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CONGRESS PROGRAM AND HANDBOOK

19th WORLD CONGRESS
ON DENTAL TRAUMATOLOGY
and the **5th** TRANS-TASMAN
ENDODONTIC CONFERENCE

11-13 AUGUST 2016, BRISBANE, AUSTRALIA



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WELCOME

The International Association of Dental Traumatology, the Australian Society of Endodontology and the New Zealand Society of Endodontics are proud to invite you to attend their Joint Congress, the 19th World Congress on Dental Traumatology and the 5th Trans -Tasman Endodontic Conference (WCDT 2016) in Brisbane, Australia, from Thursday 11th to Saturday 13th August 2016.

The Brisbane Convention and Exhibition Centre is located within the popular South Brisbane district and is within easy walk of the city centre, world class shopping, restaurants, entertainment and major attractions.

The Scientific Program Committee has developed a strong scientific program, led by renowned overseas and local keynote speakers.

Our aim is that this World Congress will bring together the world of Traumatology and Endodontics and will be a comprehensive and memorable Congress for the International delegates as well as those from Australian and New Zealand.

We hope to see you in Brisbane and that we can help you to make the most of the experience and all it has to offer.

Dr Alex Moule
President
 International
 Associate of Dental
 Traumatology

Dr Jeff Hislop
President
 Australia Society of
 Endodontology

Dr James Fairhall
President
 New Zealand Society
 of Endodontics

HOST ASSOCIATIONS

The International Association of Dental Traumatology (IADT)



The New Zealand Society of Endodontics (NZSE)



The Australian Society of Endodontology (ASE)



COMMITTEES

The Congress Organising Committee is represented by the following members of the host associations:

International Association of Dental Traumatology (IADT)

Dr Alex Moule
Dr Stephen Harlamb
Eben Yancey
Dr Nil Altay
Dr Leif Bakland

**Australia Society of Endodontology (ASE)/
New Zealand Society of Endodontics (NZSE)**

Dr Jeff Hislop
Dr Pat Caldwell
Dr James Fairhall
Dr Joanna Lowe

The Scientific Program Organising Committee is represented by the following members:

Scientific Program Committee (IADT)

Dr Lamar Hicks
Dr Lars Andersson
Dr Peter Day

Scientific Program Committee (ASE/NZSE)

Dr Stephen Harlamb
Dr Paul Abbott
Dr Richard Widmer



CONGRESS VENUE

BRISBANE CONVENTION AND EXHIBITION CENTRE

Corner Merivale & Glenelg Streets
South Bank QLD 4101 Australia
T +61 7 3308 3000
W www.bcec.com.au

REGISTRATION AND INFORMATION DESK

The Registration and Information Desk is located in the Main Foyer (Foyer Level), directly opposite the Merivale Street Main Entrance, and is operational during the following hours:

Thursday 11 August 2016	0730-1900hrs
Friday 12 August 2016	0800-1730hrs
Saturday 13 August 2016	0800-1700hrs

The Registration and Information Desk phone number is **+61 7 3308 3540** during the Congress dates only.

SPEAKER PREPARATION ROOM

Speakers are required to submit and preview their presentations two hours prior to their session. The Speaker Preparation Room is located in M10 Speakers Presentation Centre (Mezzanine Level) of the Brisbane Convention and Exhibition Centre and operational during the following hours:

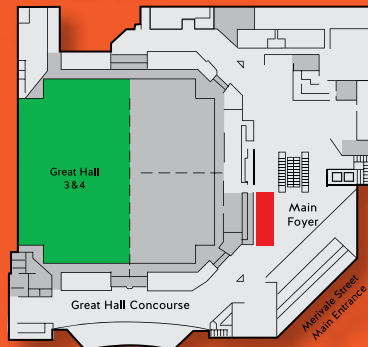
Thursday 11 August 2016	0800-1700hrs
Friday 12 August 2016	0800-1700hrs
Saturday 13 August 2016	0800-1600hrs

TRADE EXHIBITION AND POSTERS

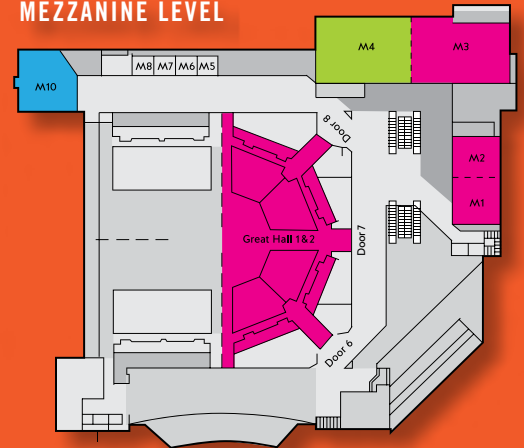
The Congress Trade Exhibition and Posters are located in Great Hall 3&4 (access via Foyer Level) of the Brisbane Convention and Exhibition Centre and open during the following hours:

Thursday 11 August 2016	0900-1900hrs
Friday 12 August 2016	0900-1700hrs
Saturday 13 August 2016	0900-1545hrs

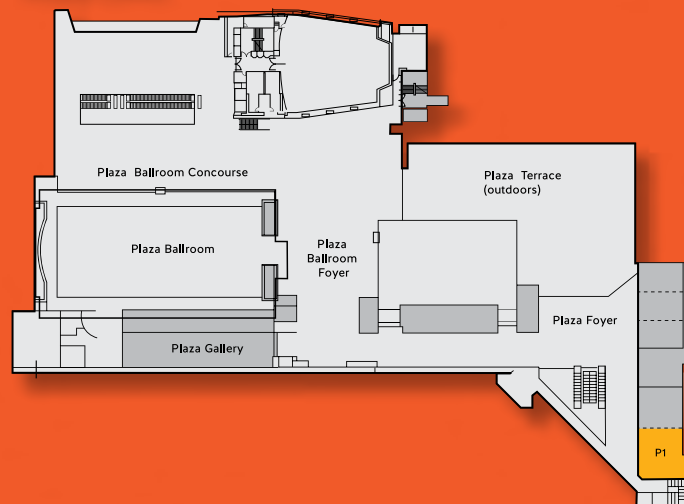
FOYER LEVEL



MEZZANINE LEVEL



PLAZA LEVEL



BOULEVARD LEVEL



Registration & Information Desk	Main Foyer of Merivale Street Main Entrance
Speaker Preparation Room	M10 Speakers Presentation Centre
Trade Exhibition & Posters	Great Halls 3&4 (Access via Great Hall Door 1)
Plenary	Great Halls 1&2 (Access via Great Hall Doors 6, 7 & 8)
Concurrent	Great Halls 1&2, Mezzanine M1, M2, M3
Educators Forum	Plaza P1
Lunch and Learn Sessions	Mezzanine M4
Welcome Reception	Great Halls 3&4
Congress Gala Dinner	Boulevard Room

ACCOMMODATION



1 RYDGES SOUTH BANK BRISBANE HOTEL
9 Glenelg Street
South Bank QLD 4101
Australia
+61 7 3364 0800

2 MANTRA SOUTH BANK BRISBANE
161 Grey Street
South Bank QLD 4101
Australia
+61 7 3305 2500

3 WEST END CENTRAL APARTMENTS
220 Melbourne Street
South Brisbane QLD 4101
Australia
+61 7 3011 8333

4 TREASURY CASINO AND HOTEL
130 Williams Street
Brisbane QLD 4000
Australia
+61 7 3306 8888

5 MERCURE BRISBANE
85-87 North Quay
Brisbane QLD 4000
Australia
+61 7 3237 2300

6 HOTEL IBIS BRISBANE
27-35 Turbot Street
Brisbane QLD 4000
Australia
+61 7 3237 2333

7 HILTON BRISBANE
190 Elizabeth Street
Brisbane QLD 4001
Australia
+61 7 3234 2000

SOCIAL PROGRAM

WELCOME RECEPTION

Begin the Congress with a wonderful evening of networking amongst colleagues. Renew old friendships and make new acquaintances as we welcome you to Brisbane.

Date: Thursday 11 August 2016

Time: 1730–1900 hrs

Location: Trade Exhibition, Great Halls 3&4, Brisbane Convention and Exhibition Centre

Cost: Inclusive for Full Registrations

Additional Tickets: \$75 per person

Dress: Smart Casual

CONGRESS GALA DINNER

The social highlight of the Congress! Join your fellow colleagues and enjoy a fabulous 3 course meal, beverages and entertainment in the Boulevard Room at the Brisbane Convention and Exhibition Centre.

**Subject to availability*

Date: Friday 12 August 2016

Time: 1900–2300 hrs

Location: Boulevard Room, Brisbane Convention and Exhibition Centre

Cost: \$155 per person (additional to all registration fees)

Dress: Lounge Suit/Cocktail attire



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KEYNOTE SPEAKERS



PROFESSOR PAUL ABBOTT AO

Professor Paul Abbott is the Winthrop Professor of Clinical Dentistry at The University of Western Australia (UWA) where he co-ordinates and teaches both the undergraduate and postgraduate endodontic programmes. From 1986-2002, Professor Abbott worked mainly in private specialist endodontic practice with part-time university

appointments. In 2003, he was appointed Head of the School of Dentistry at UWA and Director of the Oral Health Centre of WA, positions he held until 2009. From 2010-2012, he was Director of Postgraduate Studies and Research. He concentrates now on teaching and research and works part-time in private practice. He has presented over 750 lectures and courses in 42 countries, and published over 135 articles in refereed journals and 20 chapters in textbooks. He currently serves or has served on Editorial Boards and Scientific Review Panels of 17 journals.

In January 2016, he became the Editor-in-Chief of the journal, Dental Traumatology. Professor Abbott is a Past President of the International Federation of Endodontic Associations, the Asian Pacific Endodontic Confederation and the Australian Society of Endodontology. He has been a Director of the Australian Dental Council and is now a member of the Dental Board of Australia. Among his many awards are the University of Western Australia's Excellence in Teaching Award (2004) and the Service Medallion from the Australian Dental Association (2008). In 2015, he was appointed as an Officer of the Order of Australia (AO).



PROFESSOR GEOFFREY HEITHERSAY AO

Clinical Professor Geoffrey Heithersay has been a member of the Adelaide University's School of Dentistry for 53 years and is still involved in undergraduate and postgraduate teaching. Primarily a clinician, he practiced as a specialist endodontist

until 2002. He continues to be active in research, particularly in dental traumatology and tooth resorption.

He has 67 publications and has authored 5 book chapters. Awards include an Officer of the Order of Australia (AO) for endodontic education in 1998, and the Louis I. Grossman award from the American Association of Endodontists for research in 2000. In 2009 he received three awards for excellence in teaching: the Faculty of Health Sciences Executive Dean's award, The Stephen Cole the Elder award and The University of Adelaide's Vice Chancellor's award.



PROFESSOR LARS ANDERSSON

Professor Lars Andersson completed undergraduate and research training at the Karolinska Institute in Stockholm, Sweden. Subsequently he became a Specialist in Oral & Maxillofacial Surgery in 1981. He defended his doctoral thesis in 1988 on experimental

and clinical studies on root resorption after replantation of teeth. He was appointed Docent at the Karolinska Institute in 1990. In the 1990s he chaired a national specialist training program in Oral & Maxillofacial Surgery in Sweden. As a "member" of the first generation of implant surgeons, he also directed an international implant training program.

Since 2002 he has been a Professor in Oral & Maxillofacial Surgery at Kuwait University in Kuwait City, Kuwait. He has published extensively in the field of traumatology. Dr Andersson has been textbook editor and chapter author in the fields of both trauma and oral & maxillofacial surgery. He was Editor in Chief of the internationally renowned scientific journal, Dental Traumatology from 2007 to 2015, and is the Immediate Past President of the International Association of Dental Traumatology.



DR JENS OVE ANDREASEN

Dr Jens Ove Andreassen received his dental degree from the Royal Dental College, Copenhagen, in 1959. He completed his postgraduate training in Oral and Maxillofacial Surgery at the University Hospital in Copenhagen, where he now is an Associate Professor. Dr. Andreassen has authored more than 350 publications and 11 textbooks, covering topics

such as dental traumatology, tooth replantation and autotransplantation, tooth eruption and tooth impaction. In traumatology, the Textbook and Color Atlas of Dental Traumatology is now in its 4th edition and includes 42 contributors.

In addition, he is the initiator of the highly interactive web-based Dental Trauma Guide, which is now in use in 180 countries. It contains information from a series of prospective long-term studies of all types of traumatic dental injuries carried out at the Trauma Centre and Department of Oral and Maxillofacial Surgery as well as information from 50 animal experiments reproducing treatment scenarios of various dental traumas affecting primary and permanent teeth. Dr. Andreassen has received four honorary doctorate degrees and has been an invited lecturer in 48 countries.





DR NESTOR COHENCA

Dr Cohenca completed the advanced endodontic program at the Hebrew University in Jerusalem cum laude, also receiving the Best Graduate Student Award. He then served 11 years on faculty at the school while maintaining a private practice limited to endodontics. From 2003 to 2005, he served as a clinical assistant professor

and coordinator of Trauma and Sports Dentistry at University of Southern California. Subsequently, Dr. Cohenca received an endodontic certificate from the University of Washington in 2008. He served as Tenured Professor of Endodontics and Pediatric Dentistry from 2005-2014. He has served as Director of Endodontics and the Multidisciplinary Traumatology Unit at the School of Dentistry, the Center for Pediatric Dentistry, and Seattle Children's Hospital.

Currently Dr Cohenca serves as Affiliate Professor at the University of Washington and maintains a private practice limited to endodontics in Bellevue and Everett, Washington (USA). He is a Diplomate of both the Israel Board of Endodontics and the American Board of Endodontics, a Fellow of the IADT and an honorary member of Omicron Kappa Upsilon National Dental Honor Society. He has published more than 70 peer-reviewed articles, 8 book chapters and a new book entitled, Disinfection of Root Canal Systems: The Treatment of Apical Periodontitis.

Dr Cohenca is President-Elect of the IADT. Recognized as one of the pioneers in the use of CBCT, he is also considered an expert in root canal disinfection, CBCT, dental traumatology and endodontic-pediatric related topics.



PROFESSOR MONTY DUGGAL

Professor Monty Duggal obtained his BDS from Patiala in 1983 and his MSc in Paediatric Dentistry in 1986 in India. He then immigrated to the United Kingdom and obtained his FDSRCS from the Royal College of Surgeons of England and his PhD from University of Leeds. He was appointed Professor and Chair of Child Dental Health at Leeds Dental Institute

in 1999 where he oversees a large, acclaimed postgraduate programme in Paediatric Dentistry.

Professor Duggal has published over 130 research papers in international journals and is author of Restorative Techniques in Paediatric Dentistry, which has been published in 7 languages and has sold over 16,000 copies worldwide.

He is also a co-author of a textbook on Dental Traumatology and co-edited "Paediatric Dentistry" by Oxford, now in its 4th edition, and more recently "Paediatric Dentistry at a Glance", published by Blackwell Wiley. He has administered research grants totaling more than 6 million pounds and is an internationally recognised researcher and clinician with a primary research interest in Cariology and Translation Research in Clinical Paediatric Dentistry, including dental traumatology.



DR ASHRAF FOUAD

Dr. Fouad obtained his DDS, Certificate of Endodontics and MS at the University of Iowa (USA). He served as Assistant then Associate Professor of Endodontology at the University of Connecticut Health Center from 1992 – 2004, and as Chair of the Department of Endodontics, Prosthodontics and Operative Dentistry at the University of Maryland from 2005 – 2015.

Dr. Fouad has published over 70 peer-reviewed manuscripts and textbook chapters, over 110 abstracts, and edited and co-authored the textbooks: Endodontic Microbiology and the fifth edition of Endodontics: Principles and Practice. He is a Diplomate and Past President of the American Board of Endodontics, and an Associate Editor of the Journal of Endodontics. He has lectured widely in the U.S. and internationally, and his research interests include: endodontic molecular microbiology, effectiveness of antibiotic therapy, dental pulp regeneration, endodontic treatment outcomes and the pathogenesis and healing of periapical lesions in the host with normal and compromised systemic health.



DR SIMON STORGÅRD JENSEN

Dr Simon Storgård-Jensen received a DDS from the School of Dentistry, Faculty of Health Sciences, University of Copenhagen, Denmark in 1996 and was certified as a specialist in Oral and Maxillofacial Surgery in 2004. He became an ITI scholar for one year at the Department of Oral Surgery and Stomatology, School of Dental Medicine, University

of Bern in 2001 and until 2014 maintained a part-time research fellowship in the same department. Since 2005 he has been a consultant in oral and maxillofacial surgery at the Department of Oral & Maxillofacial Surgery, Copenhagen University Hospital, where he is Head of the division treating patients with congenitally missing teeth and early trauma-related tooth loss. In addition, he is director of the oral and maxillofacial residency program.

Dr Storgård-Jensen is a past vice president of the Danish Association for Oral and Maxillofacial Surgery. From 2005 to 2015 he has been an Education delegate and in 2015 became Chairman of the Danish ITI Section and member of the international ITI Education Committee. His main research and focus areas are implant dentistry, experimental evaluation and clinical performance of bone grafting materials, bone augmentation procedures, bone growth factors and surgical endodontics. His research has been presented worldwide in international lectures, textbooks, and articles in peer reviewed journals.





DR ALEX MOULE

Dr Alex Moule is currently President of the International Association of Dental Traumatology. He is a specialist endodontist with over 25 years' experience in full-time endodontic practice and has also taught dentistry in many universities worldwide. He is currently a full-time Associate Professor and Discipline Lead in endodontics at the School of

Dentistry, University of Queensland in Australia. From 2012 to 2016 he was an Associate Professor at Kuwait University. Alex has supervised numerous research theses and has published nearly 60 peer reviewed publications and many book chapters, as well as a book on the diagnosis of orofacial pain, and another one in press.

He is a past president of the Australian and New Zealand Academy of Endodontists and a member of the Australian Society of Endodontology for over 40 years. He is registered as a specialist endodontist in Australia and in the United Kingdom. He serves on several editorial boards and scientific review committees. His standing in the dental community has been recognized by the award of several International Fellowships, including the International College of Dentists, the Academy of Dentistry International, the Pierre Fauchard Society and the International Association of Dental Traumatology. His special fields of interest are dental traumatology, pain diagnosis and endodontic diagnosis. Alex is married to Judy-Ann and has two sons, Christopher and Richard, both dentists, and a daughter, Elizabeth, who is a geologist.



PROFESSOR HELEN RODD

Professor Helen Rodd qualified with Honours from Bristol University, United Kingdom, in 1988. She completed higher training in Paediatric Dentistry at the University of Sheffield and was awarded Clinical Research Fellowships from both the Royal College of Surgeons of England and the Medical

Research Council. In 2006, she was appointed professor/honorary consultant in Paediatric Dentistry at the Sheffield Dental School. Professor Rodd has two major research interests, ranging from the laboratory to the patient experience.

Her earliest work was in the field of neuroscience, where she used the human tooth pulp as a model to gain greater understanding into mechanisms of inflammatory pain. More recently she became involved in child-centred oral health research with particular emphasis on the impact of dental or facial differences on children's psychosocial status. Her research aims to improve the oral health and treatment experiences of children and young people through a combination of clinical and social scientific research strategies

Professor Rodd has an active role in the British Society of Paediatric Dentistry and was recently the Scientific Program Chair for the 2015 Congress of the International Association of Paediatric Dentistry in Glasgow, Scotland.



DR MITSUHIRO TSUKIBOSHI

Dr Tsukiboshi is a 1976 graduate of Osaka University School of Dentistry. He earned a PhD in dental materials from Kyoto University in 1980 and has been engaged in private practice since 1981. Dr. Tsukiboshi's interest in dental traumatology and autotransplantation has led to extensive clinical involvement, course

presentations and publications.

Dr Tsukiboshi has lectured extensively around the world on dental trauma and autotransplantation. He has authored many articles and two textbooks, one on dental trauma in 1998 and one on autotransplantation in 2000. The texts have been published in multiple languages, including English. Dr. Tsukiboshi is a visiting lecturer at Osaka University and Loma Linda University, and is a Past President of the International Association of Dental Traumatology (2009-2010). He was certified in 2012 as an adjunctive assistant professor at Western University in the United States and as a Clinical Professor at the dental school of Tohoku University in 2015.

INVITED SPEAKERS



DR PETER DAY

Dr Peter Day qualified from Bristol in 1997. He spent two years in general practice and hospital dentistry in Newcastle and another year in Bolton as a senior house officer in oral and maxillofacial surgery. He started his specialist and academic training in Paediatric Dentistry in 2000 and has been in Leeds ever since. He earned a PhD in 2009

in the field of dental trauma. His PhD work included chapters investigating the design, development and assessment of a computer database for dental trauma (CDDT), a multi-centre randomised controlled trial of two root canal medicaments for the management of avulsed and replanted teeth and a Cochrane review of the avulsion literature.

In 2009 he took a six month sabbatical to work at the Royal Children's Hospital, Melbourne before returning to England to take up a joint academic appointment with University of Leeds and Bradford Salaried Dental Service. He is a co-author of the latest IADT and BSPD guidelines on Tooth Avulsion. In the field of dental traumatology. He has contributed to European guidelines, Cochrane reviews, national e-learning teaching tutorials and over 15 peer-reviewed publications. He was elected as an IADT Director in 2012 and is currently chairman of the Research Committee.



DR BRETT DORNEY

Dr Brett Dorney graduated from Sydney University in 1971 and obtained his fellowship of the Royal Australian College of Dental surgeons in 1985. He has since been awarded fellowships by the Academy for Sports Dentistry and the International College of Dentists. He has also been made a distinguished fellow of the Academy for Sports Dentistry.

Dr Dorney has been teaching the prevention and treatment of traumatic dental injuries for 30 years and is a reviewer for the Australian Dental Journal. He currently teaches at the University of Sydney and Charles Sturt University.



PROFESSOR MARIE THERESE FLORES

Professor Marie Therese Flores is Professor of Pediatric Dentistry and Director of the Clinic of Pediatric Dentistry at the Graduate Dental School of the Universidad de Valparaiso, Chile. She served as President of the IADT from 2003 to 2006. She

is a co-author of the Guidelines for the Management of Traumatic Dental Injuries, published by the IADT in 2001, 2007 and 2012, co-author of the Andreasen's Traumatic Dental Injuries – A Manual (1st, 2nd and 3rd editions), and has also contributed to three chapters of the Andreasen's Textbook of Traumatic Injuries to the Teeth, 4th ed. Professor Flores is an Associate Editor of the journal Dental Traumatology. She is an active clinician at the University Clinic, a referral centre for children and adolescents affected by traumatic dental injuries. Since 2011, she has been Program Director of a 300-hour blended online Diploma in Dental Traumatology.

Professor Flores has developed educational campaigns to raise the awareness on prevention and immediate care of dental trauma. She is co-author of the "Save your Tooth" poster, which is available in fourteen languages at: www.iadt-dentaltrauma.org. She has lectured extensively, both nationally and internationally, on dental trauma. In 2012, she received the IADT recognition for "Outstanding Leadership" and in 2015 was selected as an IADT Foundation Fellow.



DR MARK FOSTER

Dr Mark Foster is a general dental practitioner with his practice limited to the treatment of children, special needs patients and adults who have a dental phobia. He is also a consultant dentist at Princess Margaret Hospital for Children and a senior clinical lecturer at the University of Western Australia.

Mark has been the dental advisor to Sports Medicine Australia since 1992 and is a past board member. He has been the dentist "on duty" for numerous sporting teams and events including World Championships and past Olympic games. He is currently the dentist for the Western Force and a member of the match day medical team for Australian Rugby Union. Mark has lectured locally, interstate and internationally on this topic and is the author and co-author of a number of articles on sports dentistry and dental trauma.





DR STEPHEN HARLAMB

Dr Stephen Harlamb completed his BDS from the University of Sydney in 1986. After 7 years in general practice he obtained his MSc in Endodontics from the University of Melbourne in 1995 and has been in specialist practice in Burwood, Sydney since. He has lectured to both dental students and dentists throughout the country on topics such as traumatology and dento-legal issues.

Stephen also holds a Master of Health Law from the University of Sydney, is Past President of the Australian Society of Endodontology (NSW), a reviewer for *Dental Traumatology* and has lectured extensively in areas such as traumatology, endodontic success and failure and dento-legal issues to students and dentists. He has recently been appointed Editor-in Chief of the *Australian Endodontic Journal*.

Stephen is a Councillor of the ADA (NSW), a Member of the Royal Australasian College of Dental Surgeons (RACDS) in the Special Field of Endodontics as well as the International Association of Dental Traumatology (IADT) and has also been involved in forensic dentistry and victim identification. Stephen is on the Organising Committee and Co-chair of the Scientific Committee for this World Congress on Traumatology.

He has been a Peer Advisor for the ADA (NSW) defence team (DDAS) and also served as an Investigator for the Dental Council of NSW and Accreditation Assessor for the Australian Dental Council. He has been awarded honorary fellowships to the International Association of Dental Traumatology, the International College of Dentistry and the Pierre Fauchard Academy in recognition for his services to dentistry for almost 30 years.



DR BILL KAHLER

Dr Bill Kahler maintains a full time specialist private practice restricted to Endodontics in Brisbane and Toowoomba. In addition, he is the Endodontic consultant at the Kingston Oral Health Centre in a dedicated trauma clinic. He has a DCLinDent (Endo) from the University of Adelaide and a MScDent and PhD from the University of Sydney. Bill has taught

at the Universities of Adelaide and Queensland where he was Director of the Post-Graduate Endodontic program.

His primary research interests are aspects of tooth fracture and restoration of teeth with adhesive materials. Other areas of interest relate to clinical endodontics particularly dental traumatology and pulpal responses to injury, irritation and insult. More recent work has focused on endodontic irrigants, medicaments and mineral trioxide aggregate. Bill has published more than 30 papers in international dental, material science and engineering journals.



DR EVA LAURIDSEN

Dr Eva Lauridsen (DDS, PhD) graduated from School of Dentistry, University of Copenhagen in 1998. She is currently employed as Assistant Professor at Department of Pediatric Dentistry and Clinical Genetics, School of Dentistry, University of Copenhagen and at the Resource Center for Rare Oral Diseases, Copenhagen University Hospital (Rigshospitalet).

For the last eight years Dr. Lauridsen has been a member of the Dental Trauma Guide research group and obtained her PhD in the field of Dental Traumatology. Dr. Lauridsen is a Fellow of the International Association of Dental Traumatology.



DR ANTHONY LYNHAM

Dr Anthony Lynham is the Queensland Minister for State Development and Minister for Natural Resources and Mines.

Before entering Parliament as the Member for the Brisbane seat of Stafford in 2014, Dr Lynham worked as a maxillofacial surgeon. He is an Adjunct

Professor at QUT and an Associate Professor at the University of Queensland (UQ) School of Medicine. Upon his election in July 2014, he served as the Shadow Minister for Education, Innovation, Science and Information Technology, Shadow Minister for Primary Industries and Fisheries, and shadow spokesman for the public service assisting the leader.

Dr Lynham graduated in medicine from the University of Newcastle and completed his maxillofacial surgery training in Queensland. He is a fellow of the Royal College of Surgeons of Edinburgh. He worked most of his medical career at the Royal Brisbane and Women's hospital and is part of a research team at Prince Charles Hospital.



DR OLLE MALMGREN

Dr Olle Malmgren is a graduate of the Royal School of Dentistry, Karolinska Institutet, in 1960 and became a specialist in Orthodontics at Karolinska Institutet in 1968, certified by the National Board of Health of Welfare. The Karolinska Institutet subsequently awarded him Odont Dr (PhD) in 1980 and Docent (Associate Professor in 1982).

He served as an orthodontist at Eastman Institutet in Stockholm, Sweden for 30 years, and was Head of the Institute from 1989 to 2002. He also served as Head of the Orthodontic Department for many years. He has been supervisor for PhD students resulting in several dissertations. After retirement from Eastmaninstitutet in 2002, Dr. Malmgren became Head of an orthodontic clinic in Uppsala, Sweden until 2006. He held a position as Consultant for post-graduate training in orthodontics at that clinic until 2012.

He has written many scientific articles and chapters for several textbooks. Dr. Malmgren has been an invited speaker in many countries and holds a position on the Editorial Board for the journal *Dental Traumatology*. He is also a member of the Board of Directors of the International Association of Dental Traumatology.



PROFESSOR ALEXANDER MCFARLANE AO

Professor Alexander McFarlane is Professor of Psychiatry and the Head of the University of Adelaide Centre for Traumatic Stress Studies. He is an international expert in the field of the impact of disasters and posttraumatic stress disorder. He is a

recipient of the Lifetime Achievement Award of the International Society for Traumatic Stress Studies for outstanding and fundamental contributions to the field of traumatic stress studies. He has held the role the Senior Adviser in Psychiatry to the Australian Defence Force and the Department of Veterans Affairs. He holds the rank of Group Captain in the RAAF specialist reserve. Apart from his interest in disaster victims, military personnel and other civilian accidents, he has significant experience in the provision of care to emergency service personnel.

His research is supported by the Department of Veterans Affairs, and NHMRC program and partnership grants. He has published over 350 articles and chapters in various refereed journals and has co-edited three books. In 2011 he received the Officer of the Order of Australia award which recognized his "outstanding contribution to medical research in the field of psychiatry, particularly posttraumatic stress disorders, to veterans' mental health management, and as an author".



DR JASON MICHAEL

Dr Jason Michael graduated from the University of Adelaide with Bachelor of Dental Surgery and Bachelor of Science in Dentistry (Honours) degrees. He was awarded the University Medal for his academic achievements.

Jason's specialist training was completed at the University of Sydney with a Doctorate of Clinical Dentistry (Paediatric Dentistry) degree. It was his time spent managing a range of dental trauma through the Children's Hospital at Westmead and Westmead Centre for Oral Health that sparked his interest in acute management of dental trauma.

As well as working in part-time private practice, Jason works part-time at the Westmead Centre for Oral Health, where he is heavily involved with teaching and clinical mentoring of both undergraduate and postgraduate students as a Clinical Associate Lecturer at the University of Sydney.



DR PETER READMAN

Dr Peter Readman is a specialist Paediatric Dentist in Perth, Western Australia. He completed both his undergraduate training in Dentistry (BDS Hons) in 1994 and specialist training (MDS) in 2000 at the University of Western Australia (UWA). Peter then took up a position to complete advanced training at Westmead Dental Hospital and the New Children's Hospital in Sydney in 2001, working as a Senior Registrar.

He completed his Fellowship of the Royal Australasian College of Dental Surgeons (FRACDS) in 2002 and was awarded the College Medal.

Peter returned to Perth in 2002 and commenced Private Specialist Paediatric Dental Practice. He lectures to dental undergraduate students at UWA, is a clinical demonstrator to Post-Graduate students and visits Princess Margaret Hospital for Children as a Dental Consultant. Peter enjoys all aspects of clinical Paediatric Dentistry with special interest in complex restorative management, Sports dentistry, Special Needs dentistry and dental trauma management. Peter has lectured in these areas widely within Australia and Internationally.



DR RICHARD STEFFEN

Dr Richard Steffen completed his dental training at Basel University, Switzerland in 1985 and specialist training in paediatric dentistry in 1991. Since then he has been in private specialist practice as well as senior lecturer in paediatric dentistry at the University of Zürich. In 2008 he founded and is co-owner of Medcem GmbH. He is a member of the scientific board of the Swiss Paediatric Dental Society and was the Swiss delegate for the European Academy of Paediatric Dentistry between 2008 and 2014.

His research and clinical interests are in the fields of MTA/Hydraulic Silicate Cements, Regenerative Endodontics, Sedation and Traumatology. He has over 40 publications and contributed to a number of book chapters. Dr Steffen established the education platform for stomatology in children and adolescents, www.stomatopedia.com.

His research and clinical interests are in the fields of MTA/Hydraulic Silicate Cements, Regenerative Endodontics, Sedation and Traumatology. He has over 40 publications and contributed to a number of book chapters. Dr Steffen established the education platform for stomatology in children and adolescents, www.stomatopedia.com.



DR MELISSA WARREN

Dr Melissa Warren is a specialist Paediatric Dentist, having obtained both her Doctorate in Clinical Dentistry and Bachelor of Dental Surgery with Honours, from the University of Sydney. She is a Visiting Dental Officer at the Children's Hospital at Westmead Hospital, and maintains a role as Clinical Associate Lecturer at the University of Sydney.

Melissa is passionate about patient and carer education, particularly surrounding dental trauma in children. Her interests are in public health, dental trauma, and clinical hypnosis for children. The latter is a skill she has enjoyed using with her own three children!

Melissa has been a regular volunteer at the Angkor Hospital for Children in Siem Reap, Cambodia. She has also enjoyed her involvement with Special Olympics International, having been the National Volunteer Coordinator for the Special Smiles program. Melissa has lectured the medical and dental professions in both Cambodia and Australia, and has had her research on traumatic dental injuries in children published in the Australian Dental Journal.



A/PROFESSOR RICHARD WIDMER

A/Professor Richard Widmer is currently the Associate Clinical Professor in Paediatric Dentistry, The University of Sydney, and Head of the Dental Department at The Children's Hospital at Westmead.

Richard received his Master's Degree in Paediatric Dentistry from the University of Melbourne. The majority of his paediatric clinical practice over the last 30 years has been at the Children's Hospital at Westmead [CHW].

Richard is a very active clinician and lecturer, presenting to students and graduates in all branches of the Health Sciences. Richard is a Past President of the International Association of Paediatric Dentistry (IAPD) as well as the Australasian Academy of Paediatric Dentistry (AAPD) and the Australian and New Zealand Society of Paediatric Dentistry (ANZSPD).

Richard has co-edited the very popular "Handbook of Paediatric Dentistry" now in its fourth edition, in eight languages and having sold over 40,000 copies. Richard, and his Canadian colleague Gerry Wright have also released "Paediatric Dentistry, dental care for children. A guide for parents".

PROGRAM

THURSDAY 11 AUGUST 2016

0730-1900	Registration & Information Desk – Main Foyer (Foyer Level)			
0900-1900	Trade Exhibition & Posters – Great Hall 3 & 4 (access via Foyer Level)			
0830-0900	Welcome to Country & Opening Ceremony			
Room	Great Halls 1 & 2 (Access via Great Hall Doors 6, 7 & 8)			
Session Chair	Jeffrey Hislop			
0900-1040	Plenary 1			
Room	Great Halls 1 & 2 (Access via Great Hall Doors 6, 7 & 8)			
0900-0930	Jens Ove Andreasen (Copenhagen, Denmark) – Introduction to the 19th World Congress on Dental Traumatology and 5th Trans-Tasman Endodontic Conference. "World Status of Dental and Maxillofacial Traumatology: Do We Offer the Right Treatment at the Right Time?"			
0930-1040	Lars Andersson (Kuwait) – Emergency Management of Patients with Oral and Maxillofacial Injuries			
1040-1110	Morning Tea – Trade Exhibition, Great Hall 3 & 4			
1110-1300	Plenary 2			
Room	Great Halls 1 & 2 (Access via Great Hall Doors 6, 7 & 8)			
Session Chair	Geoffrey Heithersay AO			
1110-1210	Alex Moule (Kuwait) – Emergency Assessment of the Traumatized Dentition			
1210-1300	Nestor Cohenca (Seattle, USA) – Advanced Diagnostic Imaging for Trauma Patients			
1300-1430	Lunch – Trade Exhibition, Great Hall 3 & 4			
1430-1515	Concurrent 1A	Concurrent 1B	Concurrent 1C	Concurrent 1D
Room	Great Hall 1 & 2	Mezzanine M1	Mezzanine M2	Mezzanine M3
Session Chair	David Figdor	Lars Andersson	Siang Hsu Hian	Pat Caldwell
	Alexander McFarlane AO (Adelaide, AU) <i>The Psychological Impact of Dental Trauma on the Patient: the Challenge for the Dentist</i>	Oral Research Reports (1430-1441) Yousra Akhlef <i>Autotransplantation to the Anterior Maxilla. A Retrospective Long-Term Study of 173 Premolars</i> (1442-1453) Mohammad Alansary <i>Primary Teeth Pulp Cells. A Gift from the Neural Crest</i> (1454-1505) Ola Al-Batayneh <i>Treatment of Traumatic Dental Injuries in Children with Special Needs</i> (1506-1516) Júlio Almeida <i>Diagnosis of TDI Using Digital Photograph Captured by Cellular Phone</i>	Bill Kahler (Brisbane, AU) <i>Splinting of Teeth Following Trauma: a New Splinting Recommendation</i>	Anthony Lynham (Brisbane, AU) <i>Prevention of Alcohol Fuelled Violence</i>
1515-1545	Afternoon Tea – Trade Exhibition, Great Hall 3 & 4			

Please note that this program is subject to change

1545-1630	Concurrent 2A	Concurrent 2B	Concurrent 2C	Concurrent 2D
Room	Great Hall 1 & 2	Mezzanine M1	Mezzanine M2	Mezzanine M3
Session Chair	John McNamara	Peter Day	Lamar Hicks	Nitesh Tewari
	Stephen Harlamb (Sydney, AU) <i>The Law: Critical Considerations for the Clinician and the Trauma Patient</i>	Oral Research Reports (1545-1556) Juliana Bastos <i>Cytokine Expression in Replanted Teeth with External Root Resorption</i>	Oral Case Reports (1540-1548) Frederic Barnett <i>Flapless Decoronation</i>	Melissa Warren (Sydney, AU) <i>Managing Paediatric Dental Trauma at the Emergency Visit</i>
		(1557-1608) Magnus Bratteberg <i>Traumatic Dental Injuries and Related Life Course Events</i>	(1549-1557) Abdullah Casaus <i>Severe Canine Intrusion and Atraumatic Management Utilising the Benex System</i>	
		(1609-1620) Adeleke Oginni <i>Complete Radiographic Calcific Metamorphosis: What Percentage of Canals Are Negotiable?</i>	(1558-1606) Ajay Logani <i>Evidenced Based Management of Traumatized Non Vital Immature Teeth</i>	
		(1621-1632) Tony Skapetis <i>Can Physicians Be Educated to Manage Traumatic Dental Injuries Effectively?</i>	(1607-1615) Vijayakumaran Vijayarratnam <i>Restoration of Fractured Anterior Teeth Using Original Tooth Fragment</i>	
			(1616-1624) Manjara Packianathan <i>Intentional Replantation with Rotation of a Maxillary Lateral Incisor</i>	
			(1625-1633) Iris Slutzky Goldberg <i>Treatment of Failed Revascularization Cases</i>	
1630-1730	Plenary 3			
Room	Great Halls 1 & 2 (Access via Great Hall Doors 6, 7 & 8)			
Session Chair	Leif Bakland			
1630-1730	Lars Andersson (Kuwait) – <i>Treatment Options in the Growing Patient with Loss of Maxillary Anterior Teeth Due to Trauma</i>			
1730-1900	Welcome Reception – <i>Trade Exhibition & Posters Brisbane Convention and Exhibition Centre, Great Hall 3 & 4</i>			

FRIDAY 12 AUGUST 2016

0800-1730	Registration & Information Desk – <i>Main Foyer (Foyer Level)</i>
0900-1700	Trade Exhibition and Posters – <i>Great Hall 3 & 4 (access via Foyer Level)</i>
0830-1030	Plenary 4
Room	Great Halls 1 & 2 (Access via Great Hall Doors 6, 7 & 8)
Session Chair	Donna Richards
0830-0930	Ashraf Fouad (Baltimore, USA) – <i>Regeneration or Repair: Treatment of the Traumatized Immature Tooth with a Necrotic Pulp</i>
0930-1030	Monty Duggal (Leeds, UK) – <i>Regenerative endodontics: A true paradigm shift or a bandwagon about to come off the rails</i>
1030-1100	Morning Tea – <i>Trade Exhibition, Great Hall 3 & 4</i>
1100-1300	Plenary 5
Room	Great Halls 1 & 2 (Access via Great Hall Doors 6, 7 & 8)
Session Chair	Anne O'Connell and Agneta Robertson
1100-1200	Mitsuhiro Tsukiboshi (Amagun, Aichi, Japan) – <i>Transplant Before Implant</i>
1200-1300	Helen Rodd (Sheffield, UK) – <i>The 'Trauma' of Trauma: Psychosocial Impacts of Dental Injury in Childhood</i>
1300-1430	Lunch – <i>Trade Exhibition, Great Hall 3 & 4</i>
1300-1415	Lunch and Learn Sessions – <i>Mezzanine M4</i>

FRIDAY 12 AUGUST 2016 *continued*

1430-1515	Concurrent 3A	Concurrent 3B	Concurrent 3C	Concurrent 3D	Concurrent 3E
Room	Great Hall 1 & 2	Mezzanine M1	Mezzanine M2	Mezzanine M3	Plaza P1
Session Chair	Ennio Rebellato	Fred Barnett	Mike Gordan	Sara Firouzabadi	Leif Bakland
	Ashraf Fouad (Baltimore, USA) <i>Microbial Factors and Antimicrobial Strategies in Regenerative Procedures</i>	Helen Rodd (Sheffield, UK) <i>What Do Children Really Think? How to Involve Children in Dental Traumatology Research and Service Evaluation</i>	Richard Widmer (Sydney, AU) <i>Paediatric Orofacial Trauma from All Angles</i>	Paul Abbott AO (Perth, AU) <i>Management of Horizontal Root Fractures</i>	<i>Educators Forum</i> (1430-1435) Leif Bakland (Loma Linda, USA) <i>Introduction (role of IADT Guidelines and Dental Trauma Guide)</i> (1435-1445) Marie Therese Flores <i>Educating the public in Chile</i> (1445-1455) Yi Gong <i>Educating the public in China</i> (1455-1505) Georgios Tsilingaridis (Stockholm, Sweden) <i>Educating the public in Scandinavia</i> (1505-1515) Brett Dorney <i>Educating the public in Australia</i>
1515-1545	Afternoon Tea – Trade Exhibition, Great Hall 3 & 4				
1545-1630	Concurrent 4A	Concurrent 4B	Concurrent 4C	Concurrent 4D	Concurrent 4E
Room	Great Hall 1 & 2	Mezzanine M1	Mezzanine M2	Mezzanine M3	Plaza P1
Session Chair	Chris Moule	Mike Jameson	Kurien Mamootil	Ross Applegarth	Leif Bakland
	Mitsuhiro Tsukiboshi (Amagun, Aichi, Japan) <i>Can't Help Falling in Love with Transplants</i>	Brett Dorney (Sydney, AU) <i>Modern Mouthguards – Effective Protection against Injury</i>	Marie Therese Flores (Valparaiso, Chile) <i>How Does Orofacial Trauma in Children Affect the Developing Dentition? Long-Term Treatment and Associated Complications</i>	Olle Malmgren (Huddinge, Sweden) <i>Orthodontics after Dental Trauma: Possible or Impossible?</i>	<i>Educators Forum</i> (1545-1600) Paul Abbott AO (Perth, AU) <i>Role of traumatology in dental education</i> (1600-1615) Leif Bakland (Loma Linda, USA) <i>Traumatology in U.S. educational standards</i> (1615-1630) <i>Panel Discussion</i> Jens Ove Andreasen, Lars Andersson, Georgios Tseligkaridis, Paul Abbott AO
1630-1730	Plenary 6				
Room	Great Halls 1 & 2 (Access via Great Hall Doors 6, 7 & 8)				
Session Chair	Liran Levin				
1630-1730	Simon Storgård Jensen (Copenhagen, Denmark) – <i>Timing of Implant Treatment after Dental Traumatic Injury</i>				
1900-2300	Congress Gala Dinner – <i>Boulevard Room, Brisbane Convention and Exhibition Centre</i>				

Please note that this program is subject to change

SATURDAY 13 AUGUST 2016

0800-1700	Registration & Information Desk – Main Foyer (Foyer Level)			
0900-1545	Trade Exhibition and Posters – Great Hall 3 & 4 (access via Foyer Level)			
0830-1030	Plenary 7			
Room	Great Halls 1 & 2 (Access via Great Hall Doors 6, 7 & 8)			
Session Chair	Stephen Harlamb			
0830-0930	Simon Storgård Jensen (Copenhagen, Denmark) – Long-term Prognosis for Implants			
0930-1030	Paul Abbott AO (Perth, AU) – Strategies to Reduce the Consequences of Impact Trauma to the Teeth			
1030-1100	Morning Tea – Trade Exhibition, Great Hall 3 & 4			
1100-1200	Plenary 8			
Room	Great Halls 1 & 2 (Access via Great Hall Doors 6, 7 & 8)			
Session Chair	Cecilia Bourguignon			
1100-1200	Geoffrey Heithersay AO (Adelaide, AU) – Life Cycles of Traumatized Teeth: Observations from Selected Long-Term Survivors			
1200-1245	Concurrent 5A	Concurrent 5B	Concurrent 5C	Concurrent 5D
Room	Great Hall 1 & 2	Mezzanine M1	Mezzanine M2	Mezzanine M3
Session Chair	Dan Farmer	Derek Lewis	Andrew Thomson	Adeleke Oginni
	Jens Ove Andreasen (Copenhagen, Denmark) <i>Treatment Outcomes and Complications - When and How Can They Be Diagnosed, and What Is Their Prognosis Treated or Non-Treated</i>	Richard Steffen (Zurich, Switzerland) <i>MTA, Portland Cement, Bioceramics: How Important for Traumatized Teeth?</i>	Peter Readman/Mark Foster (Perth, AU) <i>Sports Dental Injuries</i>	Jason Michael (Sydney, AU) <i>Picking up the Pieces – Outcomes of Poorly Managed Trauma</i>
1245 - 1415	Lunch – Trade Exhibition, Great Hall 3 & 4			
1430-1515	Concurrent 6A	Concurrent 6B	Concurrent 6C	Concurrent 6D
Room	Great Hall 1 & 2	Mezzanine M1	Mezzanine M2	Mezzanine M3
Session Chair	Philippe Zimet	Philippa Sawyer	Alan Nerwich	Mark Wotzke
	Geoffrey Heithersay AO (Adelaide, AU) <i>Invasive Coronal and Cervical Tooth Resorption Following Trauma</i>	Monty Dugall (Leeds, UK) <i>A Multidisciplinary Approach for the Long-Term Management of Complex Trauma in Children and Adolescents</i>	Peter Day (Leeds, UK) <i>Developing a Core Outcome Set for Dental Traumatology</i>	Eva Lauridsen (Copenhagen, Denmark) <i>Traumatic Dental Injuries in the Primary Dentition</i>
1515-1545	Afternoon Tea – Trade Exhibition, Great Hall 3 & 4			
1545-1700	Plenary 9			
Room	Great Halls 1 & 2 (Access via Great Hall Doors 6, 7 & 8)			
Session Chair	Alex Moule			
1545-1615	Jens Ove Andreasen (Copenhagen, Denmark) – *The Future of Dental Traumatology * <i>How to Improve Our Present Trauma Treatment Procedures. Prospects for New Treatment Procedures for Presently Hopeless Cases</i>			
1615-1630	Next Meeting			
1630-1700	Closing Ceremony			

Please note that this program is subject to change

POSTER LISTING

Poster Board Number	First Name	Last Name	Poster Title	Topic
1	Satoko	Kakino	Pulpal Circulation in Developing Healthy and Traumatized Teeth Using TLP	<i>Advanced Imaging Techniques</i>
3	Shalom	Arbiv	Cervical Resorption and Ankylosis Due to Trauma	<i>Ankylosis And Decoronation</i>
4	Manal	Al Halabi	Dubai School nurses' knowledge about the traumatic dental Injuries	<i>Education Strategies For Dental Traumatology</i>
5	Mediya	Alyassi	The UAE General dentists' knowledge of traumatic dental injuries' management	<i>Emergency Care For Adult/ Pediatric Trauma Patients</i>
6	Udit	Bhatnagar	Emergency Management of Multiple Severe Dentoalveolar Injuries under General Anaesthesia	<i>Emergency Care For Adult/ Pediatric Trauma Patients</i>
7	Lina	Cardenas	Innovative Approaches for Successful Emergency Management of Primary Tooth Trauma	<i>Emergency Care For Adult/ Pediatric Trauma Patients</i>
8	Rogério	Geraldino	Use of Teledentistry in the Management of Traumatic Dental Injuries	<i>Restoring Esthetics And Function In Trauma Patients</i>
9	William	Ha	Dental Material Choices for Pulp Therapy by ANZSPD Members	<i>Emergency Care For Adult/ Pediatric Trauma Patients</i>
10	Rodd	Morgan	A Review of Orofacial Trauma Presenting to Royal Children's Hospital	<i>Emergency Care For Adult/ Pediatric Trauma Patients</i>
11	Viet Huong	Nguyen	Management of Luxated and Avulsed Teeth in a Paediatric Patient	<i>Emergency Care For Adult/ Pediatric Trauma Patients</i>
12	Anna	Oldin	Children's Dental Fear and Pain Associated with Traumatic Dental Injuries	<i>Emergency Care For Adult/ Pediatric Trauma Patients</i>
13	Iman	Parisay	The New Storage Medium for An Avulsed Tooth	<i>Emergency Care For Adult/ Pediatric Trauma Patients</i>
14	Marcel	Reymus	Prevalence of TDI in a German University Emergency Ambulance	<i>Emergency Care For Adult/ Pediatric Trauma Patients</i>
15	Takahiro	Shirako	Splinting by Use of Novel Luxated Tooth Model and Periotest	<i>Emergency Care For Adult/ Pediatric Trauma Patients</i>
16	Mitsuhiko	Igarashi	Two Different Approaches of Implant Therapy to Replace Ankylosis Incisors	<i>Implants For The Trauma Patient</i>
17	Lieping	Sheng	Replacement of Traumatized Teeth with Immediate Implants and Immediate Loading	<i>Implants For The Trauma Patient</i>
18	Nobutaka	Isogawa	A Case of Replantation of An Immature Primary Incisor	<i>Management/Complications Of Primary Tooth Trauma</i>
19	Seok Hun	Jang	The Long-Term Follow-Up of Intruded Primary Teeth with Root Resorption	<i>Management/Complications Of Primary Tooth Trauma</i>
20	Chung-Min	Kang	Effect of Intubation on Primary Dentition Prior to Tooth Eruption	<i>Management/Complications Of Primary Tooth Trauma</i>
21	Ruhan	Bozatliloglu	The Impact of Soft Tissue Injuries on Oral Health Related Quality of Life	<i>Managing Hard/Soft Tissue Injuries Of The Head And Neck</i>
22	Tugba	Erol	Impact of Soft Tissue Injuries on the Quest for Treatment	<i>Managing Hard/Soft Tissue Injuries Of The Head And Neck</i>
23	Takaaki	Kamatani	Functional Oral Self-Injurious Behavior in a Pediatric Patient	<i>Managing Hard/Soft Tissue Injuries Of The Head And Neck</i>
24	SungEun	Yang	Management of Crown-Root Fracture of Maxillary Anterior Tooth	<i>Managing Hard/Soft Tissue Injuries Of The Head And Neck</i>
25	Behrooz	Eftekhari	Relationship of Repetitive Cold Test Results and Pulp Histopathologic Condition	<i>Medical/Physical Assessment Of The Trauma Patient</i>
26	Do Youn	Kwon	A Retrospective Study of Traumatic Root Fractures in Primary Teeth	<i>Medical/Physical Assessment Of The Trauma Patient</i>
27	Jongwook	Kim	Orthodontic Forced Eruption of Crown-Root Fractured Tooth with Temporary Restoration	<i>Orthodontics For The Trauma Patient</i>
28	Manuela	Camilla	Clinical Outcome of Primary Dentition with Luxation Injuries	<i>Outcomes For Dental Traumatic Injuries</i>
29	Yongjin	Chen	A Case of Complicated Dental Trauma Involving Multidisciplinary Approach	<i>Outcomes For Dental Traumatic Injuries</i>
30	Peter	Day	Colour Changes Following Traumatic Dental Injuries; a Prospective Cohort Study	<i>Outcomes For Dental Traumatic Injuries</i>
31	Yousuk	Hwang	Delayed Replantation of An Avulsed Tooth after 2 Hours	<i>Outcomes For Dental Traumatic Injuries</i>
32	Naomi	Igarashi	Histological Evaluation of Two Central Incisors Replantation and Surgical Extrusion	<i>Outcomes For Dental Traumatic Injuries</i>
33	Nadège	Jegat	Multidisciplinary Management of a Severely Traumatically Intruded Developing Incisor	<i>Outcomes For Dental Traumatic Injuries</i>
34	Seunghye	Kim	Periodontal Healing of Traumatized Permanent Incisors after MTA Filling	<i>Outcomes For Dental Traumatic Injuries</i>
35	Dohyun	Kim	Healing Outcome of Horizontal Intra-Alveolar Root Fractures Following Endodontic Treatment	<i>Outcomes For Dental Traumatic Injuries</i>
36	Jeen-Nee	Lui	Long-Term Follow-Up of Central Incisor with Secondary Horizontal Root Fracture	<i>Outcomes For Dental Traumatic Injuries</i>
37	Vijay Prakash	Mathur	Case Series on Tooth Trauma Management Using Diode Laser	<i>Outcomes For Dental Traumatic Injuries</i>
38	In-Woo	Park	Progression of Cemental Tear: Report of Cases	<i>Outcomes For Dental Traumatic Injuries</i>

Poster Board Number	First Name	Last Name	Poster Title	Topic
39	Deepak	Sharma	Complications Arising Due to Rare Traumatic Dental Injuries in Children	<i>Outcomes For Dental Traumatic Injuries</i>
41	Yogeswari	Sivapragasam	Delayed Presentation of Complicated Crown-Root Fracture in an Immature Tooth	<i>Outcomes For Dental Traumatic Injuries</i>
42	Min	Zhang	Reimplantation of Avulsed Tooth with Autologous PRF	<i>Outcomes For Dental Traumatic Injuries</i>
43	Alexandra	Griffin	Maxillary Central Incisor's at Risk of Trauma with Increased Overjet?	<i>Prevention Of Dental/Orofacial Injuries</i>
44	Denise	Sievers	Traumatic Dental Injuries and Use of Mouthguards among Navy Cadets	<i>Prevention Of Dental/Orofacial Injuries</i>
45	Michael	Sobczak	Prevention of Mouth Self-Injuries in a Child with Stüve-Wiedemann Syndrome	<i>Prevention Of Dental/Orofacial Injuries</i>
46	Yoshihiro	Suzuki	Effect of Clenching on Mandibular Impact –Part 4-	<i>Prevention Of Dental/Orofacial Injuries</i>
47	Ok Hyung	Nam	Quality of Life According to Type of Traumatic Dental Injuries	<i>Psychological Impact Of Orofacial Trauma</i>
48	Asgeir	Bårdsen	Severity of Traumatic Dental Injuries and Related Life Course Events	<i>Public Health Aspects Of Dental Trauma</i>
49	Jaime	Diaz	Dental Trauma in children aged 0-7 years in Temuco, Chile	<i>Public Health Aspects Of Dental Trauma</i>
50	Juan	Onetto	Prevalence of Soft Tissue Injuries Associated to Dental Injuries	<i>Public Health Aspects Of Dental Trauma</i>
53	Giselle	D'Mello	Management of Coronal Discolouration Following Regenerative Endodontics in An Incisor	<i>Pulp Regeneration, Revascularization, Barrier Techniques</i>
54	Elisabeth	Dursun	Failure of Pulp Revascularization of a Traumatically Intruded Permanent Incisor	<i>Pulp Regeneration, Revascularization, Barrier Techniques</i>
55	Didem	Oner Ozdas	Importance of Multidisciplinary Approach for Rehabilitation of Intruded Tooth	<i>Pulp Regeneration, Revascularization, Barrier Techniques</i>
56	Atieh	Sadr	Endodontic Treatment Limitations of Open Apex Teeth	<i>Pulp Regeneration, Revascularization, Barrier Techniques</i>
57	Nessrin	Taha	Partial Pulpotomy in Mature Permanent Molars with Carious Exposure	<i>Pulp Regeneration, Revascularization, Barrier Techniques</i>
58	Juheia	Chang	Prognostic Factors of Single-Visit Endodontic Treatment under General Anesthesia	<i>Restoring Esthetics And Function In Trauma Patients</i>
59	Suneel Kumar	Chinni	Post Operative Pain In Single Visit Endodontics -Randomized Clinical Trial	<i>Restoring Esthetics And Function In Trauma Patients</i>
60	Dan	Cui	Survival of Permanent Teeth with Unexpected Pulp-Exposure after Crown Fracture	<i>Restoring Esthetics And Function In Trauma Patients</i>
61	Eman	Gamal	Rehabilitation of Traumatized Maxilla for Lifelike Appearance	<i>Restoring Esthetics And Function In Trauma Patients</i>
62	H. Cem	Güngör	Management of Horizontal Root Fracture in An Epileptic Patient	<i>Restoring Esthetics And Function In Trauma Patients</i>
63	Masao	Irie	Traumatological-Information: Bonding Ability to Enamel Substrate of Deciduous Tooth	<i>Restoring Esthetics And Function In Trauma Patients</i>
64	Syed Ameer Jafri Haider		Natural Restoration in Young Patient after Crown Fracture	<i>Restoring Esthetics And Function In Trauma Patients</i>
65	Ji-Hun	Kim	Reutilization of Teeth Lost by Complication of Dental Trauma	<i>Restoring Esthetics And Function In Trauma Patients</i>
66	Elizabeth	Lou	Evaluation of Hydroxyl Radical Diffusion during Intracoronary Bleaching	<i>Restoring Esthetics And Function In Trauma Patients</i>
67	Aminah	Marsom	Restoration of Severely Fractured Incisors with Fiber Posts: Case Series	<i>Restoring Esthetics And Function In Trauma Patients</i>
68	Rossana	Minetto	Bleaching Following Crown Discoloration after Replantation of An Immature Tooth	<i>Restoring Esthetics And Function In Trauma Patients</i>
69	Sunila	Sharma	Restore It Today Rather Than Replacing It Tomorrow..!	<i>Restoring Esthetics And Function In Trauma Patients</i>
70	Emmanuella Untoro		Delayed Tooth Replantation after Traumatic Avulsion: a Case Report	<i>Restoring Esthetics And Function In Trauma Patients</i>
72	Dongkyu	Yang	Reattachment of Fractured Tooth Fragment with Flexible Fiber-Reinforced Post	<i>Restoring Esthetics And Function In Trauma Patients</i>
73	Ying	Zhang	Laser Restore the Tooth in Trauma a Case Report	<i>Restoring Esthetics And Function In Trauma Patients</i>
74	Nitesh	Tewari	Longterm Sequelae of Primary Tooth Trauma: Predicting the Unpredictable	<i>Sequelae Of Dental Trauma</i>
75	Suzy	Wang	Ex Vivo Colourimetric Evaluation of Bacterial Contamination on Blood-Stained Teeth	<i>Sequelae Of Dental Trauma</i>
77	Noriaki	Yoshida	Tooth Transplantation Using Artificial Blood Clots	<i>Tooth Transplantation</i>
78	Hasija	Mukesh	Biological Restorations: Option of Reincarnation for Severely Mutilated Teeth	<i>Restoring Esthetics and Function in Trauma Patients</i>

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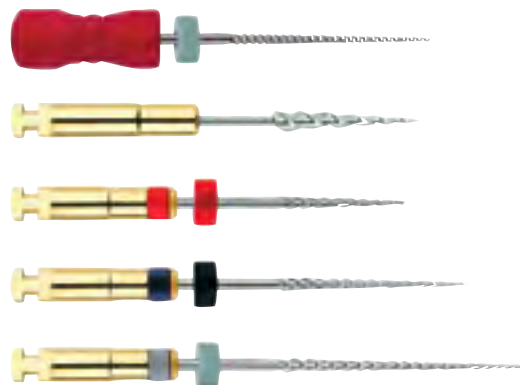
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KEYNOTE AND INVITED SPEAKER ABSTRACTS

WORLD STATUS OF DENTAL AND MAXILLOFACIAL TRAUMATOLOGY: DO WE OFFER THE RIGHT TREATMENT AT THE RIGHT TIME?

Jens Ove Andreasen¹

¹University Hospital in Copenhagen, Copenhagen, Denmark

The incidence of dental trauma in all industrialized countries is disturbingly high. Recent surveys have shown that overtreatment and wrong treatment is a serious threat to healing in a substantial number of cases leading to healing complications, loss of traumatized teeth and even physical disfigurement. Furthermore, the troubling economic aspects of traumas are seldom reported. This presentation will explore these challenging issues using Scandinavian studies as a baseline.

EMERGENCY MANAGEMENT OF PATIENTS WITH ORAL AND MAXILLOFACIAL INJURIES

Lars Andersson¹

¹Department of Surgical Sciences, Faculty of Dentistry, Kuwait University, Kuwait

When dentists are facing patients with injuries to the orofacial region it is important not only to have knowledge on how to diagnose and treat traumatic dental injuries, but also to be up to date on principles of how patients with soft tissue injuries and bone fractures are diagnosed and treated today. This lecture will give an overview of emergency management of patients presenting with these soft and hard tissue injuries.

EMERGENCY ASSESSMENT OF THE TRAUMATIZED DENTITION

Alex Moule¹

¹School of Dentistry, University of Queensland, Brisbane, Australia

Traumatic dental injuries are a frequent occurrence in the general population. They include fractures and displacement of teeth, crushing and fractures of bone, and soft tissue abrasions and lacerations. Treatment provided in the time soon after injury is critical in determining prognosis. If a timely and accurate assessment is carried out and established guidelines are followed, treatment can then be planned that has the highest probability of leading to the most favorable short and long-term outcomes. This presentation will emphasize the emergency assessment and management of teeth with traumatic dental injuries in an environment of patient anxiety and unscheduled emergencies. It will focus on a discussion of questions that arise or need to be answered during the assessment phase, rather than repeating excellent didactic material available in texts, manuals and monographs. Problems will be discussed in a question and answer format

ADVANCED DIAGNOSTIC IMAGING FOR TRAUMA PATIENTS

Nestor Cohenca^{1,2}

¹Department of Endodontics and Pediatric Dentistry, University of Washington, Seattle, USA

²Department Pediatric Dentistry, Seattle Children's Hospital, Seattle, USA

Traumatized teeth present a clinical challenge with regard to their diagnosis, treatment plan, and prognosis. The first clinical and radiographic examination of the traumatized patient is critical to determine diagnosis, severity of the injury, the treatment plan, and expected complications. Recent advancements in both clinical and radiographic examination provide the tools for better diagnosis. This presentation will first review conventional and contemporary techniques for comprehensive examination. Then it will illustrate the application of CBCT technology to the orofacial trauma patient. At the end of this presentation, participants should be able to:

- Understand current principles for comprehensive examination.
- Apply current radiography technologies.
- Understand the potential benefit of CBCT for diagnosis and treatment planning for the orofacial trauma patient.

THE PSYCHOLOGICAL IMPACT OF DENTAL TRAUMA ON THE PATIENT: THE CHALLENGE FOR THE DENTIST

Alexander McFarlane AO¹

¹The University of Adelaide, Adelaide, Australia

The experience of being in a dentist's chair evokes a wide range of reactions amongst patients. In particular, posttraumatic stress disorder is a condition that can significantly impact upon a dental consultation for a number of reasons. TMJ dysfunction, bruxism and sleep apnoea are all associated phenomena with PTSD. Also, the proximity of contact with a dental examination can bring up significant fears in the victims of childhood abuse or for people who have had significant facial injuries. Pain is another lurking traumatic fear that can disrupt the relationship between the patient and dentist. This presentation will explore the nature of traumatic memories to assist dentists having a better idea of how to manage these fears in a consultation setting. A secondary issue will be addressed about the aesthetics of dentistry and the role of orthodontics. This presentation will be put in the historical context of the impact of World War I on the developments of facial reconstruction and the contribution of orthodontics. The developments that occurred in the context of the grotesque facial injuries of World War I are an often forgotten legacy that still impact on dental practice in the 21st century.

SPLINTING OF TEETH FOLLOWING TRAUMA: A NEW SPLINTING RECOMMENDATION

Bill Kahler¹

¹*University of Queensland, Brisbane, Australia*

With advances in the understanding of healing processes of the periodontium, pulp and alveolar bone following various injuries, the role of splinting has become relatively well defined. This is generally reflected in the guidelines for trauma management published by the International Association of Dental Traumatology. While the widespread use of composite resin as an adhesive in various functional/flexible splinting systems has over many years allowed ease of application, removal of the material is not only time consuming but more seriously is accompanied by minor or major iatrogenic damage to enamel. Dental material science has continued to provide new materials and amongst them the development of a resin activated glass ionomer cement suitable for orthodontic bracket cementation has allowed the development of an alternative simplified splinting regimen for traumatised teeth which offers ease of application and removal with minimal or no iatrogenic damage to enamel.

THE LAW: CRITICAL CONSIDERATIONS FOR THE CLINICIAN AND THE TRAUMA PATIENT

Stephen Harlamb¹

¹*Harlamb Endodontics, Sydney, Australia*

Medico-legal considerations in the management of dental trauma assist the dentist in not only treatment planning but also alert the clinician of duty and obligations to the patient. Dr Harlamb will discuss health law concepts such as consent, duty to warn, standard of care and negligence as they relate to dental trauma. Report writing and financial consent will be explored as well as the dentist's role in identifying and reporting on child abuse will also be explored.

MANAGING PAEDIATRIC DENTAL TRAUMA AT THE EMERGENCY VISIT

Melissa Warren^{1,2}

¹*The Children's Hospital at Westmead, Sydney, Australia*

²*The University of Sydney, Sydney, Australia*

Traumatic dental injuries present a significant public health problem world wide, with prevalence approximating that of caries in some countries. The emergency visit for a child presenting with dental trauma requires a systematic, thorough and sensitive approach from the clinician. At the most basic level this involves appropriately assessing and managing the injured tooth in a timely manner. However more broadly, provision of emergency care must involve a deeper understanding of the impact of the injury on the child and family as a whole.

TREATMENT OPTIONS FOLLOWING TRAUMA WITH LOSS OF MAXILLARY ANTERIOR TEETH IN THE GROWING PATIENT

Lars Andersson¹

¹*Department of Surgical Sciences, Faculty of Dentistry, Kuwait University, Kuwait*

Most patients with traumatic dental injuries are still growing. This lecture will give an overview of the development of the alveolar process in young growing patients after teeth have been lost after trauma. Strategies for how to manage these situations will be presented. Different treatment options will be considered including prosthetic treatment, orthodontic space closure and autotransplantation of another tooth to the anterior region. Because implants

are contraindicated in the young growing patient due to interference with growth, this lecture will also examine how to determine the earliest time that implants can be safely placed in an adolescent patient. Selection of treatment for a younger patient with tooth loss in the anterior region must be related to the growth status of the individual patient and based on sound biological principles. The importance of timing and a multi-disciplinary approach to these cases will be emphasized.

REGENERATION OR REPAIR: TREATMENT OF THE TRAUMATIZED IMMATURE TOOTH WITH A NECROTIC PULP

Ashraf Fouad¹

¹*Department of Endodontics, Prosthodontics and Operative Dentistry, University of Maryland Dental School, Baltimore, USA*

There is a growing interest globally in dental pulp regeneration following traumatic injuries of immature teeth. This topic is the subject of numerous basic science research studies, as well as a many clinical trials, case reports and practice recommendations. This presentation will summarize the available information on the rationale for treatment approaches, the prognosis of regenerative endodontic procedures and the future directions in this field.

REGENERATIVE ENDODONTICS: A TRUE PARADIGM SHIFT OR A BANDWAGON ABOUT TO COME OFF THE RAILS

Monty Duggal¹

¹*University of Leeds, School of Dentistry, Leeds, United Kingdom*

This lecture will present a treatment philosophy for the management of young, immature permanent teeth which have suffered trauma resulting in a non-vital pulp. The emphasis will be placed on current approaches that should be based on knowledge of cellular biology. Any attempt to provide treatment without an understanding of the tissue response to injury or to the treatment itself are doomed to failure. Traditional approaches involve apexification using calcium hydroxide or Mineral Trioxide Aggregate (MTA) used as an immediate barrier allowing root canal obturation. Most recently the use of stem cells for regeneration of the pulp for non-vital immature teeth has been suggested. This approach, termed *Regenerative Endodontics*, seems to offer a new biological approach that would allow continued root development. However, it is largely untested and lacks evidence from clinical studies. Based on our experience using this technique, it is clear that the early optimism regarding its success was ill-founded. The outcomes for this technique continue to be unpredictable with little evidence to support its future use. The main issue found in our research is the unpredictability of outcomes when it is used to treat traumatized teeth as opposed to teeth with developmental anomalies including dens invaginatus. The role of Hertwig's epithelial root sheath has been largely ignored and will be discussed in the context of treatment outcomes. Most current studies show good outcomes related to healing, but poor outcomes related to continued dentine formation and root development. Future research should be directed towards developing scaffolds and signalling molecules. Currently this technique is based on uncertain, questionable science. The lecture will explore what future developments are needed for the technique to become universally acceptable and brought into the realm of a true tissue engineering-based approach.

TRANSPLANT BEFORE IMPLANT

Mitsuhiro Tsukiboshi

If patients have hopeless or missing teeth and have good natural donor teeth, and if you are contemporary dentist, the first and best option in therapy should be autotransplantation of teeth (ATT). Implants are wonderful, but tooth transplants are much more. In this presentation, the biologic principles in autogenous tooth transplantation, the techniques for success and the significant advantages over implants are discussed.

THE 'TRAUMA' OF TRAUMA: PSYCHOSOCIAL IMPACTS OF DENTAL INJURY IN CHILDHOOD

Helen Rodd¹

¹*Unit of Oral Health and Development, University of Sheffield, United Kingdom*

The dental literature has a strong tradition of epidemiological, clinical and laboratory research relating to traumatic dental injuries (TDIs). Psychosocial research, however, is a more recent line of enquiry, and one that is still in its infancy, particularly where children and young people are concerned. In this presentation, we will consider how TDIs may have wider impacts on children and their families. Compromised dental aesthetics and function may negatively affect a young person's wellbeing and social interactions in a number of different ways. Indeed, the whole family may experience psychosocial impacts arising from the child's injury. Furthermore, the need for patients to undergo sometimes complex and prolonged courses of treatment may bring its own positive or negative effects. This lecture seeks to provide an overview of the recent literature to highlight the ways in which TDIs impact on children, so that clinicians may have a greater understanding of their young patients' needs and perspectives.

MICROBIAL FACTORS AND ANTIMICROBIAL STRATEGIES IN REGENERATIVE ENDODONTIC PROCEDURE

Ashraf Fouad¹

¹*Department of Endodontics, Prosthodontics and Operative Dentistry, University of Maryland Dental School, Baltimore, USA*

It has been argued that regenerative endodontic procedures in traumatized and infected cases require a higher level of root canal disinfection than is required in traditional endodontic treatment. At the same time, strong antimicrobial agents may render the root canal environment unsuitable for the proliferation and survival of the regenerated tissue. This presentation will provide the evidence for the role that root canal infection may play in the success of regenerative techniques, and discuss the most effective strategies for disinfecting the root canal environment of these immature teeth.

WHAT DO CHILDREN REALLY THINK? HOW TO INVOLVE CHILDREN IN DENTAL TRAUMATOLOGY RESEARCH AND SERVICE EVALUATION

Helen Rodd¹

¹*Unit of Oral Health and Development, University of Sheffield, United Kingdom*

Children have invaluable insights to give us about their dental conditions and treatment experiences, providing we find the right way of asking them! Traditional research methods have not viewed children as 'experts' and research has been conducted 'on' children, rather than 'with' them. This session will provide a strong rationale for why children should be included in oral health research and service evaluation. We will then describe qualitative and quantitative approaches for involving them throughout the research process, from the choice of the research question and the design of the study right through to the interpretation of the data and dissemination of the findings.

PAEDIATRIC ORAL TRAUMA FROM ALL ANGLES

Richard Widmer¹

¹*Children's Hospital at Westmead, Sydney, Australia*

When clinicians discuss paediatric oral trauma, the discussion usually centres on the oral manifestations of dento-alveolar trauma. However, there is a much broader discussion to be had covering all aspects of a child's life from childbirth through adolescence where "traumas" occur that have a significant impact on their life.

MANAGEMENT OF HORIZONTAL ROOT FRACTURES

Paul Abbott AO¹

¹*School of Dentistry, The University of Western Australia, Perth, Australia*

Up to 7% of injuries to the permanent dentition are horizontal root fractures. The coronal fragment of teeth with such fractures may also be luxated or avulsed. Hence, they can be complex injuries. However, if there is no luxation or avulsion of the coronal fragment the prognosis is good provided the correct management is provided. Most pulps will survive and the teeth can be retained for many years. Root canal treatment is only indicated if the pulp necroses and becomes infected. Various tissue responses following root fractures can occur – these will be outlined along with guidelines for the immediate and long-term management of fractures at different levels of the root.

CAN'T HELP FALLING IN LOVE WITH TRANSPLANTS

Mitsuhiro Tsukiboshi

Wise men once said, "Only fools rush to transplants." But in the 21st century, only fools won't do transplants. Once you know the different indications for transplants in dentistry, which often involve alternate treatment planning in endodontics, periodontics, dental traumatology, and other disciplines, you can't help falling in love with autotransplantation of teeth (ATT). In this presentation many cases will be used to demonstrate the efficacy of not only conventional ATT, but also intentional replantation and surgical extrusion.

MODERN MOUTHGUARDS, EFFECTIVE PROTECTION AGAINST INJURY

Brett Dorney^{1,2}

¹*University of Sydney, New South Wales, Australia*

²*Charles Sturt University, Melbourne, Australia*

Research has shown for mouthguards to be effective they must remain in position at impact to absorb the transferred energy and spread it over the mouthguard's surface area. There have been significant improvements in energy transfer reduction when an air space is created over the upper front teeth. Combined investigations in Sydney and Tokyo have refined this idea with no loss of retention or comfort in the mouthguard.

Mouthguard design should reflect the sport being played, the level of competition, and the age of the athlete. The mouthguard should be constructed using pressure lamination and achieve a uniform thickness of at least 3 mm.

HOW DOES OROFACIAL TRAUMA IN CHILDREN AFFECT THE DEVELOPING DENTITION? LONG-TERM TREATMENT AND ASSOCIATED COMPLICATIONS

Marie Therese Flores¹

¹*University of Valparaíso, Chile*

The mouth is the second most frequently injured area of the body in children 0-6 years of age. During this age span, the developing permanent teeth may be directly involved after trauma, causing displacement or other damage to the tooth germ. Parents are not always aware of oral and dental injuries of their children until the time of eruption of the permanent incisors when ectopic eruption, malalignments, and other developmental disturbances become visible.

Orofacial trauma expressed as acute disturbance in cells implies the possibility to affect the developing permanent dentition by an extended range of morpho-functional disturbances. Therefore, there is strong relevance to the long-term follow up to diagnose and treat associated complications.

This presentation will address the:

1. Impact of orofacial trauma in young children
2. Importance of systematic clinical-radiographic recording
3. Associated complications in the developing dentition
4. How to plan long-term follow up and treatment

ORTHODONTIC TREATMENT AFTER DENTAL TRAUMA: POSSIBLE OR IMPOSSIBLE?

Olle Malmgren¹

¹*Orthodontic Clinic, Huddinge, Sweden*

An orthodontist has an important role during follow-up after a severe dental trauma. The incidence of trauma has its peak when the dentition is developing and the growth of the face is intense. Furthermore, many children have various types of malocclusions. Therefore, many factors have to be considered after a severe trauma, particularly in children with proclined upper incisors. What will be the long-term outcomes of traumatized teeth? What are the possible treatment options for reconstruction of a malocclusion with traumatized teeth? What will be the outcome of orthodontic treatment if a complication occurs due to the trauma? When ankylosis of a tooth occurs, or when a tooth is lost, it becomes important to consider the growth direction of the face and the intensity of growth, particularly during the pubertal growth spurt. These factors vary individually. Thus careful treatment planning is important. This presentation deals with the orthodontic experience of a spectrum of orofacial and dental trauma to patients in the primary and permanent dentitions. Long-term follow-up studies are presented and case series evaluated.

TIMING OF IMPLANT TREATMENT AFTER TRAUMATIC DENTAL INJURY

Simon Storgård Jensen¹

¹*University Hospital, Copenhagen, Denmark*

Trauma-related tooth loss often occurs in growing individuals. It is well documented that placement of dental implants in the alveolar ridge before cessation of growth will lead to gradual infraposition of the implant. Strategies to determine the safe time and ideal conditions for implant placement will be presented. In addition, advantages and disadvantages of different temporary solutions will be discussed.

LONG-TERM PROGNOSIS OF DENTAL IMPLANTS

Simon Storgård Jensen¹

¹*University Hospital, Copenhagen, Denmark*

Dental implants have been placed since the late 1960s. Only recently, however, reliable long-term results, including 10-20 year data have been published. Over the years, implant surface characteristics and implant designs have been improved significantly. In parallel, the range of indications has increased. One of the main problems of interpreting long-term data is that the long-term documented implants are no longer on the market, are used for other indications, or are used with alternative healing and loading protocols. Available long-term data will be discussed and related to alternative fixed restorations for replacing missing teeth.

STRATEGIES TO REDUCE THE CONSEQUENCES OF IMPACT TRAUMA TO THE TEETH

Paul Abbott AO¹

¹*School of Dentistry, The University of Western Australia, Perth, Australia*

Trauma can have serious consequences for the prognosis of teeth. The pulp and periradicular tissues can respond in various favourable and unfavourable ways. The unfavourable responses are dependent on the stage of root development, concurrent injuries to the same tooth, the degree of displacement of the tooth, and the immediate management of the injury. The most serious consequences are external replacement (ankylosis-related) and inflammatory (infection-related) resorption. Understanding the tissue responses and the factors affecting them is essential for appropriate management. A thorough history and examination will reveal the relevant factors for each case and will allow dentists to make informed decisions about the emergency management required to reduce the consequences of the injury. Some injuries require immediate and comprehensive treatment, whilst others require simpler management and observation of healing. This lecture will outline the immediate management of dental injuries to reduce the long-term consequences of the trauma with a particular emphasis on prevention of external inflammatory (infection-related) resorption.

LIFE CYCLES OF TRAUMATISED TEETH: OBSERVATIONS FROM SELECTED LONG-TERM SURVIVORS

Geoffrey S Heithersay AO¹

¹*Discipline of Endodontology, School of Dentistry, The University of Adelaide, Adelaide, Australia*

The opportunities to learn from long-term survivors of dental trauma are relatively rare, but are particularly relevant today where so often what may appear to be a compromised tooth is removed and replaced by an implant. By observing the life cycles of some interesting and challenging examples of dental trauma, the dynamics of competing biological and pathological processes will be examined and therapies aimed at achieving long-term survival outlined.

MTA, PORTLAND CEMENT AND BIO-CERAMICS: HOW IMPORTANT FOR TRAUMATIZED TEETH?

Richard Steffen¹

¹University of Zürich, Switzerland

Mineral trioxide aggregate (MTA), Portland cement-based materials (PC) and so called bio-ceramics (BC) are becoming increasingly important for dentistry. All of them work with the chemistry of hydraulic silicate cements (HSC). A rising number of MTA/PC or BC materials are available on the market, but nearly nothing is known about their composition and the best application for them.

A new classification system will be presented in detail. With this, general practitioners and specialised dentists can deal better with traumatology and will be able to see the advantages and disadvantages of every material.

A new public database for all HSC and "bio ceramics" will be presented. With this database it will be possible to easily find the perfect material for different therapies. It will also be possible to compare the composition and scientific impact of the different materials and have fast and easy access to detailed information.

With clinical examples for every group of materials, the typical use for each will be illustrated.

SPORTS DENTAL INJURIES

Mark Foster^{1,2,3} Peter Readman^{2,4}

¹Castlegate Family Dental Care, Perth, Australia

²Princess Margaret Hospital for Children, Perth, Australia

³Sports Medicine Australia, Perth, Australia

⁴Bicton and Cockburn Paediatric Dentistry, Perth, Australia

This presentation provides an overview of traumatic dental injuries that commonly affect individuals competing in all levels of sport. Athletes represent a group of individuals who possess specific risk factors for various dental diseases and related injuries. Therefore, a clear understanding of these conditions is vital for those practitioners who are involved in the dental care of these patients.

The presentation will illustrate common orofacial injuries sustained during competitive sport and discuss prevention strategies, clinical examination and emergency management techniques.

PICKING UP THE PIECES - OUTCOMES OF POORLY MANAGED TRAUMA

Jason Michael¹

¹Illawarra Paediatric Dentistry, Wollongong, Australia

There are a number of factors that can contribute to poor acute management of dental trauma, many of which can lead to unfavourable outcomes. This lecture will explore the underlying issues that complicate acute management and strategies that can be employed to address these. Emphasis will be placed on how this applies to our paediatric patients.

INVASIVE CORONAL AND CERVICAL TOOTH RESORPTION FOLLOWING TRAUMA

Geoffrey S Heithersay AO¹

¹Discipline of Endodontology, School of Dentistry, The University of Adelaide, Adelaide, Australia

Invasive coronal and invasive cervical resorption are both insidious forms of external tooth resorption that can result from dental trauma. In the case of invasive coronal resorption, it can follow the intrusion of a primary tooth where

it impacts the erupting permanent successor. In contrast, invasive cervical resorption may occur following luxation injuries or replantation of an avulsed tooth. The resorption is usually without symptoms until late in the process. The clinical manifestations vary, classically appearing as a pink area in the tooth crown but sometimes there are no outward signs, and the condition is only revealed radiographically. Hence early accurate diagnosis is essential for the long-term success of treatment strategies.

A MULTIDISCIPLINARY APPROACH FOR THE LONG-TERM MANAGEMENT OF COMPLEX TRAUMA IN CHILDREN AND ADOLESCENTS

Monty Duggal¹

¹University of Leeds, School of Dentistry, Leeds, United Kingdom

Paediatric dentists and orthodontists are privileged to treat young patients during their growth and development. Multidisciplinary team efforts for the treatment of young children and adolescents who have suffered severe dento-alveolar trauma and have developmental defects will ensure good long-term outcomes. Intrusive luxation injuries in a growing child require orthodontic input, particularly in those patients that require orthodontic extrusion. In addition, there are implications for the orthodontic movement of teeth previously traumatised as many of these are at high risk for external root resorption during orthodontic movement. The challenges and management of ankylosis, infraocclusion and conservation of alveolar bone will be discussed. A true interdisciplinary approach for the management of anterior teeth with a poor prognosis as a result of dental trauma will be presented. This involves bone management at the affected site followed by autotransplantation. The technique of autotransplantation will be discussed in the context of teeth lost from trauma and the requirements for pre-transplant and post-transplant orthodontics. Finally, the versatility of autotransplantation for replacement of dilacerated teeth, developmental anomalies, and developmentally missing teeth will be highlighted.

DEVELOPING A CORE OUTCOME SET FOR DENTAL TRAUMATOLOGY

Peter Day^{1,2}

¹School of Dentistry, University of Leeds, Leeds, UK

²Bradford District Care NHS Foundation Trust, Salaried Dental Service, Bradford, UK

A Core Outcome Set [COS] is an agreed upon and standardised collection of outcomes that should be measured and reported [as a minimum] in all relevant clinical studies and trials evaluating different treatment interventions following traumatic dental injuries. The use of core outcome sets are designed to reduce heterogeneity among studies and allow their results to be compared, contrasted and combined as appropriate.

This presentation will discuss the recent development of a Core Outcome Set for dental traumatology. It will discuss why and how a Core Outcome Set was developed, who was involved and what outcomes were included for each injury. Of special importance, it will describe what impact the Core Outcome Set will have on you, the clinician, treating patients with traumatic dental injuries, as a peer clinician reviewing the clinical care you provide and as a researcher wanting to publish your clinical audit or research outcomes.

This project is supported by a grant from the IADT. Details of the Core Outcome Set project are available on the IADT website, including the makeup of the expert working group and the a priori protocol.

(<http://www.iadt-dentaltrauma.org/coreoutcomeset.html>)

TRAUMATIC DENTAL INJURIES IN THE PRIMARY DENTITION

Eva Lauridsen¹

¹School of Dentistry, Pediatric Dentistry and Clinical Genetics, University of Copenhagen, Copenhagen, Denmark

Nearly one third of all children experience accidents causing dental trauma. The choice of treatment should be based on considerations on how to minimize stressful treatment situations to avoid initiating dental fear in a minor child. Due to the close relationship between the root of the primary tooth and the developing permanent tooth germ, healing complications of the primary tooth may affect the formation of the permanent tooth. It is therefore important to evaluate the risk of complications such as pulp necrosis, infection related resorption and ankylosis in order to make the best long term treatment plan for the child. In this presentation, results from a recent study including 900 traumatized primary teeth will be presented, and treatment decisions will be discussed.

THE FUTURE OF DENTAL TRAUMATOLOGY: HOW TO IMPROVE OUR PRESENT "TRAUMATIC" TREATMENT PROCEDURES. PROSPECTS FOR NEW TREATMENT FOR PRESENTLY HOPELESS CASES

Jens Ove Andreasen¹

¹University Hospital in Copenhagen, Copenhagen, Denmark

This concluding presentation to the conference will provide a glimpse into where the discipline of dental traumatology can or should go over the next few decades from the prospective of the most productive and influential figure in the discipline over the last half century. Dr. Andreasen will pose several thought provoking questions including, "How will we improve our present treatment for traumatic injuries such as repositioning and splinting? Are there prospects for new treatment procedures for what are now hopeless cases? Do recent experimental studies that have shown that lost cementum and periodontal ligament can be recreated in animal models portend a realistic approach in humans? The issues of better education in traumatology for professionals and lay people, and the ever present problem of enhancing prevention of traumatic injuries will be touched upon.



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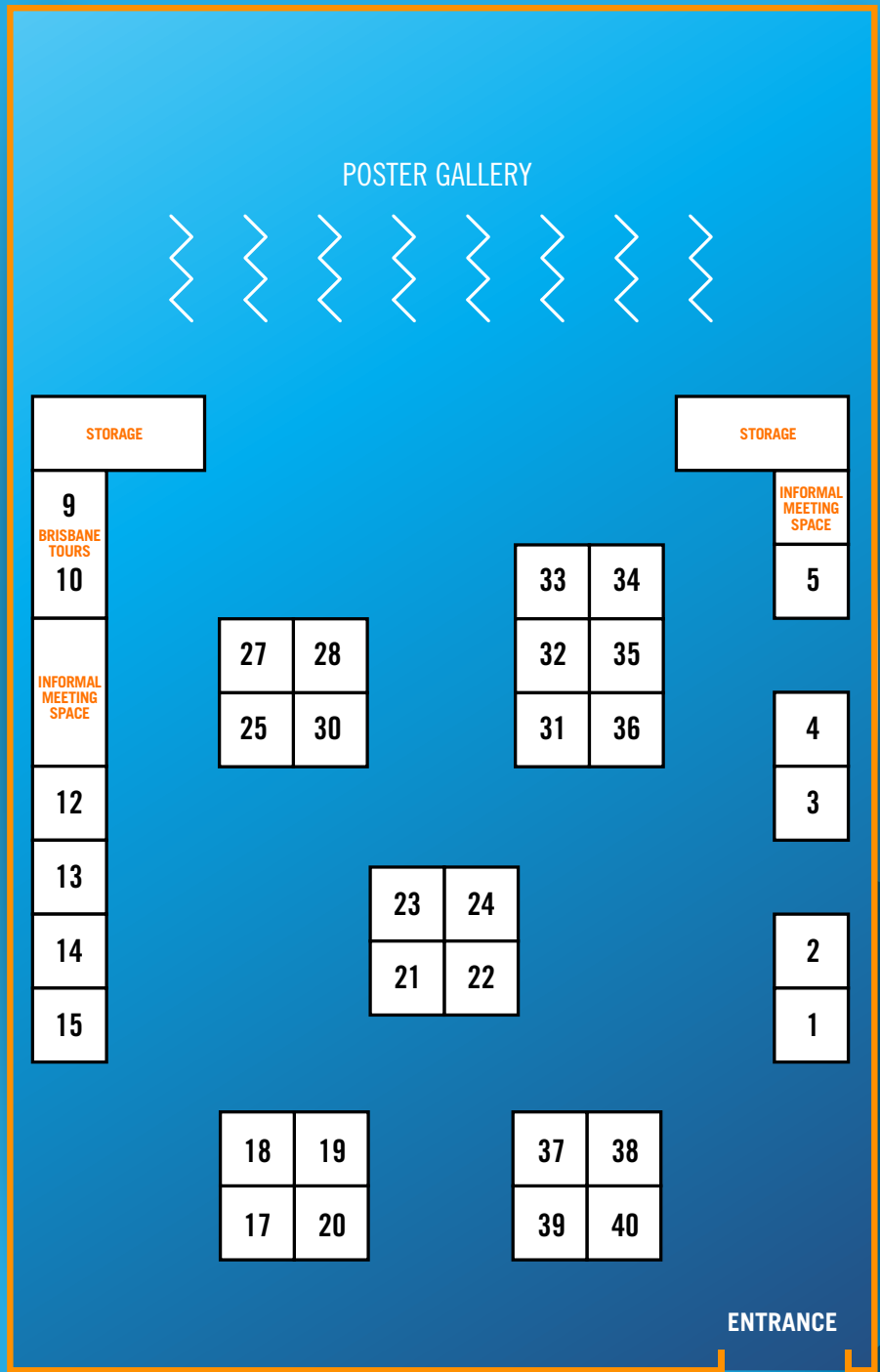
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Please see the website for a map and further information:

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August in Brisbane is the last month of winter with temperatures becoming cooler at approximately 16–21 degrees Celsius on average.

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All catering will be served in the exhibition area located in Great Halls 3 and 4.

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The official language of the congress is English.

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