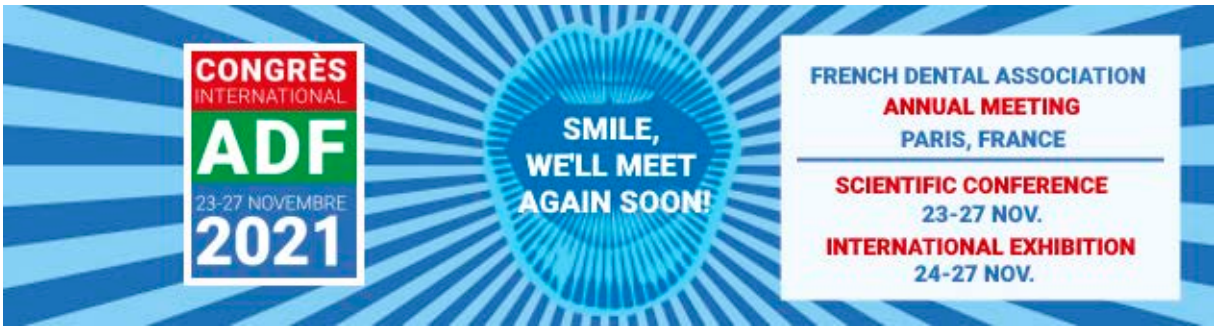

The International Scientific Programme

The following programme is restricted to the eight sessions that will be given in or translated into English. For full details of the 100 sessions scheduled, please refer to the programme in French at www.adfcongres.com

at a glance

	Session code	
Wednesday 24 November		
14:00-17:00	B22	Cervical restauration and root coverage (Live clinical demo)
Thursday 25 November		
09:00-12:00	C42	Save the teeth
11:00-12:00	C48	Trauma to the permanent tooth: optimal management of emergencies in line with the new IADT Guidelines
14:00-17:00	C50	EFP x SFPIO // Periodontal surgery reinvented
Friday 26 November		
09:00-12:00	D68	VDO control: a modern approach.
	D70	Peri-implantitis: what are our treatment options?
14:00-17:00	D74	ESE session// Tissue preservation in endodontics.
Saturday 27 November		
09:00-10:30	E90	Pulp preservation: stay away or manage the wound?

WEDNESDAY 24 NOVEMBER

14:00-17:00

CERVICAL RESTORATION AND ROOT COVERAGE

Periodontics – session code: B22

Learning objectives:

- Determine the maximum level of root coverage.
- Learn a restoration protocol for cervical lesions.
- Learn a reliable and reproducible technique.

Scientific coordinator: Sofia Aroca
Speakers: Davide Guglielmi, Aurore Blanc

The patient's perception and expectation of improved aesthetics has changed significantly over the past decade. The goal of mucogingival surgery is, on the one hand, the complete resolution of a root denudation combined with a shallow gingival sulcus after healing. And, on the other hand, to ensure the graft tissue blends in with the adjacent periodontium. Achieving both goals allows us to meet the patient's aesthetic needs (de Sanctis & Zucchelli 2007). In the presence of gingival recession, the clinician may be dealing with a missing cementum-enamel junction (CEJ) caused by a non-carious cervical lesion. The CEJ is a key landmark for determining the maximum level of root coverage. In clinical situations where the CEJ is undetectable, it must be restored using the method described by Zucchelli et al. (2011,2010).

There are several surgical techniques for root coverage available to the clinician. Two proven and effective methods are the trapezoidal coronally advanced flap technique (de Sanctis & Zucchelli 2007) and the multiple coronally advanced flap technique (Zucchelli & de Sanctis 2000), with or without a connective tissue graft.

In our surgical procedure, we will surgically cover a single-tooth recession and perform in situ restoration of the non-carious cervical lesion. The clinician will show how it is possible to determine the maximum level of root coverage and describe in detail every step of the mucogingival surgery.

THURSDAY 25 NOVEMBER

09:00-12:00

SAVE THE TEETH

Gingival and bone tissue management – session code: C42

Session coordinator: Brenda Mertens

Speakers:

- Luigi Nibali
  Minimally invasive non-surgical periodontal therapy.
- Marco Clementini
  Pushing the limits of periodontal regeneration.
- Peter Eickholz
  Root resections and tunnelling techniques:
  still a treatment of choice?
- Ewa Czochrowska
  Orthodontics in the periodontal patient.

Learning objectives

- Learn to manage periodontal patients effectively.
- Learn to use minimally invasive non-surgical techniques.
- Learn to use resective and regenerative periodontal techniques.

Periodontal disease is the 6th most common disease in the world, with a prevalence of 80% in France's adult population. Periodontitis is an inflammatory disease in which an imbalance of the oral flora causes the destruction of the periodontal attachment system. The clinical and radiographic signs of periodontitis may include visible or invisible gum inflammation, spontaneous or provoked gingival bleeding, periodontal pocket formation caused by loss of attachment and bundle bone loss, and tooth mobility. All these factors can lead to tooth loss.

Periodontal treatment, when done properly, can significantly improve the prognosis for saving the tooth.
A panel of international experts will present effective, proven, and simple treatments for periodontal disease and show how teeth can be maintained over the long-term using conservative, regenerative and resective techniques. In addition, we will see how orthodontics can benefit periodontal patients by restoring lasting harmony between function and aesthetics.

Many clinical situations will be presented and substantiated to help practitioners with their decision making so they can better replicate these tooth-saving protocols once they return to their practice.

11:00-12:00

TRAUMA TO THE PERMANENT TOOTH: OPTIMAL MANAGEMENT OF EMERGENCIES IN LINE WITH THE NEW IADT GUIDELINES

Prevention and treatment in children and adolescents – session code: C48

Session coordinator: Cécilia Bourguignon
Speaker: Anne O'Connell

Learning objectives

- Learn to treat avulsions as quickly as possible.
- Learn to treat pulp exposures optimally.
- Learn to choose the right treatment for mature or immature teeth.

The first few minutes or hours after a trauma will impact the patient's smile for the rest of their life, because the incisors are most often affected. The impact on children and young patients is even longer and more pronounced. Every dentist must keep in mind that proper management of emergencies determines the future of traumatized teeth.

This session will review what to do in an emergency to positively impact the prognosis. When a tooth gets knocked out, for example, time is of the essence and every minute counts. Other types of traumas to permanent teeth will be discussed such as dislocations, crown fractures, particularly with pulp exposure, as well as root fractures. For some traumas, managing the emergency may be delayed slightly.

The recommendations presented will follow the International Association for Dental Traumatology (IADT) Guidelines.

14:00-17:00

EFP X SFPIO // PERIODONTAL SURGERY REINVENTED

Gingival and bone tissue management – session code: C50

Session coordinators: David Nisand and Xavier Struillou

Speakers:

- Filippo Graziani
  Surgical Regeneration of Complex Periodontal Defects.
- Anton Sculean
  Surgical Techniques for Predictable Coverage of Single and Multiple Gingival Recessions.
- Andreas Stravopoulos
  Biomaterials for bone regeneration: standard and new.

Learning objectives

- Know the indications for surgical treatments.
- Understand the new minimally invasive techniques.
- Review the choice and use of biomaterials in regenerative surgery.

This session, held under the auspices of the European Federation of Periodontology (EFP) and the French Society of Periodontology and Oral Implantology (SFPIO), seeks to highlight the latest surgical approaches in periodontics. Advances in non-surgical treatments may have limited the need for periodontal surgery, but there are still many indications for surgical treatments, especially in the case of complex intrabony or furcation lesions or for treating periodontal recessions.

The first talk will redefine the indications for periodontal surgery, in line with the latest EFP guidelines (2020). Next, we will discuss minimally invasive surgical options, that allow for optimal aesthetic results. In the treatment of intrabony lesions, the use of various biomaterials helps to optimize periodontal regeneration. The last talk will deal with the latest techniques for covering gingival recessions. This is meant to be a clinical session, which will describe in detail the surgical steps of these new techniques using multiple cases and videos.

FRIDAY 26 NOVEMBER

09:00-12:00

VDO CONTROL: A MODERN APPROACH

Prevention and treatment of edentulism – session code: D68

Session coordinator: Antonin Hennequin

Speakers:

- Lucas Lassmann
  Changing the VDO: why, when, and how?
- Jean-Christophe Paris
  Aesthetics, function and VDO: the digital pipeline
- Giacomo Fabbri
  The challenge of VDO augmentation: prognosis, limitations, and benefits of a comprehensive workflow, based on 100 cases.

Learning objectives

- Know the current science on VDO.
- Identify factors to consider for VDO modification.
- Learn about digital tools for VDO augmentation.

It has been suggested that increasing the vertical dimension of occlusion (VDO) may have clinical drawbacks, such as increased biting forces, muscle hypersensitivity, temporomandibular disorder symptoms, speech impediments, and tooth sensitivity. However, modifying the VDO to increase the inter-arch distance is crucial for optimizing results in some prosthetic therapies. In fact, this approach provides many benefits that allow for ideal aesthetic and functional integration.

Could increasing or decreasing the VDO prove a dangerous procedure? How do we identify patients at risk? Can we safely rely on aesthetic, phonetic, cephalometric and electromyographic testing? Do factors such as the patient's aesthetic analysis, skeletal typology, crown to root ratio, and anterior guidewire help to indicate whether it is better to increase or decrease the VDO?

Three internationally recognized practitioners will propose a comprehensive approach based on their analysis of the latest science and on their vast experience. They will review digital tools designed to maximize safety at every step, from analysis to completion. The prognosis, benefits, and limitations of this approach will be explained.

09:00-12:00

PERI-IMPLANTITIS: WHAT ARE OUR TREATMENT OPTIONS?

Gingival and bone tissue management – session code: D70

Session coordinator: Michèle Reners

Speakers:

- Anne Marie Roos Jansaker
  Peri-implantitis: are we prepared to treat the problem?
- David Aïdan
  Treating peri-implantitis: to resect or regenerate?
- Anna Louropoulou
  Guidelines on peri-implantitis in the Netherlands.
- Vincent Meuric
  The peri-implant microbiota.
- Philippe Khayat
  Peri-implantitis treatment: resection or regeneration?

Learning objectives

- Review peri-implantitis, its various forms and risk factors.
- Describe treatment options based on Dutch guidelines.
- Choose the right clinical procedure from existing treatment options.

Because peri-implantitis, though more aggressive, shares similar clinical and histopathological patterns with periodontal diseases, it must be factored into our daily practice.

Given the rising popularity of dental implants worldwide, biological complications, also known as peri-implant diseases, are seen as a current and future challenge for patients and clinicians alike.

Dr. Roos-Jansaker will review the current knowledge and highlight the most relevant studies at this time.

Dr. Vincent Meuric will address the microbial component of peri-implantitis by expanding the notion of microbial specificity to the entire peri-implant microbiota.

Dr. Louropoulou will present the clinical guidelines established in the Netherlands for the management and treatment of peri-implantitis.

Dr. Albouy will focus on various surgical approaches involving periodontal access flaps as well as the regenerative techniques already popular in periodontics. We will propose a decision tree and review the criteria for choosing between the two treatment options. A surgical protocol and clinical examples will also be provided.

14:00-17:00

ESE SESSION // TISSUE PRESERVATION IN ENDODONTICS

Conservative and restorative treatments – session code: D74

Session coordinator: Dorothée Louis-Olszewski

Speakers:
Hal Duncan
Jean-Yves Cochet
Gmabarini Gianlucca

Learning objectives

- Define the concept of minimally invasive endodontics.
- Assess compatibility with the biological goals of treatment.
- Understand the complications of these treatments.

Growing awareness of the importance of tissue preservation has led to the development of so-called "minimally invasive" dental care. This is one of, if not the, key development in our profession in recent years.

The concept of minimally invasive endodontics, first described in 2009, differs from the "conventional" endodontic approach in that tissue preservation is a deliberate focus of endodontic treatment. However, can we really consider a minimally invasive approach to decision making, access cavity creation and root canal shaping during endodontic treatment or endodontic microsurgery? Wanting to conserve and preserve as much tissue as possible is appealing, but do tissue-sparing approaches meet the biological Learning objectives of our endodontic treatments? Isn't there a risk that treatments designed to preserve pulp vitality may generate future complications?

This session, organized in partnership with the European Society of Endodontology (ESE), will discuss these various topics.

SATURDAY 27 NOVEMBER

09:00-10:30

PULP PRESERVATION: STAY AWAY OR MANAGE THE WOUND?

Conservative and restorative treatments – session code: E90

Session coordinator: Sibylle Vital

Speakers:

- Tchilalo Boukpessi-Jubien
  Pulp vitality preservation techniques: management of pulp exposure.
- Bjorndal Lars
  Management of deep and extremely deep caries – Do you have a strategy? Presentation of less invasive treatment concepts in order to avoid pulp exposure.

Learning objectives

- Review the latest data on pulp preservation.
- Learn how this applies to our daily clinical practice.
- Evaluate the benefits and limitations of these treatments in our practice.

While it is now well documented that maintaining pulp vitality is preferable, there is a variety of treatment options to achieve this.

When dealing with deep caries, the concept of selective excavation proposes to leave behind a layer of decayed dentin and, by staying away from the pulp ceiling, to avoid pulp exposure. The amount of decayed dentin to be left in place, the restorative material to be used and, most importantly, the clinical criteria to be considered when choosing this approach will be presented by Dr. Lars Bjorndal, from Copenhagen University in Denmark. Dr Bjorndal is a leading specialist that has authored many studies on this therapy.

In situations where pulp exposure has occurred, the preservation techniques include pulp capping and partial or cervical pulpotomy, allowing partial preservation of the pulp. Here again, a successful treatment requires the implementation of an assessment-based decision-making protocol. Dr. Dan Rechenberg from Zurich University in Switzerland, a specialist in the field, will provide an update on these treatment options.

The two world experts in endodontics will review pulp preservation techniques, complete with their scientific rationale, upsides and limitations, for use in everyday clinical practice.

Lars Bjorndal, from Copenhagen University in Denmark, will review the concept of selective or partial caries excavation.

Dan Rechenberg, from Zurich University in Switzerland, will discuss pulp capping and pulpotomy techniques.