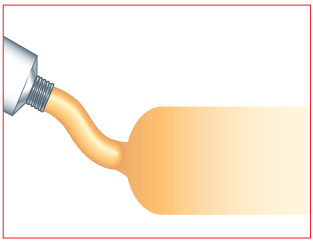
The 22nd Congress of the International Association of Paediatric Dentistry

'Pinnacles in Paediatric Dentistry'

Colgate® Duraphat® Varnish

A milestone of in-office fluoridation since 40 years

Visible during application



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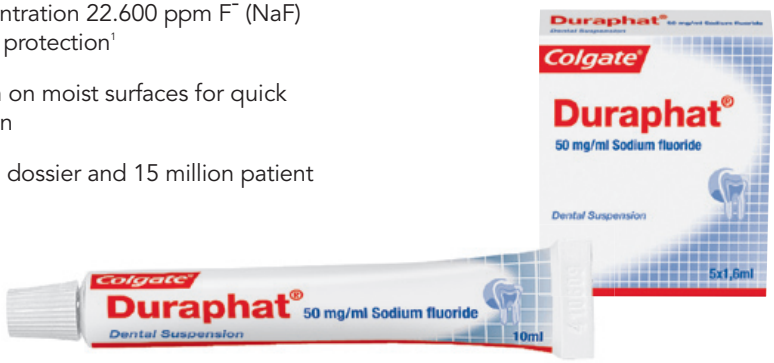
Colgate® Duraphat® Varnish for caries prevention[1] and hypersensitivity relief[2]

- High fluoride concentration 22.600 ppm F^- (NaF) for long term caries protection[1]
- 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.

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Table of Contents

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

Ubistesin™ 1/100 000, 40 mg/ml + 10 Mikrogramm/ml Injektionslösung; **Ubistesin™ 1/200 000,** 40 mg/ml + 5 Mikrogramm/ml; **Ubistesin™ 1/400 000,** 40 mg/ml + 2,5 Mikrogramm/ml Injektionslösung; **ZUSAMMENSETZUNG** 1ml Injektionslösung enthält: **Ubistesin 1/100 000** *Arzneilich wirksame Bestandteile:* Articainhydrochlorid 40 mg, Epinephrin (Adrenalin) 10 Mikrogramm als Epinephrin (Adrenalin) hydrochlorid **Ubistesin 1/200 000** *Arzneilich wirksame Bestandteile:* Articainhydrochlorid 40 mg, Epinephrin (Adrenalin) 5 Mikrogramm als Epinephrin (Adrenalin) hydrochlorid **Ubistesin 1/400 000** *Arzneilich wirksame Bestandteile:* Articainhydrochlorid 40 mg Epinephrin (Adrenalin) 2,5 Mikrogramm als Epinephrin (Adrenalin) hydrochlorid *Sonstige Bestandteile:* Natriumsulfit (E221) 0,6 mg, Natriumchlorid, Wasser für Injektionszwecke, Salzsäure 14% und Natriumhydroxid zur Einstellung des pH-Wertes **ANWENDUNGSGEBIETE** Ubistesin 1/100 000: Lokalanästhesie (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: Lokalanästhesie (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 komplikationslose Extraktionen, Kavitäten- und Kronenstumpfpräparationen. **GEGENANZEIGEN** *Ubistesin darf nicht angewendet werden bei* - Kindern unter 4 Jahren (< 20 kg) - Überempfindlichkeit gegen die Wirkstoffe, Natriumsulfit (E 221) oder einen der sonstigen Bestandteile. *Ubistesin darf aufgrund des lokalanästhetischen Wirkstoffes Articain nicht angewendet werden bei* - bekannter Allergie oder Hypersensitivität gegen Lokalanästhetika vom Säureamid-Typ - schweren Störungen des Reizbildungs- oder Reizleitungssystems am Herzen (z. B. AV-Block II. und III. Grades, ausgeprägter Bradykardie) - akut dekompensierter Herzinsuffizienz - schwerer Hypotonie Patienten mit bekannter, eingeschränkter Plasmacholinesteraseaktivität hämorrhagischen Diathesen, speziell bei Leitungsanästhesie Entzündung des Injektionsgebietes. *Ubistesin darf aufgrund von Epinephrin als Vasokonstriktorzusatz nicht angewendet werden bei* - Herzkrankheiten, wie z. B. - instabile Angina pectoris - frischer Myokardinfarkt - kürzlich durchgeführte Bypass-Operation an Koronararterien - refraktäre Arrhythmie und paroxysmale Tachykardie oder hochfrequente absolute Arrhythmie - unbehandelte oder unkontrollierte schwere Hypertonie - unbehandelte oder unkontrollierte dekompensierte Herzinsuffizienz - Gleichzeitige Einnahme von Monoaminoxidasehemmern (MAO) oder trizyklischen Antidepressiva - Ubistesin darf nicht an den Enden der Gliedmaßen verwendet werden. *Ubistesin darf aufgrund des Hilfsstoffes Sulfit nicht angewendet werden bei* - Allergie oder Überempfindlichkeit gegen Sulfit - schwerem Asthma bronchial. Ubistesin kann akute allergische Reaktionen mit anaphylaktischen Symptomen, z. B. Bronchialspasmus 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 allergisches Asthma - Phäochromozytom. Eine versehentliche intravasale Injektion kann Krämpfe auslösen sowie eine Dämpfung des zentralen Nervensystems oder kardiorespiratorisches Versagen verursachen. Geräte zur Wiederbelebung, Sauerstoff und Arzneimittel für die Notfalltherapie sollten zum sofortigen Einsatz bereit sein. Da Lokalanästhetika vom Säureamid-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 Vorsicht bei Patienten mit Herz-Kreislaufstörungen angewendet werden. Bei diesem Personenkreis könnte möglicherweise die Fähigkeit eingeschränkt sein, funktionelle Veränderungen, in Verbindung mit der von diesem Medikament verursachten Verlängerung der A-V-Leitung, auszugleichen. Das Arzneimittel sollte bei Patienten mit einer epileptischen Anamnese vorsichtig verabreicht werden. Positive Ergebnisse bei an Sportlern durchgeführten Dopingtests sind möglich. Es ist zu beachten, dass während der Behandlung mit Antikoagulantien (z. B. Heparin oder Acetylsalicylsäure) eine versehentliche Gefäßpunktion bei der Injektion des Lokalanästhetikums zu ernsten Blutungen führen kann und auch die Blutungsneigung allgemein erhöht ist. Intravasale Fehlapplikation ist zu vermeiden. Im Rahmen der Kavitäten- bzw. Kronenstumpfpräparation ist aufgrund des Epinephrin-zusatzes die geringere Durchblutung des Pulpagewebes und damit das Risiko, eine eröffnete Pulpa zu übersehen, zu beachten. Ubistesin enthält Natrium, aber weniger als 1 mmol (23 mg) Natrium pro 1ml. *Vorsichtsmaßnahmen bei der Anwendung:* Bei jedem Einsatz eines Lokalanästhetikums sollten folgende Arzneimittel/Behandlungsmethoden sowie ein Dauerkatheter-Set i.V. zur Verfügung stehen: - Krampflösende Arzneimittel (Benzodiazepine oder Barbiturate), Muskelrelaxantien, Atropin und blutdrucksteigernde Mittel oder Epinephrin sowie eine Elektrolytlösung im Fall von ernsten allergischen oder anaphylaktischen Reaktionen. - Geräte zur Wiederbelebung (besonders 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. Unruhe, Angst, Tinnitus, Schwindel, Sehstörungen, Tremor, Depression oder Benommenheit können möglicherweise frühe Warnzeichen für toxische Einflüsse auf das Zentralnervensystem sein. *Was muss in Schwangerschaft und Stillzeit beachtet werden?* Für Ubistesin liegen keine klinischen Daten über exponierte Schwangere vor. Tierexperimentelle Studien mit Articain lassen nicht auf direkte oder indirekte schädliche Auswirkungen auf Schwangerschaft, embryonale/fetale Entwicklung, Geburt oder postnatale Entwicklung schließen. Tierexperimentelle Studien mit Epinephrin haben Reproduktionstoxizität gezeigt. Bei der Anwendung in der Schwangerschaft ist Vorsicht geboten. Der Übergang von Articain und Epinephrin in die Muttermilch ist nicht bekannt. Die Ausscheidung von Articain und Epinephrin in die Muttermilch wurde nicht in tierexperimentellen Studien überprüft. Ob das Stillen oder ob die Therapie mit Ubistesin weitergeführt oder unterbrochen werden soll, muss unter Berücksichtigung des Nutzens in Bezug auf das Stillen für das Kind und in Bezug auf die Behandlung der Frau mit Ubistesin entschieden werden. Stillende Mütter sollten deshalb die erste Muttermilch nach der Anästhesie mit Articain abpumpen und verwerfen. *Was muss im Straßenverkehr sowie bei der Arbeit mit Maschinen und bei Arbeiten ohne sicheren Halt beachtet werden?* Obwohl bei Probanden keine Abweichungen von ihrer normalen Verkehrstüchtigkeit festgestellt werden konnten, sollte der Zahnarzt den Patienten auf eine mögliche Beeinträchtigung der Sicherheit im Straßenverkehr und beim Bedienen von Maschinen hinweisen. Der Patient sollte nicht vor Ablauf von mindestens 30 Minuten nach Injektion die Praxis verlassen. *Patienten, die Phenothiazine einnehmen* Phenothiazine können die blutdrucksteigernde Wirkung von Epinephrin verringern oder umkehren. Die gleichzeitige Anwendung dieser Wirkstoffe sollte generell vermieden werden. In Situationen, in denen eine gleichzeitige Therapie angezeigt ist, ist der Patient unbedingt gründlich zu beobachten. *Patienten, die nicht-selektive Beta-Blocker einnehmen* Die gleichzeitige Gabe von nicht-kardioselektiven Beta-Blockern kann aufgrund des in Ubistesin enthaltenen Epinephrins zu einem Blutdruckanstieg führen. **NEBENWIRKUNGEN** *Aufgrund des lokalanästhetischen Wirkstoffes Articain können die folgenden Nebenwirkungen auftreten* **Herz-Kreislauf-System** *selten* (> 1/10.000 - < 1/1.000) Abnahme der Herzfrequenz, Hypotonie. Blutdruckabfall, kardiale Überleitungsstörungen, Bradykardie, Asystolie, Herz-Kreislauf-Stillstand. **Nervensystem** *selten* (≥ 1/10.000, ≤1/1.000) Metallgeschmack, Tinnitus, Schwindel, Nausea, Vomitus, Unruhe, Angst, Gähnen, Zittern, Nervosität, Nystagmus, Logorrhö, Kopfschmerzen, Ansteig der Atemfrequenz. Parästhesie der Lippe, der Zunge oder beider Organe. Wenn diese Nebenwirkungen auftreten, sind sofort korrektive Maßnahmen erforderlich, um eine mögliche Verschlechterung zu verhindern: Benommenheit, Verwirrtheit, Tremor, Muskelzuckungen, tonisch-klonische Krämpfe, Koma und Atemlähmung. **Atemwege** *selten* (≥ 1/10.000, <1/1.000) Tachypnoe, dann Bradypnoe, die zu einer Apnoe führen können. **Allergische Reaktionen** *sehr selten* (< 1/10.000) Überempfindlichkeit gegenüber Articain kann beobachtet werden, wie Hautausschlag, juckendes Ödem, Pruritus und Erythem sowie Übelkeit, Durchfall, keuchende Atmung oder Anaphylaxie. Eine Kreuzreaktion gegen Articain wurde von einem Patienten mit einer Spät-Typ-Überempfindlichkeit gegenüber Prilocain berichtet. Im Allgemeinen sollten Patienten mit einer nachgewiesenen Überempfindlichkeit gegenüber Articain oder anderen Lokalanästhetika vom Säureamid-Typ für nachfolgende Behandlungen Lokalanästhetika der Ester-Gruppe erhalten. Die Gabe von hohen Dosen Articain könnte zu einer Methämoglobinämie bei Patienten mit subklinischer Methämoglobinämie führen. *Aufgrund des Zusatzes von Epinephrin als Vasokonstriktor können die folgenden Nebenwirkungen auftreten* **Herz, Kreislauf** *selten* (≥ 1/10.000, <1/1.000) Hitzegefühl, Schweißausbruch, Herzrasen, migräneartige Kopfschmerzen, Blutdruckanstieg, pektanginöse Beschwerden, Tachykardien, Tachyarrhythmien und Herz-Kreislauf-Stillstand sowie akut ödematöse Schilddrüsenschwellung. *Aufgrund des Zusatzes des Hilfsstoffes Sulfit können die folgenden Nebenwirkungen in sehr seltenen Fällen auftreten:* Allergische Reaktionen oder Hypersensitivitätsreaktionen, speziell bei Bronchialasthmatikern, die sich als Urtikaria, Diarrhoe, keuchende Atmung, akuter Asthmaanfall, Bewusstseinsstörung oder Schock äußern können. *Aufgrund des Gehaltes der beiden Wirkstoffe Articain und Epinephrin können die folgenden Nebenwirkungen auftreten* **Nervensystem** Eine zwei Wochen nach Behandlung aufgetretene Fazialisparese wurde im Zusammenhang mit Articain-Epinephrin beschrieben; die Symptome dauerten auch 6 Monate später noch an. Bei gleichzeitigem Auftreten verschiedener Komplikationen und Nebenwirkungen können Überlagerungen im klinischen Bild erkennbar werden. Innerhalb jeder Häufigkeitsgruppe werden die Nebenwirkungen nach abnehmendem Schweregrad angegeben. **STAND DER INFORMATION** Oktober 2007 Ubistesin 1/100 000 Ubistesin 1/200 000 Oktober 2008 Ubistesin 1/400 000 Arzneimittel für Kinder unzugänglich aufbewahren **Verschreibungspflichtig** Angaben gekürzt. Weitere Einzelheiten entnehmen Sie bitte der Gebrauchs- bzw. Fachinformation. 3M ESPE AG · ESPE Platz · D-82229 Seefeld

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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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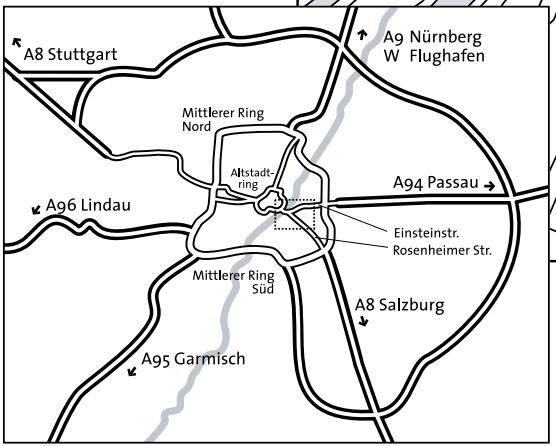
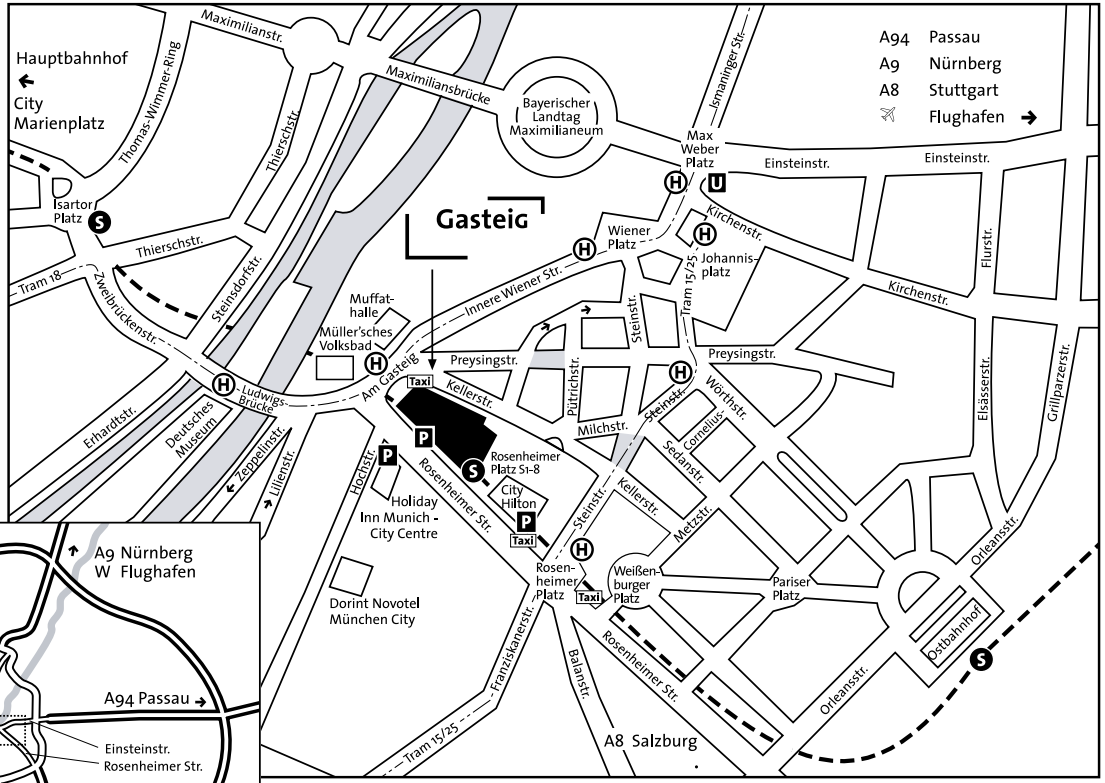
H Tram 18, Tram 15, Tram 25

P Parkplatz (Parking)





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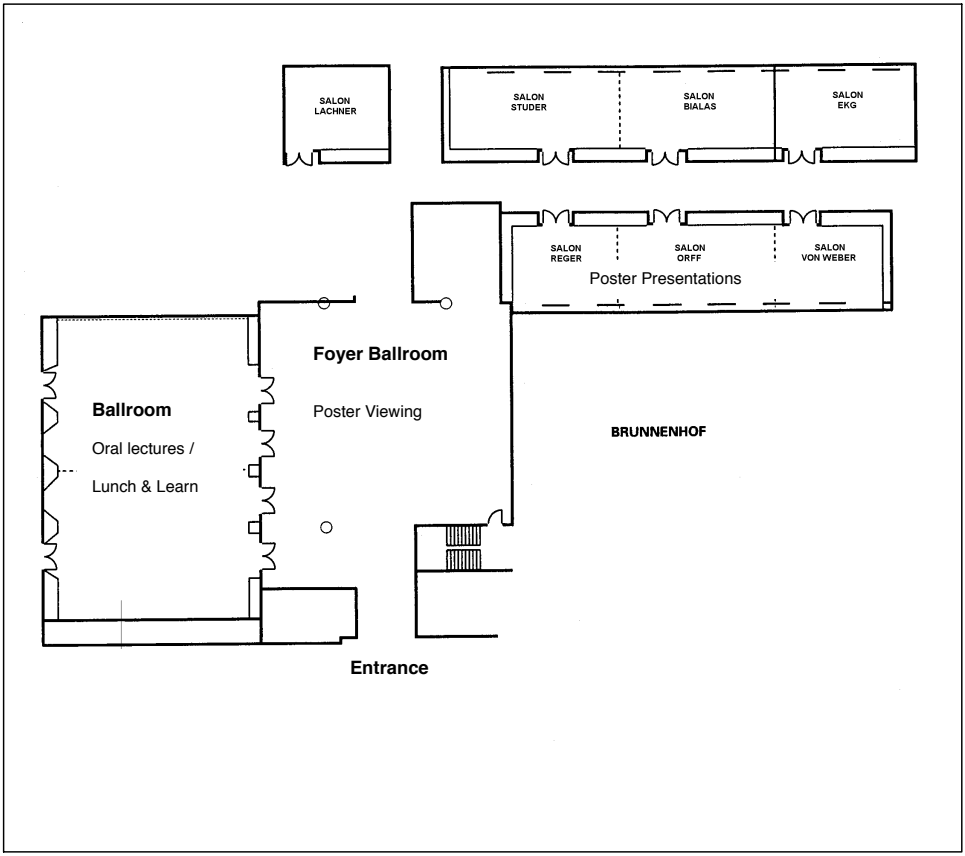

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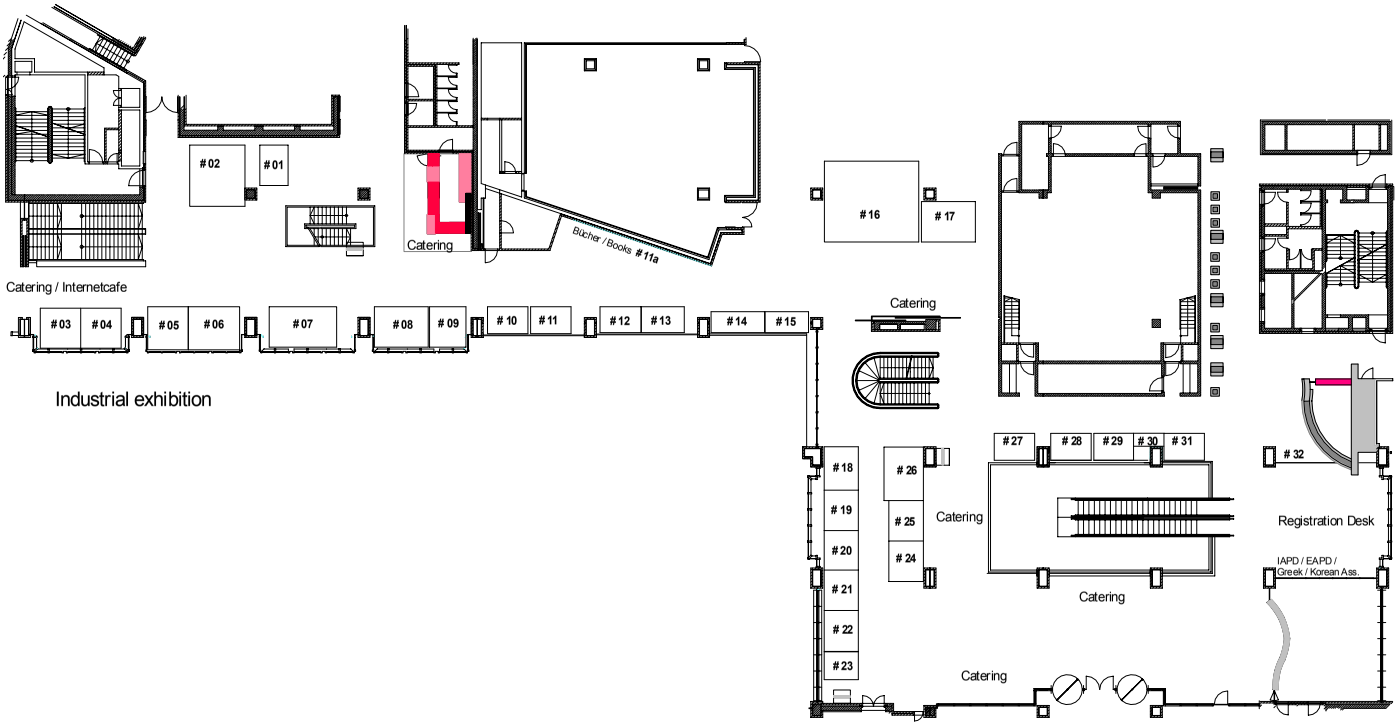
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SCIENTIFIC PROGRAM

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 Konzert-saal	Gasteig Black Box (German language only)	Gasteig 2nd Floor	Gasteig Library Hall Bibliotheks-saal	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: SS White	M10 Traumatology 1	M9 Caries therapy Sponsor: SSWhite	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 Konzert-saal	Gasteig Black Box (German language only)	Gasteig 2nd Floor	Gasteig Library Hall Bibliotheks-saal	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)					Lunch & Learn KaVo	
13:30				P22 Poster Viewing			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 Heldermann (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

O01 Oral session – Cariology 1

09:00 **Salivary mutans streptococci and lactobacilli associated with caries patterns in primary dentition**
C. L. TSAI[1] & Y. H. YANG[2]
[1]Department of Pediatric Dentistry, Chang Gung Memorial Hospital, Kaohsiung Medical Center; [2]Graduate 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. ELFRINK[1], A. A. SCHULLER[2], J. S. J. VEERKAMP[1], K. L. WEERHEIJM[1] & H. A. MOLL[3]
[1]Department of Cariology, Endodontology and Pedodontology, ACTA, Amsterdam, The Netherlands
[2]TNO Quality of Life, Leiden, The Netherlands
[3]The 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. UKPONG[1], A. C. SOWOLE[2] & A. KOLA-JEBUTU[3]
[1]Obafemi Awolowo University, Ile-Ife, Nigeria; [2]Massey Children's Hospital, Lagos, Nigeria; [3]Obafemi 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 GHAHROODI & 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

O02 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. HALLETT[1] & P. K. O'ROURKE[2]
[1]Royal Children's Hospital; [2]QLD Institute of Medical Research, Brisbane, Australia

11:33 **Plaque mutans streptococci levels on glass ionomer restorations with and without chlorhexidine**
E. EDEN[1], F. ERTUGRUL[1], R. ELTEM[2], Ö. İMAMOGLU[2] & S. IMAZATO[3]
[1]Ege University, School of Dentistry, Department of Pedodontics, Izmir Turkey; [2]Ege University, Science Faculty, Basic and Industrial Microbiology, Izmir, Turkey; [3]Osaka University, Osaka, Japan

11:44 **Black stain: microbiological quantification and salivary buffer capacity**
B. LEYTON[1, 2], M. CERECEDA[2], A. ORMEÑO[2] & M. BITTNER[1]
[1]Laboratorio de Microbiologia y Biotecnologia Oral, Departamento de Ciencias Biologicas, Universidad Andres Bello; [2]Asignatura de Odontopediatria, Facultad de Odontologia, 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. COGULU[1], Y. OZDEMIR[1], N. KUTUKCULER[2] & C. ERONAT[1]
[1]Ege University School of Dentistry, Department of Pedodontics; [2]Ege University School of Medicine, Department of Pediatric Immunology, Izmir, Turkey

12:17 **Cariogram profiles for 2–6 year-old Greek children**
K. KAVVADIA[1], R. PAPADOPOULOU[1], S. GIZANI[1], L. PAPAGIANNOULI[1] & S. TWETMAN[2]
Departments of Paediatric Dentistry, Dental School, Universities of [1]Athens and [2]Copenhagen

O03 Oral session – Cariology 3

14:00 **Dental caries and dental care index in children with type 1 diabetes**
A. TAGELSIR[1], R. CAUWELS[1], S. VAN AKEN[2], J. VANOBBERGEN[3] & L. MARTENS[1]
[1]Dept. Paediatric Dentistry & Special Care; [2]Dept Pediatrics; [3]Dept. Community Dentistry and Dental Public Health, Belgium

14:11 **Restorative Care Index of 12-19 year-old school children in Ibadan, Nigeria**
O. O. DENLOYE[1] & D. M. AJAYI[2]
[1]Department of Child Oral Health; [2]Department 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. DEERY[1], Z. J. NUGENT[2], D. N. J. RICKETTS[3] & L. SHOAIB[4]
[1]Dept of oral Health and Development, School of Clinical Dentistry, University of Sheffield, Sheffield UK; [2]Epidemiology & Cancer Registry CancerCare Manitoba, Winnipeg, Canada; [3]Restorative Dental Care & Clinical Dental Sciences, Dundee Dental Hospital and School, University of Dundee, UK; [4]Dept 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. NAMINENI[1] & D. DOSHI[2]
[1]Pediatric Dentistry, Sri Sai College of Dental Surgery, Kothere pally, Vikarabad; [2]Senior 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. DALY[1], S. GIBSON[2], G. FROST[3] & M. DUGGAL[1]
[1]Department of Child Dental Health, University of Leeds, Leeds, UK; Sig-Nurture Nutrition Consultants, Guildford, UK; [3]Department of Nutrition, Imperial College, London, UK

O04 Oral session – Cariology 4

16:00 **Influence of application time on caries infiltration in primary teeth**
S. PARIS[1], A. J. CHATZIDAKIS[2] & H. MEYER-LUECKEL[1]
[1]Clinic for Operative Dentistry and Periodontology, School of Dental Medicine, Christian-Albrechts-Universität zu Kiel, Germany; [2]Department 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. KEMOLI[1] & W. E. VAN AMERONGEN[2]
[1]Dept. Paediatric dentistry/Orthodontics, University of Nairobi, Nairobi, Kenya;
[2]Dept. 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. ONGTENGCO[1], R. P. ANTHONAPPA[1], A. ITTHAGARUN[2] & N. M. KING[1]
[1]Paediatric Dentistry and Orthodontics, Faculty of Dentistry, The University of Hong Kong, Prince Philip Dental Hospital, Pokfulam, Hong Kong SAR, China; [2]Paeditric Dentistry, School of Dentistry and Oral Health, Griffith University, Australia

17:17 **Treatment strategies for occlusal caries lesions in children and adolescents**
T. R. ANDERSEN[1], K. D. MØLLER[2], M. K. BORUM[3], S. PILEMAND[4] & V. QVIST[5]
Public Dental Health Service [1]Hoersholm, [2]Hilleroed, [3]Hoeje-Taastrup and [4]Alleroed municipalities, Dental School, University of [5]Copenhagen, Denmark

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O 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/İzmir, 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. NORDERYD[1], K. NILSSON[2], G. STEINWALL[2], J. GRAF[3] & A. MARCUSSON[4]
[1]National Oral Disability Centre, The Institute for Postgraduate Dental Education, Jönköping; [2]Habilitation Centre, Ryhov County Hospital, Jönköping; [3]ENT-clinic, University Hospital, Linköping; [4]Maxillofacial Unit, University Hospital, Linköping, Sweden

09:55 **Threaded acrylic cone to improve microstomia in severe recessive dystrophic Epidermolysis Bullosa**
S. M. KRAMER[1], J. E. MELLERIO[2], S. R. PORTER[1], C. MASON[2] & M. L. CALVERT[2]
[1]Eastman Dental Institute, UCL; [2]Great Ormond Street Hospital, London, UK

10:06 **Development of clinical care pathway for looked after children in East Kent**
T. KANDIAH[1], M. HENDERSON[2] & M. HECTOR[3]
[1]Paediatric Dental Department, Eastman Dental Hospital, UCLH; [2]Eastern and Coastal Kent PCT Dental Service; [3]Barts 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

O 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 MACKENSEN[1], D. SAGHERI[2] & B. BRAUMANN[2]
[1]Institute and Policlinics for Medical Psychology, University Medical Centre Hamburg-Eppendorf, Hamburg; [2]Department of Orthodontics, Cologne University Hospital, Cologne, Germany

11:44 **The oral health of children considered high risk for infective endocarditis**
R. BALMER[1], G. BOORAS[1] & J. PARSONS[2]
[1]Division of Child Dental Health, Leeds Dental Institute; [2]Department of Paediatric Cardiology, Leeds General Hospital, Leeds, UK

11:55 **The dental findings of coeliac disease in children**
S. ACAR[1], N. K. ERSİN[1], O. ONCAG[1] & S. AYDOGDU[2]
[1]Department of Pediatric Dentistry; [2]Department 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

O07 Oral session – Oral medicine & pathology 1

14:00 **Oral lesions in children from 0 to 12 years old: ten years experience**
A. MAJORANA[1], F. AMADORI[1], P. FLOCCHINI[1], G. CONTI[2] & G. CAMPUS[3]
[1]University of Brescia; [2]University of Milano; [3]University 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. IGIC[1], L. KESIC[2], J. MILASIN[3], M. APOSTOLOVIC[1] & L. KOSTADINOVIC[1]
[1]Department of Children and Preventive Dentistry, Medical Faculty, University of Nis; [2] Department of Oral Medicine and Parodontology, Medical Faculty, University of Nis; [3]Department 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

O08 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. DAHLLÖF[1], K. GARMING-LEGERT[2], M. HASSAN[3], M. REMBERGER[3] & O. RINGDÉN[3]
[1]Departments of Pediatric Dentistry, [2]Maxillofacial Surgery, [3]Karolinska 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. ALENCAR[1], L. W. CHAO[2], R. D. N. FONOFF[1], M. BONECKER[1] & A. E. HADDAD[1]
[1]Department of Orthodontics and Pediatric Dentistry - School of Dentistry; [2]Department 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. IVANCAKOVA[1], Z. SUSTOVA[1], B. HAVLOVICOVA[1] & Z. REHACKOVA[2]
[1]Dept. of Dentistry, University Hospital and Faculty of Medicine Charles Univ., Hradec Kralove, Czech Republic; [2]Dept. of Anaesthesiology, Resuscitation and Critical care medicine, University Hospital, Hradec Kralove, Czech Republic

Hilton Hotel Ballroom / Ballsaal

O09 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. FITZPATRICK[1] & E. ROCHE[2,3]
[1]Division of Public and Child Dental Health, School of Dental Science, University of Dublin; [2]Department of Paediatrics, University of Dublin; [3]Adelaide 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. RIENHOFF[1], J. RIENHOF[1] & R. SCHILKE[2]
1Dental practice, Hannover; 2Department of Conservative Dentistry and Periodontology, MH Hannover, Germany

O10 Oral session – Dental anomalies 2/Syndromes & Genetics

11:00 **Secondary retained molar with clinical, radiological, histological, immunohistochemical and SEM studies**
V. ROY[1], I. JAMAZI[2] & S. GHOUL-MAZGAR[3]
[1]Ped. Dent., Paris, France; [2]Department of Paediatric dentistry, Rabta Hospital, Tunis, Tunisia; [3]Laboratory 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. SALEM[1], B. MIRZAEE[2] & T. MOHTAVIPOOR[3]
[1]Department of Pediatric Dentistry, Guilan University of Medical Sciences, Rasht, Iran; [2]Private Practice; [3]Department of Oral and Maxiofacial 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. HALL[1], H. D. RODD[1], B. J. GİBSON[1], M. R. STERN[1] & A. JAMES[2]
[1]Department 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. WICOMB[1], L. X. G. STEPHEN[2] & P. H. BEIGHTON[3]
[1]VersTand junior Dental Practice, Utrecht, The Netherlands; [2]Department Oral Medicine and Periodontology, University of the Western Cape, Cape Town, South Africa; [3]Division 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. FERRARY[1], M. ARMADA[1,2], A. ALISIO[1] & L. NICOLOSI[1]
[1]National University of Buenos Aires. Catedra Patologia y Clinica Bucodental Clapar 2; [2]Quinquela 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 Helsimki and Helsinki University Central Hospital, Helsinki, Finland

12:30 Lunch & Learn KinderDent

O11 Oral session – Orthodontics

14:20 **Cephalometric evaluation of soft tissue profile changes following functional therapy in Class II Division 1 patients**
G. ESLAMI AMIRABADI[1] & M. BIRIA[2]
[1]Department of orthodontics, dental school, Shahed university; [2]Department 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. GULEC[1], M. C. DOGAN[1], E. GURAY[2] & C. SARITURK[3]
1Department of Paediatric Dentistry; 2Department of Orthodontics, School of Dentistry; 3Department of Biostatistics, School of Medicine, Cukurova University, Adana, Turkey

O12 Oral session – Syndromes & Genetics

16:00 **Isolation and characterization of dental pulp stem cells from natal teeth**
E. KARAÖZ[1], B. N. DOĞAN[2], A. AKSOY[1], G. GACAR[1] & S. AKYÜZ[2]
[1]University of Kocaeli, Stem Cell and Gene Therapies Research /Applied Center Turkey; [2]University of Marmara, Departments of Paediatric Dentistry, Turkey

16:11 **Mandibular phenotype in XLHED patients and Tabby model: CT and immunohistological analyses**
F. CLAUSS[1, 2, 3], M. SCHMITTBUHL[2, 3, 4], H. LESOT[3] & M. C. MANIÈRE[1, 2]
[1]Department of Paediatric Dentistry, Dental Faculty, Strasbourg University, Strasbourg, France; [2]Reference Center for Oral Manifestations of Rare Diseases, Dental Faculty, Strasbourg University, Strasbourg, France; [3]INSERM Unit 977, Dental Faculty, Strasbourg University, Strasbourg, France; [4]Department 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. ZILBERMAN[1], S. ZILBERMAN[2] & E. MASS[1]
1Pediatric Dental Clinic, Barzilai Medical Center, Ashkelon; [2]Medical School, Hebrew University, Jerusalem, Israel

16:33 **Mutations of the SH3BP2 gene in two families with Cherubism**
E. B. TUNA[1,2], T. SHIMIZU[2], F. SEYMEN[1], M. YILDIRIM[1] & T. MAEDA[2]
[1]Department of Pedodontics, Istanbul University Faculty of Dentistry, Istanbul, Turkey; [2]Department 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. KLINGBERG[1], U. HALLBERG[2] & S. ÓSKARSDÓTTIR[3]
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 Hospita, Hong Kong SAR, China

17:06 **Truncations of PAX9 and non syndromic oligodontia – an Indian perspective**
V. KARTHIK[1], K. S. NAGESH[1], A. ANANTHARAJ[1], P. PRAVEEN[1] & R. PUJA[2]
[1]Dept. of Pediatric Dentistry, D. A. Pandu Memorial R. V Dental College & Hospital, Bangalore, India; [2]Vittal 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. CHANG[1], B. S. LEE[1, 2, 3], Y. I. WANG[3, 4], H. H. CHANG[3, 4] & G. F. HUANG[3, 4]
[1]Pediatric Dentistry, Graduate institute of Clinical Dentistry; [2]Operative Dentistry; [3]School of Dentistry; [4]Pediatric 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. HUANG[3], H. H. CHANG[1, 3] & Y.L. WANG[2, 3]
[1]Graduate Institute of Clinical Dentistry School of Dentistry; [2]Department 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-MOURA[1], D. P. RAGGIO[1], M. A. NICOLETTI[2], A. C. GUEDES-PINTO[1] & F. M. MENDES[1]
[1]Paediatric Dentistry Department; [2]Pharmaceutical Sciences Department, University of São Paulo, São Paulo, Brazil

09:35 **Clinical and radiographical outcomes of three pulpotomy techniques performed by dental students**
A. ALAÇAM[1], M. E. ODABAŞ ME[1], T. TÜZÜNER[2], H. SILLELIOĞLU[1] & Ö. BAYGIN[1]
[1]University of Gazi, Faculty of Dentistry, Department of Pediatric Dentistry Ankara; [2]University 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 BEZGIN[1], K. ORHAN[2] & H. SONMEZ[3]
[1]Department of Pedodontics; [2]Department of Oral Diagnosis and Radiology; [3]Department 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-LORIO[1], S. MORALES[2] & C. QUESADA[3]
[1]Centro de Investigación en Biología Celular y Molecular; [2]Facultad de Odontología; [3]Laboratorio 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 Stamotology, 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. TSAI[1] & W. H. HUANG[2]
[1]Anthony's Dental Clinic; [2]Pediatric 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 ABBEELE
Department of Paediatric Dentistry, Universite´ 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. KUSGÖZ[1], T. TÜZÜNER[1], B. KEMER[2] & O. SARAY[3]
[1]Department of Paediatric Dentistry; [2]Department of Chemistry; [3]Department 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. AIZAWA[1], E. FUKUMOTO[3], A. YAMADA[1], N. TAKAHASHI[2] & S. FUKUMOTO[1]
[1]Division of Pediatric Dentistry; [2]Oral Ecology and Biochemistry Tohoku University Graduate School of Dentistry, Sendai; [3]Division 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. BANI[1], D. ATABEK[1], A. BERKKAN[2] & N. OZTAS[1]
[1]Department of Paediatric Dentistry, Gazi University, Faculty of Dentistry; [2]Department 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. SHIMAOKA[2], A. P. ANDRADE[2], W. E. VAN AMERONGEN[1] & R. C. R. CARVALHO[2]
[1]Department of Cariology Endodontology Pedodontology, Academic Centre for Dentistry Amsterdam (ACTA), Amsterdam, The Netherlands; [2]Department 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 pepared 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. TUNC[1], S. BAYRAK[1], A. U. GULER[2] & N. TULOGLU[1]
[1]Department of Pediatric Dentistry; [2]Department 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-SHIRAZI[1], B. M. AJAMI[1], A. EMAMI[2] & M. REZAIFAR[1]
[1]Pediatric Dentistry Department and Dental Research Center, Mashhad University of Medical Science, Mashhad; [2]Dentist, 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. TZIGKOUNAKIS[1], V. MEGLOVÁ[1] & L. TREFIL[2]
[1]Dentistry Department; [2]Clinical 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, CapitalMedical 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. CALVO[1], E. C. BRANCO[2], L. B. CAMARGO[1], J. C. P. IMPARATO[1] & D. P. RAGGIO[1]
[1]Pediatric Dentistry Department, University of São Paulo, São Paulo; [2]São Leopoldo Mandic, Campinas, Brazil

14:45 **Effects of MTA on proliferation and differentiation capacity of human pulp cells**
M. Y. WANG[1], H. LIU[1], S. L. LI[2] & M. QIN[1]
[1]Department of Pediatric Dentistry; [2]Research Laboratory of Oral and Maxillofacial Surgery, Peking University School and Hospital of Stomatology, Bejing, PR China

14:50 **The effect of storage media on the solubility of three restorative materials**
N. OZALP[1], S. BAYRAK[2] & Z. OKTE[1]
[1]Department of Pedodontics, Faculty of Dentistry, Ankara University, Ankara; [2]Department of Pedodontics, Faculty of Dentistry, 19 Mayis 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. TAKANASHI[1], H. IWASAKI[1, 2] & H. MIYAZAWA[1, 2]
[1]Department of Pediatric Dentistry; [2]Department 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. MARQUEZAN[1], D. P. RAGGIO[1], B. L. SILVEIRA[2], M. TOLEDANO[3] & A. L. CIAMPONI[1]
[1]Department of Orthodontics and Pediatric Dentistry, Universidade de São Paulo – USP, Brazil; [2]Department of Restorative Dentistry, Centro Universitario Franciscano – UNIFRA, Brazil; [3]Department 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. CARVALHO[1], W. E. VAN AMERONGEN[2], A. DINIZ[3], M. BÖNECKER[1] & F. C. SAMPAIO[3]
[1]Department of Pediatric Dentistry, University of São Paulo, São Paulo, Brazil; [2]Department of Cariology, Endodontology and Pedodontology, ACTA, Amsterdam, The Netherlands; [3]Department 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. BÖNECKER[1], E. STRINGHINI JÚNIOR[2], L. B. OLIVEIRA[1] & S. MICKENAUTSCH[3]
[1]Department of Orthodontics and Paediatric Dentistry, Faculty of Dentistry, University of São Paulo, São Paulo, Brazil; [2]School of Dentistry, CPO São Leopoldo Mandic, Campinas, Brazil; [3]Division 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, Ukrain

P04 Poster session – Growth & Development

16:00 **Dental status of parenterally fed children - presentation of two cases**
A. REMISZEWSKI[1], D. OLCZAK-KOWALCZYK[1, 2], P. SOBIECH[1], A. GRZYBOWSKA[1] & K. POPIŃSKA[3]
[1]Department of paediatric dentistry, Warsaw Medical University; [2]Department of oral pathology, the Children's Memorial Health Institute; [3]Nutrition Clinic, the Children's Memorial Health Institute, Warsaw, Poland

16:05 **Effects of tooth extractions on hippocampus in senescence-accelerated mice**
M. IINUMA[1], H. HIOKI[1], Y. ICHIHASHI[1], Y. TAMURA[1] & K. KUBO[2]
[1]Department of Pediatric Dentistry, Asahi University School of Dentistry, Mizuho Gifu; [2]Department 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. HOONCHAREON[1], V. JIRARATTANASOPA[1], A. KAWKUNCHON[2] & K. TORCHARUS[3]
[1]Department of Pediatric Dentistry, Mahidol University; [2]Division of Pediatric Hematology, Queen Sirikit National Institite of Child Health; [3]Division 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. MORENO[1], E. PLANELLS[2], D. FLOREA[2], E. MILLÁN[2] & P. PLANELLS[1]
[1]Departament of Estomatologia IV, Universidad Complutense of Madrid; [2]Institute of Nutrition, Biomedical Research Center, University of Granada, Spain

16:25 **Emergence of permanent teeth in a Hungarian child population**
J. A. NEMES[1] & Z. PAPP[2]
[1]Department of Pediatric Dentistry, Faculty of Dentistry, University of Debrecen, Debrecen; [2]Private practice, Nyíregyháza, Hungary

16:30 **The development of German versions of paediatric sleep quality assessment instruments**
D. SAGHERI[1], A. WIATER[2], R. D. CHERVIN[3], J. A. OWENS[4] & B. BRAUMANN[1]
[1]Department of Orthodontics, Cologne University Hospital, Cologne, Germany; [2]The Children's Hospital Sleep Disorders Laboratory, Porz am Rhein Hospital, Cologne, Germany; [3]Sleep 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. NORÉN[1], F. STEINIGER[3], W. DIETZ[3] & A. ROBERTSON[1]
[1]Department of Pedodontics, Institute of Odontology at the Sahlgrenska Academy, University of Gothenburg, Gothtenborg, Sweden; [2]Department of Pedodontics, Public Health Service, Region of Western Götaland, Gothenburg and Borås, Sweden; [3]Centre of Electron Microscopy, Friedrich-Schiller-University Jena, Germany

16:45 **Combined effect of TCDD and fluoride on dental hard tissue formation in vitro**
E. SALMELA[1], A. M. PARTANEN[1], C. SAHLBERG[1], P. L. LUKINMAA[2, 3] & S. ALALUUSUA[1, 4]
[1]Department of Pediatric and Preventive Dentistry, Institute of Dentistry, University of Helsinki; [2]Department of Oral Pathology, Institute of Dentistry, University of Helsinki; [3]Department of Pathology, Helsinki University Central Hospital; [4]Department 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. YONEZU[1], M. YAKUSHIJI[1], S. SHINTANI[1], N. MATSUBARA[2] & H. SIRAI[2]
[1]Department of Pediatric Dentistry, Tokyo Dental College, Chiba; [2]Combi 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, Departement 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. FUNG[1], N. PRABHU[1], A. CAMERON[1] & A. BLINKHORN[2]
[1]Department of Paediatric Dentistry, Westmead Hospital; [2]Faculty of Dentistry, University of Sydney, Sydney, Australia

17:20 **Acoustic Characteristics of children of the Japanese Consonants[s][ʃ]**
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. HASSI[1], M. ZUÑIGA[2], J. MUÑOZ[2] & P. GÀLVEZ[2]
[1]Pediatric Dentistry and Orthodontic department, University of Chile; [2]Private 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. ALCAN[1], M. I. SALIH[2], M. A. DURHAN[3] & B. KARGUL[3]
Departments of [1]Orthodontics, [2]Oral Surgery and [3]Pediatric 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. HOSOYA[1], S. ANDO[2], K. YAMAGUCHI[2], S. OOOKA[2] & F. R. TAY[3]
[1]Nagasaki University Graduate School of Biomedical Sciences, Medical and Dental Sciences, Department of Pediatric Dentistry, Nagasaki, Japan; [2]Nihon University Dental School, Department of Operative Dentistry, Tokyo, Japan; [3]Medical College of Georgia, Dental School, Department of Endodontics, Augusta, USA

09:35 **Comparison of remineralization effect between Fuji IX and Surefil**
A. YETKINER[1], C. ERONAT[1], D. ŞIMŞEK[2] & M. ÇIFTÇIOĞLU[2]
[1]Department of Pediatric Dentistry, Ege University; [2]Department 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, İzmir, 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-ALDAVE[1], M. E. DÍAZ-PIZÁN[2], L. F. VILLEGAS[2] & E. BERNABÉ[2, 3]
[1]Universidad San Martín de Porres, Lima Peru; [2]Universidad Peruana Cayetano Heredia, Lima Peru, [3]Department 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. KRONINA[1], M. RASCEVSKA[2] & R. CARE[3]
[1]Pediatric Department, Institute of Stomatology, Riga Stradins University; [2]Faculty of Pedagogy and Psychology, Latvian University; [3]Department 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. CZERLINSKI[1], D. J. KOENEN[1], H. LANG[1] & P. KROPP[2]
[1]Department of Operative Dentistry and Periodontology; [2]Department of Medical Psychology, University of Rostock, Germany

11:35 **The effects of extraction on recovery characteristics in deeply sedated pediatric patients**
L. ÖZER[1], Z. B. ÖKTEM[1] & Z. KÜÇÜKYAVUZ[2]
[1]Department of Pedodontics; [2]Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Ankara University, Ankara, Turkey

11:40 **Measurements of dental fear in 7 years old children**
D. GALAMB[1], A. LENKEY[2], J. MATH[3] & M. ALBERTH[1]
[1]Department of Pediatric Dentistry, Faculty of Dentistry; [2]Department of Clinical Biochemistry and Molecular Pathology, Medical and Health Science Center; [3]Institute of Psychology, University of Debrecen, Debrecen, Hungary

11:45 **Dental anxiety patterns in adolescents born preterm compared with matched controls**
S. BROGÅRDH-ROTH[1], K. STJERNQVIST[2], L. MATSSON[1] & G. KLINGBERG[1]
[1]Department of Paediatric Dentistry, Faculty of Odontology, Malmö University; [2]Department of Psychology, Lund University, Sweden

11:50 **The German version of the child perceptions questionnaire – association to overall well-being**
K. BEKES[1], H. G. SCHALLER[1] & C. HIRSCH[2]
[1]Department of Paediatric Dentistry, Martin-Luther University Halle-Wittenberg, Halle; [2]Department of Paediatric Dentistry, University of Leipzig, Leipzig, Germany

11:55 **Which premedication agent is more comfortable for anxious children in dental treatment?**
O. BAYGIN[1], H. BODUR[2] & B. ISIK[3]
[1]Department of Paediatric Dentistry, Karadeniz Technical University Faculty of Dentistry, Trabzon; [2]Department of Paediatric Dentistry, [3]Department of Oral and Maxillo Facial 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. ALBERTH[1], D. GALAMB[1], A. LENKEY[2], A. OLAH[2] & J. MATH[3]
[1]Department of Pediatric Dentistry, Faculty of Dentistry; [2]Department of Clinical Biochemistry and Molecular Pathology, Medical and Health Science Center; [3]Institute 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 OBA[1], C. T. DÜLGERGIL[2] & I. ŞAROĞLU SÖNMEZ[1]
[1]Department of Pediatric Dentistry; [2]Department of Operative Dentistry, School of Dentistry, University of Kırıkkale, 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. YAMADA[1], E. FUKUMOTO[2], T. IWAMOTO[1] & S. FUKUMOTO[1]
[1]Division of Pediatric Dentistry, Department of Oral Health and Development Sciences, Tohoku University Graduate School of Dentistry, Sendai; [2]Division 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. LIU[1], M. G. TU[2], M. J. JOU[3] & S. Y. CHEN[2]
[1]Department of Pediatric Dentistry, Taichung Veterans General Hospital; [2]School and Department of Dentistry, China Medical University and Hospital; [3]Department 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. APPS[1], S. HIBBERT[1] & E. MAHONEY[2]
[1]Paediatric Dentistry Department, Westmead Hospital, Sydney, Australia; [2]Hutt 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. PAVLIČ[1], L. JUREČIČ[2], M. KRIŽNAR ŠKAPIN[3] & S. ALALUUSUA[4, 5]
[1]Dept of Paediatric and Preventive Dentistry, Faculty of Medicine, University of Ljubljana, Ljubljana, Slovenia; [2]Community Health Centre, Nova Gorica, Slovenia; [3]Community Health Centre, Celje, Slovenia; [4]Department of Paediatric and Preventive Dentistry, Institute of Dentistry, University of Helsinki, Helsinki, Finland; [5]Department of Oral and Maxillofacial Diseases, Helsinki University Central Hospital

14:50 **Prevalence of dental developmental anomalies: a radiographic study**
K. DALCI[1], A. ALANKUŞ KALENDER[1], L. ÖZKAN[1], L. VAHDETTIN[2] & S. ÇETINER[1]
[1]Department of Pediatric Dentistry; [2]Department 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. ULUSU[1], M. E. ODABAŞ, T. TÜZÜNER[2], H. SILLELIOĞLU[1] & Ö. BAYGIN[1]
[1]University of Gazi, Faculty of Dentistry, Department of Pediatric Dentistry Ankara; [2]University 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. PELKA[1], K. RUMI[1], A. PELKA[1], M. DELAURENTI[2] & J. WEI[2]
[1]Dental Clinic 1, Erlangen, Germany; [2]Philips Oral Healthcare, Snoqualmie, WA, USA

16:25 **Comparative plaque removal efficacy of two power toothbrushes in children**
T. RIMMER[1], D. PAYNE[1], M. OLSON[2], P. SCHMITT[2] & A. MASTER[2]
[1]4 Front Research, Chester, UK; [2]Philips 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. MILLEMAN[1], M. S. PUTT[1], A. MASTER[2], M. OLSON[2] & P. SCHMITT[2]
[1]University-Park Research Center, IN; [2]Philips Oral Healthcare, Snoqualmie, WA, USA

16:40 **Plaque removal efficacy of sonic versus manual toothbrushes in children**
M. S. PUTT[1], J. L. MILLEMAN[1], W. JENKINS[2], M. OLSON[2] & P. SCHMITT[2]
[1]University-Park Research Center, IN; [2]Philips 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. BURNIK[1], T. TOMAŽEVIČ[2] & R. KOSEM[1]
[1]Department of Paediatric and Preventive Dentistry, University Medical Centre Ljubljana; [2]Department 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 Bifluorid12® on first permanent molars**
N. NEHRING[1], M. WAGNER[2], T. TSEREKHAVA[3], N. SHAKOVETS[3] & A. BORUTTA[1]
[1]Friedrich-Schiller University of Jena, Dental School/WHOCC, Germany; [2]Friedrich-Schiller University of Jena, Department of Business Statistics, Germany; [3]University 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. ISAKSSON[1], L. K. WENDT[2], G. KOCH[1], D. BIRKHED[3] & C. ULLBRO[1]
[1]Department of Paediatric Dentistry, The Institute for Postgraduate Education, Jo¨nko¨ping, Sweden; [2]Centrum of Oral Health, School of Health Siences, Jo¨nko¨ping University, Jo¨nko¨ping, Sweden; [3]Department 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) Sponsor: Kuraray Europe GmbH	Antibacterial adhesives
11:30	G. Pearson (GBR) Sponsor: SciCan GmbH	Photo Activated Disinfection as a means of bacterial control in dental disease
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 1

09:00 **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. STEL[1] & A. TJALSMA[2]
[1]Radboud University Nijmegen Medical Centre, College of Dental Sciences, Department of Preventive and Restorative Dentistry, Nijmegen; [2]Netherlands Institute for Health Promotion and Disease Prevention (NIGZ), Woerden, The Netherlands

09:33 **Parents' locus of control and caries in their toddlers**
A. HIPPKE, 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-WELTZIEN[1], M. SEIFERT[1] & B. MONSE[2]
[1]Department of Preventive Dentistry, Friedrich-Schiller University of Jena, Germany, [2]Department of Education, Health and Nutrition Centre, City of Division Cagayan de Oro, Philippines

09:55 **Re-examination of caries experience and fluorosis prevalence of children in Jamaica**
H. MEYER-LUECKEL[1], K. BITTER[2], W. HOPFENMULLER[3] & S. PARIS[1]
[1]Clinic for Operative Dentistry and Periodontology, School of Dental Medicine, Christian-Albrechts-Universität zu Kiel, Germany; [2]Department of Operative Dentistry and Periodontology, University School of Dental Medicine, Charité-Universitätsmedizin Berlin, Germany; [3]Department of Medical Informatics, Biometry, and Epidemiology, Institute of Medical Biometry and Clinical Epidemiology, Charité -Universitätsmedizin Berlin, Germany

10:06 **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. NGEDUP[1], P. LEELATAWEEWUD[1] & D. LEXOMBOON[2]
[1]Department of Pediatric Dentistry; [2]Department of Community Dentistry, Faculty of Dentistry, Mahidol University, Bangkok, Thailand

11:00 – 12:30 GABA Practitioner Prize

… 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 Prophylaxekonzepte
Laurisch L.
Korschenbroich

Verbesserung der Compliance durch Gebärdensprache
Wolff A.
Poliklinik für Zahnerhaltungskunde, Universitätsklinikum Heidelberg

Behandlung einer Kronen-Wurzel-Fraktur mit zusätzlicher Wurzelfraktur
Jockel-Schneider Y. und Feierabend S.
Poliklinik für Zahnerhaltung und Parodontologie, Universität Würzburg

Amelogenesis imperfecta – klinisches Management – eine praktische Herausforderung
Jaklitsch-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. PEKER[1], B. KARGUL[1], A. DURHAN[1] & B. KARADAG[2]
[1]Marmara University Dentistry Faculty, Pediatric Dentistry Dept; [2]Marmara 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. RIJETKOVIC[1], H. JURIC[2]
[1]Private practice, Garesnica; [2]School 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. DENGA
Odessa State Medical University, Odessa, Ukraine

14:44 **The impact of socioeconomic factors on dental health status of Lithuanian adolescents**
V. BRUKIENĖ[1] & J. ALEKSEJŪNIENĖ[2]
[1]Institute of Odontology, Faculty of Medicine, Vilnius University, Vilnius, Lithuania; [2]Department 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. SKRIVELE[1], S. BERZINA[1], R. CARE[1], S. KNEIST[2] & A. BORUTTA[2]
[1]Department of Conservative Dentistry, Riga Stradins University, Riga, Latvia; [2]Friedrich Schiller University of Jena, Germany

15:06 **Translation and validation of a Chinese language version of the ECOHIS**
G. H. M. LEE[1], C. MCGRATH[2], C. K. Y. YIU[1] & N. M. KING[1]
[1]Paediatric Dentistry and Orthodontics; [2]Periodontology 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 NOGOURANI[1], P. KHADEM[2], Z. JADIDI[3], G. AMIRPOOR[3] & S. H. JALALI[3]
[1]Pediatric Dentistry Dep., Islamic Azad University Korasgan Branch, Esfahan; [2]Community Dentistry Dep., Islamic Azad University Khorasgan Branch, Esfahan; [3]Esfahan, Iran

16:11 **Chlorhexidine release from Calcium Phosphate Cements**
C. PAPADOVASILAKI[1], S. PAREKH[1], G. PALMER[2] & A. YOUNG[2]
[1]Unit of Paediatric Dentistry; [2]Department 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. CHIS[1], D. D. D. PRELIPCEAN[1], A. STROIANU2 & R. LUCA[1]
[1]Paediatric Dentistry Department, Carol Davila University, Bucharest, Romania; [2]Paediatric 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. GJORGIEVSKA[1] & J. W. NICHOLSON[2]
[1]Faculty of Dental Medicine, Department of Paediatric and Preventive Dentistry, University "Sts. Kiril and Metodij" Skopje, Republic of Macedonia; [2]School 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. TOPALOGLU[1], D. COGULU[1], N. ERSIN KOCATAS[1] & B. H. SEN[2]
[1]Department of Pedodontics; [2]Division of Endodontology, Ege University, School of Dentistry, Bornova, Izmir, Turkey

17:45 Mitgliederversammlung (DGK)

Hilton Hotel Ballroom / Ballsaal

O16 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. MARSHMAN[1], M. HALL[1], J. PORRITT[1], S. ALBADRI[2] & H. D. RODD[1]
[1]Department of Oral Health and Development, School of Dentistry, Sheffield; [2]Department 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

O17 Oral session – Endodontics

11:00 **Radiographic changes associated with pulp- infection in primary incisors**
M. ASHKENAZI[1], E. HERSHKOVITZ[2] & L. AFEK[1]
[1]Private practice, Tel Aviv; [2]The 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. CASAS[1], T. DOYLE[2], D. KENNY[1] & P. JUDD[1]
[1]The Hospital for Sick Children and University of Toronto, Toronto; [2]IWK 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. MUELLER[1], S. A. BENZINGER[2] & H. J. M. VAN WAES[2]
[1]Department of Paediatric Dentistry, Sydney Dental Hospital, Sydney, Australia; [2]Clinic 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. KUVVETLI[1], S. K. CILDIR[1], E. CAGLAR[1], N. TOPCUOGLU[2] & N. SANDALLI[1]
[1]Yeditepe University Faculty of Dentistry, Department of Pedodontics; [2]Istanbul University Faculty of Dentistry, Department of Oral Microbiology, Istanbul, Turkey

12:06 **Direct pulp capping with self etching adhesives in primary pig teeth**
A. SHAYEGAN[1], M. PETEIN[2], R. ATASH[1] & A. VANDEN ABBEELE[1]
[1]Department of Operative and Paediatric Dentistry; [2]Department of Pathology and Cell Biology Université Libre de Bruxelles, Brussels, Belgium

12:30 **Lunch & Learn Philips "Oral health behaviours in children – challenge and opportunity"**

PHILIPS sonicare the sonic toothbrush

O18 Oral session – Miscellaneous

14:20 **Evaluation of an online and nationally-distributed child protection learning resource**
J. C. HARRIS[1, 2], J. BRADBURY[3], F. NILCHIAN[2] & C. D. FRANKLIN[4]
[1]Sheffield Salaried Primary Dental Care Service; [2]Department of Oral Health and Development, School of Clinical Dentistry, University of Sheffield; [3]School of Life Sciences, Kingston University; [4]South Yorkshire and East Midlands Regional Postgraduate Dental Deanery, Sheffield, UK

14:31 **Preschool Children's awareness to absence of maxillary primary incisors**
D. RAM[1], D. KATZIR-GOLDENBOUM[2], V. N. MATALON[1] & G. HOLAN[1]
[1]Department of Pediatric Dentistry, Hebrew University - Hadassah School of Dental Medicine; [2]Psychological 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. LIU[4], S. Y. HSIAO[3] & W. C. HU[4]
[1]Department of Oral Hygiene, College of Dental Medicine, Kaohsiung Medical University; [2]Graduate Institute of Oral Health Sciences, College of Dental Medicine, Kaohsiung Medical University; [3]Division of Pediatric Dentistry, Department of Dentistry, Kaohsiung Medical University Hospital; [4]Graduate 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)

IME Informationskreis Mundhygiene und Ernährungsverhalten

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 Infectocontagiosas, Facultad de Odontología Universidad Central de Venezuela

09:25 **Air quality in a busy university pediatric dental clinic**
N. KARIYA[1], O. RODIS[2], M. NISHIMURA[1], S. MATSUMURA[2] & T. SHIMONO[2]
[1]Dental Hospital; [2]Department 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. TAIPALE[1], K. PIENIHÄKKINEN[2], P. ALANEN[2], J. JOKELA[1] & E. SÖDERLING[2]
[1]Korpilahti-Muurame Health Care Center, Muurame; [2]Institute 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. HU[1], S. T. HUANG[1, 2, 3], R. S. TANG[4], S. Y. HSIAO[1] & H. S. CHEN[1, 3]
[1]Division of Pediatric Dentistry, Department of Dentistry, Kaohsiung Medical University Hospital; [2]Department of Oral Hygiene, Kaohsiung Medical University; [3]Graduate Institute of Oral Health Sciences, college of Dental Medicine, Kaohsiung Medical University; [4]Graduate 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. SPANİER, 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. TANG[1], S. T. HUANG[2, 3, 4], M. C. HUANG[5, 6], F. H. CHUANG[7] & H. S. CHEN[3, 4]
[1]Graduate Institute of Dental Sciences, College of Dental Medicine, Kaohsiung Medical University; [2]Department of Oral Hygiene, College of Dental Medicine, Kaohsiung Medical University; [3]Graduate Institute of Oral Health Sciences, College of Dental Medicine, Kaohsiung Medical University; [4]Division of Pediatric Dentistry, Department of Dentistry, Kaohsiung Medical University Hospital; [5]Department of Nutrition and Dietetics, Kaohsiung Medical University Hospital; [6]Faculty of Medicine & Respiratory Care, College of Medicine, Kaohsiung Medical University; [7]Division 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. BRAND[1], D. L. GAMBON[2], A. PAAP[1], M. S. BULTHUIS[1], E. C. I VEERMAN[1] & A. V. NIEUW AMERONGEN[1]
[1]Department of Dental Basic Sciences, Section of Oral Biochemistry, Academic Centre for Dentistry Amsterdam (ACTA), Amsterdam; [2]Bambodino 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. DAY[1], M. S. DUGGAL[1], A. HIGH[2], A. ROBERTSON[3] & S. WESTLAND[4]
[1]Department of Paediatric Dentistry, [2]Department of Oral Pathology, [3]Department of Medical & Dental and [4]School 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. DEVECİ
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. JUNG[1], F. OBRY[1], R. MATHIS[2] & M. C. MANIERE[1]
[1]Department of Paediatric Dentistry; [2]Department 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 RZ[1], S. G. ZHENG[2] & G. ZHANG[2]
[1]Pedodontic Department, CapitalMedical University School of Stomatology; [2]Pedodontic Department, Peking University School of Stomatology, Beijing, China

14:45 **Prevalence of traumatic dental injuries in preschool children in Brazil**
D. HESSE[1], G. A. V. C. BONINI[1], C. C. BONIFÁCIO[2], F. M. MENDES[1] & M. BÖNECKER[1]
[1]Department of Pediatric Dentistry, Dental School, University of Sao Paulo, Sao Paulo, Brazil; [2]Department 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. KEIGHTLEY[1], G. WRIGHT[1] & R. WELBURY[2]
[1]Glasgow Dental Hospital & School; [2]University of Glasgow Dental School, Glasgow, Scotland

15:05 **Traumatic dental injuries in children with Attention Deficit/Hyperactivity Disorder**
A. AVSAR[1], S. AKBAŞ[2] & T. ATAIBIŞ[1]
[1]Department of Pedodontics, Ondokuz Mayıs University; [2]Department 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. LAURIDSEN[1], N. V. HERMANN[1], S. A. CHRISTENSEN[2] & J. O. ANDREASEN[3]
[1]Department of Pediatric Dentistry and Clinical Genetics, School of Dentistry, Faculty of Health Sciences, University of Copenhagen; [2]Resource Centre for Rare Oral Diseases, Copenhagen University Hospital; [3]Resource 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. HONG[1], S. T. HUANG[2, 3, 4], S. Y. HSIAO[4] & H. Y. LIU[1]
[1]Graduate Institute of Dental Sciences, PhD course, College of Dental Medicine, Kaohsiung Medical University; [2]Department of Oral Hygiene, College of Dental Medicine, Kaohsiung Medical University; [3]Graduate Institute of Oral Health Sciences, College of Dental Medicine, Kaohsiung Medical University; [4]Division 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. HSIEH[1], S. T. HUANG[2, 3], C. C. TSAI[2, 4], M. J. CHIOU[5] & C. D. LIAO[6]
[1]Graduate Institute of Dental Sciences, College of Dental Medicine, Kaohsiung Medical University; [2]Faculty of dental Hygiene, College of Dental Medicine, Kaohsiung Medical University; [3]Division of Pediatric Dentistry, Department of Dentistry, Chung-Ho Memorial Hospital, Kaohsiung Medical University; [4]Division of Periodontal Dentistry, Department of Dentistry, Chung-Ho Memorial Hospital, Kaohsiung Medical University; [5]Taoyuan Township Public Health Center, Kaohsiung County, Taiwan; [6]Graduate 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. HOU[1], Y. S. LIN[3], S. T. HUANG[1, 2] & S. Y. HSIAO[1]
[1]Division of Pediatric Dentistry, Department of Dentistry, Kaohsiung Medical University Hospital; [2]Graduate Institute of Oral Health Sciences, College of Dental Medicine, Kaohsiung Medical University; [3]Graduate Institute of Dental Sciences, College of Dental Medicine, Kaohsiung Medical University, Kaohsiung, Taiwan

16:25 **Assesment of hygiene procedures among dental practitioners in Istanbul, Turkey**
N. BEKIROGLU[1] & B. KARGUL[2]
[1]Biostatistics Department, Medical School; [2]Pediatric 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. WANG[1], S. Y. HSIAO[4] & H. S. CHEN[3, 4]
[1]Graduate Institute of Dental Sciences, College of Dental Medicine, Kaohsiung Medical University; [2]Department of Oral Hygiene, College of Dental Medicine, Kaohsiung Medical University; [3]Graduate Institute of Oral Health Sciences, College of Dental Medicine, Kaohsiung Medical University; [4]Division 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. SEYDAOGLU[1], M. C. DOGAN[2], S. UGUZ[3], R. S. DILER[4] & C. SARITURK[1]
[1]Department of Biostatsitics, University of Pittsburgh, USA; [3]Department of Psychiatry, Faculty of Medicine; [2]Department of Pedodontics, Faculty of Dentistry, Cukurova University, Adana-Turkey; [4]Western 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. TSENG[1], Y. C. TAI[1], S. T. HUANG[2, 3, 4], H. Y. LIU[4] & C. C. CHEN[1]
[1]Department of Oral Hygiene, College of Dental Medicine, Kaohsiung Medical University; [2]Graduate Institute of Oral Health Sciences, College of Dental Medicine, Kaohsiung Medical University; [3]Division of Pediatric Dentistry, Department of Dentistry, Kaohsiung Medical University Hospital; [4]School 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. DALCI[1], B. EMRE[2] & S. ÇETINER[1]
[1]Department of Pediatric Dentistry, Near East University, Lefkoşa, Cyprus; [2]Department of Pediatric Dentistry, Ankara University, Ankara, Turkey

17:00 **Prevalence of malocclusion in 6-8-year-old schoolchildren in Santiago: 2005-2006**
G. ZILLMANN[1], A. MUÑOZ[2], R. ORTIZ[1], J. HASSI[1] & S. ECHEVERRÍA[1]
[1]Área de Odontopediatría; [2]Área Salud Pública, Departmento 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 – SOFOWORA[1], K. C. NDUKWE[2] & K. E. ADEBIYI[2]
[1]Department of Child Dental Health, Faculty of Dentistry, Obafemi Awolowo University, Nigeria; [2]Department 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. DROSEN[1], H. SENKEL[2] & R. HEINRICH-WELTZIEN[1]
[1]Department of Preventive Dentistry, Friedrich-Schiller University of Jena; [2]Health 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. BADRE[1], A. BOUSFIHA[2], M. C. MANIERE[3], A. BLOCH-ZUPAN[3], 4, S. EL ARABI[1]
[1]Department of Paediatric Dentistry, Faculty of Medicine Dentistry, Casablanca, Morocco; [2]Department of Paediatrics, Faculty of Medicine, Casablanca, Morocco; [3]Department 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
Padıatrıc Dentıstry Department, Rıyadh Mılıtary Hospıtal, Rıyadh, Saudıarabıa

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. DOGAN[1], H. OZTUNC[2], İ. SASMAZ[3] & B. ANTMEN[3]
[1]Department of Paediatric Dentistry; [2]Department of Oral Diagnosis and Radiology, School of Dentistry, Cukurova University, Adana, Turkey; [3]Department 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. ALAÇAM[1], Z. A. GÜÇLÜ[1] & A. HASANOĞLU[2]
[1]Department of Pediatric Dentistry, Faculty of Dentistry; [2]Department of Pediatric Metabolism and Nutrition, Faculty of Medicine, Gazi University, Ankara, Turkey

09:35 **Levy-Hollister Syndrome - Case Report**
B. HAVLOVICOVA[1], R. IVANCAKOVAR[1] & J. JUTTNEROVA[2]
[1]Dept. of Dentistry, University Hosp. and Medical Faculty, Charles University; [2]Dept. 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. PALMON[1] & P. BOKSENBOJM[2]
[1]Pediatric Dentistry Clinic; [2]Surgical 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. TEZEL[1], T. ILERI KECELI[1], M. TEKCICEK[1], M. D. TURGUT[1] & Y. ALANAY[2]
[1]Department of Paediatric Dentistry; [2]Clinical 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. ZAITOUN[1], M. FARMAN[1] & A. Y. YOUSEFPOUR[2]
[1]Department of Paediatric Dentistry; [2]Department 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. YURGENS[3], S, PARROCHIA[2], M, PINTO[2] & ZUNINO[2]
[1]Children's Hospital Roberto del Río; [2]Escuela Odontologia Fac. Medicina-Clinica Alemana-Universidad del Desarrollo; [3]Hospital 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. PİNAR ERDEM[1], G. IKİKARAKAYALİ[1], N. YALMAN[2], G. AK[3] & E. SEPET[1]
[1]Department of Pedodontics; [2]Department of Medical Biology; [3]Department 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. LAZARIDOU[1], A. ARHAKIS[1], N. KOTSANOS[1], A. KEVREKIDOU[1] & K. ANTONIADIS[2]
[1]Department of Paediatric Dentistry, Aristotle University, Thessaloniki; [2]Department of Oral and Maxillofacial Surgery, Thessaloniki, Greece

11:50 **Adenomatoid odontogenic tumor associated with deciduous molar: report of an unusual case**
P. EELATAWEEWUD[1], S. VISUTTIWATTANAKORN[2] & S. POOMSAWAT[3]
[1]Department of Pediatric Dentistry; [2]Department of Surgery; [3]Department of Oral Pathology, Faculty of Dentistry, Mahidol University, Bangkok, Thailand

11:55 **A difficult diagnosis of a large unilocular radiolucency in the mandible**
N. LUSH[1], V. LOPES[2] & K. E. HARLEY[3]
[1]Department of Paediatric Dentistry; [2]Department of Oral Surgery; [3]Department of Paediatric Dentistry, Edinburgh Dental Institute, Edinburgh, UK

12:00 **Spontaneous regression of congenital epulis: a case report**
P. RITWIK[1], R. BRANNON[2] & R. MUSSELMAN[1]
[1]Department of Pediatric Dentistry, LSU School of Dentistry New Orleans, USA; [2]Oral 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. SOTERIOU[1], E. PAPADOPOULOU[2], N. NIKITAKIS[2] & G. VADIAKAS[1]
[1]Department of Paediatric Dentistry; [2]Department of Oral Pathology, Dental School, University of Athens, Greece

12:15 **A case of bilateral parotid and submandibular salivary gland aplasia**
S. S. TAJI[1], N. W. SAVAGE[1], T. HOLCOMBE[2], F. KHAN[3] & W. K. SEOW[1]
[1]The University of Queensland, Brisbane, Australia; [2]Kingston Oral Health Centre, Queensland Health, Brisbane, Australia; [3]Private 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. KIDA[1], T. TSUTSUMI[2], M. SHINDOH[3] & T. ARIGA[1]
[1]Department of Pediatrics; [2]Hinode Dental Office; [3]Oral Pathology and Biology, Hokkaido University Graduate School of Dentistry, Japan

14:05 **KBG syndrome – clinical features and specific dental findings**
A. A. ALMANDAEY[1], R. P. ANTHONAPPA[2] & N. M. KING[2]
[1]Paediatric Dentistry, Hamad Medical Corporation Qatar; [2]Paediatric 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. TOMIZAWA[1], T. TSUDA[2], S. HAYASHI-SAKAI[2] & F. IIZAWA[2]
[1]Department of Oral Health and Welfare, Faculty of Dentistry, Niigata University; [2]Division 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. TEHRANI[1], N. PESTECHIAN[2], H. YOUSEFI[3] & H. SEKHAVATI[4]
[1]Department of Pediatric Dentistry, School of Dentistry, Isfahan University of Medical Sciences; [2]School of Medicine, Isfahan University of Medical Sciences; [3]School of Medicine, Isfahan University of Medical Sciences; [4]Dental Practitioner, Torabinejad Research Center, Isfahan, Iran

14:25 **Dentilisin involvement in coaggregation between Treponema denticola and Tannerella forsythia**
Y. SANO[1], M. YAKUSHIJI[1], S. SHINTANI[1] & K. ISHIHARA[1]
[1]Department of Pediatric Dentistry; [2]Department of Microbiology, Tokyo Dental College, Chiba, Japan

14:30 **Gingival expression of SOD and NOS mRNA in NOS1 knockout mice**
M. ISHIOKA[1], H. WATANABE[2], Y. ISHIZUKA[3], T. YANAGISAWA[4] & S. SHINTANI[1]
[1]Department of Paediatric Dentistry, Tokyo Dental College; [2]Division of Oral Histology, Department of Morphological Biology, Ohu University School of Dentistry; [3]Department of Periodontology, Tokyo Dental College; [4]Department 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. GARAN[1], S. AKYUZ[1], L. KOC OZTURK[2] & A. YARAT[2]
[1]Departments of Paediatric Dentistry, [2]Basic Science, [3]Dental 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. ANDREUCIC[2], L. ARANEDA[1,2], I, GALAZ[1], I, ESPINOZA[2] & M, PINTO[2]
[1]Children's Hospital Roberto del Río; [2]Universidad de Chile, Santiago, Chile

15:10 **Dental health of children with cleft lip and palate**
A. E. ANUROVA, V. M. ELIZAROVA & V. D. SHCHEGOLEVA
Deptartment 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. FLOCCHINI & A. MAJORANA
University of Brescia, Italy

P19 Othodontics

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. KIM[1], J. H. SHIN[1], S. KIM[1] & T. S. JEONG[1]
[1]Department of Pediatric Dentistry, School of Dentistry, Pusan National University; [2]Seo-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 Matsuhisa, Owari orthodontic clinic, Aichi, Japan

16:45 **Orthodonic 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. SEYMEN[1], M. YILDIRIM[1], A. PATIR[1], E. B. TUNA[1] & G. ACAR[2]
[1]Department of Pedodontics; [2]Department 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. SHABZENDEDAR[1], B. AJAMI[2] & M. MEHRJERDIAN[3]
[1]Department of Pediatric Dentistry, Mashhad Dental School, Mashhad University of Medical Sciences; [2]Department of Pediatric Dentistry, Mashhad Dental School, Mashhad University of Medical Sciences; [3]Mashhad, 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. BABII
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-Pharmazeutische Fabrik GmbH

09:00	S. Paris (GER)	Caries sealing and infiltration: theoretical background
09:30	J. Berg (USA)	Clinical application of smooth surface sealing and infiltration in children
10:00	H. Meyer-Lückel (GER)	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)	Early Childhood Caries (ECC) – epidemiology and association with (of?) independent variables
11:45	S. Twetman (DEN)	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)	Prevention of ECC: Why is it so difficult?
14:45	K. Bücher (GER)	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 paediatricians**
K. EMERICH
Department of Paediatric Dentistry, Medical University of Gdansk, Poland

09:22 **The role of salivary carboanhydrase and salivary buffers in caries prevention in children**
D. ŠURDILOVIĆ[1], I. STOJANOVIĆ[2], M. IGIČ[1], M. APOSTOLOVIĆ[1], O. TRIČKOVIĆ JANJIĆ[1] & L. J. KOSTADINOVIĆ[1]
[1]Dentistry Clinic; [2]Institute 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 patients**
A. 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 children**
B. 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 children**
A. BAGHERIAN[1], G. H. ASADIKARAM[2], A. JAFARZADEH[3] & M. REZAEIAN[4]
[1]Department of Pedodontics, Dental School; [2]Department of Biochemistry, Medical School; [3]Department of Immunology, Medical School; [4]Department 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. HANDZEL[1] & M. MARYŠKA[2]
[1]Stomatological Clinic, Faculty of Medicine, Charles University Prague; [2]Institute 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 women**
N. 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 vitro**
M. 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 study**
A. PINAR ERDEM[1], E. SEPET[1], T. AVSHALOM[2], V. GUTKIN[3] & D. STEINBERG[2]
[1]Department of Pediatric Dentistry, Istanbul University, Istanbul, Turkey; [2]Institute of Dental Sciences, Hebrew University, Jerusalem, Israel; [3]The Harvey Krueger Center for Nanoscience and Nanotecnology, Hebrew University, Jerusalem, Israel

11:55 **Effect of xylitol on some salivary risk factors of caries in schoolchildren**
A. TRUMMLER[1] & W. STRÜBIG[2]
[1]Childrens Dental Clinic, St. Gallen, CH; [2]School 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 children**
A. BEGZATI[1], S. KNEIST[2], A. RAKA[1], T. ADEMAJ-KUTLLOVCI[1] & G. DAVID[3]
[1]Department of Pedodontics and Preventive Dentistry, University of Prishtina, Dental School of Prishtina, Kosova; [2]Department of Preventive Dentistry, Friedrich-Schiller-University of Jena, Jena, Germany; [3]Ivoclar 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. WU[1], Y. TAKAGI[2], I. MORITA[2], X. J. WANG[1] & L. Y. WEN[1]
[1]School of Stomatology, Fourth Military Medical University, Xi'an, China; [2]Graduate School, Tokyo Medical and Dental University, Tokyo, Japan

14:22 **The relationship between bite force and body mass index (BMI) in adolescents**
K. T. SUN[1], S. C. CHEN[2], H. H. CHIANG[1] & H. H TSAI[3]
[1]Department of Pediatric Dentistry, China Medical University Hospital; [2]Department of Endocrinology, Cheng Ching Hospital; [3]Department 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. LIVERSIDGE[1] & T. MOLLESON[2]
[1]Queen Mary University of London, Barts & The London School of Medicine and Dentistry; [2]Palaeontology Department, Natural History Museum, London, UK

14:55 **Apoptosis and proliferation approach of human primary teeth with physiological root resorption**
Z. BEN AOUN[1], B. SRIHA[2], A. BAAZIZ[3] & S. GHOUL-MAZGAR[1]
[1]Laboratory of Histology and Embryology, Dental Faculty of Monastir, University of Monastir; [2]Department of Pathology, Farhat Hached Hospital, Sousse, University of Souse; [3]Paediatric 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 al lower adrenalin concentration
Sponsor: 3M Espe AG

09:30 **Repeated sessions of rectal midazolam-sedation for dental treatment in children**
M. BÅGESUND[1] & C. MALMCRONA[2]
[1]Division for Public & Child Dental Health, Dublin Dental School & Hospital, Trinity College, University of Dublin, Ireland; [2]Centre for Orthodontics and Pediatric Dentistry Norrköping, Sweden

09:41 **Preoperative analgesics for additional pain relief in children having dental treatment**
A. BEHBEHANI[1], S. PAREKH[1], D. M. MOLES[2] & P. F. ASHLEY[1]
[1]Unit of Paediatric Dentistry; [2]International 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. KOERPERICH[1] & M. ATAR[2]
[1]Centre for Dental and Craniofacial Sciences Department of Orthodontics, Dentofacial Orthopaedics and Paediatric Dentistry Charité Universitätsmedizin Berlin CC3, Berlin, Germany; [2]Head 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. PARALIKAKI[1], D. M. MOLES[2], S. PAREKH[1] & P. F. ASHLEY[1]
[1]Unit of Paediatric Dentistry; [2]International Centre for Evidence-Based Oral Health (ICEBOH), UCL Eastman Dental Institute, London, UK

10:25 Discussion

O23 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. GIBSON[1], P. DAY[1], J. ROWBOTHAM[2] & L. MORROW[3]
[1]Department of Child Dental Health; [2]Department of Dental Hygiene and Therapy; [3]Department 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. VEERKAMP[1] & J. HOOGSTRATEN[2, 3]
[1]Department of Cariology Endodontology Pedodontology, Academic Centre for Dentistry Amsterdam (ACTA);
[2]Department of Social Dentistry and Behavioural Sciences, Academic Centre for Dentistry Amsterdam (ACTA);
[3]Department of Psychological Methods, University of Amsterdam (UvA), Amsterdam, The Netherlands

12:30 Lunch & Learn KaVo

O24 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, İstanbul, 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. GILCHRIST[1], S. A. CRAIG[1], H. D. RODD[1], A. KING[2] & Z. MARSHMAN[2]
[1]Department of Oral Health and Development, School of Dentistry, Sheffield; [2]NHS 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. GREINER[1], T. BISCHOF[2], G. BORGERT[2] & R. HEINRICH-WELTZIEN[1]
[1]Department of Preventive Dentistry, Friedrich-Schiller University of Jena, Germany; [2]Zahnprophylaxe Vorarlberg GmbH, Bregenz, Austria

09:15 **Characteristics of children treated for early childhood caries in Tygerberg, Cape Town**
N. MOHAMED[1] & J. BARNES[2]
[1]Department of Paediatric Dentistry, University of the Western Cape; [2]Department of Community Health, University of Stellenbosch, Cape Town, South Africa

09:20 **Emergency dental care for children: an attendance profile**
A. MORGAN[1], C. PATCHETT[2], S. ALBADRI[3], C. DEERY[1] & H.D RODD[1]
[1]Paediatric Dentistry Department, Charles Clifford Dental Hospital, Sheffield; [2]Paediatric Dentistry Department, University Dental Hospital of Manchester, Manchester; [3]Paediatric Dentistry Department, School of Dental Science, University of Liverpool, Liverpool

09:25 **Salivary antioxidant status of healthy and type 1 diabetıc children**
D. ONER OZDAS[1], S. CAN TROSALA[2], Y. GUVEN[2] & G. AREN[1]
[1]Faculty of Dentistry, Department of Pedodontics; [2]Faculty 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 Siences, 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
[1]Department of Pediatric Dentistry, Mashhad Dental School, Mashhad University of Medical Sciences; [2]Department of Prosthodontics, Mashhad Dental School, Mashhad University of Medical Sciences; [3]Dentist, Mashhad, Iran

09:40 **Comparing the root-crown ratio of Japanese, Hungarian and German young population**
B. RENCZ, M. IINUMA, B. REMPORT, G. FÁBIÁN & I. TARJÁN
[1]Department of Paedodontics and Orthodontics, Semmelweis University, Budapest, Hungary;
[2]Department 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. DOGAN[1], G. SEYDAOGLU[2] & C. SARITURK[2]
[1]Department of Pedodontics, Faculty of Dentistry; [2]Department of Biostatsitics, Faculty of Medicine, Cukurova University, Adana, Turkey

09:50 **Parent's awareness on their children' malalignment and malocclusion in China**
W. XIAOJING[1], L. YINGFENG[1], S. HIROSHI[2] & Y. MASASHI[2]
[1]Department of Pediatric Dentistry, School of Stomatology,The Fourth Military Medical University, Xi'an, China;
[2]Department 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. GONCHIG[1], M. MYAGMARJAV[2] & U. KHASBAZAR[3]
[1]Shidet-Od" dental clinic, Ulaanbaatar; [2]Mongolian Development Institute, [3]Rural Public Health Centre, Khuvsgul, Mongolia

10:15 **Oral health status according to WHO criteria and laser fluorescence measurements**
S. KADIC[1], V. PICEK[1], O. LULIC DUKIC[2], B. DELIJA[2] & Z. SOSTAR[3]
[1]Department of Paediatric Dentistry, Dental Polyclinic Zagreb; [2]Department of Paediatric Dentistry, School of Dental Medicine, University of Zagreb; [3]City 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. RODIS[1], S. MATSUMURA[1], N. KARIYA[2], Y. OKAZAKI[1] & M. NISHIMURA[2]
[1]Department of Behavioral Pediatric Dentistry, Okayama University Graduate School of Medicine, Dentistry and Pharmaceutical Sciences; [2]Dental 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. POURESLAMI
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. KARGUL[1], I. YAVUZ[2], Z. AKDAG[2], A. DURHAN[1]
[1]Marmara University, Dental School, Department of Paediatric Dentistry, Istanbul; [2]Dicle University, Dental School, Department of Paediatric Dentistry, Diyarbakır, Turkey

11:40 **Performance of ICDAS-II and fluorescence methods for detection of occlusal caries**
A. JABLONSKI-MOMENI[1], S. M. ROSEN[1], H. M. SCHIPPER[1], M. HEINZEL-GUTENBRUNNER[1] & K. PIEPER[1]
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. ROSEN[1], K. PIEPER[1], V. STACHNISS[2], M. HEINZEL-GUTENBRUNNER[1] & A. JABLONSKI-MOMENI[1]
[1]Dental School, Department of Paediatric and Community Dentistry; [2]Dental 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 rediatric dental clinic**
C. GONZALEZ[1] & C. OKUNSERI[2]
[1]Department of Developmental Sciences/Pediatric Dentistry; [2]Department 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. BARTSCH[1], S. EICK[2] & R. HEINRICH-WELTZIEN[3]
[1]Health Department of Rhein-District, Neuss; [2]Institute of Medical Microbiology, Friedrich-Schiller-University, Jena; [3]Department of Preventive Dentistry, Friedrich-Schiller-University, Jena, Germany

12:15 **In vitro activity of Scutellaria baicalensis Georgi extracts against Streptococcus mutans biofilms**
C. DUAN[1], S. MATSUMURA[2], N. KARIYA[2] & T. SHIMONO[2]
[1]Department of Pediatric Dentistry Zhong Shan Hospital of Dalian University, Dalian, China; [2]Department 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-KUTLLOVCI[1], A. BEGZATI[1], K. MEQA[2], A. J. BEGZATI[1] & B. BRUÇI[1]
[1]Department of Pedodontics and Preventive Dentistry; [2]Department of Periodontology and Oral Medicine, University of Prishtina, Dentistry School, Prishtina, Kosova

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. RUSIN[1], K. J. DONLY[2], I. HAEBERLEIN[3] & A. M. PFARRER[1]
[1]3M ESPE, Maplewood, MN, USA; [2]University of Texas Health Science Center, San Antonio, USA; [3]3M 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. FELL[1], L. B. CAMARGO[2], J. C. P. IMAPARATO[2], A. E. HADDAD[2] & D. P. RAGGIO[2]
[1]Sao Leopoldo Mandic; [2]Pediatric Dentistry Department, University of São Paulo, São Paulo, Brazil

14:20 **Correction of artefacts and calibration of µCT 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. THANAOLARN, 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. RĂDUCANU[1], C. HERTELIU[2], I. FERARU[1] & I. CRISTEA[1]
[1]Department of Paediatric Dentistry, U.M.F. "Carol Davila", Faculty of Dental Medicine; [2]Department 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. SCHÜLER[1], B. MONSE[2] & R. HEINRICH-WELTZIEN[1]
[1]Department of Preventive Dentistry, University Hospital Jena, Germany; [2]Department 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. CHEN[1] & S. T. HUANG[2, 3, 4]
[1]Graduate Institute of Dental Sciences, College of Dental Medicine, Kaohsiung Medical University; [2]Graduate Institute of Oral Health Sciences, College of Dental Medicine, Kaohsiung Medical University; [3]Dentistry for Children and Disabled, Chung-Ho Memorial Hospital, Kaohsiung Medical University; [4]Faculty 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 peadiatric dental practice – Changes over a 10-year period**
N. KOTSANOS[1, 2], & M. KOSTOPOULOU[2]
[1]Department of Pediatric Dentistry, Aristotle University; [2]Paediatric dentist, Thessaloniki, Macedonia province, Greece

15:10 **The influence of ozone on retention of sealing material: a clinical study**
W. DUKIC[1], O. LULIC DUKIC[1], A. ERDELJAC[1] & S. KADIC[2]
[1]Department of Pediatric Dentistry, School of Dental Medicine, University of Zagreb; [2]Department of Pediatric Dentistry, Dental Polyclinic Zagreb, Zagreb, Croatia

15:15 **The effect of ozone pretreatment on the microleakage of fissure sealants**
S. B. CEHRELI[1], Z. YALCINKAYA[1], T. DEMIR[1] & G. GUVEN-POLAT[2]
[1]Dept. of Paediatric Dentistry, Baskent University Faculty Dentistry; [2]Dept. 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. TAKEUCHI[2] & T. KIKUIRI[3]
[1]Division of Oral and Craniomaxillofacial Research, Dental Research Center; [2]Department of Pediatric Dentistry, Nihon University School of Dentistry, Tokyo; [3]Dentistry 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. ØSTERGAARD[1], J. O. ANDREASEN[2], S. S. AHRENSBURG[2] & S. POULSEN[1]
[1]Dept. Pediatric Dentistry, School of Dentistry, Aarhus University; [2]Dept. of Oral and Maxillofacial Surgery, Copenhagen University Hospital, Denmark

09:10 **School teachers' knowledge on dental trauma first aid**
K. ARAPOSTATHIS[1], A. KEVREKIDOU[1], A. MICHAILIDOU[2], V. TOPITSOGLOU[2] & S. KALFAS[2].
[1]Department of Pediatric Dentistry; [2]Department 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. TAOUFIK[1], A. AGRAFIOTI[2], D. ZAMPELI[1] & G. VADIAKAS[1]
[1]Department of Pediatric Dentistry; [2]Department 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. TUNA[1], A. DUNDAR[1], B. CANKAYA[2] & K. GENCAY[1]
[1]Department of Pedodontics; [2]Department 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-occurence 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 ERDEM[1], B. BALLI[1], H. KURT[2], I. ULUKAPI[1] & E. SEPET[1]
[1]Department of Pedodontics; [2]Department 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 KECELI[1], H. G. KECELI[2], M. D. TURGUT[1], Z. YILMAZ[3] & M. TEKÇIÇEK[1]
[1]Department of Pediatric Dentistry, Hacettepe University; [2]Specialist in Periodontology, Private Practice;
[3]Department 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**
İ UZEL[1], A. K. A. TOPALOĞLU[1], B. ÖZPINAR[2], G. UZEL[2] & B. GÖKÇE[2]
[1]Department of Pediatric Dentistry; [2]Department of Prosthodontics, Ege University, Izmir, Turkey

12:15 **Dens invaginatus or "dens in dente": a case report, histological evaluation**
S. VAN BEVEREN[1], M. PETEIN[2], T. H. DUJARDIN[3], A. VANDEN ABBEELE[4] & A. SHAYEGAN[1]
[1]Department Paediatric dentistry of Children's Hospital of Queen Fabiola; [2]Pathology and genetic department; [3]Department of orthodontics of Children's Hospital of Queen Fabiola; [4]Department 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. HORIKAWA[1], Y. MIYAUCH[1], S. YOSHIMURA[2], M. SATO[1] & M. INOUE M[1]
[1]Dept. of Pediatric Dentistry; [2]Dept. of Dental Anesthesiology, Showa Univ. School of Dentistry, Tokyo, Japan

14:05 **Hypohidrotic ectodermal dysplasia: prosthodontic treatment in a paediatric patient**
M. PĂUNA[1], A. M. RĂDUCANU[2], I. V. FERARU[2] & R. ANGHELESCU[3]
[1]Prosthodontics Department, U.M.F. "Carol Davila", Faculty of Dental Medicine; [2]Paediatric Dentistry Department, U.M.F. "Carol Davila", Faculty of Dental Medicine; [3]Paediatric dentist, Bucharest, Romania

14:10 **Orthodontic management of patients with disabilities: report of three cases**
A. TRIKALIOTIS[1], E. KAKLAMANOS[2], D. VELONIS[1], N. KOTSANOS[1] & N. TOPOUZELIS[2]
[1]Department of Paediatric Dentistry; [2]Department of Orthodontics, Aristotle University of Thessaloniki, Greece

14:15 **Childhood diabetes as dental risk factor**
K. KÁRPÁTI[1], K. KÜRTI[2], E. KÓKAI[1] & G. KOCSIS SAVANYA[1]
[1]University of Szeged Faculty of Dentistry; [2]University of Szeged Faculty of Medicine, Szeged, Hungary

14:20 **Oral findings in Patients with NF1**
L. KONDO[1], F. AMADORI[1], P. FLOCCHINI[1], G. PIANA[1] & A. MAJORANA[2]
[1]Department of Dental Science, Special Care Patients Unit, Alma Mater Studiorum University of Bologna; [2]Department of Pediatric Dentistry, University of Brescia, Italy

14:25 **Research of utilizing TEACCH on oral hygiene education for autistic children**
Y. H. HO[1] & S. T. HUANG[1, 2]
[1]Department of Oral Hygiene; [2]Division of Pediatric Dentistry, Kaohsiung Medical University

14:30 **Oral health of underprivileged Romanian children: special needs versus normal kids**
A. VINEREANU[1], A. GARRET-BERNARDIN[2], S. JUNG[2], F. CLAUSS[2] & D. ANDRITOIU[1]
[1]Department of Pediatric Dentistry, University Carol Davila, Bucharest, Romania; [2]Department 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. BOZDOGAN[1], A. DINDAR[2] & O. AKTOREN[1]
[1]Department of Pedodontics, Faculty of Dentistry; [2]Department 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 AWMFguidelines 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 acidrelated dental erosion, which can be caused by exogenic (selection of food) or endogenic (gastric acid) factors. Dentists and general practitioners therefore are important collaboraters 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 und 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 Helderman, 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, Phillippines

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 lecture 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, hypersensibility 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 Mejàre
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 interventory 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 3^0C 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 and 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 Aacademy 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 addional 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 then 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 then 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 then 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 osciallating 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 reachieve 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 aregiven:

– 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	University of Munich
1978	final Examination
Activity	
July 1978 –July 1979	Military Service, Navy
Since August 1979	Department of Pediatric Surgery LMU Munich
October 1986	Consultant for Surgery
October 1986	Consultant for Pediatric Sutrgery
Juli 1996	Professor for Pediaric Surgery
Mai 2008	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 Pedicatrics (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 epiand 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
1990–1992	(Prof. S. Moss)
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, advarded 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 described as an ever ongoing battle between de- and re-mineralisation; if more mineral is lost than gained from the had 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-administrated 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 described as an imbalance between de- and re-mineralisation; if more mineral is lost than gained from the had 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 anomalyspecific 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 Orthodotic 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

A/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 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 skelettal 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 primaryprimary 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 multifactoral 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

GABA Practitioner Prize

Verzögert auftretende Komplikation eines dentalen Traumas – ein Fallbericht

DRESSLER S., JABLONSKI-MOMENI A. UND PIEPER K.
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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 bebändert. In Frankreich wurde keine Behandlung begonnen. Am Tag vor seiner Vorstellung in Würzburg wurde er entbändert. 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 alsunangenehm bezeichnet als bei Behandlungen ohne Hypnose.

GABA Practitioner Prize

Frühkindliche Prophylaxekonzepte

LAURISCH, L.
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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 Kolonisation der kindlichen Mundhöle mit Mutans-Streptokokken durchgeführt. Diese umfassten: Applikation chlorhexidinhaltiger 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.
Vorgestellt 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 Gebisssanierung 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

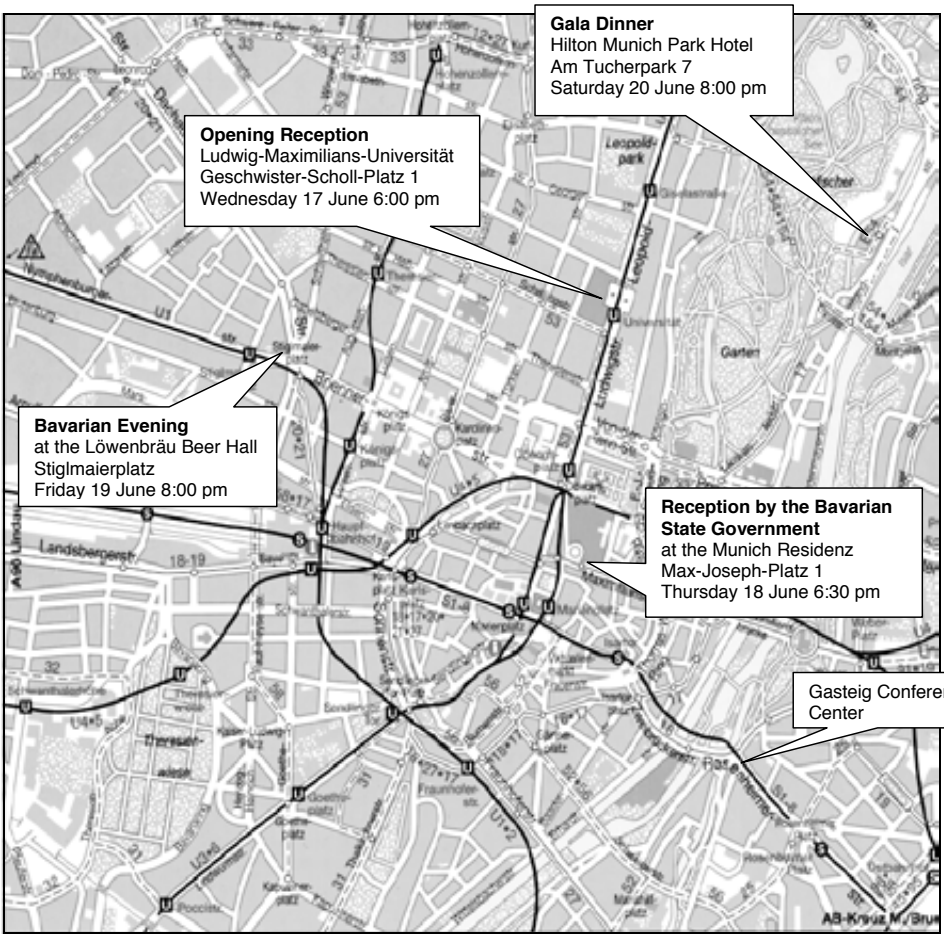
Hilton Munich Park Hotel, Am Tucherpark 7

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 occuring 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 retaurants, 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

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opening hours:

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

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
Discover Munich with a flexible ticket for public transport!
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

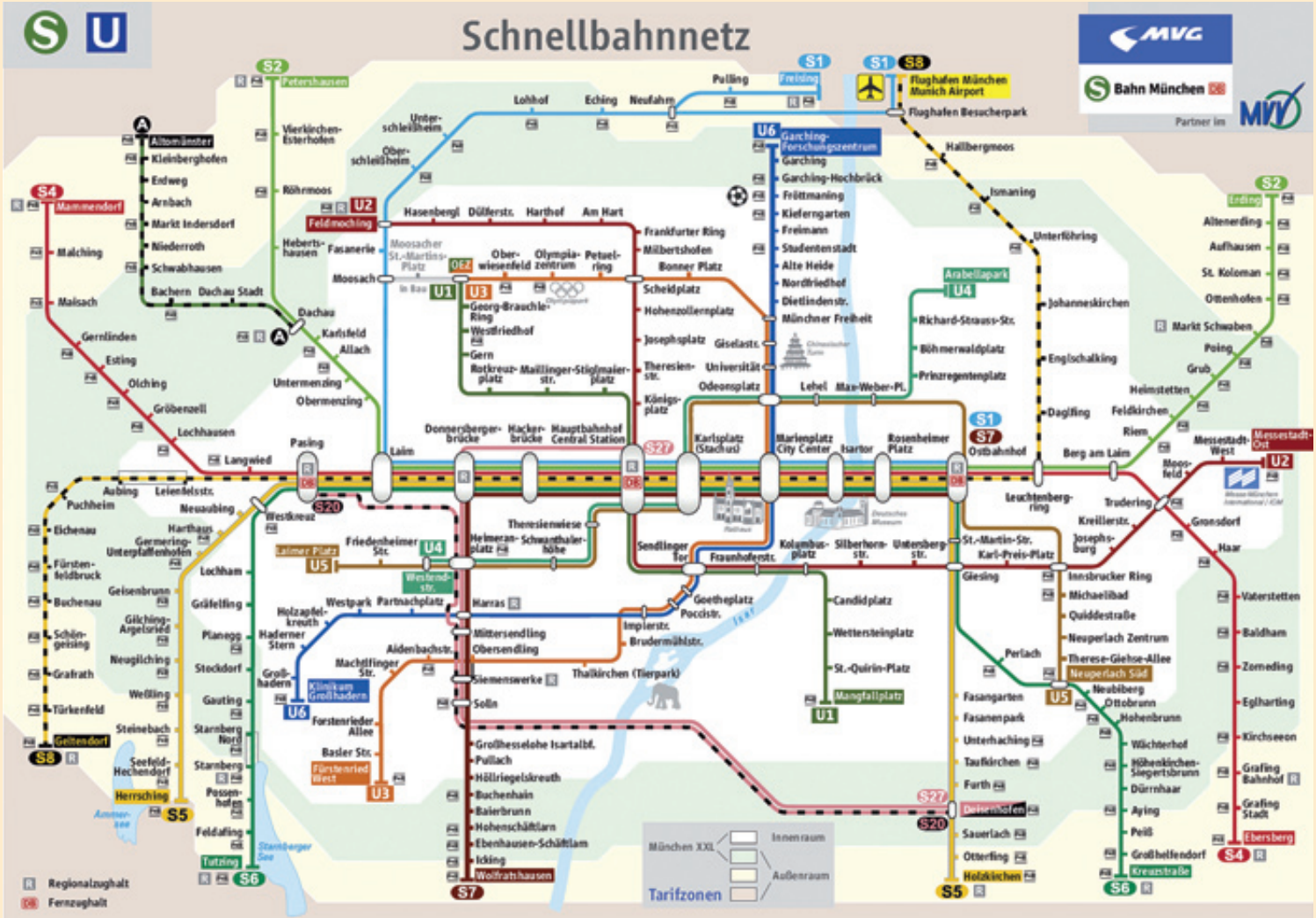
Registration fees

	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.


S U
Schnellbahnnetz
MVG
Bahn München
Partner im MVV
S1 Freising
S1 S8 Flughafen München Munich Airport
Flughafen Besucherpark
S2 Petershausen
Altomünster
Kleinberghofen
Edweg
Arnbach
Markt Indersdorf
Niederroth
Schwabhausen
Vierkirchen-Esterhofen
Röhrmoos
U2 Feldmoching
Hebertshausen
Fasanerie
Dachau
Bachern
Dachau Stadt
Karlsfeld
Allach
Untermenzing
Obermenzing
S4 Mammendorf
Malching
Maisach
Gernlinden
Esting
Olching
Gröbenzell
Lochhausen
Langwied
Lohhof
Eching
Neufahrn
Pulling
Unterschleißheim
Oberschleißheim
U6 Garching-Forschungszentrum
Garching
Garching-Hochbrück
Fröttmaning
Kieferngarten
Freimann
Studentenstadt
Alte Heide
Nordfriedhof
Dietlindenstr.
Münchner Freiheit
Hasenbergl
Düllerstr.
Harthof
Am Hart
Moosacher St.-Martins-Platz
Moosach
Ober-wiesenfeld
Olympia-zentrum
Petuel-ring
OEZ
In Bau
U1
U3
Georg-Brauchle-Ring
Westfriedhof
Gern
Rotkreuz-platz
Maillinger-Str.
Stiglmaier-platz
Frankfurter Ring
Milbertshofen
Bonner Platz
Scheidplatz
Hohenzollernplatz
Josephsplatz
Giselastr.
Theresien-str.
Universität
Odeonsplatz
Königs-platz
Lehel
Max-Weber-Pl.
Arabellapark
U4
Richard-Strauss-Str.
Böhmerwaldplatz
Prinzregentenplatz
Hallbergmoos
Ismaning
Unterföhring
Johanneskirchen
Englschalking
Dagfing
Riem
Berg am Laim
Leuchtenbergring
Trudering
Kreillerstr.
Josephsburg
Messestadt-West
Messestadt-Ost
U2
Moosfeld
Messe München International (CIM)
Gronsdorf
Haar
Vaterstetten
Baldham
Zorneding
Eglharting
Kirchseeon
Grafing Bahnhof
Grafing Stadt
Ebersberg
S4 R
S2 Erding
Altenerding
Aufhausen
St. Koloman
Ottenhofen
Markt Schwaben
Poing
Grub
Helmstetten
Feldkirchen
S1 S7 Ostbahnhof
Donnersberger-brücke
Hacker-brücke
Hauptbahnhof Central Station
S27
Karlsplatz (Stachus)
Marienplatz City Center
Isartor
Rosenheimer Platz
Laim
Pasing
Aubing
Leiendelsstr.
Puchheim
Eichenau
Fürsten-feldbruck
Buchenau
Schön-geising
Grafrath
Türkenfeld
Geltendorf
S8 R
Westkreuz
S20
Neuaubing
Harthaus
Germering-Unterpfaffenhofen
Lochham
Gräfelfing
Planegg
Stockdorf
Gauting
Starnberg Nord
Starnberg
Possenhofen
Feldafing
Tutzing
S6
Seefeld-Hechendorf
Herrsching
S5
Ammersee
Starnberger See
Regionalzughalt
Fernzughalt
Theresienwiese
Heimeran-platz
Schwanthaler-höhe
Laimer Platz
U5
Friedenheimer Str.
U4
Westend-str.
Westpark
Partnachplatz
Holzapfel-kreuth
Haderner Stern
Großhadern
Klinikum Großhadern
U6
Machtlfinger Str.
Aidenbachstr.
Harras
Mittersendling
Obersendling
Forstenrieder Allee
Basler Str.
Fürstenried West
U3
Siemenswerke
Solln
Großhesselohe Isartalbf.
Pullach
Höllriegelskreuth
Buchenhain
Baierbrunn
Hohenschäftlarn
Ebenhausen-Schäftlarn
Icking
Wolfrathshausen
S7
Sendlinger Tor
Fraunhoferstr.
Goetheplatz
Poccistr.
Implerstr.
Brudermühlstr.
Thalkirchen (Tierpark)
Kolumbus-platz
Silberhorn-str.
Untersberg-str.
St.-Martin-Str.
Karl-Preis-Platz
Giesing
Candidplatz
Wettersteinplatz
St.-Quirin-Platz
Mangfallplatz
U1
Perlach
Fasangarten
Fasanenpark
Unterhaching
Taufkirchen
Furth
Deisenhofen
Sauerlach
Otterfing
Holzkirchen
S27
S20
S5
Innsbrucker Ring
Michaelibad
Quiddestraße
Neuperlach Zentrum
Therese-Giehse-Allee
Neuperlach Süd
Neubiberg
Ottobrunn
Hohenbrunn
Wächterhof
Höhenkirchen-Siegertsbrunn
Dürrnhaar
Aying
Peiß
Großhelfendorf
Kreuzstraße
S6
München XXL
Innenraum
Außenraum
Tarifzonen

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0 bis 3 Jahre

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