secretariat can be held responsible for any liabilities caused by program changes.



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Zusammensetzung: 100 g elmex[®] gelée enthalten: Aminfluoride Dectaflur 0,287 g, Olafur 3,032 g, Natriumfluorid 2,210 g (Fluoridgehalt 1,25 %), gereinigtes Wasser, Propylenglycol, Hyetellose, Saccharin, Apfel-Aroma, Pfefferminzöl, Krauseminzöl, Menthon-Aroma, Bananen-Aroma. **Anwendungsgebiete:** Zur Kariesprophylaxe; therapeutische Anwendung zur Unterstützung der Behandlung der Initialkaries und zur Behandlung überempfindlicher Zahnhäule. **Gegenanzeigen:** Überempfindlichkeit gegen einen der Inhaltsstoffe, Abschilferungen der Mundschleimhaut und fehlende Kontrolle über den Schluckreflex, Säuglinge und Kleinkinder unter 2 Jahre. **Nebenwirkungen:** Sehr selten desquamative Veränderungen der Mundschleimhaut. Nach zeitlich kurz aufeinander folgenden Löffelapplikationen sehr selten Desquamationen, Erosionen bzw. Ulzerationen an der Mundschleimhaut. Überempfindlichkeitsreaktionen. Pfefferminzöl und Krauseminzöl können bei Säuglingen und Kindern unter 2 Jahren einen Kehlkopfkrampf hervorrufen mit der Folge schwerer Atemstörungen. GABA GmbH, 79539 Lörrach. **Packungsgrößen:** 25 g Dentalgel (apothekenpflichtig); 38 g Dentalgel (verschreibungspflichtig); 215 g Klinikpackung (verschreibungspflichtig). Stand: Februar 2008